

THE LIVED EXPERIENCE OF TEACHING TRAUMA-SENSITIVE YOGA

A DISSERTATION

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DEPARTMENT OF PSYCHOLOGY AND PHILOSOPHY

COLLEGE OF ARTS AND SCIENCES

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To the Dean of the Graduate School:

I am submitting herewith a dissertation written by Evan Alyse Bodine entitled "The Lived Experience of Teaching Trauma-Sensitive Yoga." I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy with a major in Counseling Psychology.

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DEDICATION

I dedicate this work to my family—
Carl, Mom, and Dad.
For teaching me love, balance, and curiosity.

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I would like to acknowledge those who have helped me throughout graduate school. Thank you to my dissertation chair, Dr. Jeff Harris, for providing me with support, feedback, and reassurance throughout this project. Most importantly, thank you for encouraging me to be true to my passions for therapy and yoga. I would also like to thank the members of my dissertation committee, Dr. Stabb, Dr. Rubin, and Dr. Holmes, for providing me with perspectives that strengthened this study and my writing. I would also like to express my gratitude to David Emerson, not only for his encouragement of this endeavor, but for his inspiring commitment to trauma-sensitive yoga.

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ABSTRACT

EVAN ALYSE BODINE

THE LIVED EXPERIENCE OF TEACHING TRAUMA-SENSITIVE YOGA

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Some survivors of trauma may develop Posttraumatic Stress Disorder (PTSD; Briere & Scott, 2013). However, experiencing repeated trauma within a relationship or during childhood can result in complex posttraumatic symptoms. These survivors tend to develop symptoms that contribute to challenges with relationships, emotional regulation, consciousness, identity, and self-perception, as well as somatic complaints. Complex PTSD is a suggested diagnostic category that conceptualizes this unique expression of symptoms of survivors with complex traumatic histories (Herman, 1992; van der Kolk, 2006). Trauma-sensitive yoga (TSY; Emerson & Hopper, 2011) is an evidence-based complementary treatment that provides survivors with a way to engage with their bodies and the present moment. To date, no research has been conducted with TSY facilitators. Thus, the current study explored the lived experiences of 11 TSY facilitators. This inquiry used a phenomenological approach, using semi-structured interviews to understand how facilitating TSY impacts facilitators' lives. Results yielded 9 themes: Attitudes and Experiences of Yoga, Professionalism and Professional Identity, Experience of Teaching, Impact of Mental Health Training, Impact of Personal Trauma History, Professional Impact, Personal Growth, Personal Challenges, and Future

Professional Directions. Each theme was composed of several codes, which are explained in detail. The results were consistent with existing literature and added unique findings to the literature on yoga, yoga teachers, and trauma treatment. The implications of this study offer best practice recommendations for practice, training, and supervision of TSY facilitators as this trauma treatment modality grows in popularity and on an international scale. Implications for additional research endeavors are offered.

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CHAPTER I

INTRODUCTION

Experiencing traumatic events has been found to be a common occurrence across the lifetime (Briere & Scott, 2013; Norris, 1992; Norris & Slone, 2013). When individuals experience trauma, their lives are often in danger and they can feel physically and emotionally paralyzed (Briere & Scott, 2013). Commonly experienced traumatic events include interpersonal violence, natural disasters, torture, and war. There are some cultural factors that tend to increase the likelihood of experiencing trauma, such as being female (Breslau, Chilcoat, Kessler, & Davis, 1999; Leskin & Sheikh, 2002) and being Black or Latino/a (DiGrande, Neria, Brackbill, Pulliam, & Galea, 2011). Research has shown that experiencing trauma within the context of interpersonal relationships, such as intimate partner violence or sexual abuse, is more likely to result in longer lasting and more intense posttraumatic stress responses than non-interpersonal incidents, such as an automobile collision (Briere & Elliott, 2000).

Some people experience relatively brief traumatic effects that tend to manifest as symptoms of depression, anxiety, and grief. However, approximately 10% of trauma survivors develop Posttraumatic Stress Disorder (PTSD; Breslau, 2009; Briere & Scott, 2013). The *Diagnostic and Statistical Manual of Mental Disorders (DSM; American Psychiatric Association [APA], 2013)* defined diagnostic criteria for PTSD as exposure to a traumatic event, re-experiencing the incident, avoiding cues that are related to the event,

experiencing negative shifts in thoughts and emotions, and being frequently hyperaroused.

Trauma survivors' reactions to traumatic memories and stimuli related to the event appear to change how the body and brain react over time (van der Kolk, 2006). When someone is in a fear-inducing situation, the body activates the sympathetic nervous system, which engages strategies, such as fight, flight, or freeze, and cues hormonal and physiological changes to promote survival. When the person becomes safe, the parasympathetic nervous system engages and initiates changes to calm down the body (van der Kolk, 2006). People with PTSD tend to have more challenges in regulating these two systems, which typically results in increased production of cortisol, difficulties calming down, and decreased executive control (Streeter, Gerbarg, Saper, Ciraulo & Brown, 2012).

Current psychological treatments tend to utilize behavioral and cognitive conceptualizations of trauma. Behavioral perspectives on PTSD use classical conditioning to conceptualize clients' experiences (Leahy & Holland, 2000). This viewpoint states that feelings experienced during trauma can become conditioned to environmental stimuli (Mowrer, 1956). When survivors come into contact with cues later on, anxiety and other conditioned responses related to the trauma can be re-experienced. Thus, survivors tend to avoid stimuli, both internal and external, that trigger unwanted emotional reactions and the decreased anxiety reinforces the avoidant behavior (Mowrer, 1956). Thus, Prolonged Exposure therapy (Foa & Kozak, 1986; Hembree & Foa, 2004) aims to relieve posttraumatic symptoms by directly exposing survivors to traumatic

memories by discussing them in therapy. By confronting the memories, rather than avoiding them, it is hoped that anxiety and fear associated with the memories will decrease through habituation and extinction.

Foa and Riggs (1993) and Foa and Rothbaum (1998) conceptualized PTSD from a cognitive view. Foa and Rothbaum (1998) stated that trauma survivors create a “fear structure” (p. 55), which engages when they face internal and external stimuli connected to the event. Thus, survivors learn to avoid inner states and outer environments that activate the fear structure so that they do not re-experience a traumatic memory. This strategy reinforces avoidance and can maintain posttraumatic symptoms. Additionally, the cognitive perspective suggests that trauma often impacts people’s beliefs about themselves and their safety in the world. Trauma can change previously held beliefs into views that describe the world as unsafe and unpredictable in order to make sense of the traumatic event. Thus, Cognitive Processing Therapy (Resnick & Schnicke, 1992) was developed in order to shift the core beliefs that trauma has created about survivors’ sense of self and the world into more functional ideas. In this therapy, survivors are taught how they can effectively explore and express their thoughts and emotions related to the trauma in order to decrease the intensity of traumatic symptoms.

Although these treatments have been supported in the literature and have proven helpful for many individuals with PTSD, approximately 40% of individuals experience more chronic and severe symptoms that do not respond to traditional treatments (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). People who have experienced interpersonal violence and prolonged trauma during childhood typically experience more adverse

outcomes (Breslau et al., 1999; Briere & Scott, 2013). Conceptualizations by Herman (1992) and van der Kolk (2006) take a more holistic approach to understanding trauma. Although not a recognized diagnosis in the *DSM-5* (APA, 2013), Complex PTSD has been suggested to describe the lives of individuals who have experienced prolonged, interpersonal trauma, often during childhood (Herman, 1992). The chronic issues that describe Complex PTSD concern attention, identity, emotional and impulse regulation, boundaries and interpersonal relationships, appraising meaning, dissociation, and somatic issues (Cook et al., 2005; Courtois, 2008). Survivors with Complex PTSD have been found to be at risk for substance addictions, self-injurious behavior, suicidality, revictimization, somatoform symptoms, chronic pain, and feeling a persistent sense of shame (Courtois, 2008; van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005).

van der Kolk (2006) has proposed the idea that trauma is stored in both the body and mind due to the neurological changes that complex trauma can produce. This impact can radically change the relationships survivors have with others and themselves (Calhoun & Tedeschi, 2006; Fleming, Mullen, Sibrhrope, & Bammer, 1999; Luxenberg, Spinazzola, & van der Kolk, 2001). van der Kolk (2006) found that individuals with Complex PTSD appear to have higher rates of somatic issues and have difficulties being aware of, giving words to, and understanding sensations in their bodies. Those with Complex PTSD may also experience alexithymia, or not having the words to describe feelings (van der Kolk, 2014). Additionally, individuals with Complex PTSD tend to have negative views of their bodies and themselves. Essentially, as the effects of trauma are found on a neurochemical level, survivors' bodily functions are altered, which can

change the way in which survivors interact with their bodies. van der Kolk (1994) describes the way that trauma is stored in the body by concluding that “the body keeps score” (p. 253).

Foa, Keane, Friedman, and Cohen (2009) noted that there is widespread agreement among clinicians that individuals with Complex PTSD may need longer treatment with a greater variety of intervention methods. People with complex traumatic histories can drop out of treatment when intensive exposure work is being done (Lanius et al., 2010; Spinazzola, Blaustein, & van der Kolk, 2005) and some clients even experience an increase in unwanted symptoms with traditional treatments (Becker & Zayfert, 2001; Spinazzola et al., 2005). Researchers tend to agree that when providing treatment to those with Complex PTSD, coping skills should be taught and trust should be cultivated within the therapeutic relationship before addressing traumatic material (e.g., Briere & Scott, 2013; Ford, Courtois, Steele, van der Hart, & Nijenhuis, 2005). Models, such as Dialectical Behavior Therapy (DBT; Linehan, 1993; Linehan, Tutek, Heard, & Armstrong, 1994) and Skills Training in Affective and Interpersonal Regulation (STAIR; Cloitre et al., 2010), take this approach. These perspectives have been found to be efficacious for treating some of the characteristics of Complex PTSD, such as chronic suicidality and depressive symptoms (Panos, Jackson, Hasan, & Panos, 2014). However, these approaches, similar to traditional PTSD treatments, intervene at the verbal level. This verbal, predominantly cognitive approach may have limited effectiveness with the Complex PTSD population due to alexithymia and the deep emotional wounds created by abuses of trust that these individuals have experienced. Thus, complementary treatments

that intervene at the bodily level, such as yoga, where words are not needed, may be an effective alternative point of intervention.

Because traditional interventions for PTSD can overwhelm survivors, there is more attention being given to mindfulness-based practices, such as yoga, in the literature. Hatha yoga is one of the popular forms of yoga practiced in the West. This practice, colloquially known as yoga, is thousands of years old and aims to unite the body and mind through focusing on the present moment (Desikachar, 1995). Research has indicated that yoga practitioners have self-reported and demonstrated improvements in a variety of areas, including mood, energy, sleep patterns, flexibility and strength, self-compassion, and decreased chronic pain (Iyengar, Evans, & Abrams, 2005; Ross, Friedman, Bevens, & Thomas, 2013; Yoshihara, Hiramoto, Sudo, & Kubo, 2011; Yurtkuran, Yurtkuran, & Dilek, 2007). There is growing evidence indicating that practicing yoga may counteract the physiological expression of traumatic stress (Streeter et al., 2012). Researchers have found evidence that yoga may be a helpful complementary treatment for working with PTSD in a variety of populations, including survivors of mass disasters, deployed military personnel, veterans, and survivors of childhood sexual abuse (e.g., Lilly & Hedlund, 2010; Staples, Hamilton, & Uddo, 2013; Stoller, Greuel, Cimini, Fowler, & Koomar, 2012; Telles, Naveen, & Dash, 2007; Telles, Singh, & Joshi, 2009; Telles, Singh, Joshi, & Balkrishna, 2010; Waelde et al., 2008). However, Nešpor (1985) pointed out that yoga postures might be potentially triggering for survivors, which may result in emotional flooding or dissociation. Therefore, the ways yoga is instructed may need to be modified to fit the needs of individuals with complex trauma. With

modifications, a yoga practice may be a safe way for survivors to reconnect with their bodies and feel relief from posttraumatic symptoms (Emerson, Sharma, Chaudhry, & Turner, 2009).

Trauma-sensitive yoga (TSY) was developed by Emerson (Emerson & Hopper, 2011) as a complementary method of treating complex PTSD at The Trauma Center in Brookline, Massachusetts. TSY was founded on van der Kolk's conceptualization of trauma being held in both the body and mind of the survivors. TSY's themes, similar to therapeutic goals, help survivors increase connection with the current moment, practice making choices, take effective actions, and create rhythms (Emerson & Hopper, 2011). The Trauma Center holds several kinds of TSY trainings, including a certification program in TSY. This program is the highest training level of TSY currently available and accepts only certified yoga instructors, some of whom have had formal training in counseling and psychotherapy.

Three studies to date have demonstrated TSY's efficacy with complex PTSD with female veterans (Mitchell et al., 2014) and women who have experienced interpersonal violence (Clark et al., 2014; van der Kolk et al., 2014). These studies have demonstrated that the implementation of TSY over the duration of the studies increased participants' feelings of safety, decreased depressive and re-experiencing symptoms, and improved emotional regulation. Clark et al. also found that participating in TSY was meaningful to survivors' healing process.

Purpose of Project

TSY is becoming a validated complementary treatment for complex PTSD. There is a dearth of formal research focusing on yoga teachers as a group and there have been no studies conducted on those who have been trained in TSY. Thus, it is important to understand the lived experience of TSY facilitators because they are providing professional care for a trauma population. It is possible that there is a parallel between the lived experience of psychotherapists who provide therapy to survivors of trauma and TSY facilitators. However, the exact impact of this link is unknown and there are only personal accounts of the experience of teaching yoga in general in the literature (e.g., Bigelow, 2008; Heighway, 2007; Kimbrough, 2007; Lalitananda, 2006). By studying TSY facilitators, the experience of providing services and the impact of this work on teachers can be elucidated, which may help improve training, supervision, and ultimately, delivery of care to survivors. Thus, the purpose of this qualitative inquiry is to understand the lived experience of TSY facilitators.

Key Terms

Burn Out: emotional exhaustion and overload following intense emotional investment with clients (Maslach, 1982).

Complex Posttraumatic Stress Disorder: the array of effects produced by experiencing complex trauma, issues with regulating affect, experiencing somatic complaints, dissociation, negative self-perception, issues with boundaries and interpersonal relationships, changes in systems of meaning making, and issues with identity (Herman, 1992).

Complex Trauma: prolonged and cumulative trauma and neglect that is frequently experienced within the context of interpersonal relationships (Herman, 1992).

Interoception: “the sense of the physiological condition of the body” (Craig, 2002, p. 655).

Posttraumatic Stress Disorder (PTSD): developing symptoms following one or more traumatic events for more than one month after the traumatic event(s) and causes impairment in the individual’s functioning: 1) recurrent and intrusive symptoms, such as memories or dreams, and distress following exposure to stimuli that resemble the traumatic event; 2) persistently avoiding stimuli that are associated with the traumatic event, both internal and external to the individual; 3) negative changes in cognitions and mood, such as changes in beliefs about the self and the world, or feeling detached from others; and 4) significant changes in arousal levels, such as increased irritation or anger, hypervigilance, or concentration (APA, 2013).

Secondary Traumatic Stress: presence of posttraumatic symptoms that stem from therapists’ reactions to working with survivors’ traumatic memories (Figley, 1995).

Trauma: “an event is traumatic if it is extremely upsetting, at least temporarily overwhelms the individual’s internal resources, and produces lasting psychological symptoms” (Briere & Scott, 2013, p. 8).

Trauma-Sensitive Yoga (TSY): form of yoga that is informed by attachment theory, neuroscience research, and trauma theory that aims to reduce emotional triggers

that could arise during traditional yoga. TSY is taught using trauma-informed language, postures, breathing, and movements in order to create an opportunity for students to practice being present in their bodies within the context of a safe student-teacher relationship (Emerson & Hopper, 2011).

Vicarious Posttraumatic Growth: therapists' personal growth after providing therapy services with trauma survivors that likely influences psychotherapists' personal experiences and worldviews (Linley, Joseph, & Loumidis, 2005; Linley & Joseph, 2007).

Vicarious Trauma: therapists' personal experiences that may interrupt empathically engaging with clients' traumatic histories (Pearlman & Saakvitne, 1995).

Yoga: the practice of physical postures, breathing, and meditation designed to join the body and mind using purposeful, focused attention directed toward the present (Desikachar, 1995).

CHAPTER II

REVIEW OF LITERATURE

Yoga

Hatha yoga, often simply known by the word *yoga*, is one of the most common forms of yoga practiced in the West. Yoga is a practice that is thousands of years old, originating from the areas now known as India and Pakistan (Desikachar, 1995). Yoga first was described in the Vedas in 1500 BCE, which is the oldest account of culture in India. Then, Patañjali systematized yoga into a practice of viewing the self in the *Yoga Sutras of Patañjali* in approximately 400 CE (Desikachar, 1995; Iyengar, 1976). There are many interpretations of the meaning of the word *yoga*; however, it is accepted that *yoga* means to join, to unite, or to come together. Also, *yoga* has been translated to mean a purposeful, focused attention directed toward the present moment. Thus, the practice of *yoga* intends to unite the body and mind to focus on the experience of the current moment (Desikachar, 1995).

Yoga is a comprehensive system of integrating the body, mind, and spirit (Desikachar, 1995). The practice of *yoga* can look different among practitioners, or *yogis*, and can move them along different paths. However, the aim of practicing *yoga* is overarching: to attend to the present moment, to work to continuously shed distractions, and to take actions and observe their effects. The main components of *yoga* are physical movements and postures, breathing, and meditation. Although these elements are

separate, they are interconnected throughout the yoga practice. For some individuals, the practice of yoga may take the form of concentrated breathing and, for others, their yoga practice may begin with physical yoga postures. Yoga is not prescriptive or restrictive, as all components of yoga intersect and influence one another, regardless of how a practice begins (Desikachar, 1995).

The physical postures and movements, also called *asana*, work to build strength, increase flexibility, and improve balance (Desikachar, 1995). Practicing *asana* encourages acceptance of the body and increased mobility and physical functioning (Ware, 2007). Breathing practices, also called *pranayama*, are aimed at intentionally focusing attention on the breath and its connection to physical movements (Desikachar, 1995). The intention behind breath practices is to balance physiological systems and to encourage mental and physical relaxation (Ware, 2007). Meditation, also called *dhyana*, is a focused attention on the present moment (Desikachar, 1995). This focused attention is practiced during movements, static postures, and during the final rest that concludes a typical yoga practice (Desikachar, 1995). The aim of this element is to cultivate a clear mind, increase self-awareness, and find relaxation in stillness (Ware, 2007).

Yoga has become increasingly popular in the West, with approximately 20 million individuals in the United States practicing yoga to some extent and even more having an active interest in beginning a yoga practice (Yoga Journal, 2012). The most recent findings indicate that approximately \$10 billion is spent per year on yoga-related products, such as clothing, classes, media, and trainings in the United States (Yoga Journal, 2012). There are a number of different styles of yoga, all of which underscore

the importance of physical postures and breathing, with each style having a slightly different presentation (Emerson & Hopper, 2011). Thus, yoga is a popular activity and is becoming increasingly visible in mainstream culture.

Benefits

Although relatively small in comparison to the thousands of years yoga has been practiced and studied by yogis, there is a growing literature base on yoga and its benefits. Once considered only a spiritual practice, the incorporation of yoga into scientific research is indicative of a paradigm shift in health and mental health care (Khalsa, 2004). Yoga practitioners have reported and demonstrated numerous benefits related to their yoga practice, although only a small number of research studies have been conducted on individuals with an established personal yoga practice (e.g., Ross et al., 2013; Yoshihara et al., 2011). Yogis have stated that their yoga practices have benefitted their mood, energy level, healthful food choices, and sleep patterns (Ross et al., 2013). The more often yogis practice yoga, the more likely they are to believe that benefits are related to their yoga practices (Ross et al., 2013). Therefore, if yogis believe that changes in their lives are due to their yoga practice, it is likely that they will maintain the practice in order to continue to experience its benefits. Yoga has been shown to alleviate perceived levels of stress and increase mindfulness skills in both beginning and advanced yogis (Brisbon & Lowery, 2011). Additionally, yogis have described being able to find a deeper state of relaxation, viewing others and themselves in a more compassionate manner, and feeling more connected and optimistic about the world (Iyengar et al., 2005). These benefits are aligned with the aims and intentions of practicing yoga.

A number of intervention studies have been conducted examining yoga's impact on a variety of physical health issues. This research has shown that yoga improves overall physical fitness in terms of flexibility, strength, and balance (Roland, Jakobi, & Jones, 2011). Research has indicated that yoga benefits the body's arousal and regulatory systems by improving blood pressure, autonomic nervous system activation, and cardiovascular and respiratory system function (Mandle, Jacobs, Arcari, & Domar, 1996; Raub, 2002). Yoga has been shown to help individuals with chronic pain (Yurtkuran, et al., 2007), lower back pain (Sherman, Cherkin, Erro, Miglioretti, & Deyo, 2005; Williams et al., 2005), and fibromyalgia (Carson et al., 2010; Ide, Laurindo, Rodrigue, & Tanaka, 2008). Also, yoga has been shown to be effective for alleviating pain during labor and increasing satisfaction with the birthing process (Smith, Levett, Collins, & Crowther, 2011). Another benefit for women includes reducing the risk of cardiovascular disease after the onset of menopause (Innes, Selfe, & Taylor, 2008).

Studies have indicated that yoga can be beneficial for a number of mental health issues. Controlled research has yielded evidence that the practice of yoga can alleviate symptoms related to depression (Butler et al., 2008; Janakiramaiah et al., 2000; Sharma, Das, Mondal, Goswami, & Gandhi, 2006), schizophrenia (Duraiswamy, Thirthalli, Nagendra, & Gangadhar, 2007), anxiety (Javnbakht, Kenari, & Ghasemi, 2009; Kozasa et al., 2008; Michalsen et al., 2005; Woolery, Myers, Sternlieb, & Zeltzer, 2004), and trauma (van der Kolk, 2006). The increase in controlled studies and funding from institutions, such as the National Institutes of Health and the Veteran's Administration,

has indicated that yoga is becoming a recognized complementary treatment for major health and mental health issues (Cabral, Meyer, & Ames, 2011).

Yoga Therapy

Yoga's popularity and efficacy have contributed to the emergence of yoga therapy. The International Association of Yoga Therapists (IAYT) works to establish yoga therapy as a respected treatment within the medical world and create professional standards for training and practice among yoga therapists (Kepner, 2014). Yoga therapists are also yoga teachers; however, their education also includes more intensive training in *Ayurveda*, or yogic science, basic training in psychology and diagnoses, and therapeutic relationship skills (Kepner, 2014). Although the IAYT's standards are not yet formalized, this group established a peer-reviewed journal in 2006 and is working to credential yoga therapists beginning in 2016. The establishment and efforts of this group indicate that yoga as an adjunctive treatment will continue to gain momentum and empirical support for physical and mental health issues.

Yoga Teachers

Historically, teachers, or gurus, passed down the practice of yoga to their students over many years (Feuerstein, 2008). Knowledge about the practice was transmitted orally and could vary greatly depending on the teacher and length of study. Currently, yoga teachers are educated through a structured curriculum and professional standards (Syman, 2010). There are approximately 70,000 yoga teachers and over 2,000 credentialed schools of yoga in the United States (North American Studio Alliance [NAMASTA], 2005).

These numbers demonstrate the popularity of teaching yoga as an occupation and the growing interest in learning more about yoga in this country.

There is a lack of formal research on the experience of yoga teachers in the literature base. The only known study to this researcher regarding the impact of teaching yoga was conducted by Conboy, Wilson, and Braun (2010). These researchers studied the impact of a residential 200-hour yoga teacher training on human flourishing. They discovered that as participants were becoming certified as yoga instructors, they became more optimistic and more mindful in their everyday lives. The remainder of what is known about teaching yoga and teachers' experiences is anecdotal or philosophical. However, research has noted that individuals are drawn to teach yoga through a desire to help others, deepen their own understanding of their personal yoga practices, and to be immersed in a practice within a community (Davies, 2013; Raskin, 2007). Yoga teachers aim to create compassionate, nonjudgmental, and culturally-inclusive environments in which students can develop their practice (Childress, 2007b; Ware, 2007). Park, Riley, Besedin, and Stewart (2013) found that yoga teachers expect themselves and other teachers to give students individual attention, to encourage meditation at some point in the practice, and to be connected and present with the class or individual yoga student. Although yoga has its own philosophy on how to live in an ethical manner (Iyengar, 1976), yoga teachers are strongly encouraged to practice ethics similar to those of mental health fields in order to comply with laws and use systematic ethical decision making (Parker, 2008). Similarly, Childress (2007a) encouraged yoga teachers to become aware of power dynamics within the teacher-student relationship and to be accountable for their

behaviors that affect relational power and privilege. Also, yoga teachers are invited to practice self-care in order to maintain integrity within their personal and professional lives (Garland, 2010).

Yoga teachers' personal accounts tend to describe the experience of teaching yoga as powerful and transformative (Bigelow, 2008; Heighway, 2007; Kimbrough, 2007; Lalitananda, 2006). Kimbrough described how his compassion for others and satisfaction with his material possessions increased after teaching yoga in the prison system. Heighway explained how teaching yoga to women living with cancer increased her awareness of how physical touch can help or hinder someone in a yoga posture and she learned to embrace emotions that arise during a yoga practice. Bigelow described feeling grateful for moments in which she was personally impacted by her students and how witnessing students' growth was transformative for her and her teaching. Lalitananda expressed how teaching within a community has reminded her to be kind and acknowledge others' personal meaning in their own practice. These rich experiences are an indication that more formal research is needed in order to understand the common experiences within teaching yoga and the powerful moments that transform teachers' personal worldviews and how they approach teaching students.

Trauma

The types of trauma individuals can experience are varied and their impact can be complex (Briere & Scott, 2013). Studies have suggested that experiencing at least one traumatic event across the lifetime is a common occurrence (Norris, 1992; Norris & Stone, 2013). Traumatic events can endanger lives and can psychologically and

physically overwhelm individuals, either in a temporary or lasting manner (Briere & Scott, 2013). The major kinds of traumatic events and their effects that are studied include child abuse, mass interpersonal violence, natural disasters, fires and burns, automobile and large-scale transportation accidents, sexual assault, physical assault, intimate partner violence, sex trafficking, torture, war, witnessing murder or suicide, first responder exposure to trauma, and life-threatening medical conditions (Briere & Scott, 2013).

Some cultural variables increase the likelihood that individuals will experience a traumatic event due to oppression and marginalization in society (Breslau, 2009).

Research has indicated that groups, such as women (Breslau et al., 1999; Leskin & Sheikh, 2002), young children and older adults (Koenen et al., 2002; McCutcheon et al., 2010), African Americans and Latinos/as (DiGrande et al., 2011), and individuals of lower socioeconomic status (Carter, 2007; McLaughlin et al., 2009; Rosenman, 2002) show higher rates of being victimized and experiencing posttraumatic symptoms. Also, individuals who have experienced trauma in the past have a higher likelihood of being victimized again in the future (Breslau et al., 1999; Ozer, Best, Lipsey, & Weiss, 2008).

Further, traumatic events that contain an interpersonal component, such as intimate partner violence, are more likely to precipitate posttraumatic stress responses than non-interpersonal events, such as a natural disaster (Briere & Elliott, 2000). Childhood abuse and neglect, which tend to be relational in nature, have been shown to be related to long-term and severe physical and psychological consequences (Briere & Rickards, 2007).

Survivors of childhood trauma are at a high risk of experiencing traumatic events later on

in life, which can lead to complex expressions of posttraumatic stress (Briere & Rickards, 2007).

Posttraumatic Stress Disorder

For some individuals, experiencing a traumatic event may precipitate symptoms of traumatic stress, such as depression, anxiety, and grief, for a relatively short period of time (Briere & Scott, 2013). Approximately 10% of those who have experienced trauma go on to develop Posttraumatic Stress Disorder (PTSD; Breslau, 2009; Briere & Scott, 2013). The 5th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM; American Psychiatric Association [APA], 2013) outlined diagnostic criteria for PTSD as having been exposed to a traumatic event, re-experiencing the event through intrusive symptoms, avoiding stimuli associated with the event, experiencing negative changes in mood and cognitions, and being regularly hyperaroused. Traumatic experiences can change the way that individuals view themselves and others, often shattering previous beliefs about safety, connection, the self, and the world (Herman, 1992).

The definition of PTSD has evolved over time. Combat veterans drew much attention to the need to study postwar symptoms, as they returned home from war with a number of psychological symptoms that interfered with their ability to function (Herman, 1992). Historically, medical professionals had typically used terms, such as “shell shock” and “combat fatigue,” to describe veterans’ postwar psychological symptoms. In the first edition of the *DSM* in 1952, the label “gross stress reaction” was used to describe veterans who experienced traumatic responses following a stressor; however, this label

did not account for the long-lasting symptoms that veterans commonly experienced (Bremner, 1999). Following the Vietnam War, PTSD was recognized in the 3rd edition of the *DSM* (APA, 1980). This diagnosis accounted for long-term symptoms, legitimized traumatic stress as a diagnosis, and was expanded to include survivors of rape, sexual assault, interpersonal violence, and child abuse (Herman, 1992).

Experiencing trauma and subsequent exposure to stimuli that trigger emotional and cognitive reactions about trauma appear to change how the brain and body respond to the environment (van der Kolk, 2006). Thus, individuals who have experienced trauma can react differently to situations than individuals who have not been traumatized. When someone is in a situation that arouses fear, the sympathetic nervous system engages and strategies, such as flight, fight, and freeze responses, are activated, as well as hormonal and physiological changes. When fear is no longer necessary to promote survival, the parasympathetic nervous system activates, which signals the absence of a threat to the body, and creates changes to balance the effects of the sympathetic nervous system (van der Kolk, 2006). When compared to individuals without PTSD, individuals with PTSD tend to show lower parasympathetic nervous system activity (Streeter et al., 2012). Thus, those with PTSD tend to have more difficulty regulating and calming down the body and mind, produce more cortisol, and have decreased executive functioning (Streeter et al., 2012).

Complex Posttraumatic Stress Disorder

Psychiatrists and researchers, such as Herman (1992) and van der Kolk (van der Kolk et al., 2005), have challenged the limitations of the diagnostic criteria of PTSD.

Specifically, those who experienced trauma during childhood or have experienced repeated, prolonged interpersonal trauma are likely more adversely impacted than those who have been exposed to a single traumatic event (Herman, 1992). Interpersonal trauma experienced during childhood can have a profound effect on the lives of adult survivors' personality and interpersonal relationships (Roth, Newman, Pelcovitz, van der Kolk, & Mandel, 1997). Thus, the term complex trauma is used to describe the experiences of these survivors and Complex PTSD is used to describe symptom presentation in the literature (Herman, 1992). Complex PTSD is characterized by chronic difficulties in identity, attention, affect and impulse regulation, boundaries and interpersonal relationships, dissociation, meaning appraisal, and somatic complaints (Cook et al., 2005; Courtois, 2008). Moreover, those with Complex PTSD are at a high risk of drug and alcohol addictions, self-injurious behavior, chronic suicidality, revictimization, somatoform or conversion symptoms, chronic pain, and a pervasive sense of guilt and shame (Courtois, 2008; van der Kolk et al., 2005).

The symptoms that individuals with Complex PTSD experience appear to be due in part to the neurological changes that prolonged and repeated exposure to trauma can create in the brain (van der Kolk, 2006). These changes can contribute to significant difficulties in regulating arousal, as neurotransmitters can be released in a chronic and dysregulated manner and essentially can overwhelm the body (Cohen, Perel, Debellis, Friedman, & Putnam, 2002). Neurotransmitters, hormones, and certain structures in the brain are activated in a manner that is dysregulated and exaggerated when individuals with Complex PTSD encounter emotional and environmental stimuli, which can make it

extremely difficult to recover from triggers and stress (Yehuda, 2001). Yehuda (1999, 2000) found that prolonged exposure to trauma appears to compromise biological responses, such as in the sympathetic and parasympathetic nervous systems, which tends to create great difficulties for individuals in adjusting their arousal levels. Thus, the nervous system is essentially working too hard and responding disproportionately to situations, which produces the states of dissociation and hyperarousal, which are commonly experienced by those with complex traumatic histories (Streeck-Fischer & van der Kolk, 2000).

In addition, experiencing chronic trauma can lead to problems in interpersonal relationships (Calhoun & Tedeschi, 2006; Fleming et al., 1999; Luxenberg et al., 2001). Luxenberg and colleagues noted that being disconnected from the body can often lead to disconnection in one's relationships with others. These authors pointed out that trust has often been betrayed in the lives of those living with Complex PTSD, making it difficult to be vulnerable with others and truly knowing the self. Also, research has demonstrated these individuals often do not have a template for functional relationships, which makes it difficult to establish and maintain them. Further, many individuals with complex traumatic histories become involved in dysfunctional relationships, which at times include relationships that contain abuse (Fleming et al., 1999).

Traditional Conceptualizations of Posttraumatic Stress Disorder

Theory and research on treatments for PTSD have mostly stemmed from behavioral and cognitive perspectives. These conceptualizations have produced major evidenced-based practices used with many traumatized populations. The assumptions of

the behavioral and cognitive conceptualizations of PTSD and their limitations in treating Complex PTSD will be described next.

Behavioral. From a behavioral standpoint, PTSD is conceptualized using classical conditioning (Leahy & Holland, 2000). Mowrer (1956) posited that the feelings that are experienced during a traumatic event are conditioned responses to environmental cues, such as sights and sounds. When individuals encounter these cues in the future, the emotions, such as fear and anxiety, are triggered and re-experienced. Over time, individuals may generalize their anxiety related to the trauma to similar cues that produce the same anxiety. Survivors may also begin to associate a neutral stimulus with the event, which can elicit the same anxiety. The cues may be external and related to the environment, such as a car backfiring sounding similar to gunfire, or they may be internal experiences, such as emotions or thoughts.

Mowrer's (1956) model explained that, due to the anxiety elicited by triggers or cues, individuals attempt to avoid them. When survivors successfully avoid a cue, their anxiety diminishes and serves to reinforce the avoidance. Thus, survivors tend to use avoidance as a coping strategy in the future. As some cues are internal, survivors also begin to numb or dissociate from thoughts or feelings associated with the trauma. Although avoidance and re-experiencing are accounted for within the behavioral perspective, not all symptoms associated with PTSD are accounted for by this model, such as generalized fear and how experiencing trauma can alter personal meaning (Foa, Steketee, & Rothbaum, 1989).

Cognitive. Foa and Riggs (1993) and Foa and Rothbaum (1998) conceptualized PTSD from a cognitive perspective in order to account for aspects of PTSD that the behavioral model did not address. Foa and Rothbaum (1998) posited that individuals who have experienced trauma create a cognitive “fear structure” (p. 55), which activates when individuals encounter cues that remind them of the event. The fear structure can be activated by external stimuli, internal and physiological responses, and meaning associated with the stimuli and internal responses. Similar to the behavioral model, traumatized individuals learn to avoid anything that activates the fear structure in order to escape re-experiencing, thus reinforcing avoidance as a method of coping. This fear structure can persist for years after the traumatic event and can increase in intensity over time.

Further, Foa and colleagues (Foa & Riggs, 1993; Foa & Rothbaum, 1998) addressed meaning and commonly held assumptions about the world. This model explained that trauma often violates individuals’ thoughts about the world as a safe place and thoughts about themselves as worthy and effective agents in controlling and predicting events. Thus, trauma tends to change individuals’ schemas by changing two core beliefs about themselves and the world: (1) they are bad and (2) the world is unsafe. In order to make sense of trauma as it contradicts their previous beliefs, individuals tend to begin to change their schema in order to accommodate the traumatic event. Thus, individuals start to devalue themselves and believe that bad events can happen to them in an unsafe and chaotic world. The cognitive changes in this model explained two key points related to the experience of PTSD. First, individuals who hold these beliefs would

be more likely to avoid new things and experiences in a world that is perceived as dangerous, unpredictable, and unsafe. Second, these individuals may view themselves as inept or unable to cope with difficult situations or the pain of processing traumatic memories.

The cognitive conceptualization by Foa and Riggs (1993) and Foa and Rothbaum (1998) took components from the behavioral model and attempts to account for limitations in the behavioral model. However, this model can be difficult to put into practice with some individuals. For example, when individuals are processing traumatic memories and activating the fear structure by discussing meaning, they can also re-experience intense emotional reactions. These emotions may flood or overwhelm clients, and they may utilize avoidance to stop the emotional reaction. Thus, individuals tend to go back and forth from re-experiencing to avoiding, which can leave them in a state of chronic hyperarousal.

Holistic Conceptualizations

Although behavioral and cognitive conceptualizations have been helpful in understanding the experience of trauma to an extent and in developing several empirically supported treatments, Complex PTSD poses several issues that are not addressed in traditional models. Pioneering psychiatrists Judith Herman and Bessel van der Kolk have posited alternative conceptualizations that account for individuals who have been exposed to chronic and prolonged abuse. Herman (1992) first proposed Complex PTSD as a diagnostic category, noting that this concept has gone by several names over time, including Disorder of Extreme Stress Not Otherwise Specified (APA,

1994). Recognizing Complex PTSD as an official diagnosis would be helpful and meaningful to the individuals with the pervasive and chronic symptoms that characterize their lives. In her work, Herman (1992) carefully outlined how prolonged exposure to trauma and abuse impact affect regulation, consciousness, self-perception, perceptions of the perpetrator, interpersonal relationships, and meaning making systems.

van der Kolk (2006) found that people with Complex PTSD report somatic complaints and have difficulty sensing and interpreting internal cues and feelings. He works from the perspective that individuals with complex trauma are affected holistically, in mind, body, and spirit. van der Kolk (1994) suggested that emotional pain and memories of trauma are stored by the bodies of survivors for years after the traumatic event: that “the body keeps score” (p. 253). He pointed out that somatic complaints and poor interoceptive awareness, the ability to feel and interpret sensations in the body, are common among individuals with Complex PTSD. Other researchers, such as Carter, Botvinick, and Cohen (1999), Napařtek (2004), as well as van der Kolk (2006), have found that survivors’ experience of avoidance, numbness, and hyperarousal significantly impact their ability to make sense of their emotions and felt sensations. van der Kolk (2006) noted how internal states and feelings can frequently overwhelm survivors and, thus, they may employ the strategies of avoidance or dissociation, which can maintain traumatic symptoms.

van der Kolk (2006) stated that survivors with complex histories of abuse tend to have negative perceptions of their bodies or lack awareness of their physical being. He suggested that the physiological impact of trauma can often have lasting effects on the

body, such as being in a chronic immobile state in the context of a violent relationship. He stated that these bodily responses are habituated and can lead to a change in relationship to the body and the view that the body is bad, damaged, or uncontrollable. Several researchers have noted that relating to the body in this way can increase the risk of engaging in self-injurious behavior, substance abuse, eating disorders, and issues with self-esteem (Rodriguez-Srednicki, 2001; van der Kolk, 1996; Wenniger & Heiman, 1998). van der Kolk (2006) pointed out that a product of viewing the body in this way can lead to survivors experiencing difficulties in taking effective actions in their environment, such as feeling stuck in relational patterns. Similarly, survivors may act internally in unhelpful ways, such as avoiding painful thoughts or memories.

Additionally, van der Kolk (2006) noted that when survivors perceive themselves in this way and disconnect from their bodies, they can become disconnected with their needs. Researchers have indicated that internal states or sensations may be overwhelming or even unidentifiable, which makes it even more difficult to respond appropriately to a situation (Lazar et al., 2005; Mclean, Toner, Jackson, Desrocher, & Stuckless, 2006). van der Kolk (2006) noted that individuals in this state have difficulty engaging in self-care, which can maintain a sense of hopelessness that characterizes Complex PTSD and maintain chronic symptom expression. van der Kolk (2006) postulated that if survivors learn how to attend to their inner experience in a safe environment, they can learn how to attend to their emotional state, identify needs, and take actions that effectively meet their needs.

Traditional Treatments

Exposure. Prolonged Exposure (PE) therapy was developed by Foa (Foa & Kozak, 1986; Hembree & Foa, 2004) and used the behavioral conceptualization of PTSD as its foundation. PE is a manualized and empirically-supported treatment that takes place over 8 to 15 sessions, lasting 60 to 90 minutes each (Foa, Rothbaum, Riggs, & Murdock, 1991). PE's aim is to expose survivors to traumatic memories by having them deliberately describe the trauma in session. These intentional encounters of anxiety-provoking stimuli are called in-vivo exposure exercises. Foa and her colleagues believed that when survivors confront traumatic memories repeatedly and discuss the exercise with a therapist, their anxiety and fear will decrease. These researchers argued that in order to reduce survivors' fear, they must activate their fear structure. The processing component of this treatment serves as an opportunity for clients to learn new information to incorporate into new, corrective experiences. Powers, Halpern, Ferenschak, Gillihan, and Foa (2010) conducted a meta-analysis of 13 randomized controlled trials (RCTs) of PE. Powers and colleagues found PE to be effective in treating PTSD and maintaining therapeutic gains in a variety of individuals, including survivors of war and sexual assault.

Cognitive processing. Cognitive Processing Therapy (CPT) was developed by Resick and Schnicke (1992) in an effort to address rape victims' posttraumatic symptoms. CPT draws upon the cognitive conceptualization of PTSD. CPT's aim is to help survivors identify the core beliefs that they hold about the world and themselves related to the trauma, and then to aid in shifting these beliefs into more functional

cognitions. CPT is an empirically-supported treatment and typically utilizes a group therapy format over the course of 12 90-minute sessions. Survivors engaging in CPT receive education related to how information is processed related to trauma and they are instructed to write directly about the traumatic event. Survivors are also educated on cognitions and emotions so that they can learn to express their emotions, rather than avoid them. CPT provides an opportunity for survivors to address their emotions and thoughts related to the traumatic event directly and to restructure dysfunctional beliefs, which maintain posttraumatic symptoms that interfere with their functioning. Lenz, Brujin, Serman, and Bailey (2014) conducted a meta-analysis of 11 RCTs of CPT and their results indicated that CPT was efficacious in treating PTSD with veterans, survivors of abuse and sexual assault, and refugees.

Limitations of traditional treatments. There is some consensus in the literature that individuals with complex traumatic histories may require longer, multimodal interventions (Foa et al., 2009). It has been found that many with complex trauma tend to drop out of treatments, which include extensive exposure work, and tend not to comply with treatment protocols (Lanius et al., 2010; Spinazzola et al., 2005). Additionally, some individuals with Complex PTSD also experience more intense intrusive symptoms when engaging in therapy with a strong exposure element (Becker & Zayfert, 2001; Spinazzola et al., 2005). Further, Spinazzola and colleagues pointed out that some manualized treatments were not developed on populations with complex traumatic histories and some studies have excluded individuals with complex histories from being included in outcome research. Therefore, it is important that researchers identify treatments that fit the

presentations and needs of individuals with complex trauma so that survivors can heal in meaningful ways (Spinazzola et al., 2005).

Researchers have agreed that treatment for Complex PTSD should be skill-based, use a variety of methods, and be titrated over a period of time (e.g., Briere & Scott, 2013; Ford et al., 2005). Thus, there are several treatment models that begin with a skills component and build trust within the therapeutic relationship before addressing traumatic material. One treatment that takes this approach is Cloitre, Koenen, Cohen, and Han's (2002) Skills Training in Affective and Interpersonal Regulation (STAIR). The STAIR model first focuses on physiological symptoms and self-regulation before processing traumatic memories. Cloitre and colleagues intended for survivors to learn about themselves and develop skills to improve their symptoms, learn about interpersonal patterns and relationships, and then feel safe in the therapeutic relationship to process memories through exposure-based techniques. This approach has proven helpful in outcome studies of female survivors of child abuse (Cloitre et al., 2002; Cloitre, Petkova, Wang, & Lassell, 2012).

Another approach to treating conditions related to Complex PTSD is Dialectical-Behavior Therapy (DBT; Linehan, 1993; Linehan et al., 1994). DBT focuses on developing several skills, such as mindfulness, distress tolerance, emotion regulation, and interpersonal skills, as survivors of complex trauma commonly experience difficulties in these areas. DBT draws from mindfulness-based practices and encourages careful, nonjudgmental attention of survivors' inner experiences. DBT has gained much support in the empirical research literature for chronic suicidality, depression symptoms, and

Borderline Personality Disorder (BPD), which are often commonly experienced by people with histories of complex trauma (Panos et al., 2014). However, DBT was originally created to fit the needs of individuals with chronic suicidal ideation and evolved to become a treatment for BPD (Linehan, 1993). Therefore, DBT may only treat certain symptoms related to Complex PTSD, rather than directly addressing Complex PTSD.

Although these newer approaches meet some of the needs of those with Complex PTSD, these approaches take a verbal, predominantly cognitive approach to engaging in therapy, which may limit their effectiveness, as relationships and building trust are frequently difficult for survivors of complex trauma. Thus, therapies which begin at the body level or do not place as much importance on using language, could be a helpful intervention point for those with complex traumatic histories (van der Kolk, 2006).

Complementary Treatments

Some current treatments for trauma involve integrating traditional psychotherapy with adjunctive treatments, and thus take a multimodal approach (van der Kolk, 2006). As survivors talk about trauma and describe traumatic memories, they engage trauma-related emotions, such as helplessness, shame, and fear, which can trigger a hyperaroused state. Thus, the survivor's physical and felt sensations indicate that it is not yet safe to work with the trauma. Treatments that are more body-based and less verbally-based in their approach have proven helpful in activating complex trauma survivors' coping skills and personal resources (van der Kolk, 2006). Neuroimaging studies have found that Broca's area in the brain tends to show less activity after trauma, which indicates that

survivors may encounter more difficulty in verbally expressing their experience (Rauch et al., 1996; Shin et al., 1997). Studies have shown that survivors have experienced alleviated symptoms after engaging in body-based treatments, such as art therapy (Schouten, de Niet, Knipscheer, Kleber, & Hutschemaekers, 2015), dance/movement therapy (Devereaux, 2008; Gray, 2001; Pierce, 2014), music therapy (Bensimon, Amir, & Wolf, 2008; Blararu et al., 2012; Jespersen & Vuust, 2012), and mindfulness-based meditation and breathing (Bormann, Oman, Walter, & Johnson, 2014; Seppälä et al., 2014). Therefore, it may be beneficial for clients to engage in a multimodal approach when processing complex trauma.

Yoga and Trauma

The goal of yoga is to connect the mind and the body through movement, breathing, and meditation in order to focus on the present moment (Dale et al., 2011). Lazar and colleagues (2005) found initial neurological evidence that mindfulness practices can thicken the connections in the brain in the areas associated with attention, interoception, and processing of sensory information after engaging in meditation. Thus, the mindful practice of yoga is a promising avenue of working through trauma for a variety of traumatic experiences, as the practice occurs by engaging with the body (Emerson et al., 2009). Research has revealed that yoga can be effective in alleviating cognitive, emotional, and physiological symptoms related to traumatic stress (Emerson et al., 2009).

There is growing evidence that describes how yoga may work to counteract the physiological symptom expression of traumatic stress (Streeter et al., 2012). Yoga

postures have been shown to improve the balance between the sympathetic and parasympathetic nervous systems, which trauma tends to interrupt (van der Kolk, 2006). Individuals have reported reduced traumatic symptoms of re-experiencing, avoidance, and arousal after engaging in yoga (van der Kolk, 2006). Yoga postures and controlled breathing engage the parasympathetic nervous system to regulate the mind and body, which calms thoughts, lowers the intensity of subjective emotional responses, and increases neurological and immune functioning (Streeter et al., 2012).

A number of yoga intervention studies have been conducted with survivors of various traumatic events. Using van der Kolk's (2006) perspective of trauma being held in the entire individual, both body and mind, researchers have found empirical evidence that yoga is a helpful complementary method of working with trauma. Some of the major kinds of trauma individuals can experience have been treated with yoga interventions, such as war and deployment, mass disasters, and childhood sexual abuse. Each of these populations with regard to yoga interventions will be described next.

Veterans. Researchers that have implemented yoga programs in Veteran's Affairs hospitals as a complementary intervention to psychotherapy have found yoga to be effective in reducing PTSD symptoms (Staples et al., 2013). Short-term yoga programs have been successful in lowering arousal levels and enhancing the quality of sleep for veterans, which improved the veterans' daily functioning. However, some participants continued to meet criteria for PTSD after the program, even though symptoms were reduced. Thus, yoga-based interventions may be a good fit for the veteran population;

however, more individualized case plans may be needed to tailor the program to veterans' specific needs (Staples et al., 2013).

Deployment. Stoller and colleagues (2012) examined the effectiveness of a yoga intervention in members of the military who were deployed abroad compared to a civilian population. The nine-week yoga protocol was designed to enhance the deployed personnel's sensory experience and increase connection with the body. The results indicated that the yoga intervention was successful in decreasing the anxiety symptoms experienced by the deployed participants. Also, the deployed participants showed an increase in quality of life in comparison to the control group. These results indicated that yoga is a helpful intervention tool combating stress in deployed military personnel, which could protect deployed individuals from developing other symptoms related to trauma in the future.

Mass disasters. Five yoga intervention studies to date have been completed with participants with PTSD from a natural mass disaster, such as a tsunami, flood, or hurricane (Descilo et al., 2010; Telles et al., 2007; Telles et al., 2009; Telles et al., 2010; Waelde et al., 2008). Physical postures, breathing techniques, meditation, and specific cleansing practices have been shown to be effective in ameliorating symptoms of PTSD (Gerbarg, Wallace, & Brown, 2011). Specifically, participants reported a decrease in sadness, fear, and anxiety (Telles et al., 2007; Telles et al., 2010). Interestingly, participants stated emotional and cognitive benefits from the program after the first week (Telles et al., 2010). Further, short-term interventions, lasting only six weeks, have shown

effectiveness with survivors of a natural disaster for up to six months (Descilo et al., 2010).

Gerbarg and colleagues (2011) noted that yoga intervention programs are low-cost and fairly adaptable in order to be culturally appropriate and sensitive, which indicated that a mind-body intervention is worth considering in the face of natural chaos. However, natural disasters pose unique limitations to the effectiveness of the intervention. Logistical issues, such as language and literacy barriers, and access to food, water, shelter, and transportation, affect the ease with which programs can establish themselves in an area that has experienced a disaster. Therefore, although these studies have shown effectiveness, there significant barriers have been identified could delay or prevent mind-body programs being established in these communities (Gerbarg et al., 2011).

Childhood sexual abuse. There is growing evidence for yoga's effectiveness with women who have had traumatic relational experiences. Lilly and Hedlund (2010) posited that yoga is specifically relevant to helping survivors of sexual trauma reconnect with their bodies. In one evaluation of an eight-week yoga program with survivors of childhood sexual abuse, 85% of the 30-person sample agreed that practicing yoga increased mood and decreased anxious symptoms. Also, a majority of the sample reported practicing yoga techniques, such as postures and meditation, outside of the program without explicit instruction to do so. Additionally, participants reported an increased sense of ownership of their bodies and understanding of how to create healthy boundaries with others. Further, participants reported a sense of community, felt more

compassionate toward others and themselves, and felt more present (Lilly & Hedlund, 2010). These findings were an important start to understanding the effectiveness of yoga as a form of treatment for PTSD and sexual trauma, as these results indicate that yogic practices target core symptoms of PTSD, such as trust, control, and attention (Herman, 1992).

Although the nature of trauma can vary greatly, taken together, these studies indicated that yoga programs used as an adjunct to traditional psychotherapy can be beneficial to individuals with PTSD. Although the literature base is currently somewhat small, yoga interventions are being taken seriously due to their effectiveness, low cost, and accessibility. However, some yoga postures and ways of instructing can be triggering to survivors (Nešpor, 1985). For example, a yoga posture that opens the hips in an external manner or a command to assume a certain posture may trigger a flashback to an act of abuse. Similar to exposure-based therapies, yoga can potentially flood or trigger anxiety, panic, or dissociation. For example, when survivors describe a history of abuse to a therapist, they may emotionally disconnect from the description in order to protect themselves from feeling the emotional pain associated with the memory. Therefore, there is a need for a specialized way of teaching yoga that is informed by trauma theory so that yoga can fit the needs of the clients and teachers can better understand the experience of their clients (Emerson et al., 2009).

Trauma-Sensitive Yoga

Although yoga is accessible to many individuals and yogis have extolled the benefits of the practice for hundreds of years, it is imperative to consider the aspects of

yoga that could be triggering to those with trauma histories. Nešpor (1985) suggested that it is likely that certain verbal cues or felt sensations within postures could cause painful memories and emotions to rise to the surface and influence individuals to disconnect or dissociate from their current experience. David Emerson was inspired to establish a way of teaching yoga that considered trauma theory, attachment theory, and neuroscience research at The Trauma Center in Brookline, Massachusetts. This method of teaching yoga could meet the needs of those with complex trauma and offer clients an alternative way of being in their bodies within the context of a safe relationship with the yoga teacher (Emerson & Hopper, 2011). Colleagues at The Trauma Center have created several trainings in facilitating trauma-sensitive yoga (TSY), including a certification program and workshops for mental health clinicians and yoga teachers. Those who complete the certification program engage in months of training and supervision and gain significant expertise in implementing and facilitating TSY programs in their own communities. Graduates of the TSY certification program use the credential TCTSY-F, which stands for Trauma Center Trauma-Sensitive Yoga Facilitator. For ease of reading, this group of certified individuals will be referred to as TSY facilitators or facilitators. Similarly, the term yoga instructor refers to instructors who teach yoga, but are not certified in TSY.

Emerson and Hopper (2011) centered TSY on van der Kolk's conceptualization that trauma is held in the entire person, both body and mind, and can change the experience of the survivor on neurological, physical, and emotional levels. There are four identified themes in TSY, similar to therapeutic goals, which have been identified as

important for survivors' yoga practices: (a) experiencing the current moment, (b) making choices, (c) taking effective action, and (d) creating rhythms. These themes were informed by initial feedback from survivors who attended both psychotherapy and TSY yoga classes. These four themes will be described next.

Experiencing the Current Moment

Emerson and Hopper (2011) noted that triggers and hypervigilance could keep survivors from having a relationship with the present moment. Thus, they posited that being in the current moment is difficult, possibly terrifying, yet it can be practiced. By experiencing the current moment in a yoga practice, survivors become aware of a part of their bodies or their breath for the first time and have a connection between the two. Survivors then have a tool that they can use when they feel triggered to bring them back to the present and regulate their bodies. Thus, TSY facilitators encourage students to experiment with being in their bodies and feeling their breathing many times throughout a yoga practice. By inviting students to notice what they feel in the current moment, they are practicing interoception, or noticing visceral information and how that sensation relates to their mood, current feeling, and sense of self (Emerson & Hopper, 2011). Over time, practicing interoception has been shown to increase survivors' connection with their bodies and help them more accurately describe their emotions (van der Kolk, 2006).

Making Choices

Experiencing trauma is the experience of not having a choice. Often, trauma also contains a component of violence. Thus, Emerson and Hopper (2011) offered yoga as an opportunity for survivors to practice making choices and to feel empowered by the act of

choosing. Also, yoga is a way for survivors to practice gentleness and self-compassion, as yoga is a self-paced, nondirective practice. Thus, TSY facilitators are trained to offer choices to students throughout the practice. Facilitators offer the primary choice of stopping in a physical form entirely. The word form is used in place of the term yoga pose in order to note that there is not a perfect pose and that students are not practicing yoga for anyone else. Facilitators also offer several ways of being in a form, in that clients can experiment with their version of the physical form as it feels comfortable for them. Over time, Emerson and Hopper (2011) noted that they hope survivors can learn how to make choices that fit for their bodies by listening to their needs, which teaches self-care.

Taking Effective Action

The body's flight-fight-freeze response can have lasting effects on individuals who have experienced complex trauma (van der Kolk, 2006). The body becomes overwhelmed by biological systems that are out of balance, which can impact how survivors act in stressful situations. Thus, Emerson and Hopper (2011) structured TSY to present yoga as a place to practice making effective choices. Facilitators offer opportunities for students to make choices that can make themselves feel better, such as using a block to support them in a form or make a choice to move into a form they know makes them feel calmer. When students practice taking actions that are effective, they will likely build self-efficacy and control (Emerson & Hopper, 2011).

Creating Rhythms

Many survivors report being disconnected, or out of rhythm, with themselves and others. Dissociation or difficulties establishing interpersonal relationships and boundaries can lead to chronic disconnection (Herman, 1992). With this information, Emerson and Hopper (2011) presented yoga as an opportunity for survivors to reconnect with others and themselves through movement, breathing, and having a shared experience. Survivors tend to report disruptions in breathing, sleep patterns, and relationships. If survivors feel disconnected from themselves, typical patterns of regular eating, sleeping, or working can be disrupted. Thus, TSY facilitators are trained to present yoga as an opportunity to create rhythms with the breath and between physical forms, and to connect to this experience. Yoga is a chance for survivors to be in their bodies (intrapersonal) and with others (interpersonal) in a safe environment and to experience how they feel within themselves and the group. TSY facilitators offer opportunities for clients to create their own rhythm, perhaps of breathing, and also of joining the breath of the group or the teacher. These experiments present times for clients to choose to connect intrapersonally or interpersonally (Emerson & Hopper, 2011).

Emerson and Hopper (2011) understood that safety is a key component in creating a yoga class for trauma survivors. Thus, they established domains that a TSY yoga class should incorporate in order to meet the needs of trauma survivors. The areas that are modified from commonly found studio yoga classes: (a) language, (b) assists, (c) teacher qualities, (d) environment, and (e) exercises. The suggested modifications are outlined here.

Language

Emerson and Hopper (2011) recommended that TSY facilitators use concrete language that directs attention gently to felt sensations. Facilitators use invitational language, such as saying, “as you are ready,” “maybe,” or “if you like,” to invite students to choose what is best for them. West (2012) found that students believed these invitations and concrete choices were empowering as they began to connect with their bodies. Emerson and Hopper (2011) suggested that facilitators also use language of inquiry to encourage students to develop their own sense of curiosity about their physical experience by using words, such as “notice” or “experiment.” In general, it is recommended that commands are minimized. Words that can be triggering, such as “belly” or “thigh,” are also minimized and facilitators are encouraged to use anatomical words, such as “abdomen” or “top of leg” instead (Emerson & Hopper, 2011).

Assists

Emerson and Hopper (2011) discussed that TSY facilitators use two forms of assists, visual or modeling assists and verbal assists. TSY facilitators typically model the version of the form that has the lowest intensity or model modifications from which students can choose to incorporate their own form. Also, TSY facilitators use verbal assists to encourage and invite students to listen to their bodies or guide safety within poses. Those at The Trauma Center consider physical or hands-on assists to be a clinical issue and they do not recommend that TSY facilitators utilize them in classes. Emerson and Hopper (2011) based this recommendation on the likelihood that students could be triggered by physical touch and the instructor could impact the students’ personal

experiences of the form by imposing the instructors' versions of the form, thereby taking away choice.

Teacher Qualities

Additionally, Emerson and Hopper (2011) encouraged TSY facilitators be engaged with the class, incorporate feedback from students, and to be present with their students. It is also recommended that TSY facilitators limit their movement around the class, not to praise or single out students during class, and to arrive at the yoga room well before class starts so as to welcome students. West (2012) found that presenting yoga in a gentle manner increases students' sense of safety in the room. Also, it is encouraged that TSY facilitators continuously remind students that they are experts on their own experience and bodies, of choices available to them, and that students can make decisions that can positively affect their experience (Emerson & Hopper, 2011).

Environment

Emerson and Hopper (2011) instructed TSY facilitators to consider the environment in which they teach a class. Facilitators are invited to consider lighting, windows, doors, and sounds from outside. TSY facilitators aim to create a predictable and safe environment for their students to practice yoga and work with the conditions that are available to them in various settings. Also, TSY facilitators are encouraged to incorporate feedback from students based on the environment, such as temperature, as this is a way for students to be heard and for their needs to be met (Emerson & Hopper, 2011).

Exercises

Lastly, Emerson and Hopper (2011) noted that the overarching goal of TSY yoga is for students to experience visceral sensations. The authors encouraged TSY facilitators build a progressive and predictable sequence of forms for a class. TSY facilitators use a slower pace to introduce forms and flow between forms in order to encourage connection with the body. Also, the authors encouraged TSY facilitators to consider how forms may trigger distress, such as hip openers. Thus, facilitators are invited to sequence the class and classes over time to begin with smaller and more approachable forms to increase students' ability to tolerate distress in forms and allow time for students to practice making choices that can alleviate feeling overwhelmed (Emerson & Hopper, 2011).

Ultimately, by utilizing these domains and keeping the main themes of TSY as overarching aims, TSY facilitators can present yoga as a way of connecting with the present moment and the self (Emerson & Hopper, 2011). As TSY facilitators are the presenters of this process, it is important to understand their experience of facilitating TSY and the effects that it can have on their own lives.

Research with Trauma-Sensitive Yoga

Several studies have used TSY as their intervention approach for studying complex trauma. Mitchell and colleagues (2014) conducted a randomized controlled trial (RCT) with female veterans and civilians who met criteria for PTSD. The researchers implemented a hatha yoga intervention for 12 weeks and used trauma-sensitive guidelines (Emerson et al., 2009) to inform their approach. Participants reported enjoying the practice of yoga as a way to connect with their bodies and minds. Data analysis

indicated that those who practiced yoga experienced a significant decrease in hyperarousal and re-experiencing traumatic memories. Although Mitchell and colleagues did not utilize TSY certified yoga facilitators in their study, the results indicated that the use of the TSY guidelines is helpful in making yoga more accessible and sensitive to the needs of students or clients.

Clark and colleagues (2014) aimed to test the feasibility of trauma-sensitive yoga as a complementary treatment to group psychotherapy with women who have experienced interpersonal violence. The researchers measured participants' level of safety, how the participants perceived a combination of group therapy and yoga, and the participants' reactions to the yoga intervention. The authors assessed posttraumatic stress symptoms, depressive symptoms, and anxiety symptoms. The participants found this program to be safe, interesting, and meaningful to their healing process. The results indicated that the trauma-sensitive yoga intervention significantly decreased the symptoms of anxiety, posttraumatic stress, and depression.

van der Kolk and colleagues (2014) examined the effects of trauma-sensitive yoga on affect tolerance and PTSD symptoms in a population of women with complex PTSD in an RCT. The researchers assessed 64 women with PTSD who were resistant to other kinds of treatment, such as traditional psychotherapy. The women who participated in yoga received 10 weeks of hour-long yoga classes in small groups. The results indicated that the participants in the yoga intervention group experienced a significant reduction in PTSD symptoms, depressive symptoms, and increased benefits related to emotional regulation compared to the control group. The researchers believed that the individuals

who practiced yoga may have experienced these changes due to increased connection with the body through yoga, which empirically supported the interoceptive foundation of TSY (van der Kolk et al., 2014).

West (2012) conducted qualitative interviews with the participants at two months after van der Kolk and colleagues' (2014) RCT. West's analysis yielded lasting and interesting findings attributed to yoga. Participants noted feeling more patient and compassionate with themselves than before practicing yoga. Participants stated that they felt better equipped to take care of themselves after the intervention and that self-care became more of a priority throughout the study. Also, participants found more connection with themselves in that they felt more in touch with and aware of their inner experience. Participants reported experiencing increased connections with others and believed that they could be more vulnerable with others, if they chose to do so. Additionally, participants indicated that they felt more accepting of themselves, their bodies, and of life experiences. Further, participants described a sense of calm that they had not felt before practicing yoga. The participants noted that they also felt more integrated as whole people as a result of being able to quiet their minds and find a sense of inner calm or peace. Lastly, the participants reported ideas related to control, confidence, and an increased ability to make choices that align with their goals. The participants described being more actively involved with their lives as a result of cultivating a yoga practice. It is worthy of note that the work by West (2012) is the only formal qualitative study of survivors of trauma and their personal growth related through a yoga practice.

Psychotherapists Who Work with Trauma

There may be a potential parallel between the lived experience of therapists who work primarily with clients with trauma histories and the experience of TSY facilitators caring for clients with trauma histories. There is an increasing amount of research investigating the effects of working with trauma on psychotherapists and mental health workers (Cohen & Collens, 2013). Although a complete literature review of the experience of therapists who work with trauma is beyond the scope of this paper, key ideas that are relevant to psychotherapists' lived experiences have emerged from the literature: (a) vicarious trauma (Pearlman & Saakvitne, 1995); (b) secondary traumatic stress, (Figley, 1995); (c) burn out (Maslach, 1982); (d) vicarious posttraumatic growth (Linley et al., 2005; Linley & Joseph, 2007); (e) personal trauma histories (Adams & Riggs, 2008; Pope & Feldman-Summers, 1992); and (f) self-care (Pearlman & Saakvitne, 1995).

Vicarious Trauma

Vicarious trauma (VT) is defined as therapists' personal experience of engaging empathically with clients' traumatic histories (Pearlman & Saakvitne, 1995). It has been concluded that experiencing VT is a normal reaction to conducting therapy with trauma survivors over an extended period of time. Pearlman and Saakvitne created a framework, Constructivist Self-Development Theory, to describe how therapists' worldviews can be disrupted through exposure to clients' traumatic experiences. If exposure to clients' traumatic memories conflicts with therapists' existing beliefs about the world, VT can

modify therapists' worldviews in a maladaptive manner regarding their sense of safety, trust, self-esteem control, and intimacy (Pearlman & Saakvitne, 1995).

Several factors have been found to impact therapists' experience of VT. Higher levels of personal stress and maladaptive coping strategies have been found to create or exacerbate the experience of VT (Harrison & Westwood, 2009). Strong social support, spiritual practices, collegial and organizational support, and continuing education have been found to protect against VT (Harrison & Westwood, 2009). Self-care practices and work-life balance have also been shown to buffer against the negative effects of VT (Bober & Regehr, 2006). Several factors have been found to be inconclusive to their impact on VT, such as being female (Cohen & Collens, 2013), having a personal trauma history (Dunkley & Whelan, 2006), and caseloads with high numbers of trauma clients (Sabin-Farrell & Turpin, 2003). Although it is likely that those working with survivors of trauma will experience VT, it is important that these workers understand the nature of VT, how it can impact their lives and beliefs about the world, and how to identify and implement strategies to effectively cope with VT.

Secondary Traumatic Stress

Secondary traumatic stress (STS), also called compassion fatigue, has been defined as the presence of posttraumatic symptoms that stem from therapists' reactions to working with trauma survivors' traumatic memories (Figley, 1995). These symptoms are similar to those of PTSD in that therapists re-experience their clients' traumatic memories, avoid stimuli or numb against stimuli that remind them of the trauma, and are often hyperaroused (Figley, 1995). As with VT, STS symptoms are considered inevitable

(Herman, 1992). Studies have shown that therapists experiencing STS undergo changes in their interpersonal relationships and emotional reactions (Collines & Long, 2003). The therapeutic relationship may also be impacted by STS, as therapists may over identify or detach from their clients based on their experience of secondary traumatic symptoms. Researchers have found some evidence that STS impacts career longevity and is correlated with longer work hours and larger caseloads (Collines & Long, 2003); thus, organizational and peer support is essential in working to prevent STS (Pulido, 2012). Both VT and STS refer to the cumulative impact that working with survivors can have on therapists rather than single instances. Thus, it is important that clinicians working with trauma survivors understand how STS can impact work-life balance and their relationships with their clients.

Burnout

Burnout has been defined as an emotional exhaustion and overload stemming from intense emotional investment with clients (Maslach, 1982). This emotional exhaustion can lead to giving poor care to clients, emotional withdrawal from clients, a diminished sense of personal accomplishment, and a reduced sense of efficacy with work. Burnout may be intensified with poor instructional or collegial support (Maslach, 1982). Several studies of VT and STS have also measured burnout (e.g., Craig & Sprang, 2010; Linely & Joseph, 2007). Typical symptoms of burnout include sleep issues, irritability, anxiety, depression, low morale at work, withdrawal from social support, and pessimism (Collines & Long, 2003). The consequences of burnout are high and can lead to serious ethical issues for therapists, clients, and organizations.

Vicarious Posttraumatic Growth

Although therapists can experience negative effects from working with survivors of trauma, therapists can also benefit from working with survivors of trauma (Cohen & Collens, 2013). Vicarious posttraumatic growth (VPTG) is a relatively new construct and stems from the literature base of survivors' posttraumatic growth (Calhoun & Tedeschi, 2006; Tedeschi & Calhoun, 1996). VPTG refers to therapists' personal growth after experiencing the negative effects of VT, which likely affects therapists' lived experiences and worldviews (Linley et al., 2005; Linley & Joseph, 2007). Although evidence has indicated that empathically engaging with clients can lead to VT over time, witnessing posttraumatic growth within clients, feeling supported by agencies and colleagues, and using adaptive coping skills can lead to VPTG (Brockhouse, Msetfi, Cohen, & Joseph, 2011; Cohen & Collens, 2013). Linley and Joseph found that therapists who engaged in their own personal therapy, and received clinical supervision experienced growth and were protected from the deleterious effects of VT and burn out. Qualitative interviews have shown that therapists engaging in trauma work with clients have shown increased levels of compassion, empathy, and reinforced beliefs that people can grow and change (Arnold, Calhoun, Tedeschi, & Cann, 2005).

Evidence has indicated that experiencing VPTG can positively impact interpersonal relationships, optimism, one's sense of personal strength and spirituality, and positive changes in worldview and view of self (Abel, Walker, Samios, & Morozow, 2014; Cohen & Collens, 2013). Abel and colleagues (2014) found that having personal religious or spiritual beliefs and believing that life's challenges are meaningful predicted

experiencing VPTG. These researchers also found that aspects of VT are predictive of experiencing VPTG, as therapists who experienced VPTG first experienced intrusion, avoidance, cognitive rumination, anxiety, and depression. Thus, there may be a relationship between the negative and positive effects of working with trauma.

Personal Trauma Histories

Studies have shown that personal trauma history among psychotherapists is approximately 30% (Adams & Riggs, 2008; Pope & Feldman-Summers, 1992). The effects of therapists' personal trauma history on working with trauma survivors have been mixed across the literature. Jenkins and Baird (2002) found that psychotherapists with a history of interpersonal violence and who work with survivors of interpersonal violence showed more STS symptoms. However, this group of therapists did not significantly differ from therapists who had not experienced personal trauma on scales measuring VT or burn out. However, Trippany, Wilcoxon, and Satcher (2002) found that therapists' personal histories of sexual victimization significantly increased their risk of experiencing VT when working with survivors of sexual trauma. Pearlman and Mac Ian (1995) found that therapists with a trauma history experience more intense negative effects than therapists who have not personally experienced trauma. Specifically, therapists with trauma histories who are new to the field and have a caseload with a high number of survivors experienced the most adverse effects of VT and burn out. However, moderating variables, such as defense style, may put therapists at more of a risk of developing negative effects when conducting trauma therapy (Adams & Riggs, 2008). For example, a therapist with a personal trauma history who uses a self-sacrificing coping

style may be at more of a risk of developing VT and burn out due to issues with interpersonal boundaries. Follette, Polusny, and Milbeck (1994) also agreed that therapists' personal trauma history may be moderated by coping strategies and other factors, such as substance use and personal therapy engagement, and this combination may significantly predict therapists' risk of developing negative effects of caring for survivors.

Self-Care

It is strongly recommended that therapists who work with trauma practice self-care (Adams & Riggs, 2008; Courtois & Gold, 2009; Pearlman & Saakvitne, 1995). Evidence indicates that when therapists who work with trauma are actively taking care of themselves, their counseling skills and therapeutic relationships are positively impacted (Schure, Christopher, & Christopher, 2008). It is recommended that therapists utilize self-care strategies, including effectively using supervision and collegial support, balancing caseloads, cultivating an exercise and leisure routine, and developing work-life boundaries (Baker, 2012; Harrison & Westwood, 2009; Wells, Trad, & Alves, 2003). Norcross (2000) encouraged therapists to find self-care strategies that work for them, apply strategies in both their personal and professional lives, and to diversify self-care strategies over time. Qualitative findings have indicated that having several self-care strategies that holistically refuel therapists' energy support personal and professional development (Shannon, Simmelink-McCleary, Hyojin, Becher, & Crook-Lyon, 2014).

Both the positive and negative effects of working with trauma are essential to understanding the lived experience of trauma therapists, as what is known about their

lives can inform training and supervision. Psychotherapists are frequently an integral part of survivors' healing processes and the therapeutic relationship is affected by the experience of therapists. The therapeutic relationship is often the most powerful mechanism of change and growth for clients (Bachelor, 2013). Thus, it is essential that the experiences of therapists are understood. Emerson and Hopper (2011) described how the relationship between the student and TSY teacher is intended to be safe in order to promote connection, healing, and growth. Similarly, it may be likely that TSY facilitators experience VT, STS, VPTG, burn out, personal traumatic material, and the need to practice self-care. However, the ways in which these issues or others affect the lives of TSY facilitators are unknown. Therefore, it is important to study the lives of TSY facilitators and to understand the impact of facilitating TSY so that the experience of giving professional care to a group of people can be understood. By studying the experience of TSY facilitators, training can be enhanced, and ultimately, care delivery may improve.

Justification for Current Project

The increase in research on yoga as an intervention for PTSD may be indicative of a paradigm shift in the mental health community (Khalsa, 2004). As more studies are conducted, the scientific community will understand more specifically how yoga can benefit those with PTSD. Similarly, as TSY gains momentum, the particular needs of individuals with Complex PTSD can be addressed with this population that has been somewhat limited in treatment options. TSY facilitators, like psychotherapists, are on the front lines of working with trauma survivors, and they are likely impacted in multiple

ways by their work with yoga clients. As these yoga facilitators are close to those with whom they work and are responsible for cultivating safe relationships, their experience of facilitating TSY is imperative to understand for supervision and training. Thus, this researcher seeks to discover the lived experience of certified TSY facilitators.

Research Questions

This phenomenological investigation will ask the following questions:

1. What is the lived experience of teaching trauma-sensitive yoga?
2. How does a personal trauma history impact teaching trauma-sensitive yoga?
3. How does having psychotherapy training impact teaching trauma-sensitive yoga?
4. What are the negative effects of teaching trauma-sensitive yoga?
5. What are the positive effects of teaching trauma-sensitive yoga?

CHAPTER III

METHOD

Researcher's Qualifications and Biases

Miles, Huberman, and Saldaña (2014) noted the importance of addressing the researcher's qualifications when conducting qualitative research. Moustakas (1994) also stated the importance of phenomenological researchers examining their own personal experiences. I am a 27 year-old White woman and a sixth-year doctoral candidate in an American Psychological Association-accredited counseling psychology program. I have led or co-led five research projects, including my undergraduate capstone project, my thesis equivalency, two independent research projects with faculty members, and a required class project for my doctoral-level qualitative research and methodology course. Although the majority of my research has been theoretical or quantitative in nature, my required class project was qualitative and used a phenomenological framework. One of my independent research projects explored how yogic principles can be used in ethical decision making in counseling psychology with clients regarding spirituality. My qualitative class project was conducted with trauma survivors and their experience of practicing yoga as a method of working through trauma.

I have had experience working with survivors of trauma through my clinical training. I completed a practicum placement for approximately one year at an agency that serves victims and perpetrators of domestic violence and sexual assault. I have developed

a set of skills in working with survivors of trauma and cultivated relationships with therapists who have worked with survivors in their clinical work. Also, I co-facilitated several mindfulness and gentle yoga groups for trauma survivors over the course of my clinical training experience.

My qualifications as a researcher also include my practice of yoga for nine years and I have been a 200-hour Yoga Alliance-certified yoga instructor for seven years. Additionally, I attended a 40-credit hour workshop on teaching trauma-sensitive yoga (TSY) with The Trauma Center prior to beginning this project. I began to practice yoga as part of my healing process after a personal encounter with gender-based violence. As a yoga teacher, several students have disclosed personal stories of trauma to me and I have had informal discussions on how yoga may benefit them. I have also had discussions with yoga teachers and TSY facilitators on their experiences of working with students and presenting material related to trauma. I recognize that my personal connection to the experiences of both survivors and caregivers is a strength, as this lends to my credibility. However, I understand how this connection may also create biases and limitations in my work. Being too close or connected to the data might lead to skewed results based on my own expectations. I have incorporated triangulation, the process of examining the data from multiple perspectives, into this project in order to minimize the impact of my own biases and experience on the data (Patton, 2015).

I understand how my personal connection to this research can benefit and limit my research. This connection may have influenced my ability to be empathic to the experiences of TSY facilitators. Also, due to my training experience in TSY, I have a

familiarity with the material and differences in presenting yoga for trauma survivors in comparison to general yoga teacher training. I believe that my training with The Trauma Center provided me with a strong context from which to understand my participants' experiences. However, my personal connection and experience might have potentially led me to confirm my expectations about what I believe the experience of facilitating TSY is like rather than elucidating different experiences. Therefore, I implemented the triangulation methods discussed in the following pages in order to reduce my own biases.

Predictions

Patton (2015) recommended that qualitative researchers engage in reflexivity, so that the researchers can work to maintain credibility by intentionally disclosing expectations and knowledge of this field of study. Thus, I created a conceptual map to describe my expectations related to the experience of facilitating TSY (see Appendix F). I believed that I would find a number of thoughts and feelings related to the experience of facilitating TSY. I believed that encounters with trauma, either personal or clinical, would influence these individuals to seek out yoga with a trauma focus. I thought that these individuals would think that either their yoga practice or teaching lacked something or felt incomplete before learning about TSY. Also, I thought that TSY facilitators would experience both positive and negative effects of working with trauma survivors. I believed that TSY facilitators would have experienced vicarious trauma or secondary traumatic stress symptoms, as well as issues in caring for themselves and experiencing a negative shift in their worldviews. I believed that TSY facilitators who have a personal trauma history would be at a heightened risk for experiencing vicarious trauma or

secondary traumatic stress symptoms. Further, I thought that TSY facilitators would see trauma as more prevalent compared to yoga teachers, experience relationships and act toward others in a more trauma-informed way, and feel part of the change process with their students. I thought that TSY facilitators would also experience changes within their own yoga practice as a result of facilitating TSY. Lastly, I believed that TSY facilitators would experience changes within their inner experience. I thought that TSY facilitators would feel a range of emotions, both adaptive and maladaptive, as well as a number of cognitions related to their sense of self-efficacy. I believed these instructors would feel triggered themselves by students and experience what it is like to trigger students and work with students' reactions. Also, I thought it would be possible that their thoughts and feelings have shifted over time.

Biases

Miles and colleagues (2014) also noted the importance of researchers examining their own biases when conducting qualitative research. This recommendation is also reflected in phenomenological inquiry (Giorgi, 1997, 2009; Moustakas, 1994). I am biased in my belief that practicing yoga can be helpful, and even life changing, due to the changes that I have experienced in my life from my yoga practice. Also, I am biased that I think that most trauma survivors could physically and emotionally benefit from practicing yoga. Due to my own therapeutic training with trauma survivors, I believe TSY facilitators may experience personal and professional growth, an increase in their commitment to the field and their work, and take better care of themselves so that they can care for others. Lastly, I hold a bias that TSY facilitators who have psychotherapy

training will be better TSY facilitators because they will be more emotionally attuned to their students.

One concept that is unique to phenomenological research methods is epoche. Moustakas (1994) describes epoche as a process occurring when researchers suspend their expectations and revisit them regularly throughout the research process so that “things can be seen as they appear, free of prejudgments and preconceptions” (p. 90). Although individuals, such as Creswell (2009) and Patton (2015), have stated that this state is difficult to achieve fully, I took steps to bracket, or set aside, my biases as discussed earlier and clearly stated my expectations of what I might find during data collection (see Appendix F). Also, I kept a research journal devoted to documenting my reflections and thoughts about the research process that I used throughout this study. These steps assisted me in keeping the essences and meanings that emerged from the data as close as possible to the participants’ descriptions of their experiences, which is consistent with the goals of phenomenology (Patton, 2015). A phenomenological perspective understands that the complete elimination of researcher bias and expectation is impossible; however, the conscious act of critically evaluating researcher bias is crucial in order to approach participants’ experiences with openness and a fresh perspective (Giorgi, 2009; Moustakas, 1994).

Data Collection

Participants

I selected to use purposeful sampling for this qualitative inquiry, which involves selecting information-rich cases to participate in interviews that will yield meaningful

data (Patton, 2015). I specifically chose to use maximum variation, or heterogeneity, sampling. Maximum variation sampling involves intentionally choosing a wide range of cases in order to obtain diversity within the scope of inquiry. By using this sampling method, I aimed to document experiences and find common themes that are true for diverse individuals. I interviewed 11 participants who had been certified in TSY through The Trauma Center. At the time the present study was conducted in 2016, 33 individuals had been certified by The Trauma Center in TSY. Prior to being certified through The Trauma Center, certified TSY facilitators have been certified at the 200- and/or 500-hour level through Yoga Alliance, the accrediting body for yoga teacher training schools. These participants have varying backgrounds, professional experience, and facilitate TSY with various populations.

Instrumentation

Pre-screening. After receiving approval from the Institutional Review Board (IRB) at Texas Woman's University (TWU), I sent an email to the Director of Yoga Services at The Trauma Center, which asked him to electronically forward a recruitment script to all potential participants (see Appendix A). This email invited participants to participate in the present study and described the purpose of this inquiry. This recruitment email contained a link to the consent form (see Appendix B) and pre-screening questionnaire (see Appendix C) for participants to complete through Psychdata, an online survey tool, prior to being selected for this study. The pre-screening questionnaire surveyed the array of demographic identifications and relevant professional experience in the population so that maximum variability sampling could be implemented.

Interview guide. A semi-structured qualitative interview was used with the participants in the current study. The purpose of the interview was to understand TSY facilitators' experience of facilitating TSY. The interview guide is provided in Appendix D. A semi-structured approach was useful for this project because its standardized format ensured that all participants were asked the same questions so that the experience of facilitating TSY can be elucidated, with added flexibility for the researcher to inquire further on relevant issues as they arose (Patton, 2015). The researcher asked follow-up questions as needed in order to clarify or elaborate participants' experiences. Potential follow-up questions are also provided in Appendix D. Interview questions focused on varied topics, including, what drew these individuals to TSY, experiences with students, and changes within their personal and professional lives. I asked the following questions in the semi-structured interview:

- (1) I know you have taught yoga and trauma-sensitive yoga. In your experience as a teacher, what differences have you noticed in teaching the two styles?
- (2) Some trauma-sensitive yoga teachers also have training as mental health professionals and some do not. If you have had such experience, how, if at all, does that experience impact teaching trauma-sensitive yoga?
- (3) Some trauma-sensitive yoga teachers have a personal history of trauma and some do not. If you have such a history, how, if at all, does that trauma history impact teaching trauma-sensitive yoga?
- (4) What, if any, negative effects have occurred in your life since you began teaching trauma sensitive yoga?

(5) What, if any, positive effects have occurred in your life since you began teaching trauma sensitive yoga?

(6) What, if anything, do you do to prepare for teaching trauma-sensitive yoga with students?

(7) What, if anything, does teaching trauma-sensitive yoga mean to you?

(8) What else, if anything, is important for me to know about teaching TSY that I didn't ask about?

Procedure

After I received approval from TWU's IRB, I asked the Director of Yoga Services at The Trauma Center to forward the recruitment email to all the individuals who have been certified in TSY through The Trauma Center. This email contained an introduction to this study and to me, as well as a link to Psychdata. Interested individuals were asked to click on the link, which took them to the informed consent for this project and the pre-screening questionnaire. Participants were informed that they may or may not be selected for an interview. I asked for interested participants to respond to the prescreening questionnaire within two weeks of receiving the introductory email.

Next, I downloaded the data from the pre-screening questionnaire from Psychdata and reviewed the demographic and professional identification of the interested participants. Nineteen individuals responded to the recruitment email. Considering the diversity variables related to race and ethnicity, gender, psychotherapy training, and trauma history, I selected 11 individuals with the maximum diversity from the facilitators who responded. I contacted these identified individuals by email through the contact

information they provided in the pre-screening questionnaire in order to arrange an interview date and time. All participants responded promptly and followed through with their personal interview, which spoke to their level of commitment to their work, the trauma treatment field, and interest in this study.

Then, I conducted the semi-structured interviews. Before starting the interviews with each participant, I gave an overview of my purpose in conducting this project and the interview process. Also, I revisited confidentiality, consent, and potential risks of participating in this study. Participants were invited to ask questions at that time. Once the participants verbally confirmed their written consent to participate in this study, I proceeded with the semi-structured interview. I utilized phone and Skype interviews so that I could reach a wide range of potential participants. Potential participants chose how they would like to be interviewed in the pre-screening questionnaire. It was likely that by using phone and Skype interviews, more participants were interested and available for participation, compared to depending on a local sample or participants traveling for interviews. I made an audio recording of each interview. I also took notes during the interview in order to keep track of responses and potential follow-up questions that were relevant to ask the participant. After each interview, I made additional notes that included my reactions to the interview, my thoughts on the interviews as a whole at that point, and any directional shifts that might have needed to occur in the interview guide based on the responses of the participants. One question regarding participants' self-care routine was added after the first two interviews, as it emerged naturally and was relevant to those participants. Finally, after each interview, I transferred the audio recordings from the

digital audio recorder to my computer as a password-protected file. I transcribed seven interviews, while an undergraduate research assistant transcribed four interviews.

Security and Privacy Assurance

I worked to maintain confidentiality by giving participants pseudonyms, which were kept separate from their actual name. A list of names and matching pseudonyms was stored on a separate drive with a password so that there was no identifying information during analysis. No other individuals had access to the file containing identifying information. The undergraduate research assistant was provided with the digital recordings of the interviews on a password-protected drive, which did not contain any identifying information. The list of names and matching pseudonyms will be destroyed after the study concludes. Those who dropped out of the study or were not selected for an interview were not included in the analysis of the data.

In the informed consent, all potential participants were informed of the risks of this study. The risks of this study included loss of confidentiality, loss of time, and potential discomfort in answering questions or remembering overwhelming feelings or moments. I intended to minimize the loss of confidentiality by digitally recording the phone or Skype interviews, transferring the recording to a password-protected file, and using pseudonyms in my analysis and final presentation of the data. Data were not collected anonymously. I knew the names and email addresses of participants so that I could contact them for scheduling interview times. For participants who were interviewed on Skype, I knew their Skype usernames. I also knew phone numbers for those who chose to be interviewed over the phone. All email correspondence with identifying

information, such as email addresses and phone numbers, was stored in a password-protected database that will be deleted upon study completion. All email correspondence with participants was printed and stored in a file cabinet with a lock in the primary researcher's office. These printed emails will be destroyed upon completion of the study. My transcriptions of the interviews were password-protected and deidentified. After the interviews were transcribed, I deleted the audio recordings. In order to address the potential loss of time, I emphasized the importance of this research to the participants. It was likely that, by participating in this study, TSY facilitators felt a sense of fulfillment in contributing to their profession by having an opportunity to share their experiences. Lastly, to address the potential discomfort that participants may have felt, I reminded them of their right to decline to answer questions, take necessary breaks, or stop the interview. In case of distress, participants were reminded of methods of locating a psychotherapist from the pre-screening (see Appendix E).

Data Analysis

Philosophical Approach

I used a phenomenological approach in this qualitative inquiry. Phenomenology aims to determine the meaning and universal essence in individuals' lived experiences of a phenomenon (Moustakas, 1994). This framework stems from the philosophical work of Husserl (1913/1982), who posited that knowing is informed by how individuals attend to, are conscious of, and perceive their experience. Husserl noted that consciousness is a way of knowing; that consciousness is a way of accessing anything that comes into awareness (Giorgi, 1997). The phenomenon being studied is the presence of any idea or object

precisely as it is presented to the person directing consciousness toward it. Husserl believed there was no objective reality, and thus, individuals' subjective experiences were suitable for scientific inquiry. Phenomenology seeks to understand what individuals experience and how individuals organize their experiences through description (Giorgi, 1997). Thus, phenomenological inquiry combines an objective phenomenon with individuals' subjective experience of that phenomenon so that meaning can be elucidated (van Manen, 1990).

I used Giorgi's (1997, 2009) framework for phenomenological research for this study. Phenomenology is an appropriate framework for this study for several of reasons. First, this framework concentrates on the description and search for meaning in participants' experiences rather than interpretation of those experiences. Due to the lack of research focusing on yoga teachers and the growing number of people being certified in TSY, this method helped in understanding the essential nature and meaning of facilitating TSY. Second, phenomenological research calls for researchers to be personally invested in the inquiry. Although I am not certified in TSY, I am personally connected to this topic in a variety of ways, as described in the preceding pages, and I am committed to working to maintain the integrity of this study. Thus, my research questions and interview guide were considered with care and with the intention of elucidating the essential structures and meaning related to the current phenomenon of study.

Giorgi (1997, 2009) described three essential philosophical steps to conducting a phenomenological study: phenomenological reduction, description, and searching for essences. The aims of phenomenological reduction are to view data in a way that makes it

more precise for analysis and to understand the data before the objective world's influence is put upon the object of study. This step seeks to understand the presence of a phenomenon before it has existence in the objective world so that the way in which the participants interact with and are conscious of a phenomenon is elucidated. By viewing the phenomenon in this way, the underlying meanings of why and how participants are interacting with the phenomenon may become clear.

Further, phenomenological reduction calls for researchers to bracket their biases and expectations so that the data can be seen in a more open-minded manner and then the researcher looks for significant phrases and statements within the data (Giorgi, 1997, 2009). For example, if a participant describes her first time facilitating TSY, this would signal a significant meaning unit. When the researcher mindfully engages in this process and is aware of biases and expectations, the researcher can find meaning units in the data that may give way to a new understanding of the phenomenon. The goal of this process is to reduce the data down to the essential or universal essences of the phenomenon. The meaningful units are then clustered into themes from which meaning can be derived. For example, meaning units related to feelings about facilitating TSY could be grouped together. Giorgi (1997) recommended that this process be completed in two parts: (1) the researcher reads the data to understand the data globally and (2) the researcher breaks down the data into parts that emerge based on meaning that is relevant to the study. Giorgi (1997) noted that researchers complete this part by marking in the transcript where a meaning unit begins and shifts in the data.

Giorgi (1997) stated that the second step in phenomenological analysis is description. He noted that, in this step, the researcher looks to language participants have used in the raw data to make the phenomenon clear. Depending on how language is used, it can either describe how a phenomenon is presented or depart from the true nature of a phenomenon, as language can often contain personal ideas and suppositions about what is being experienced. Giorgi noted that rich description of a phenomenon in the way it is presented would yield a holistic account of the phenomenon.

Lastly, Giorgi (1997) stated that the last essential philosophical step is searching for essences. Essences are core to the phenomenon; the phenomenon would not be the same if the essences varied. Giorgi noted that the researcher can enact imaginative variation to understand the true nature of a phenomenon. To do this process, the researcher uses varying frames of reference and divergent perspectives to consider which parts of the phenomenon change or remain the same by reflecting on what is being psychologically expressed through a unit of meaning. For example, if a participant described an experience and it could shift on the basis of gender, it would not be an essential experience of the phenomenon. This process illuminates how individuals experience a phenomenon and which structures are essential.

Concrete Steps

Giorgi (1997) also described five concrete steps for conducting phenomenological research within the sciences. I used these steps to guide the research process in a concrete manner. Here, I will describe Giorgi's (1997) steps and how I implemented them: (1)

collecting data, (2) reading the data, (3) breaking down the data, (4) organizing the data, and (5) synthesizing the data to communicate to the audience.

Collecting and reading data. First, I collected data through in-depth interviews. The semi-structured interview guide allowed for the same questions to be asked of every participant, with room for further questions as ideas emerged from the discussion. After each interview, I recorded my thoughts and reactions to the interview. Second, the undergraduate research assistant and I transcribed the data, and then I read the transcripts. Giorgi (1997) stated that the researcher enacts this step by reading the data and initially considering each statement with respect to the topic of study. I wrote margin notes and reflected upon what was emerging from the initial reading. Margin notes are intended to be a space for the researcher to record personal reactions, biases, and initial interpretations. This process is consistent with revisiting bracketed biases throughout the research process.

Breaking down the data. Third, I divided the data into parts by looking for units of meaning, which indicated that the phrase or statement was relevant to the phenomenon of study. Giorgi (1997) stated that the researcher accomplishes this step by reading the data carefully and marking places in the data in which shifts in meaning are detected. Thus, when as I read the transcripts and experienced a shift in meaning, I made a mark in the transcript and continued this process as other units of meaning emerged in their discussion. As stated earlier, it is important that the researcher engage in bracketing biases and revisiting them frequently, in order to remain open to ideas as they emerge from the data and so as to not infuse them with the participants' experiences.

Organizing the data. Fourth, I organized the units of meaning into language that is consistent with psychology. Participants stated their experiences in everyday language and, at times, used Sanskrit words and TSY terms. Thus, I translated any Sanskrit words used by participants into English in the transcripts. Also, this step is the place in the analysis in which researchers can use imaginative variation to represent the essences in language that is consistent with their field. Giorgi (1997) stated that engaging in imaginative variation is essential to find the invariant parts of the experience. Thus, I considered each meaning unit and what is being expressed psychologically by combining meaning units into broader codes. This step in Giorgi's recommendations produces results that are both psychological and phenomenological.

Synthesizing the data. Finally, I synthesized the data into the essences and themes of the phenomenon. Giorgi (1997) noted that the number of themes and essences can vary depending on the phenomenon and number of participants. The data do not need to be constricted, as there is freedom for essences to emerge as they arise from the data. Nine themes emerged from the 31 codes and 431 meaning units. The themes and codes will be described in the next chapter.

Triangulation

Qualitative researchers seek to maintain credibility and trustworthiness in their research process (Patton, 2015). Thus, qualitative researchers must employ the use of triangulation, which is the examination of the data from multiple perspectives in order to ensure that the data are reflective of participants' experiences. Patton (2015) stated that the use of multiple methods of data triangulation enhances the credibility of qualitative

inquiry. Triangulation is consistent with the phenomenological framework of this study, as triangulation gives way to imaginative variation, or allowing the data to be seen from multiple views (Moustakas, 1994). I used two methods of triangulation in this study: (a) analyst triangulation and (b) a member check.

Analyst Triangulation

Analyst triangulation is the use of multiple analysts to examine the data (Patton, 2015). By using multiple analysts, potential biases are reduced and more consistent and credible themes can emerge from the data. I obtained the help of another analyst, a counseling psychology graduate student who has taken the qualitative research and methods course. This analyst is not a yoga teacher and has not been trained in TSY with The Trauma Center. We both enacted Giorgi's steps 2-4 with the data. The triangulation analyst identified five themes that emerged from 71 codes. I considered the other analyst's summary of the data's meaning units with my own in order to reduce potential biases in my analysis. No new information was detected to incorporate into the final analysis of the data. She provided a different organizational structure of the data, but no variations in the data's meaning. She discussed how a history of personal trauma appeared to impact the participants with this experience in differing ways. She also noted the varying effects facilitating TSY can have on facilitators, including their perceptions of yoga teachers and their personal yoga practices. She highlighted how participants grew in their relationship with themselves and their ability to engage in self-care. These observations and impressions were consistent with my final analysis.

Member Check

A member check is a method of triangulation in which the participants review the results and give feedback regarding how the results fit their description of the phenomenon (Patton, 2015). The participants are an integral component of the qualitative research process and credibility is enhanced when participants confirm, disconfirm, or expand on researcher analyses. Therefore, I asked my participants for their reflections and feedback so that they had an active role in the description of the results. To complete this member check, I contacted each participant via email after I created a summary of the themes that emerged from the (de-identified) groups' data, which aligns with Creswell's (2009) recommendation of using "polished" (p. 191) themes and patterns when conducting a member check. I asked each participant to provide me with feedback and their reflections, if any, to the findings. Specifically, I asked participants to consider if they believed that their experiences were accurately represented in the data, if they had further information they would like to share that they believed was not captured in the analysis, and if there were any other reflections they would like for me to know that may be pertinent to this study. Four participants replied to this request with their feedback, and one participant stated an intention to send feedback, but did not do so. Of this group, two participants confirmed that the results accurately described their experiences and had no further changes to make or additional information to add. Two participants also confirmed that the results accurately fit their experiences and also provided clarification on several minor points. Several suggestions made by participants regarding terminology

were made to two codes; however, no significant changes regarding theme organization or meaning were necessary to make based on participant feedback.

CHAPTER IV

RESULTS

Participant Information

The final analysis of qualitative interviews with certified trauma-sensitive yoga (TSY) facilitators included data from 11 participants. Eight participants identified as female and three participants identified as male. Participants ranged in age from 26 to 63 years old. The majority of participants self-identified as White ($n = 10$), while one participant identified as Jewish. Two participants noted living outside of the United States. The majority of participants ($n = 8$) identified having a personal history of trauma, while two individuals denied having a trauma history and one participant declined to answer this question. Participants' personal yoga practices ranged between 8 and 23 years. Participants' experience teaching yoga ranged between 3.5 and 16 years. Participants' experience facilitating TSY ranged between 10 months and 13 years. Five participants indicated that they had formal mental health or psychology training. Participants noted a number of sites in which they currently or formerly have facilitated TSY. The most frequently endorsed sites included outpatient clinics ($n = 6$), private practice ($n = 6$), psychiatric hospitals ($n = 5$), and yoga studios ($n = 5$). Many of the participants professionally self-identified as a yoga teacher or instructor who specializes in TSY or as a yoga teacher who works from a trauma-sensitive perspective. Participants

who actively provide mental health services separately identified and described their mental health credential and TSY credentials.

Major Themes

Using Giorgi’s (1997, 2009) phenomenological data analysis approach, 431 meaning units were identified after reading each transcript. These meaning units were grouped into 31 codes that described specific dimensions of the phenomenon. Two or more participants must have endorsed codes in order to be included in analysis. Each code was grouped into one of nine themes. Table 1 offers an outline of themes with their associated codes.

Table 1

List of TSY Facilitator Themes

Theme 1	Attitudes and Experiences of Yoga 1.1 Ambivalence About Authority 1.2 Possible Detrimental Effects 1.3 Distinct Expectations
Theme 2	Professionalism and Professional Identity 2.1 Professional Validation and Confidence 2.2 Professional Community and Identity 2.3 Fit of Population 2.4 Systemic Resistance
Theme 3	Experience of Facilitating 3.1 Role Clarity 3.2 Adherence to Protocol 3.3 Safety and Authenticity 3.4 Interoceptive Presence 3.5 Monitoring Self and Others 3.6 Opening and Closing

(continued)

Theme 4	Impact of Mental Health Training 4.1 Role Responsibility 4.2 Respect Individuality
Theme 5	Impact of Personal Trauma History 5.1 Personal Loss or Trauma Motivation 5.2 Empathy 5.3 Triggers
Theme 6	Professional Impact 6.1 Witnessing Growth 6.2 Heightened Awareness of Trauma
Theme 7	Personal Growth 7.1 Personal Empowerment 7.2 Authenticity 7.3 Attunement
Theme 8	Personal Challenges 8.1 Professional Isolation 8.2 Scheduling 8.3 Boundaries 8.4 Personal Discomfort
Theme 9	Future Professional Directions 9.1 Need for Training and Regulation 9.2 Social Justice

Themes are illustrated below in detail. All participant names are pseudonyms.

Italics used in illustrative quotations reflects participants' emphasis.

Theme 1: Attitudes and Experiences of Yoga

This theme refers to participants' experiences of yoga and their perception of differences between TSY and yoga. All participants discussed their experiences of facilitating the two styles, as the interview protocol contained a question regarding this top. Three codes emerged that were included in this theme: ambivalence about authority, possible detrimental effects, and distinct expectations.

1.1 Ambivalence about authority. Six participants discussed how their experience of authority, power, and control differed between facilitating TSY and

teaching yoga. These participants described that they have observed other yoga teachers wielding their power in an authoritative manner that focused on the external manifestation of physical yoga poses. Ron and Andrew discussed their perceptions of yoga teachers having an agenda of what they want to accomplish in a class. For example, Andrew stated, “my experience being in general classes is that the teachers tend to take on some authority and can be quite directive in terms of what, you know, what [they’re] asking students to do.”

Andrew went on to state that in a yoga class, he often perceives yoga teachers “putting on” an experience for those attending the class, rather than encourage students to begin to turn inward. Lucy noted that when she taught yoga, she typically did not have her own personal, internally-focused experience. She stated:

In my own experience of teaching at a yoga studio, I would find that I didn’t have my own experience at all, which is interesting because as an instructor, I think a lot of what we do is modeling and in a lot of mainstream yoga we would teach, you kind of model external focus, which is you know the opposite of what we’re trying to accomplish in trauma-sensitive yoga.

Wendy and Ron also noted that this more directive approach to teaching yoga was uncomfortable for them. They discussed how yoga teachers’ use of power and expertise could be unhelpful for people, both with and without a trauma history, but noted particular concern for survivors. Wendy said:

When you teach in a sort of didactic way, that’s a privileged power relationship. You have the expertise and you’re kind of special and being special is not

necessarily a useful place to be for people who have been special for all sorts of reasons that are bound up with a trauma history.

Once participants discovered TSY and became certified through The Trauma Center, they described a shift in their understanding of power in the yoga room. April discussed her understanding of power in the yoga room before she was certified:

Before I became a TSY instructor, my kind of mission of teaching yoga was to help bring mind and body into one breath and movement, and ultimately people's being and experiences into kind of oneness... and so that was accomplished philosophically through trying to use [Buddhist teachings] and the concept of strength and alignment and pushing your body to do things and find limits you didn't know you had maybe.

She went on to state that prior to her TSY certification, she believed that her role as a yoga teacher was to create students' yoga practices through her expertise and experience in her own yoga practice. This experience was also pertinent for Donna, and she also stated that she used to have a plan regarding where to lead students. Donna said, "...you know, a long time ago I would be waiting and pushing, you know, to take the students somewhere."

Overall, these participants described witnessing other yoga instructors either working from a place of power or wielding their understanding of what a yoga class should look like in a way that did not feel welcoming nor encouraging. They discussed how this power puts the focus on physical yoga poses and external perception. Some

participants discussed their process in acknowledging the power of their role as yoga teachers prior to their TSY certification.

1.2 Possible detrimental effects. Four participants described their experience of how the public commonly perceives yoga as sexualized, curative, and culturally exclusive. Joan and Lucy discussed their experiences of the public perceiving yoga as a “sexy” activity. Joan stated:

I think in so many instances yoga is seen as you know, something that you do for health or strength, like, “don’t you want a yoga butt? Don’t you want yoga abs?” It’s taken to a degree where women are sexualized in the poses or that it’s supposed to be all about the outsides.

Similarly, Lucy stated her concern that the externalization and sexualization of yoga postures could have harmful effects. Lucy stated that she oftentimes has felt frustrated due to how yogis and the media “advertise” yoga as having powerful results. She noted she believes that practicing yoga can have benefits; however, she expressed frustration with the idea that yoga’s benefits are due to the reliance on someone else:

I get really frustrated about how yoga is perceived...this guru culture where there is this belief that someone knows your body and understands your body better than you do, and sometimes I just kind of feel... frustrated, like ahhh!... There’s people I think that come to these yoga classes that are not interoceptive, that are very externally focused, that are all about like pushing yourself beyond your limits and there is a right way to do yoga and a wrong way to do yoga and a lot of people in those classes are trauma survivors and they take that as gospel

sometimes and I think they do, not more damage, but I think make feeling difficult.

Leslie echoed Lucy's worry that potential harm could be done to survivors by taking yoga classes from instructors without prior training in trauma and its physical and psychological effects. Leslie said:

...not all yoga is the same. This is what's really fascinating to me is how important the [TCTSY] teacher qualities are and how the model can really hurt people or help people. And so, it kind of, I actually now look at other yoga teachers when I want to go to the community to receive yoga, to be guided, that's where my judgments come in. I'm like... "oh, drop it, they haven't had this training." And everyone is trying to do their best, their intentions are good, but it's really gotten so popular... I'm concerned that it's really not helping people the way yoga could be helping people.

April also noted that being aware of stereotypes about yoga and images of Western yoga in popular media were helpful in her process of understanding the impact of her role as a yoga teacher and TSY facilitator. She discussed how others often perceive yoga as an activity predominately for White, thin, able-bodied women. She noted that using this cultural lens to examine her own visible and invisible cultural identifications have impacted her ability to create safety in the yoga room and contextualize others' experiences due to culture. She expressed concern that if this cultural analysis is not done, systemic oppression can manifest in yoga classes.

1.3 Distinct expectations. Eight participants discussed how the advertisement or delineation of a class as TSY compared to yoga impacts their perception of students' experiences of the purpose of TSY classes. Wendy discussed her understanding of her students' expectations:

Teaching [yoga] class, people are generally coming to that space with the expectation and the goal that their focus is going to be on increasing strength, flexibility, balance, coordination, sometimes cardiovascular fitness. Whereas if I have created the space designated for trauma informed spaces, people come to that space with the intention maybe of doing all of those things, but it is also I think much more grounded in the intention and the goal to be safe... So, then you have that container of safety, which between us, just by using the description of "trauma-informed" or "trauma-sensitive," you're both going to be privileging the goal to feel safe within the context of how trauma might make one feel unsafe. Within that then, you may explore balance, coordination, fitness, strength, flexibility, or in fact, you may not... Although I teach general classes from a trauma-informed perspective, I don't advertise the space of being trauma-informed, so that's managing different expectation with what comes into the space.

Jessica and Ann echoed Wendy's sentiment of the clear expectation of the TSY space as different from yoga classes. They discussed how the clear purpose of facilitating TSY as an intervention for complex trauma makes the goal of interoception at the forefront of their mind and work with clients. They discussed how they typically do not

know the contexts of students in general yoga classes. They said that students could be attending classes for a number of reasons, such as anxiety reduction or physical fitness. Although they often do not know the specific trauma history of their TSY clients, they described how the goal of interoception is constantly present in their facilitation of TSY. Joan discussed her experience of how the priority of interoception has shifted her actions and her understanding of her students' expectations:

I look at teaching yoga, regular yoga... I'm there to create this environment, I'm there to give people an experience... people... come to yoga not only because it's healthy, but they come because it's an activity for them. And so, part of my job has been to create that experience for them. When people come to Trauma-Sensitive Yoga, it's not like going to Friday afternoon happy hour and yoga class, you know? So, when I'm teaching Trauma Sensitive Yoga, what I'm trying to do is create a clean, clear, safe space and keep my language very clean and clear, and keep my actions very clean and clear.

These participants went on to describe how the titling of a TSY class impacts their perception of clients' expectations. These participants discussed how they have experienced how clients are at times hesitant, or even reluctant, to attend a TSY class. These participants acknowledged the difficult work and process that this healing modality can present for survivors of trauma.

These participants also discussed how their respect for their TSY clients impacts how they work to decrease potential interpersonal power dynamics within their relationship with clients. Donna stated:

[another] big difference [for me] is I think explicitly making in trauma-sensitive yoga, doing my best to let the client know that there's a power dynamic and making it as transparent as I possibly can, but I'm not, I don't want to do anything to abuse that power dynamic.

These participants discussed how they work to decrease power dynamics within their relationships with clients and to make the relationship as safe as possible.

Finally, two participants also expressed how they believe TSY gets to the core or root of yoga. Donna stated:

I think that TSY totally, actually respects a lot of principles in the yoga sutras, which I think is pretty amazing, in relation to ahimsa, or nonviolence... yeah, [there is a] consistency of always giving people an invitation and a choice and letting them have their own experiences without predefining anything and without coming out with any yogic expectations, dropping all visualizations, metaphors... it's taken yoga and taken it back to the bare bones and basic roots of what it is.

Joan also expressed how she believes that TSY retains true yoga's true principles rather than the West's perception of yoga as a physical exercise only. She stated:

Trauma Sensitive Yoga takes you inside and it's all about the insides... We're not concerned about what clothes you're wearing. We're not concerned about you making the perfect crow pose, you know? What we're concerned about is that you

feel a little better in your body when you leave. Very, very different than burn off that brownie with a hundred sun salutations.

Overall, this code discussed the majority of participants' understanding of their clients' expectations of TSY, how these expectations impact the purpose of interoception in TSY, and their intentional action of acknowledging and neutralizing interpersonal power dynamics.

Theme 2: Professionalism and Professional Identity

This theme reflects participants' experiences of cultivating their sense of professionalism, as well as its impact and meaning. There was not a direct interview question discussing professionalism; however, these data emerged naturally while discussing positive effects, negative effects, and the meaning of facilitating TSY for all participants to some extent. The four codes incorporated in this theme are: professional validation and confidence, professional community and identity, fit of population, and systemic resistance.

2.1 Professional validation and confidence. Eight participants described experiencing positive reinforcement from others, both from treatment providers and other facilitators. They stated that this reinforcement is validating and sustaining, which boosts their sense of self-confidence. Chris discussed how as people at his treatment site have grown in their acceptance of TSY and his role as a facilitator; he feels professionally validated. Similarly, Wendy explored how the strong reputation of The Trauma Center adds to her credibility and ability to reach out to trauma providers to discuss her services as a facilitator. Lucy and Andrew also noted that hearing these positive appraisals or

acceptance of TSY and its impact are helpful in believing in her own efficacy. They stated that positive feedback and acceptance has helped them cultivate a sense of professional confidence. Ron said:

I also incredibly feel like I'm really in the right place. I don't like to use the word "supposed to be here" or anything, but it's close to that. I know I am here and I feel like there's a reason... it's meaningful... I feel like I know what I'm doing. I guess that's what it is. Confident in what I'm doing and why I'm there.

2.2 Professional community and identity. All participants discussed how their senses of professional community and identity have flourished over time. They described how they feel a sense of community with other TSY facilitators due to like-minded interests and values. Lucy and April expressed gratitude and excitement when they talked about their community of facilitators and the opportunities they have been afforded to meet people through the certification program.

Also, participants discussed the importance of talking about their experiences with the facilitator community in order to prevent the build-up of stress or burn out. Some participants, such as Ann and Jessica, discussed how this community bolsters continued professional development. Ann discussed the importance and the impact of her community of facilitators below:

...unless you actually do this work, it's very hard for people to understand that things can go wrong, and things can go badly, and you can feel bad and you can get very emotionally drawn to some people and their stories and you know you can't help them, and you know you can't save them. And so, when bad things

happen, it's heartbreaking. So, it's good to have people around you, even if it's just one other person, who actually understands that you're not going off the deep end, and you understand boundaries, and you are professional, but you just need someone to talk to about this.

These participants also noted feeling grateful for their community of facilitators and highlighted the importance of continued contact with their colleagues in order to continue to prevent negative effects from building.

In addition, participants described their professional identity development. Two components appeared to make up their sense of professional identity. First, participants stated a sense of responsibility to give to others in need of this treatment modality. They described how their awareness of the great need for treating survivors of trauma impacts their desire to continue spreading awareness and facilitating TSY. They also talked about their awareness of the depth of this kind of trauma work and talked about the practice in a reverent way, which appeared to highlight how they feel accountable for their work and want to continue to hone their skills so that they can best serve their clients.

Second, participants discussed how an alignment of personal and professional values influenced their sense of professional identity. Wendy and Donna discussed how the title of being a TSY facilitator gave them a way of organizing their personal values and a way to understand themselves more, as well as a way to authentically use their values professionally. Other participants also echoed this authentic professional fit. For instance, Chris and Andrew discussed how their sense of professional identity integrates their personal values with the tenants of TSY. They discussed how they feel authentic in

facilitating due to how the material resonates with their personal worldviews. They also noted how the certification program and experiences facilitating TSY informs how they live in their personal lives. Thus, this cycle sustains their professional identity.

2.3 Fit of population. Seven participants described their processes of finding the population that is the best fit for them professionally. They noted that they came to respect the fact that they do not have to work with all populations due to personal limits, boundaries, or draining experiences. Although participants did not endorse the same populations as being challenging, some of the types of populations mentioned by participants as being most difficult included working with children and veterans, and survivors of torture. Jessica, Ron, and Donna described their experiences of working with populations that were not a fit for them. They noted that they felt overwhelmed and emotionally triggered by the populations most difficult for them. They both stated that they were aware of these effects and discontinued providing services to these groups. Ron added that he learned to respect his personal boundaries of which groups were a better fit for him.

Ann stated that she could have seen how burnout or vicarious traumatization could have happened to her if she had not established boundaries by acknowledging which populations were the best fit for her. She said that she initially began facilitating with a great deal of energy and tried to make TSY work in a number of sites. However,

she said she encountered barriers and noticed her own personal limits along the way. She described her process of understanding the population of best fit:

Even though you may not want to, it's okay to let something go if it's not working and it's okay to let something go if it doesn't feel right. It doesn't make you a bad person or a bad teacher to not have the right connection... That's probably one of the most important things is to pay attention to: how you feel when you go somewhere and when you leave somewhere and if you feel at all depleted then try to figure that out because that's not what's supposed to happen because you will burn out and it's not sustainable. So realizing that certain classes just don't work or certain facilities actually don't support you... you can let it go. There's always another place to go.

When participants discussed the population or groups to which they feel most connected, they tended to smile and their tone lightened, which indicated respect for these individuals and highlighted the connection to their work. Ron, Leslie, Joan, and Jessica described feeling honored to be working with their main populations and noted a good deal of respect for their clients. Andrew shared this experience and also added how he simply feels most comfortable when he works with the population of best fit.

2.4 Systemic resistance. Five participants described experiencing resistance from treatment providers or due to systemic or cultural attitudes about yoga and trauma treatment. They noted having to work with the resistance in order to feel that they are taken seriously or to be permitted to be employed at a specific site.

Wendy and Ann discussed how their geographic region and the attitudes prevalent there have impacted their ability to talk about their yoga in general. They noted that others have a tendency to perceive yoga as a “hippie” activity or even “satanic” due to dominant religious attitudes. They expressed frustration when they encounter these beliefs. April, Donna, and Chris discussed specifically how negative perspectives about yoga impact their ability to be taken seriously at treatment sites or feel truly integrated into a treatment team as a facilitator. April stated:

It’s been frustrating, especially since so many clinics are run by White men, and I’m coming to it as a woman and they think “yoga” and they think “down dog and stretchy pants” and [TSY] is so much different than that, but it’s really hard for some people who have never even experienced yoga to make an informed decision about TSY.

In this quotation, she also noted how her experience of how sexism hinders her ability to enter in a treatment facility and establish herself on a treatment team. Chris also discussed his experience of gaining acceptance for TSY and his role as a facilitator at his treatment site. He stated that his particular site does not do much work with the physical body and, thus, he has had to work to “sell” the program in order to get buy-in from others at the site. He stated that it has been helpful not to take their attitudes or misconceptions personally and to keep trying to educate others about TSY and interoception. He noted that, over time, it has been easier to feel accepted as a facilitator at his site. Overall, nearly half of the participants discussed some kind of resistance to entering into facilities or feelings as part of the treatment team at sites.

Theme 3: Experience of Facilitating

This theme represents participants' experiences while facilitating a TSY class or session with clients. This data emerged throughout the interviews, but primarily during the questions regarding the differences between facilitating TSY versus yoga, and the questions that explored their inner experience before, during, and after facilitating. Thus, all participants discussed their experiences regarding preparing for facilitating, in the moment of facilitation, and after a session. Six codes emerged and are included in this theme: role clarity, adherence to protocol, safety and authenticity, interoceptive presence, monitoring self and others, and opening and closing.

3.1 Role clarity. Six participants discussed their sense of clarity surrounding their role as a TSY facilitator. They noted feeling comfortable and clear about the role's responsibilities and boundaries while they facilitate. For example, April, Ron, Jessica, and Chris discussed how the overarching goal of providing a safe space and relationship for someone to practice interoception informs how they think about the space that they are creating for clients. This group also noted where they believe the boundaries of their role are as facilitators. For example, Jessica voiced that she feels it is within her role to assist someone in taking an effective action within a form versus when he or she may be verbalizing something that is better suited for his or her therapy sessions with a clinician.

This group of participants also went on to discuss how this clarity informs their intentionality while facilitating TSY. For instance, April and Wendy expressed how they think about creating safe spaces in general and due to clients' unique needs. These participants also expressed feeling comfortable with their role as a TSY facilitator and

their ability to enact the boundaries of their role with clients. Lucy also added how facilitating TSY will always pose new challenges, and voiced how she believes she will always continue to grow in her role as a facilitator. She stated:

I think one of the things that is the most exciting and the most daunting, is that it is a never-ending learning process, I think. And I would find that you know, just as I felt like really comfortable with the work... something would happen in class that would really, really challenge me, and I think this work never ends... it really is... something that you will forever need to be working on.

3.2 Adherence to protocol. Six participants described the way they adhere to the TSY protocol while facilitating. Although it should be noted that all participants endorsed adhering to the TSY protocol, these participants explicitly discussed the ways in which the protocol impacts their personal experience while they facilitate. Participants talked about how they encourage effective action, give choices, use invitational language, and utilize the techniques and tenants of TSY to facilitate each class or individual session. For example, Joan said:

When I'm teaching Trauma Sensitive I am absolutely, a hundred percent permissive. My language is a hundred percent permissive. I have to be really aware of how I'm languaging things, so I speak more slowly. And sometimes there's a little bit of a cadence to my voice.

Donna also expressed how she consistently gives choices and invitations, and does not use visualizations and metaphors. April and Lucy also echoed this experience and discussed how they consistently return to the tenants of TSY in their mind while they

facilitate. Jessica discussed how she is mindful of her body language and how she introduces parts of the body in forms. This group of participants discussed how their process of learning to facilitate TSY from teaching yoga was more complicated than they anticipated. Donna stated that TSY is “deceptively simple.” They discussed how they had to be more mindful of their language, offering of choices, and inviting clients to focus on sensations and rhythms in the beginning of the experience.

Some participants also discussed how the mechanics of facilitating TSY have impacted their ability to let go of outcomes or assumptions for their clients. Many participants who discussed this experience stated that it has been a process of being comfortable with having an outcome in mind for their clients, especially as they experience yoga teachers in the West having an agenda. Jessica stated, “...you don’t know if the TSY is going to have an effect or not, the [effect] you’d hope... It’s not like you can have an outcome in your mind as a teacher. You just do your best and guide.”

This group of participants discussed how they learned to become understanding of clients’ choices. Andrew and Chris discussed how they observe their clients’ choice-making process and how their clients grow in comfort making choices that differ from session to session, or are different from what they are doing as facilitators. April stated that she adopts an internal voice of “and that’s okay, too” in order to foster her ability to let go of outcomes for her clients. April and Joan even discussed situations in which people left their classes. April voiced her experience of this event:

I applaud them, they made the choice and they took effective action, so that shows some agency and they’re in control of themselves and the situation, so I take it as

almost a pat on the back, not maybe for myself, but I say to myself, “this person is going to be okay, this person knows that they have choices, and that I created a space where they didn’t feel captive.” So, that’s truly fine.

Lucy, Donna, and April discussed the impact of letting go of outcomes or plans while facilitating TSY. Lucy said:

... you so badly want the people you work with to be okay, and TSY actually teaches that it’s also okay for someone to not be okay. You know, that’s their experience, so I think it’s helping to, kind of like, take my experience out of that other person’s experience and let them have their own thing. Let them have their own unique experience.

Lucy went on to state that this process of letting go of outcomes and letting someone have their own experience has been humbling and impactful on her own life, relationships, and other professional responsibilities. Although this group noted that it was a process to learn to let go of control in their role, they described feeling satisfied with this shift and understanding the intentionality behind releasing preconceived plans about classes. Overall, this group of participants endorsed being mindful of the tenants and mechanics of TSY, and aware of how these points impact their experience facilitating.

3.3 Safety and authenticity. Eight participants discussed the relational nature of facilitating TSY. They highlighted how, especially for survivors of interpersonal trauma, healing within relationships can have a powerful impact on trauma recovery. Thus, they

discussed how they prioritize being intentional about relational dynamics and safety within their relationships with clients. April said:

...for a person with trauma, safety is prerequisite for healing, so I often refer back to... Judith Herman— she believes that there's no such thing as a neutral interaction with a trauma survivor, every interaction with survivors is either hurtful or healing. And so if you don't create a safe space, you're actually creating a hurtful environment for a trauma survivor, I think.

Andrew shared a similar understanding of the importance of safety and discussed how he creates this connection with his clients. He described how he works to set his own “stuff” aside so that he is genuinely there and present in sessions. Ann also noted the importance of being authentic in her interactions with clients due to the depth of the work the clients are doing in their TSY practices. She, along with April, Wendy, and Andrew, noted how if they did not act in an authentic manner, they doubted that the impact of relational healing would be as powerful.

Wendy, Leslie, Ann, and April also discussed the “gift” of being genuinely there for their clients. They expressed how the process of witnessing clients' experiences and holding it with them through an authentic, safe connection is rewarding and impactful for them. Ann stated:

...it is a shared experience of being a witness, and you're the holder of the space and you're also the witness, and so sometimes when things occur, it validates that experience for that person, so it's not just something they imagined, that they

have a witness. And so I think yeah, in that sense, it's always profound... I mean, it's *profound*.

This group of participants also discussed how they feel confident in holding the space for clients to have their experience, whatever quality of experience it is, and to validate that it is possible to be in the present. To illustrate, April noted:

I don't necessarily take away a part of what happened to them or their suffering [through the relationship]... I think the goal is not to erase a memory or to say "you'll never be sad again or even go into the depths of depression again," but the gift that I'm honored to bring is that "you could experience the present," and sometimes I think the present is a scary place for people...and so, to find just one person, to say "I know one person that I trust and I feel safe with and I know they understand something about what I'm going through," and for some people, maybe I'm just that one person, [and then maybe I won't be the only person], but I think the power of the single person can be healing or hurtful has been one of the most powerful revelations I've had in this experience.

Wendy also shared the impact of creating a safe, authentic connection with a long-term client:

And that capacity to kind of relate that to somebody safely, to know, as far as I know, that she feels safe hearing it and relating back to me when she chooses, knowing that "I've got this experience in my own body and I've got choice about what I'm going to do with that..." it's all about connection, safety, and choice,

and that emotionally makes me feel this kind of mixture of tears of happy, tears of relief...

Overall, this group of participants acknowledged the importance of safety within an authentic relationship, being intentional in making their relationships safe and genuine, and the meaningful impact of holding space with clients while facilitating TSY.

3.4 Interoceptive presence. All participants discussed their experience of being present with themselves and others while facilitating, and offering choices based on their own experience. The data for this code largely emerged from discussions based on the interview question inquiring about what they feel while they facilitate TSY. Participants consistently answered this question with their experience of practicing interoception. They stated that they are attending to their own bodily sensations and their facilitation is informed by their personal experience practicing TSY in the moment. They discussed how practicing interoception makes them feel extremely present in the room with clients. They offered examples of using their interoceptive experiences that are consistent with their training from The Trauma Center, such as cueing forms, invitations, and choices from their own experience. They discussed how their ability to practice interoception encourages their clients to practice interoception if they choose to do so. To illustrate, Jessica stated:

I'm usually very much in the moment myself... I'm allowing myself to go inside a particular form and notice where the muscles are working and becoming embodied (as sensations). And I do believe that that's a noticeable thing, and my

hope is that it has an impact on their own experience, that it encourages them to do the same.

3.5 Monitoring of self and others. Seven participants discussed the process of being extremely cognizant of their language use, sequencing, and other delivery-related components during and after facilitating. For some, this monitoring also contained a component of self-criticism. Leslie and Donna discussed their self-evaluation and self-consciousness when they first began facilitating TSY. They discussed how they, at times, doubted their abilities or felt caught up in their thoughts of “am I doing this right?” or “did I break protocol?” This group of participants said that this doubt or criticism decreased or eased over time but they did state that, every so often, they find themselves being somewhat critical of their performance.

Also, these participants experienced a process of managing both their internal reactions and experience and being aware of others in the room and their needs, and attuning to others’ needs if possible or necessary. They described a continuous process of switching back and forth between tuning in to their own experience, as described in the previous code, and shifting to check in with the rest of the room through trying to read clients’ energy level or facial expressions. Lucy illustrated this theme:

You’re balancing noticing your own experience, taking care of your own experience, guiding the experience, or helping to facilitate the experience of the form you do, tuning into them and still staying engaged with them... I think that’s actually the biggest balance—balancing my own experience and then the experience of those around me, so you have to check in with yourself and take

care of yourself and that's how you model that, and that *is* part of taking care of those around you, but it's also a matter of noticing the people around you and how they're doing and checking in with that and making modifications based on [their experience], but also based on how you feel, so it's a lot of in-the-moment work.

Several participants also stated they have learned to navigate attending to clients if clients are triggered in a group session. They stated how they have learned how to attend to that client without drawing much attention from other clients. Participants also noted that, although this is a constant process in each session, their ability to manage switching from internal to external focus has become easier to do over time and is less energetically taxing.

3.6 Opening and closing. As there were specific questions related to preparation for TSY classes and post-class routines, all participants discussed their processes related to opening and closing a class. This code refers to their experience before and after facilitating, before clients arrive at a class and then after clients leave the class, rather than how they begin a class or session with clients present and beginning to practice TSY.

Some participants discussed the importance of achieving a calm, neutral emotional state prior to facilitating so that they can be a grounding presence for others. Ann stated, "...part of the role of the facilitator is to be the calm in the storm where people can begin to attune to you, and you have to have that bearing before you even walk in the door." Thus, she, as well as other participants, discussed how they turn off their phones, take deep breaths, and make sure that their physical space is organized, so

that they can feel calm and neutral before clients arrive. Joan and Donna also noted how they make sure that their clothing is conservative and not distracting. Jessica, Ron, and Leslie also noted how they sometimes do a few yoga forms before clients arrive in order to foster a sense of calm. Wendy stated that she reviews her notes from the previous client session. Participants stated that this sense of calm does not take long to achieve, but they aim to reach this state before facilitation and discussed that they are intentional about achieving it before facilitating.

Then, all participants discussed the ways in which they ground themselves after facilitating a class. Several participants stated that they take client notes immediately after clients leave. Nearly all participants described that they take a small amount of time for themselves immediately after facilitating to practice breathing, yoga forms, or meditation. Two participants endorsed performing other physical activities in order to maintain the connection to their body. Several participants also noted that they typically nourish themselves through food or a drink. Nearly all of the participants discussed the importance of taking a moment for themselves in order to shift their energy to the next task or meeting in their day.

Theme 4: Impact of Mental Health Training

This theme is pertinent only to the group of participants ($n = 5$) who indicated that they have had formal mental health or psychology training in their personal history. As there was a direct question in interviews asking about this kind of impact, this theme reflects the impact of this training on their experience of facilitating TSY. Two codes emerged to create this theme: role responsibility and respect individuality.

4.1 Role responsibility. Two participants discussed how their roles as TSY facilitators indicate different role demands from their mental health provider role. Chris and Lucy discussed their process of adjusting from their mental health provider role to that of the TSY facilitator role. Chris said:

The hard part for me has been to adjust to the idea that all I'm doing is providing an experience of sensation, and just do that, and not try to interpret it and not try to or give whatever they're saying meaning... that's the biggest difference.

Lucy also voiced this adjustment. She discussed how her mental health training would, at times, hinder her ability to be mindful during facilitation due to how she was training as a clinician. She stated:

...I also think that sometimes [mental health training] takes away or makes it harder to be a TSY teacher... I find that I was often, especially in the beginning, and I continue to do this, but I find that this is a really difficult frame for me to break... sometimes I would get more in my head because of what I've been taught from the cognitive perspective... and sometimes it would be more difficult for me to be mindful as a TSY facilitator.

They also described how they have felt more comfortable in their facilitator role after understanding the importance of making this shift in their understandings of their role responsibilities. Chris said:

I don't see these people except for in my trauma-sensitive yoga class, so I don't see them in any other role and so... I don't know anything about them... as a mental health provider in other roles, I would know things about them and as a

TSY facilitator, I really don't and so that's kind of nice, too. So, I come in, I say to them, "we come in, we do yoga, we have sensations" that's what we do...

Yeah, to some degree and [the role shift] still pops up from time to time, but it's not nearly as difficult as it used to be. Sometimes when something different comes up, I have to sort of think, "ok wait a minute, I'm a yoga teacher here, that's what I'm here to do. What's my responsibility in terms of creating a safe environment for someone to have sensations?" I try to think about it that way.

Overall, they described an ability to feel comfortable with the boundary between their roles as mental health clinicians and TSY facilitators over time. They described feeling confident about why they act in a way that fits with the respective goals of therapy and TSY, and noted that they continue to reflect on the various ways in which this boundary may blur in future situations.

These participants also described how the format of TSY appears to act in a protective manner from developing vicarious trauma, secondary traumatic stress symptoms, and burnout. They discussed that, because they do not hear clients' traumatic histories, as clients have therapists with whom to speak about their experience, they have not experienced these negative effects. For example, Lucy said:

... part of I think what makes us susceptible to vicarious trauma is hearing those stories over and over and over and over and over again, and I found that's where I really was struggling as a trauma provider... I realized I really wasn't able to trust my own interoception, be truly present and grounded in a [therapy] session... I would find that I would get, like, too emotionally involved in the life of my client

and, because of that, I think over time it was just wear and tear and that's what made me more susceptible to my ability to be there, vicarious trauma or burn out. Versus, I think with TSY, it is all about staying like, keeping true to your own internal experience versus getting so caught up [in theirs]... You're always though staying true to yourself and always staying true to your own interoceptive experience and I've found that to be really protective.

Overall, these participants discussed their process in understanding the differences in their role responsibilities and also discussed how they have experienced facilitating TSY as being less stressful to them in terms of vicarious traumatization and burnout even though they are doing trauma work.

4.2 Respect individuality. Four participants discussed that their mental health training impacted their amount of respect for the individual. They noted how this training influenced how they meet clients where they are and for who they are, rather than seeing them as diagnoses or symptoms. Several participants noted feeling grateful for having an educational background regarding trauma prior to beginning the TSY certification program. Participants discussed how they gained a respect for the individual from their education and this humanistic perspective is utilized in the TSY training model, which fits with their prior education. These participants emphasized that they view individuals as whole and not as solely their diagnostic labels or specific symptoms. Ron stated, "I learned the respect for the individual... to not necessarily pathologize people and to try to meet people where they were. And not to focus so much on the diagnoses and the pathologizing, but to just meet people."

Ron and the other participants who also endorsed this code went on to discuss how they related to this humanistic approach and this informs how they approach clients within TSY sessions. Thus, another impact of mental health training appeared to be related to an overall approach of meeting clients where they are as people, rather than diagnoses or symptoms.

Theme 5: Impact of Personal Trauma History

This theme is pertinent only to the group of participants ($n = 8$) who indicated that they had personally experienced trauma. As there was a direct question in interviews asking about this kind of impact, this theme reflects the impact of having a personal trauma history on the experience of facilitating TSY. It should be noted that throughout this particular discussion, many participants' speech slowed somewhat. They demonstrated great awareness of the potential impact of a personal trauma history on caring for other survivors of trauma. Also, participants stated how they plan to continue to reflect upon this impact throughout their professional careers. Three codes emerged to create this theme: personal loss or trauma motivation, empathy, and triggers.

5.1 Personal loss or trauma motivation. The entire group of participants who indicated a personal history of trauma described how their personal history of trauma and journey in healing influenced their professional values and ambitions to some degree, which led them to want to become certified in TSY. For example, when asked how her personal history impacts her experience of facilitating TSY, Ann stated:

I think for me it was the reason I became interested in becoming a trauma-sensitive yoga teacher because of my own healing path and the part that yoga

played. It was instrumental for me. And so it's kind of turned into... (sigh) you know, it's not going to help everybody, but if it resonates, then it can be really powerful... and it's almost like an obsessive obligation to reach back.

Here, she described how her personal history of trauma and healing process impacts her sense of responsibility and continues to motivate her give to others through facilitating TSY. These other participants also echoed her sentiment in that yoga has played or continues to play some part of their healing process and that their desire to seek out methods of healing to better serve themselves or clients in their profession lead them to want to become certified in TSY.

5.2 Empathy. Six participants described how their personal trauma history has given them a level of empathy, compassion, and understanding for the clients with whom they facilitate TSY. For example, Leslie replied to this interview question with:

It makes me more empathic and more... In a way it helps just kind of remind me that...we're not broken, our trauma is not who we are, and so I look at them, greet them, interact with them, with that kind of understanding... It does make me have a connection with them, that I understand whatever their experiences. Because sometimes I don't always know what their trauma is... but I just know that they have suffered in some way and that I see them as whole. And so my interactions with them and the energy that I put out for them are whole. And just through my own kind of working through my own trauma history, that has worked for me.

Other participants answered this question in a similar manner. They described how their personal experiences with trauma have impacted their ability to facilitate empathically

and compassionately. Wendy described how her trauma history “nuances and informs” her delivery and facilitation of TSY. She stated:

I know what it’s like to feel chronically unsafe. I know what that feels like in my body. I know how it affects how I think about the world and how I come to relationships with other people and I know that I’m always one foot in and one foot out... I’m always looking for the metaphorical or actual exit. And there’s a part of me while I’m facilitating that will assume, rightly or wrongly, that that’s where someone else is. And so it’s just then understanding... what actually might allow a sense of safety to be created and because the safety is actually so subtle, it means I don’t get hung up on, “Do I need to do something dramatic?” I don’t have to create a big change here... and that informs how I deliver.

Here, Wendy described a deep level of understanding of how a client could be experiencing emotion while practicing TSY and how her personal experience impacts her ability to respond to the client. It should be noted that three participants specifically stated that they did not believe that having a personal trauma history is necessary for facilitating TSY.

5.3 Triggers. Three participants discussed that they have felt emotionally triggered while facilitating. Ann and Joan discussed feeling triggered early on in their facilitation experience by the number of survivors in the room and taking on that “energy.” These participants also discussed the importance of processing their own personal trauma history so that, if they feel triggered, they could return to their personal TSY practices and other self-care practices in order to “self-regulate” or detach from the

experiences of their clients so that they do not take the clients' experiences with them.

Jessica shared:

You know, for anyone who's meeting people at such raw places and potentially challenging places... it can bring up things in my own story... it doesn't happen a lot, but I do believe that the emotional impact of this work, I try very hard to take care of it outside the circle of class.

Participants did note that these triggering experiences eased with time. They attributed this shift to gaining more experience facilitating and feeling supported by their peers.

Participants also stated how they believed that facilitators cannot approach facilitating TSY as a way of healing themselves. Simply put, Ann said, "you can't try to heal yourself through the healing of others." Joan held a similar perspective, and also clarified how it informs her approach to facilitating TSY:

I don't use teaching TSY to heal me. As I'm teaching it I'm not, "Oh this is making me better," you know? I think sometimes it's easy to blur that boundary and I don't... I don't take the attitude that "because I've made myself better with Trauma-Sensitive Yoga, so can you."

This boundary, of not facilitating to heal yourself, appeared quite important to these participants. Their voices were strong and clear during these discussions in their interviews. They stated an understanding that TSY may not resonate with all survivors and indicated that they do not "push" what has resonated with them on their clients. They endorsed feeling at peace if TSY did not benefit all clients.

Theme 6: Professional Impact

This theme reflects the professional impact of facilitating TSY described by participants. This theme emerged largely from discussions regarding the various positive and negative effects they have experienced in their time in this profession. Two codes emerged to create this theme: witnessing growth and heightened awareness of trauma.

6.1 Witnessing growth. Six participants expressed their experience of witnessing growth, transformation, and change in clients. In these discussions during the interview, it was common that the participants shared an anonymous story of their work with a client to demonstrate growth and contextualize the meaning of the growth for them. Some participants shared direct feedback from clients and others shared their observations of clients' growth over the course of their work. During these stories, their voice tone, pacing, and nonverbal expressions matched the emotional quality of the story, conveying the depth of impact of this work on them. For instance, Jessica described an impactful client's journey during her interview and when asked to describe the impact of witnessing the client's growth, she stated:

I share in that kind of attitude of "I can," that connection with ability and stamina. I am definitely someone who is encouraged by, like the [client] in [the form], that she could go back to yoga... through all of her work... it's very humbling. Yeah, I do grow from that. My awareness grows from that and having the belief in this work, those experiences are so needed, to feel that what you're doing matters to someone... because... we're in that very, very specific context of trauma recovery, so I want to know that what I'm doing matters because it's a big deal.

That context is huge, it's a big responsibility and I just want to make sure that what I'm doing may not always be perfectly correct, but that it has some sense, some relevance to their recovery... and it's sustaining.

Here, she stressed the importance of having moments of witnessing growth with clients and the nourishing impact of these experiences. She, and other participants who shared similar stories, went on to note a positive emotional impact of these experiences, such as feeling encouraged or excited. Donna shared a similar experience. She described working with a client for a period of time and said that the client terminated services due to feeling positive progress. Donna said she received feedback from the client and described her reaction:

It's like, yeah! That is pretty cool. I just lost a client, though! (laughs) But you're still like, yeah, that's great! Cause that is empowerment! It's very fulfilling. And again, reminded me why this [work] is important and even just little stuff. Just seeing little stuff.

Joan also added that having these growth experiences with clients helps her to remember that these experiences will continue to occur. She described how these moments help her maintain an optimistic, growth-oriented outlook on her work.

In addition to feeling growth with their clients, these participants also emphasized feeling grateful for the opportunity to share TSY with others. Ron stated:

I'm grateful for the opportunity because it really feels like I'm doing something that I'm supposed to be doing... I feel gratitude for the fact that I can give something, that I can offer something that I feel is meaningful.

These participants discussed how their deep connection to the purpose of TSY, their understanding of the healing process that can unfold in this practice, and their desire to care for others has made facilitating TSY highly meaningful to them. They noted that they felt a sense of making a lasting contribution, and gratitude for being able to share this healing modality with others.

6.2 Heightened awareness of trauma. Eight participants described how they believe they are more aware of the nature of trauma and its impact across the lifespan as a product of facilitating TSY. Chris discussed how he is more aware of the physical impact that could occur from experiencing trauma. Lucy and Andrew described how they see trauma more in their interactions with others. They discussed how this heightened awareness impacts their worldview and how they reflect on interpersonal interactions. Similarly, Leslie and Ann discussed how they have become less critical of others due to their understanding of the widespread rate of trauma. They noted that this awareness has influenced them to reduce judgments of others and to be more sensitive to the ways in which trauma can impact people in various ways. April and Lucy stated that from doing this work, they see trauma as more prevalent than before doing this work. Some participants also stated that this growth has impacted their personal lives in how they approach friends and loved ones.

Theme 7: Personal Growth

This theme refers the positive personal impact of facilitating TSY described by participants. This theme emerged largely from discussions regarding the various positive effects they have experienced during their experience in this profession, which was

included in the interview protocol. Three codes emerged to create this theme: empowerment, authenticity, and attunement.

7.1 Personal empowerment. Seven participants described feeling an increased sense of agency over their lives. Participants shared that the professional experience of witnessing growth and feeling connected while facilitating TSY influences a sense of empowerment in their personal lives. For example, Donna described how facilitating TSY has helped her feel more aware of available choices and more in control of her actions, leading her to feel more empowered in her personal life. Other participants shared similar experiences, and also stated an increased sense of self-understanding and personal awareness from studying trauma and doing this work. April discussed how The Trauma Center’s training and education has helped her feel more in control of her life because she has a frame to understand her own personal history, and she noted how knowing the language of trauma has been helpful to normalize her thoughts, feelings, and actions. She stated succinctly, “knowledge is power.”

Additionally, Leslie and Jessica also discussed how they feel energized from facilitating TSY. They talked about how this energy, while facilitating TSY, impacts their mood and sustains their enthusiasm and commitment to applying the tenants of TSY, such as giving choices or noticing sensations, to their own personal lives. Overall, the participants who endorsed this experience described how their professional experiences foster a sense of empowerment in their personal lives.

7.2 Authenticity. Three participants noted that facilitating TSY has helped them feel more authentic and sincere in their interactions with others. These participants

discussed how they have come to understand what interpersonal barriers and patterns they have created in order to protect themselves, but, at the same time, prevent authentic connections. To illustrate, Ann discussed the process of observing and letting go:

I think that there's something that occurs when you teach a lot of TSY, that you have to work on such a level of authenticity, which is hard to do, but you really quickly learn that if you don't, it doesn't work... So, letting go of a lot of safety nets and things like that so I could find this voice that could work and being present... Because it doesn't work and the more [facades] you have, the less connection you have to the people that you're working with... and having to release them because [the relationship] is not going to work unless you do, and so it's this reflection: I want to see their truth and so I have to release some of my stuff, too.

Overall, these participants went on to discuss that actively letting go of defense mechanisms has fostered a greater ability to be kind and more authentic in their personal relationships.

7.3 Attunement. Six participants noted that by practicing interoception, they have experienced an increased desire to take care of themselves. They tended to discuss their experience with attunement during a question about self-care and how this routine has changed over time, if at all, while facilitating TSY. This question was not originally in the interview protocol, but emerged during the first interview and was added to the protocol based on the rich information gleaned from the first interview. Participants described how facilitating TSY influenced them to feel more attuned to their needs and

better able to respond to them effectively, which increased their abilities to regulate themselves. Lucy described how, as she gained more experience facilitating TSY, her ability of tuning in to herself, her energy level, and her needs, became strengthened. She stated, “it definitely has encouraged me to be more in tune with my internal experience and when you’re more in tune with your internal experience, you’re better able to care for it, I think.”

Lucy and Wendy also discussed how their experiences of exercise and physical activities have been impacted by TSY. They explained how if they choose to run, for example, they use interoception in order to be mindful about their movements so that they can increase or decrease their pace, or even take a rest, as these options match their needs. Wendy and Donna also discussed how they are more attuned to their emotions and thoughts. They discussed how their understanding of their psychological experience has deepened and feel more in control over how to respond to distress or evaluate interactions with others. Ron stated how practicing attunement leads to overall healthier outcomes for him. A common tone of gentleness ran through these participants’ discussions in making these effective choices to fit their own needs. They noted feeling much more capable of truly taking care of themselves now because of how attuned they have become to their bodily sensations or emotional states.

In addition, Andrew, Ron, Lucy, and Jessica stated that facilitating TSY has impacted their personal yoga practices. For instance, Andrew said that his yoga practice

has become gentler, or better fits his overall needs due to practicing interoception. He stated:

I've noticed over the years, that I just do a lot less, and don't push myself so hard, and it's less goal oriented. I really find that lately I've been listening to what I need rather than some idea of what I think I should be doing. You know, like "I really got to work my legs," or something? None of that. It's like, "how do I feel this morning? What do I need to do?" So, really listening to my body and going with that... It's like I'm not superimposing any ideas about what should or shouldn't be happening. It's more like I'm living my yoga from within and letting it express itself.

Thus, participants described the various ways in which they believe that facilitating TSY has impacted their ability to tune in with themselves and their needs, either physically or psychologically, and respond in a gentle and effective manner.

Theme 8: Personal Challenges

This theme refers to the personal challenges that participants endorsed experiencing since they began facilitating TSY. This theme emerged largely from discussions regarding the various negative effects they have experienced since becoming certified, which was included in the interview protocol. Four codes are included in this theme: professional isolation, scheduling, detachment, and personal discomfort.

8.1 Professional isolation. Three participants described feeling professionally isolated or lonely at times in facilitating TSY. They noted that they have experienced difficulty in discussing what they do with others and, at times, feeling isolated from other

professional staff at treatment sites. Jessica described the vulnerability that she has sometimes experienced being the only TSY facilitator in her community. She stressed the importance of cultivating relationships with therapists and treatment providers in the community so that she can have a network of people with whom to talk in order to receive professional support and also to make sure she is getting legitimate referrals. Donna shared a similar experience in feeling fatigued in navigating and networking with the mental health community in her geographic area and self-promoting her services. Additionally, Ann discussed her experiences of feeling disconnected in conversations with others when she talks about her services because she works predominately with socially-marginalized groups. These participants noted that these experiences of isolation have eased somewhat over time, but this theme was pertinent to individuals with a range of experience in time facilitating TSY.

8.2 Scheduling. Five participants discussed how they became aware of shifts in their energy level from teaching TSY, yoga, and maintaining other responsibilities. They stated that they made changes in their weekly schedule in order to meet their personal and professional demands. Ann and Wendy discussed how they noticed shifts in their energy level after facilitating and have had to make changes to their weekly routine in order to best take care of their clients and themselves. They noted changing the times of TSY classes and being careful not to schedule TSY and yoga classes back-to-back. They also stated being mindful of how their personal schedule fits in with their TSY facilitation schedule. They said that going from a TSY class to a yoga class or meeting with friends can be “jarring,” and so they have taken precautions so that they feel energetically more

stable. Overall, these participants noted the importance of monitoring and adjusting their schedule to align with their energy level and personal and professional commitments.

8.3 Boundaries. Five participants highlighted the importance of establishing and maintaining strong interpersonal boundaries with their clients. They discussed the impact of these boundaries on their experiences of facilitation. They noted that the purpose of these boundaries is related to keeping an emotional distance so as not to misuse the facilitator role. Jessica stated, “I keep an emotional distance with the students themselves, I keep a distance. I’m friendly, but I’m not their friend.” She went on to describe her process of recognizing that these boundaries are important for maintaining the context of the relationship between herself and her clients. She stated that, early on, she felt pulled to share her story out of her natural desire to care for others. She learned that if she told her story to clients, she would become the focus of their sessions, which would detract from the purpose of TSY and her clients’ time. Thus, she learned how to maintain an empathic distance from her clients so as to prioritize their time and the purpose of their sessions.

Some participants stated that when they have a personal reaction while facilitating, they notice these reactions and set them aside to explore later in order to be present with clients. Lucy illustrated this experience:

I think one challenge that comes up is that TSY is about interoception and so sometimes, you’ll tune into your own internal experience as a facilitator and actually be struggling with something. And then you’re in the tricky position of trying to balance noticing that and also letting go of it.

Lucy stated that at times, she “tuned out” her own experience in order to be present for the class. She, as well as Ann and Donna, discussed how they then seek support from professional colleagues or turn to their own personal self-care practices in order to explore what came up for them more on their own time. Overall, these participants discussed that a result of having boundaries with clients may mean that they must pause and set aside their personal experience to which they have attuned by practicing interoception while facilitating.

8.4 Personal discomfort. Three participants discussed the discomfort that they feel in community yoga classes due to the knowledge they have gained from facilitating TSY. Andrew stated that he used to practice yoga at many studios in his community. However, he said that now he prefers to practice privately and self-directs his practice. Lucy and April explained how when they attend community yoga classes, they tend to be aware of how many clients in the class could be trauma survivors and are distracted from their own practice by what the yoga instructor says. For example, April said:

I think I’ve become much more judgmental of other yoga instructors and the language with which other yoga instructors teach their classes to the point where I feel like there are very few yoga classes, sometimes any, that I feel inclined to go to... I really don’t want to show up to a class where someone is going to tell me what to do with my body and there’s going to be like a half-naked man sweating next to me and breathing really heavy.

Overall, these participants stated that their ability to practice yoga in their communities has changed due to the knowledge they have learned about trauma, how yoga can be triggering for individuals, and their experiences facilitating TSY.

Theme 9: Future Professional Directions

This theme reflects participants' hopes and encouragements for the future professional direction of the field. This theme emerged throughout the interview protocol, but primarily during their discussions of positive effects, negative effects, and additional information they felt relevant to share. Two codes emerged to create this theme: need for training and regulation, and social justice.

9.1 Need for training and regulation. Four participants stated a desire for further formal training and continued education so that they can maintain their skills. They acknowledged that this is a new, cutting-edge treatment in the trauma field; however, they maintained a desire for continued training. For example, Donna stated that professional boundaries are being established, such as guidelines, but voiced that being on the front lines of trauma treatment can feel somewhat unsteady. She stated:

[TSY] is growing and... I feel like there has to be some kind of boundaries and it's this very organic process, but to do this, I have to feel predictability and safety. And we're sort of out there and cause it's new territory, it's mapping new terrain, and that's scary. So I guess you'd call it teething problems... I think that's really important because that will affect the experience and how I can facilitate my sessions.

Donna also discussed how aspects of maintaining a private practice or finding avenues into treatment centers have been difficult to navigate. Although she stated she was aware that this profession would present some systemic challenges, she stated wanting more guidance and education in these areas so that she can grow her services.

Some participants shared concerns regarding other yoga teachers advertising themselves as certified TSY facilitators without having been certified through The Trauma Center. To illustrate, April discussed her experience of this false advertising by explaining how there are many more people who have attended the 40-hour training seminar by The Trauma Center than the 110-hour certification program. She stated she has seen these individuals take advantage of the demand for services. She expressed fear over the potential harm they could be doing to others by misrepresenting themselves and their credentials to the public. She went on to express concern for the integrity of the TSY protocol, if regulations and rules regarding advertising are not established in the future, especially as the TSY program grows.

9.2 Social justice. Four participants discussed how they view TSY as a way to advocate for marginalized groups. Some of the types of populations with which participants mentioned working with in a social justice capacity included women, juvenile detainees, and people of color. They described their understanding of how these groups have faced interpersonal and systemic abuses of power. They voiced how they work to be aware of how systemic oppression could be present in their interactions with clients. Ann discussed how her work with marginalized groups and her training from The Trauma Center have helped her understand how individuals who have faced trauma and

systemic oppression are more likely to be physically and neurologically different than those who grow up without trauma and with more social privilege. Then, she stated how she believes TSY is a form of social justice:

TSY levels the playing field so that people get their bodies back, people get their ability to access their frontal lobe back, so that whatever they choose to do in their lives, at least they have a fighting chance. Once things are stacked against you in this society and being raised in developmental trauma and generational trauma, yeah, once you know that, you're just trying to level the playing field. And then what [they] do with [their] lives is up to them, but at least you're giving people a shot, or a better shot.

Ann and Joan described similar ways of actively advocating for their clients at their respective sites. They described being “protective” of their clients’ experiences by creating predictable spaces and boundaries that encourage their clients’ sense of safety. For example, Ann described how, at one site, ranking officials at times have wanted to drop in on the class. She has turned them away in order to foster an environment that promotes turning inward, rather than having clients become self-conscious of being watched.

These participants also discussed the importance and meaning of facilitating TSY to populations that have faced systematic marginalization. Joan described how, for her, facilitating TSY is an act of feminism:

I think it's one of the most feminist ways that I can teach yoga. To be a yoga teacher teaching yoga to people who have been affected by trauma and who are

searching for ways, they might not know that they are searching for ways to get back into their body, but that's what they're doing, is I think, is huge... somehow, someone in the patriarchy said, "you're mine and I'm taking all control away from you." And here I am, as a woman, as a subversive woman saying, "let me give it back."

Additionally, some participants discussed how the homogeneity of facilitators could impact clients' experiences of power. They expressed hope that the certification program becomes more accessible to people of diverse cultural identities over time. April stated her perspective:

...the program is small, it takes a lot of resources to finish, you have to have money to pay the tuition, and fly to the east coast, and take time off if you have a full-time job, and childcare if you have a child, and all these resources, and so it remains a very White, female group, which I think often doesn't reflect the clients that we see and I think it's problematic. I do think a White person can teach, like young people and people of color, but I think it would be potentially a powerful experience to see TCTSY [facilitators] look like them.

Overall, participants stated that TSY has a meaningful and important social justice impact. This group of participants acknowledged the cultural homogeneity of their community and expressed hope that the program can become more accessible to interested individuals in marginalized groups.

CHAPTER V

DISCUSSION

Summary of Findings

The findings of the present study, which focused on examining the lived experience of certified trauma-sensitive yoga (TSY) facilitators, yielded nine themes: Attitudes and Experiences of Yoga, Professionalism and Professional Identity, Experience of Facilitating, Impact of Mental Health Training, Impact of Personal Trauma History, Professional Impact, Personal Growth, Personal Challenges, and Future Professional Directions. Each theme was made up of several codes that provided more specific examples of how facilitators experienced facilitating TSY.

Theme 1, *Attitudes and Experiences of Yoga*, reflected participants' perceptions of the differences between yoga and TSY. All participants discussed their experiences of teaching the two styles. They discussed how they have seen yoga teachers use their power in an authoritative manner and how focusing on the external look of yoga postures made TSY facilitators uncomfortable. Some participants also noted they formerly used this authoritative or external approach when teaching yoga classes prior to their TSY certification. Participants also discussed their concerns that yoga teachers without training in trauma could be harming yoga students by externalizing the focus of postures, using commanding language, and drawing attention to the body in a sexualized manner. Additionally, participants discussed how by advertising a class as "TSY," they can

manage their clients' expectations and feel intentional about creating safety with their clients. They also highlighted how they work to be aware of and decrease power differentials where possible in their TSY sessions.

Theme 2, *Professionalism and Professional Identity*, highlighted participants' journey of developing their professional identity and sense of professionalism regarding their roles as TSY facilitators. These data were unanticipated and emerged naturally during the interviews at varying places in the protocol. Participants voiced how they felt validated by peers and other treatment providers at their respective sites, which has helped to build a sense of professional confidence. They also discussed feeling connected to and supported by the TSY facilitator community. They expressed feeling grateful for the opportunity to meet people through the certification program and having others with whom to talk about their experiences, both positive and challenging. Participants expressed a sense of responsibility to give back to others through TSY, as they stated how much they believe in this work and have seen the powerful effects it can have. They also discussed how the principles of TSY align with their personal values, which allows them to feel authentic in their profession and presentation of the material. Further, Theme 2 shed light on participants' process of finding the population of best fit for TSY facilitation. They also discussed their experience of systemic resistance getting access to clients and other treatment providers' attitudes toward yoga, both in private practice and through other agencies.

Theme 3, *Experience of Facilitating*, yielded data that described participants' experiences as they prepare for facilitating, what they experience during facilitation, and

after a session. They discussed how they feel comfortable within their role responsibilities and boundaries, which informs how they think about their relationships with clients, think about clients' goals, and their level of intentionality while facilitating TSY. They described the steps that they take to adhere to the TSY protocol developed by The Trauma Center and feel more at ease with letting go of outcomes or expectations of clients' journeys. These facilitators specifically highlighted the importance of creating safe and authentic relationships with their clients and noted how impactful their relationships can be on healing from trauma. Participants additionally discussed how they feel extremely present while facilitating TSY, due to how they are also practicing interoception with their clients and facilitating from their own personal experience of sensation. They additionally discussed how they switch from engaging with themselves through interoception to monitoring clients' energy to see if anyone is emotionally triggered. Participants discussed how they prepare to facilitate through achieving a neutral, calm state before entering the room for a TSY session. Finally, they also discussed how they ready themselves for clients, perhaps through breathing and practicing yoga forms, and close the space down after facilitating TSY, such as taking time for themselves through a preferred activity.

Theme 4, *Impact of Mental Health Training*, referred to how participants perceive their prior mental health training on their experience facilitating TSY. They discussed differences in their responsibilities due to their change in roles with clients, from being a TSY facilitator to being a mental health provider. Participants also discussed how the format of TSY prevents negative effects, such as vicarious trauma or burnout, from

occurring, as they are typically unaware of their clients' stories and do not hear traumatic material as they would when providing psychotherapy. They also noted how their mental health training impacted their level of respect for their clients and their humanistic approach to seeing their clients as people, rather than diagnoses.

Theme 5, *Impact of Personal Trauma History*, reflects the impact of having a personal history of trauma on the experience of facilitating TSY. Participants discussed how their personal journeys in working through trauma influenced them to seek out yoga and TSY. They described an immense sense of responsibility to give back to other survivors. These participants also discussed how their personal history with trauma impacts their sense of empathy and understanding of what clients could possibly be experiencing during their TSY practices. Thus, their awareness of how trauma has impacted their lives affects how they nuance their delivery of TSY. Additionally, they described their experience of feeling emotionally triggered or challenged while working with survivors and the importance of engaging in trauma recovery work themselves in order to decrease the likelihood that they would be triggered by clients.

Theme 6, *Professional Impact*, reflected participants' experience of the professional impact of TSY. This theme emerged naturally and was somewhat unanticipated. They discussed the process and impact of witnessing clients' growth and holding it with them. These facilitators described how witnessing clients' development encourages and excites them, as well as helping them maintain an optimistic outlook. They expressed gratitude for these experiences, as they feel deeply connected to TSY, and being able to share this material with clients. Participants also discussed how they

have a heightened awareness of trauma. They stated that they more easily see trauma's impact in their personal and professional lives, which can reduce judgmental attitudes and change previous perspectives on interpersonal relationships.

Theme 7, *Personal Growth*, yielded reflections on participants' positive personal impact of facilitating TSY. They described feeling personally empowered and more in control of their lives. Facilitators discussed how they feel energized from facilitating TSY and try to apply the principles of TSY to their personal lives. They also highlighted how they feel more authentic in their personal lives due to facilitating TSY. They stated that by engaging in interoception, completing the training program, and their work thus far with clients has impacted their ability to let go of personal defense mechanisms and relate more genuinely to others. Participants also highlighted how practicing interoception has increased their ability to effectively assess their needs and take action to meet these needs. They also described how their personal yoga practices have changed as a result of facilitating TSY, as they believe their home yoga practices have become gentler.

Theme 8, *Personal Challenges*, reflects participants' experiences of feeling challenged through facilitating TSY. They described feeling professionally isolated or unsupported at times, and the importance of reaching out to their TSY facilitator community for support. They discussed how they have gone through a process of reevaluating their schedules, as facilitating TSY can shift their energy and some participants have varied professional obligations. These facilitators also stated that interpersonal boundaries must be strong and are necessary to facilitate TSY. They said there was a process of establishing and maintaining their boundaries. Additionally, they

discussed how if they have a personal reaction while facilitating TSY, they feel they must set it aside in order to be present for clients, which can feel cumbersome. Finally, participants stated some discomfort in attending community yoga classes, as they have a tendency to be cognizant of the yoga teacher's language and approach to teaching, which often is incongruent with their TSY training, and detracts from their personal yoga practices.

Theme 9, *Future Professional Directions*, was an unanticipated theme that shed light on participants' encouragements and hopes for the field. They voiced their desire for continued training and education in order to maintain their skills. They also stated a hope for more regulation of TSY credentials so that yoga teachers do not misrepresent themselves to the public as having the certification from The Trauma Center and potentially harm clients. Also, participants discussed how they believe that facilitating TSY is an act of social justice. They gave voice to how they work to advocate for their clients and understand how systemic and interpersonal power dynamics may be relevant to their clients' experiences and how they try to be aware of how these dynamics could be represented in their interactions with them. These facilitators reflected on how the TSY training program is expensive and takes extensive resources to complete, which can hinder traditionally marginalized groups from accessing the program. They expressed hope that the program becomes more accessible to potential trainees who experience systemic barriers and economic marginalization.

Integration with Previous Research

A review of literature on yoga and the treatment of trauma generally reveals that attention is focused on the survivors of trauma and outcomes of the yoga intervention. As TSY facilitators are trauma treatment providers, the existent research on psychotherapists who provide services for trauma survivors is also pertinent to consider with the findings of the current study. In the following sections, the previous research will be discussed in the context of the present study's findings.

Yoga Teacher Training

To this researcher's awareness, Conboy and colleagues' (2010) study has been the only formalized study conducted exclusively with yoga teachers about their experience of becoming yoga teachers through a residential training program. Conboy et al. found that yoga teacher trainings can increase yoga teachers' abilities to be more mindful in their lives. These results are consistent with the findings of the current study, as shown in 3.4 *Interoceptive Presence* and code 7.3 *Attunement*. Thus, the TSY certification program and facilitating TSY impacts participants' personal experiences related to mindfulness.

The remainder of the research surrounding yoga teachers is largely anecdotal and philosophical. Further, the TSY literature and studies implementing yoga interventions for mental health issues have focused on outcomes related to the efficacy of the intervention and the experiences of survivors. Results of the current study yield some consistencies and variations from the literature base. As this study utilized a qualitative design, generalizations should be made cautiously to the larger population of TSY

facilitators. However, these results may offer an initial perspective on the extent to which the existing literature fits with the lived experience of facilitating TSY.

Trauma-Sensitive Yoga Protocol

The TSY protocol developed at The Trauma Center and the 110-hour certification program outlines and trains TSY facilitators in the specific tenants and principles of facilitating TSY (Emerson & Hopper, 2011). Theme 3, *Experience of Facilitating*, and its codes indicated that the credentialed facilitators adhere to the TSY protocol. Participants reported adhering to the broad and specific principles and tenants of facilitating TSY and continuing to reflect on how the protocol would apply to situations in the future that they have not yet encountered. Notably, no participants complained about the protocol or stated that an aspect of the protocol did not work in their practice of the treatment. Thus, Theme 3 substantiated that participants upheld the TSY protocol and their training on the protocol impacts their experience of facilitating.

Relational Power in Yoga

Childress's (2007a) discussed her perspective of relational power in yoga classes. Childress stated that it is crucial for students' sense of safety that yoga teachers engage in a process of identifying and working with power dynamics with students. Also, Childress noted the importance of yoga teachers understanding how culture may impact yoga students' sense of safety, which can likely impact students' experiences in yoga classes and the student-teacher relationship. Specifically, within the third theme, participants highlighted the relational nature of TSY in code 3.3 *Safety and Authenticity*, which is an important aspect of the TSY protocol that stems from Herman's (1992) work on trauma

and recovery. Participants discussed their awareness of the impact of safe and genuine relational healing in working with complex interpersonal trauma. Thus, the finding from the present study indicates that TSY facilitators are aware of how relationships can impact their clients' experiences and healing processes.

Professional Job Satisfaction and Validation

Swanson and Schneider (2013) discussed how feeling valued in one's profession can increase overall job satisfaction. For example, Stumpf, Tymon, Favorito, and Smith (2013) found that feeling valued in one's job can foster a sense of self-worth and increase motivation within one's profession. Malone and Issa (2013) also noted that feeling valued in one's profession can increase the likelihood that the worker would want to continue to work in that field. Code 2.1 *Professional Validation and Confidence* indicated that feeling validated and valued fostered a sense of confidence for the majority of facilitators. This professional validation impacted facilitators' ability to feel professionally confident and energized.

Parker (2008) recommended that yoga teachers employ systematic ethical decision-making. Parker's suggestions grew from weaving the principles of the American Psychological Association's (APA) Ethics Code (2010) and the *Yoga Sutras of Patañjali*. For example, Parker described how the APA's principles of beneficence and maleficence align with the principles of ahimsa (nonviolence) and karuna (compassion). Using the model of ethical decision-making created by Gottlieb, Handelsman, and Knapp (2008), as personal and professional values align, ethical decision making becomes more integrated, and thus, more sophisticated. Code 2.2 *Professional Community and Identity* indicated

that participants universally felt a sense of alignment between their personal and professional values. Thus, as TSY facilitators reported that their personal and professional values were authentically integrated, their ability to navigate novel situations may become more effective.

Self-Care

Garland (2010) gave recommendations regarding yoga teachers' self-care practices by highlighting their value using the Sanskrit texts of the Vedas and the *Yoga Sutras of Patañjali*. Garland emphasized the importance of yoga teachers taking care of themselves and dangers of codependency between yoga teachers and their students. In addition, psychotherapists who work with trauma are strongly encouraged to take care of themselves and maintain work-life balance (Adams & Riggs, 2008; Courtois & Gold, 2009; Pearlman & Saakvitne, 1995, Wells et al., 2003). Several codes revealed that participants in the present study prioritized their own self-care, and for some, their self-care practices and routines solidified over time. Also, code 7.3 *Attunement*, indicated that the practice of interoception increased participants' desire to take care of themselves and take effective action to meet their needs. In addition, code 8.3 *Boundaries*, showed that participants' understood the importance of maintaining interpersonal boundaries with their clients. Further, code 8.2 *Scheduling* was important to participants in maintaining their personal and professional schedules to meet their energy levels. Thus, discussions and reflections among TSY facilitators regarding their self-care and interpersonal boundaries may be important for beginning facilitators so that they can best care for themselves and clients.

Vicarious Trauma, Burnout, and Personal History of Trauma

Vicarious trauma has been found to impact adversely trauma treatment providers' personal and professional lives in the areas of trust, safety, and relationships (Pearlman & Saakvitne, 1995). As one participant discussed in code 4.1, *Role Responsibility*, the format of TSY, which does not verbally examine traumatic material or stories, protects against vicarious trauma or burnout. Although some participants with a history of trauma reported feeling emotionally triggered, as described in code 5.3 *Triggers*, they reported feeling triggered instantaneously by the number of trauma survivors, or by a personally difficult population as described in code 2.3 *Fit of Population*, and were able to regroup themselves after these experiences. They did not report cumulative or long-term negative effects that would characterize the experience of vicarious trauma or burnout. Thus, the format of TSY itself may be a buffer that may prevent vicarious trauma from occurring.

Also, the trauma therapy literature has indicated that collegial support has been found to protect against negative outcomes (Baker, 2012; Harrison & Westwood, 2009). Code 8.1 *Professional Isolation* and code 2.2 *Professional Community and Identity* aligned with the literature base. These results showed how finding support within the TSY community and with other treatment providers can have a grounding and comforting professional impact. Thus, it may be beneficial for discussions related to professional isolation and connection to occur so that facilitators have a space to process these reactions and experiences.

The research literature regarding personal trauma histories and providing services for trauma survivors is inconclusive. For example, compared to therapists without a

personal trauma history, Trippany and colleagues (2002) found that experiencing trauma was predictive of experiencing vicarious trauma, while Jenkins and Baird (2002) did not find this difference when studying providers. Studies typically show that 30% of mental health therapists report a history of trauma (Adams & Riggs, 2008; Pope & Feldman-Summers, 1992). The majority of participants (72.7%) in the current study reported having a personal history of trauma. The higher prevalence rate in the current sample may be related to code 5.1 *Personal Loss or Trauma Motivation*, as nearly all participants who reported a trauma history stated that their personal experience with trauma and recovery impacted their decision to pursue a professional field related to trauma processing. Alternatively, a sampling error may have occurred, as a purposeful sampling strategy was used, rather than random sampling. Although purposeful sampling is consistent with the qualitative research tradition (Patton, 2015), the group that was sampled may not be representative of the population of certified TSY facilitators.

Vicarious Posttraumatic Growth

The vicarious posttraumatic growth literature base discusses the positive, growth-oriented impact of providing trauma treatment (Linley et al., 2005; Linley & Joseph, 2007). Trauma therapists have been found to be impacted positively in the areas of optimism, interpersonal relationships, and belief in personal strength through witnessing clients' growth (Arnold et al., 2005). Brockhouse and colleagues (2011) and Cohen and Collens (2013) also noted that a strong sense of community and support from colleagues has been shown to buffer against negative effects of working with trauma. Although the research currently shows that vicarious posttraumatic growth occurs after trauma

treatment providers experienced vicarious trauma (Linley et al., 2005; Linley & Joseph, 2007), reports of participants in the current study of witnessing growth in clients is consistent with the vicarious posttraumatic growth literature in several codes. First, code 6.1 *Witnessing Growth* indicated that these participants witnessed their clients' growth and held it with them in an authentic and safe relationship, which impacted them to feel grateful and honored to share this process of healing. These participants stated that their experiences witnessing clients' growth have impacted their sense of optimism and belief in the power of this treatment modality. Also, participants' reports of feeling supported by their communities, agencies, and colleagues, as represented in code 2.2 *Professional Community and Identity*, also align with the vicarious posttraumatic growth literature, as this kind of support. Thus, it may be important for facilitators to become aware of the impact of their sense of community. Additionally, facilitators may find it helpful to identify growth-oriented experiences in order to foster a sense of optimism and excitement regarding their profession.

Social Justice

Childress (2007b) outlined recommendations regarding understanding the impact of social power and marginalization, and how these dynamics can manifest in yoga classes. Also, Childress discussed the importance of creating culturally inclusive learning environments and being aware of how yoga is perceived based on cultural messages students may hold. Childress encouraged yoga teachers and training programs to be accountable for their biases and opinions based on cultural differences and similarities. Several findings from the present study are consistent with this literature. In code 9.2

Social Justice, participants discussed the how they view facilitating TSY as an act of social justice. Additionally, participants expressed hope that the facilitator community itself can become more culturally inclusive with future training groups. The participants in the present study held similar perspectives suggesting that power dynamics can appear in yoga, and shared how they work to minimize them and reflect on potential issues related to power that may arise in the future. Thus, it is possible that TSY facilitators derive meaning from the social justice impact, and continued discussion related to power may help to impact positively their experience facilitating and their relationships with clients.

Mental Health

Ware (2007) discussed how yoga and psychotherapy are distinct and complementary, as the techniques and emphases differ, but the overall goals of increasing awareness, connection, behavioral change, and self-acceptance remain similar. Theme 4, *Impact of Mental Health Training*, is consistent with this discussion. This theme indicated that prior mental health training impacted facilitators regarding their level of respect for TSY clients. These participants also described an awareness of a shift in role responsibilities, as they did not report integrating the two treatment modalities.

Relatedly, Forbes, Akhtar, and Douglass (2011) voiced their perspective that yoga therapy and psychotherapy are both distinct in expertise and purpose, and also complement each other and share goals. Code 9.1 *Need for Training and Regulation* indicated that participants would like continued education regarding trauma and TSY. In addition, this code demonstrated participants' concerns over the regulation of their

profession as it grows in popularity. Further, code 2.4 *Systemic Resistance* demonstrated participants' negative experiences related to cultural attitudes about yoga and its place in the treatment of trauma. These results are consistent with Forbes and colleagues' (2011) perspective that there is a need for continued regulation and integration of mental health and yogic best practices. Thus, there may be a need for continued reflection and discussion related to integrative trauma care amongst facilitators and during their training program.

Overall, the results of the present study yielded many consistencies with the current research literature related across a number of domains. Although the participants expressed numerous concerns and cautions about future professional directions, emotional triggers, and boundaries, some inconsistencies were found related to the stressful effects of working with trauma as compared to psychotherapists who work with trauma. The current sample of participants largely felt positive and growth-oriented effects and the format of TSY varies significantly from traditional trauma treatment approaches. The present study also added unique findings to the small literature base on yoga teachers.

Implications

Implications for Research

As the TSY facilitator population is growing and it has important roles in the healing journeys of trauma survivors, attention should be given to facilitators' experiences and training. Several recommendations for future research areas will be discussed. First, although the literature on the impact of a personal history of trauma is

somewhat mixed within trauma psychotherapy research (e.g. Adams & Riggs, 2008; Jenkins & Baird, 2002; Pearlman & Mac Ian, 1995; Trippany et al., 2002), the majority of participants in the current study stated that they have personally experienced trauma. Nearly all of the participants discussed how this history positively impacted their ability to be empathic and compassionate with their clients due to knowing what it is like to experience trauma, as highlighted in code 5.2 *Empathy*. Researchers in the future may wish to examine the impact of having a personal trauma history on facilitating TSY more closely to understand if a personal history of trauma has other influences, or with a wider sample comparing participants with and without personal trauma histories.

Second, no systematic qualitative analysis known to this researcher has been conducted with yoga teachers of any yogic tradition or style, with the exception of Conboy and colleagues (2010) study on yoga teacher training. Therefore, it would be helpful for researchers to examine the potentially universal aspects of teaching yoga. Several participants in the current sample mentioned that they continued to teach yoga classes and they discussed how they experienced the differences in the two styles. However, they did not go into much depth about the impact of teaching yoga itself. As discussions of this nature were outside of the scope of the present study, this researcher did not inquire further regarding teaching yoga. Rather, these participants discussed how their training in TSY impacts their yoga teaching.

Third, Bell and Allain (2008) found that professional stereotyping has been shown to hinder professionals with differing credentials from effectively working together. Braye and Preston-Shoot (1995) suggested that negative professional stereotypes “may

arise from insecurity in one's own professionalism and contribution... role conflict and overlap, such that stereotypes are maintained to preserve self-image even in the face of contradictory evidence" (p. 151). Mandy, Milton, and Mandy (2004) found that varying professions create their own job culture and language, which can lead to each profession making judgments about each professional style and culture. Theme 1, *Attitudes and Experience of Yoga*, as well as code 8.4, *Personal Discomfort*, allude to TSY facilitators' judgments and opinions of yoga teachers without trauma training. Therefore, future researchers may wish to explore these attitudes of facilitators about yoga teachers more specifically to understand how these opinions develop or change over time, and potentially impact professional collaboration.

Fourth, the number of sites in which the current sample facilitated TSY varied considerably. Although the similarities in experiences supports the credibility of the results, future research may examine the impact of specific populations and sites, as there may be nuances for the delivery of TSY due to the specific characteristics of a population or needs of an agency that were not captured in this analysis. Additionally, further quantitative and qualitative studies may examine adherence to the TSY protocol and issues that arise while facilitating TSY. Because participants described a challenging learning curve, research that supports effective training may be helpful.

Fifth, the present study's sample did not include certified facilitators who reported integrating TSY into their practice of psychotherapy or mental health counseling. There may be facilitators who integrate principles or techniques of TSY into their practice with individual psychotherapy clients and Emerson (2015) has provided insights into

integrating TSY into therapeutic clinical practice. Thus, future researchers may want to investigate the experience of facilitators who integrate TSY into their psychotherapy practice in order to understand nuances or novel experiences about this group of facilitators. In a related vein, mental health professionals who work with TSY facilitators may have perceptions and experiences of the effectiveness of TSY with their clients. As noted in code 2.4 *Systemic Resistance*, some participants in the current study expressed that they have faced resistance and difficulty being accepted at treatment sites, the examination of mental health providers' perceptions of TSY and opinions of yoga may yield helpful information for both trauma treatments.

Implications for Practice, Training, and Supervision

The most appropriate audience for the outcomes of the present study are the TSY faculty, trainers, and supervisors at The Trauma Center, as well as the certificated facilitators and trainees. Thus, Table 2 lists a set of TSY Facilitator Best Practices that are directly informed by the results of these qualitative interviews. This list is broken down into two sections: Encouragements and Cautions. Each best practice item will be discussed separately.

Table 2

Trauma-Sensitive Yoga Facilitator Best Practices

Encouragements

1. Achieving a calm emotional state prior to facilitating, and after facilitating, will replenish your energy and maintain your connection with the self.
 2. TSY facilitators should identify populations and settings that represent a best fit for your skills and interests and are, therefore, most enriching.
 3. TSY facilitators should establish strong interpersonal boundaries so that facilitator-client relationships can be safe and supportive.
 4. TSY facilitators should work to decrease relational power dynamics through authentic interactions with clients in order to foster a safe space for healing.
 5. TSY facilitators are encouraged to practice interoception during and outside of your facilitation so that you can stay present in the room and more effectively meet your own self-care needs.
 6. Acknowledging growth moments for clients and identifying how this growth may impact you as a facilitator will allow you to appreciate the impact of TSY.
 7. Accepting that facilitating TSY will pose new challenges and opportunities for growth throughout your career path will support good professional choices.
 8. TSY facilitators who create community with other certified TSY facilitators and other types of clinicians or service providers can gain support and feel connected with the trauma treatment community.
 9. Recognizing and honoring the personal meaning of facilitating TSY can strengthen your authentic connection to caring for trauma survivors and foster a sense of professional identity.
 10. Creating a clear message about your TSY certification, training and supervision experience, and professional values will help you communicate who you are personally and professionally to potential clients and agency directors.
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(continued)

Cautions

1. TSY facilitators may feel emotionally triggered by working with clients, especially early on in their experience. It will be helpful to acknowledge that there may be some populations with whom you choose not to work based on your own history.
 2. Biases and judgments about community yoga as it is currently practiced and yoga teachers may develop from learning TSY, which may result in discomfort with community yoga classes.
 3. TSY facilitators may experience isolation from others due to being the only provider in their community or geographic region or feeling misunderstood by colleagues at agencies.
 4. Not all agency directors will understand TSY and its benefits, which may result in TSY facilitators experiencing negative views, frustration, or feeling stuck.
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Encouragement #1. TSY facilitators are encouraged to think about how they enter and close a session for themselves, before clients arrive. Also, it is suggested that TSY trainers emphasize the importance of these bookends for trainees and facilitators in supervision. Participants in the current study discussed the importance of achieving a calm emotional state prior to facilitating for both themselves and clients. They noted how being calm allows for others to attune to this emotional quality, and how being calm and neutral assists them in effectively handling situations that may arise during a session. Participants also described the importance of replenishing their energy after facilitating through some method, such as food or yoga forms, and maintaining their connection with themselves.

Encouragement #2. TSY trainers and facilitators are encouraged to engage in discussions about which populations are difficult and which are a good fit for them personally so as to minimize negative experiences and maximize opportunities for

connection and growth. Trainers are also encouraged to highlight how facilitators and trainees can specialize their services so that they do not feel obligated to be able to work with all populations. The results indicated that identifying difficult survivor populations is critical in order to prevent detrimental effects for facilitators. Also, the results showed that it is similarly important that facilitators identify populations that are most enriching so as to foster connection and positive effects.

Encouragement #3. It is recommended that TSY facilitators establish clear interpersonal boundaries with clients. Also, TSY trainers should engage in discussions with facilitators and trainees about how boundaries can help or hinder relationships, such as being too rigid or permeable, so as to assist their supervisees in establishing safe and strong boundaries. Participants expressed the importance of strong interpersonal boundaries in order to protect both themselves and clients. They discussed that boundaries help their relationships with clients to be safe and supportive so that clients can engage with themselves through interoception and heal from trauma.

Encouragement #4. It is recommended that TSY facilitators work to understand relational power and to equalize relational power dynamics through authentic interactions with clients in order to foster a safe space for healing. It is also recommended that TSY trainers educate trainees and facilitators on how power dynamics can occur within relationships and identify strategies for how to minimize them in the moment. The results of the present study demonstrated that participants believed in the importance of creating relationships with clients through authentic interactions. They noted that both interpersonal and systemic power dynamics can play out within relationships; thus, they

work to neutralize these dynamics as much as possible, which has been helpful as they establish and maintain relationships with clients.

Encouragement #5. TSY facilitators are encouraged to apply interoception while facilitating and in their personal lives. It is also suggested that TSY trainers help facilitators identify how to integrate interoception into their everyday lives in training. Participants discussed the impact of practicing interoception on their ability to facilitate TSY. They noted how practicing interoception helps them to stay present in the room while facilitating and also impacts their ability to effectively care for themselves outside of facilitating.

Encouragement #6. It is suggested that TSY facilitators acknowledge growth moments for clients and identify the personal impact that they experience from these moments. Trainers may also facilitate these discussions during supervision, as these moments appeared to impact hope, optimism, and enthusiasm, all of which can impact professional development and identity. The results indicated that participants witnessed clients' growth and reported positive personal reactions. They noted that witnessing their clients grow in their healing processes personally impacted them.

Encouragement #7. Facilitators are encouraged to accept that facilitating TSY will pose both new challenges and opportunities for growth throughout their career paths, and this acceptance will support good professional choices. It is suggested that TSY trainers engage in these discussions during supervision and encourage facilitators to rely on the principles of their training as new difficulties present themselves. Participants

discussed how they have grown in their understanding that new challenges will arise as they gain experience and confidence in facilitating TSY.

Encouragement #8. It is recommended that TSY facilitators create community and network with other certified facilitators and various clinicians so that they can gain support and validation, and feel connected with the trauma treatment community. TSY trainers are encouraged to mentor trainees and facilitators in connecting with other trauma professionals during training. Through this mentorship, TSY trainees may be able to gain insight into networking and navigating mental health communities due to trainers' previous experiences. Participants expressed the importance of community, both among TSY facilitators and with other trauma professionals.

Encouragement #9. TSY facilitators are encouraged to recognize and honor the personal meaning of facilitating TSY, as this process can authentically strengthen their connection to caring for trauma survivors and also foster a sense of professional identity. TSY trainers are also encouraged to support trainees and facilitators during training in identifying what this work means to them personally in order to foster professional development and enrich their professional identity. The results indicated that facilitating TSY was personally meaningful for all participants, although the nature of this meaning varied somewhat among participants.

Encouragement #10. TSY facilitators are encouraged to create a clear message about their TSY certification, training and supervision experience, and professional values. Thus, they will be better able to communicate personally and professionally to potential clients and agency directors and describe how their services integrate with other

trauma treatments. The results indicated that TSY facilitators encountered systemic resistance and uncertainty with other clinicians, agencies, and clients. By forming a clear statement of their profession, training, and intentions, they may better communicate what they are offering with mental health agencies, which will likely enhance clinicians' understanding of TSY and foster acceptance of this complementary treatment.

Caution #1. TSY facilitators may feel emotionally triggered by working with clients, especially early on in their experience. It will likely be helpful to acknowledge that there may be some populations with whom they limit or choose not to work based on their own history in order to protect themselves from being emotionally triggered while facilitating. Results from the present study indicated that some specific populations adversely impacted TSY facilitators and they chose to limit their professional contact with these group or chose to work with different populations. Participants in this study recognized their triggers and practiced compassion with themselves, as they noted that there are many other groups in need of this treatment.

Caution #2. While being trained in TSY, facilitators may develop biases and judgments about community yoga as it is currently practiced and yoga teachers, which may result in facilitators feeling discomfort with community yoga classes. The results of the present study indicated that TSY facilitators endorsed biases about community yoga teachers and studios. These biases should be reflected upon in order to understand the effects of these perspectives and the impact on their professional development and networking within the yoga and mental health communities.

Caution #3. TSY facilitators may experience isolation from others due to being the only provider in their community or geographic region or feeling misunderstood by colleagues at agencies. The results of the current study indicated that this experience of isolation impacted a number participants in a variety of ways, including feeling able to talk about the challenges that they face or feeling out-grouped from mental health agencies. TSY facilitators are cautioned to be attuned to the impact of isolation and how this disconnection may impact their personal and professional experiences.

Caution #4. Not all agency directors will understand TSY and its benefits, which may result in TSY facilitators experiencing negative views, frustration, or feeling stuck. Participants in the current study indicated that this resistance stemmed from individuals and agencies. By anticipating some of these issues, TSY facilitators may reduce the impact of these views and potentially protect themselves from taking these perspectives personally.

Implications for Counseling Psychology

The results of the current study are relevant to the field of counseling psychology due to the clear ties to the field's professional values. Counseling psychology utilizes a strength-based focus and a belief that individuals are growth-oriented (Division of Counseling Psychology, Committee on Definition [DCP], 1956; Ivey, 1979). Similarly, the results of this study indicated that TSY facilitators have similar beliefs that their clients have personal strengths and are whole individuals, and they utilize a non-pathologizing lens and believe that their clients can grow and change. Counseling psychology also holds strong values of social justice and multiculturalism on both

interpersonal and systemic levels (Ivey, 1979). The results of the present study also indicated that TSY facilitators share in these values and find connection through advocacy to their work with clients, and hope that the facilitator certification program can become more diverse and representative of the clients with whom they practice. Finally, one of the founding principles of counseling psychology is vocational development (Fretz, 1982; Ivey 1979). The participants in the present study indicated an alignment with their personal and professional values, which helped them to find personal meaning in their work. Due to these substantial connections between counseling psychology and TSY, psychologists are encouraged to be aware of how these overlapping values may serve to enhance collaboration and treatment outcomes between the two fields.

Strengths and Limitations

Several strengths and limitations should be considered in the current study. Limitations include the small sample size of 11 participants. On one hand, while this sample size is consistent with qualitative research methods (Patton, 2015) and provided rich data for analysis, understanding the experience of a greater number of TSY facilitators was not captured in this study. A mixed-methods design may have been able to capture a wider range of experiences for analysis. On the other hand, this sample captured a large portion of the TSY facilitator population. When the request for participation was sent to participants, the population of certified facilitators was 33 individuals. Thus, the current inquiry was able to analyze the experience of one third of the population at the time that the prescreening survey was sent.

Second, the methods of triangulation employed in the current study lend to its credibility and trustworthiness. The use of analyst triangulation is a strength, as it allowed for multiple perspectives to review and analyze the data (Patton, 2015). The use of a member check provided the participants an opportunity to review the data and give feedback. Together, these methods enhanced the quality of the results of the current study and ensured for biases to be minimized and potential misunderstandings to be corrected.

Third, although heterogenous sampling was used, several demographic characteristics, such as race/ethnicity and gender, were largely similar across participants. Most participants identified as White, female, heterosexual, and although social class was not measured, it can be inferred that many in the sample were middle to upper-middle class. However, as the data revealed, the population of TSY facilitators appears to be composed of mostly White, female, middle- to upper-middle class individuals. Although experiences of facilitating TSY were largely consistent among participants, greater diversity within the sample could have yielded unique information or gleaned new information from an area of cultural diversity that was not represented in this sample. In contrast, the sample was quite diverse with regard to age and length of experience in facilitating TSY. These two variables add to the strength of the current study by demonstrating how aspects of their experience are fairly consistent across age and may shift with more experience in the field. In the future, if a more diverse group of facilitators complete the TSY training, then future research may yield nuanced and variant lived experiences.

Fourth, the participants with mental health training in their personal history did not report integrating TSY and psychotherapy and described their training and credentials separately on the prescreening questionnaire. Although some TSY facilitators may integrate the two healing modalities to some extent, these facilitators' experiences are not represented in this study. Also, the kinds of mental health and psychology training was somewhat varied among this group. It is possible that if this group was examined in more depth and more diversity was included regarding degrees and fields of study, other themes and nuances may have emerged. Similarly, a large majority of participants in this sample reported a personal history of trauma. As this group variable was well-represented in the volunteers, it was difficult to balance the number of individuals with a trauma history with those who have not experienced trauma. However, as having a personal trauma history may increase the likelihood of negative effects of caring for other trauma survivors, this study shed light on aspects of how facilitators who are also survivors may likely struggle or demonstrate strengths.

Fifth, the issue of volunteer bias may also be another limitation of this study. It is possible that the participants who volunteered to be interviewed may experience more positive effects from facilitating TSY and are thus more enthusiastic about discussing their experiences. However, all participants discussed some form of struggle or challenge over the course of their time facilitating TSY. This balance in results adds to the strength of this study. Similarly, qualitative interviews are self-reports. Thus, their experiences may or may not be representative. However, as this was the first study to systematically

examine what facilitating TSY or yoga is like, these results suggest a rich avenue for further research and comparison.

Personal Reactions and Revisiting Personal Biases

While I conducted the present study, I had a number of reactions to interviews and the process of analyzing the data. I was impressed with the language that participants used to describe their experiences, as they used rich words and readily used examples to illustrate their points. I found myself able to relate to an extent to many participants' experiences, both due to my training in yoga and my experience working with individuals with complex trauma. I noticed this connection most when conducting interviews with participants who had both psychotherapy and TSY training. Additionally, I found myself having similar emotional reactions to the feelings that participants described when they encountered systemic resistance, client growth, and the need for patience and trust in their work. Further, I held a bias that TSY facilitators who had psychotherapy training would be different TSY facilitators because they would be more emotionally attuned to their students. While conducting interviews with this specific group of participants, I expected interviews to feel qualitatively different from interviews with participants without this training. I noticed that I found myself having a surprised reaction in the moment to the few number of results that I found in the data related to the impact of psychotherapy training. Lastly, I noticed myself feeling personally impacted by the opportunity to hear these participants' experiences.

My personal biases and my experiences conducting the current study likely impacted the current results in both enhancing and limiting ways. First, my training in

both yoga teaching and psychotherapy likely influenced me to believe that there would be meaning and impact from facilitating TSY. This bias grew from my personal experience in my practice of yoga and engagement in personal therapy. Thus, I directly asked about meaning and impact in the qualitative interviews and was attuned to these themes throughout interviews as they emerged in analysis. This bias likely enhanced the study in that personal meaning and impact was found in a number of areas of facilitators' experiences so that others can understand how they use themselves and are changed through this work. Also, I believed that TSY facilitators likely experienced personal and professional growth, commitment to their field and work, and grew in attunement to themselves. Additionally, my own belief in the value of TSY and psychotherapy likely impacted the number of positive versus negative effects found in the data. Thus, I was also keenly aware of these themes as they arose in interviews and while coding, which likely impacted how these codes surfaced in the results. The small number of negative effects found in the present study may therefore be limited by this bias.

Conclusions

Outcome studies have shown that TSY can have a profound impact on survivors of trauma (e.g. Mitchell et al., 2014; van der Kolk et al., 2014, West, 2012), and the present study has shown that facilitating TSY has a profound impact on the facilitators. The present study was the first of its kind to examine the lived experiences of TSY facilitators. First, participants expressed feeling passionate and committed to the TSY protocol and advancing this treatment modality by sharing their hopes for the future for the field. Second, participants described rich personal and professional experiences that

made it clear that they felt deeply connected and grateful for caring for trauma survivors in this way. Third, they expressed a commitment to sharing TSY with those who need it the most.

Although some of the results were consistent with the existing literature base on TSY and trauma treatment, the novel implications of this study are strongest for the TSY trainers and the facilitator community. As TSY grows in popularity and demand, it is critical to understand the experience of TSY facilitators because of the crucial role they play in clients' healing. The TSY Facilitator Best Practices presented here are intended to highlight actions that facilitators have found useful from their training and practical experience, and to help inform future training from facilitators' direct experiences. It is hoped that these points highlight which aspects of training are already emphasized, as well as demonstrate the impact that training and practical experiences have had on facilitators months and years after being certified. Additionally, it is hoped that these practices will help trainees and new facilitators to anticipate some challenges and opportunities, and also empower both trainers and supervisees to engage in continued discussions about their facilitation experiences so as to promote professional development.

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APPENDIX A
Recruitment Script

Dear Certified Trauma-Sensitive Yoga Teacher:

Please consider participating in my dissertation research and share your experience of teaching trauma-sensitive yoga.

My name is Evan Bodine. I am a fifth-year doctoral candidate in counseling psychology at Texas Woman's University (TWU). I am conducting research for the fulfillment of my dissertation that examines the experience of teaching trauma-sensitive yoga. You are eligible to participate in this study if you have completed the certificate program in trauma-sensitive yoga at The Trauma Center. This study has been approved by the TWU IRB (protocol #18626).

If you are interested in participating, please click on the internet link below; I ask that you respond to this request within 2 weeks of receipt. The link will allow you to access the Informed Consent letter and will ask that you fill out a demographic and pre-screening questionnaire, to ensure you fit the criteria for this study, which will take approximately 5 minutes to complete.

Participation in a pre-screening questionnaire does not guarantee an invitation for an interview. You may be asked to participate in a telephone or Skype interview regarding this experience. Participation requires a telephone interview that will be conducted and audio recorded by the primary researcher, Evan Bodine. The interview is expected to take around 45 minutes. There is a potential risk of loss of confidentiality in all email, downloading, and internet transactions. After you have completed an interview, I will email you a de-identified summary of the themes I gathered from the data. You will be asked to provide feedback on the accuracy and integrity of my findings. This will take approximately 20-30 minutes of your time and will be completed electronically. If you have any questions about the study or your eligibility, please feel free to email me at ebodine@twu.edu , or my dissertation chair, Dr. Jeff Harris, at jharris18@mail.twu.edu. To access the study, please click on the appropriate link below:

[Link to Psychdata Here]

Thank you,
Evan Bodine, M.A., CYT-200
Counseling Psychology Doctoral Candidate
Department of Philosophy and Psychology
Texas Woman's University
ebodine@twu.edu ebodine@twu.edu

APPENDIX B

Consent Form

TEXAS WOMAN'S UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

Title: The Lived Experience of Teaching Trauma-Sensitive Yoga

Primary Investigator:.....Evan Bodine, M. A. 770-xxx-xxxx
Chair:Jeff E. Harris, Ph. D. 940-898-2313

Explanation and Purpose of the Research

You are being asked to participate in a research study for the fulfillment of Ms. Bodine's doctoral dissertation at Texas Woman's University. The purpose of this research is to understand the lived experience of trauma-sensitive yoga teachers. You have been asked to participate in this study because you have completed the trauma-sensitive yoga certification program at The Trauma Center.

Description of Procedures

In the first stage of this study, you will be provided with a copy of this informed consent to research via a Psychdata website link. Should you continue to be interested in participating, you will fill out a pre-screening form. On this form, your email address, name, phone number or Skype name, and several pieces of information about yourself will be requested. You may or may not be selected for participation in an interview. If you are not selected for participation in this study, you will be thanked for your time and no further involvement will be required. However, if you would like a copy of the study summary, you may request this at any time. This summary will be delivered via email upon study completion. If you are selected, you will be contacted via email for an interview.

If you have been chosen for study participation, you will be asked to spend between 45 minutes to 75 minutes of your time in a recorded telephone or Skype interview with the primary investigator. The researcher will ask you questions about your experiences with teaching trauma-sensitive yoga; you will have received these interview questions ahead of time. You and the interviewer will choose a code name for use during the recorded interview before the start of the interview. In addition, you will be asked to use code names for all people you discuss during the interview. The interview will be audio recorded and then transcribed so that the researcher can be accurate when studying what you have said. In order to be a participant in this study, you must be at least 18 years of age or older and have completed the trauma-sensitive teaching certificate program at The Trauma Center.

Once the interview is complete, you will be sent a de-identified summary of themes found in the data to be reviewed to ensure accuracy and to give you the opportunity to respond to the initial findings. This will take approximately 20-30 minutes of your time and will be completed electronically.

Potential Risks

One risk in this study is loss of confidentiality. Confidentiality will be protected to the extent that is allowed by law. All email correspondence with identifying information will be stored in a password-protected database that will be deleted upon the study's completion. A code name, not your real name, will be used in the interviews. Should any names be inadvertently used in the interview, the researcher will change the names in the written transcripts. Material related to the study, including any identifiable information (name, email, and phone contact information), will be kept separate and stored in a password-protected electronic database. All interview recordings will be electronically stored in a secure and encrypted drive. Interview recordings and transcripts will only be read or listened to by the primary researcher. Tapes will be destroyed or erased at the conclusion of the transcription process. De-identified transcripts of interviews will be shredded within five years of the study's completion. You can choose an interview location of your preference; the interviewer will conduct the interview from a private office behind a closed door.

There is a potential loss of confidentiality when information is collected over the Internet. There is a potential risk of loss of confidentiality in all emails, downloading, and Internet transactions. All emails that contain your name or contact information will be deleted upon study completion. Information from your demographics questionnaire will be kept confidential through Psychdata.com, which stores information in a secure data facility. Psychdata.com employs several procedures to preserve data security including a 128-bit Secure Socket Layer data technology that encrypts both survey questions and participants' responses. Psychdata.com servers are stored in a secure data facility and are monitored by security personnel 24 hours per days and 7 days per week; all data files are backed up by Psychdata.com daily; and Psychdata.com incorporated security measures that disallow the viewing of previous pages by individuals who use a computer after a study participant. The researcher will be the only individual who have access to your personal information and transcript resulting from the interview.

Another risk in this study is the possibility of psychological or emotional harm. The researcher will ask you questions about your experiences of teaching trauma-sensitive yoga. You may find these questions emotionally overwhelming or somewhat uncomfortable to describe. However, as noted, you will have received the interview questions ahead of time so that you can choose what you are comfortable revealing. You may stop the interview at any time should you experience any psychological or emotional discomfort. You may choose which questions you wish to answer and decline to answer any questions that may cause you discomfort. The researcher will provide you with a list of resources in the event you experience any feelings of discomfort. Another possible risk in this study is fatigue. If you become tired or upset, you may take breaks as needed. You may also stop answering questions at any time and end the interview.

Because study questions will center on personal experiences, there is a risk of the invasion of privacy. However, participation is voluntary and you may stop the interview at any time, skip any questions that cause you discomfort, and leave the study at any time. Data will be de-identified and stored in a password-protected file. Identifiable data (name, email, and phone contact information) will be separated and stored in its own password-protected file. As noted, the researchers will provide you with a list of resources in the event you experience any feelings of discomfort.

There is a risk of loss of time. Participation in the study is voluntary. Interviews are expected to last between 45 and 75 minutes. You may choose to leave the study at any time for any reason.

The researchers will try to prevent any problem that could happen because of this research. You should let the researcher know at once if there is a problem and she will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Participation and Benefits

Your involvement in this study is completely voluntary and you may withdraw from the study at any time. Your involvement in this study may or may not be of direct benefit to you. However, your participation will help advance the research in the area of rumor, gossip, and the grapevine in counseling psychology doctoral programs. Another benefit to you is that at the completion of the study, a summary of the results will be emailed to you upon request.

Participation and Benefits

Your involvement in this study is completely voluntary and you may withdraw from the study at any time. Your participation will help advance the research in the areas of trauma-sensitive yoga and professional caring for those with complex traumatic histories. Another benefit to you is that at the completion of the study, a summary of the results will be emailed to you upon request.

Questions Regarding the Study

You may print out a copy of this informed consent form to keep. If you have any questions about the research study you should ask the researchers; their phone numbers are at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu. By clicking the "I agree" button below, you acknowledge that you have read this information and are giving your informed consent to participate in this study.

APPENDIX C

Pre-Screening Questionnaire

Pre-Screening Questionnaire

1. Name:
2. Preferred email address:
3. Age:
4. Gender:
5. Ethnicity:
6. Sexual Orientation:
7. Have you personally experienced a traumatic event?:
8. How many years have you been practicing yoga?
9. What kinds of yoga have you practiced? (e.g. hatha yoga, Iyengar yoga, etc.)
10. What yoga teaching certifications do you hold? Please specify 200- and/or 500-hour levels. (e.g. 200-hour certification in hatha yoga)
11. How long have you taught yoga?
12. How long have you taught trauma-sensitive yoga?
13. Please indicate the kinds of settings in which you have taught yoga (check all that apply):
 - Yoga studios
 - Health clubs/gyms
 - Private instruction
 - Corporations
 - Schools
 - Hospitals
 - Psychiatric hospitals
 - Outpatient clinics
 - Other: (please specify)
14. Please indicate the kinds of settings in which you have taught trauma-sensitive yoga (check all that apply):
 - Yoga studios
 - Health clubs/gyms

Private instruction
Corporations
Schools
Hospitals
Psychiatric hospitals
Outpatient clinics
Other: (please specify)

15. Please indicate the highest educational degree you have completed and field of study:
16. How do you identify yourself professionally?
17. How long have you been working at this profession?
18. If you are selected for this interview, would you prefer to be interviewed on the telephone or using Skype?
19. Please indicate your best contact phone number (if preferred):
20. Please indicate your best Skype identification name (if preferred):

APPENDIX D
Semi-Structured Interview

Semi-Structured Interview

Thank you for your participation in my study. I'd like to ask you some questions about your experience of teaching trauma-sensitive yoga. I am approaching this topic with respect and excitement, as I have training in teaching yoga, working in therapeutic settings with survivors of trauma, and have had 40 hours of training in trauma-sensitive yoga with The Trauma Center.

I will be asking you questions about your experience of teaching trauma-sensitive yoga. Remember, there are no right or wrong answers to the questions I will ask; instead, please share your personal experiences and thoughts on your experience. Also, please be as honest as possible.

In addition, as I ask about these issues, please refrain from using names of specific students or clients, just say "a student" or "a client," etc.

1. I know you have taught yoga and trauma-sensitive yoga. In your experience as a teacher, what differences have you noticed?
 - a. Describe any shifts you have felt from teaching yoga to teaching trauma-sensitive yoga.
 - b. What have been your thoughts associated with teaching trauma-sensitive yoga?
 - c. What have been your feelings associated with teaching trauma-sensitive yoga?
 - d. What have been your behaviors associated with teaching trauma-sensitive yoga?
2. How, if at all, does your professional training that is related to mental health impact teaching trauma-sensitive yoga?
3. How, if at all, does your personal trauma history impact teaching trauma-sensitive yoga?
4. What, if any, negative effects have occurred in your life since you began teaching trauma-sensitive yoga?
 - a. Have you experienced vicarious traumatic symptoms or burn out? If so, describe this experience of them.
 - b. What have been your subsequent thoughts associated with these experiences?
 - c. What have been your subsequent feelings associated with these experiences?
 - d. What have been your subsequent behaviors associated with these experiences?

- e. If at all, have these effects shifted over time?
 - f. How, if at all, has your self-care routine changed as a result of teaching TSY?
5. What, if any, positive effects have occurred in your life since you began teaching trauma-sensitive yoga?
- a. Have you experienced vicarious growth with clients on their journey? If so, describe this experience of them.
 - b. What have been your subsequent thoughts associated with these experiences?
 - c. What have been your subsequent feelings associated with these experiences?
 - d. What have been your subsequent behaviors associated with these experiences?
 - e. If at all, have these effects shifted over time?
6. What, if anything, do you do to prepare for working with clients?
- a. What, if anything, do you typically feel while you are teaching trauma-sensitive yoga?
 - b. What, if anything, do you typically do for yourself after teaching trauma-sensitive yoga?
7. What, if anything, does teaching trauma-sensitive yoga mean to you?
8. How, if at all, has teaching trauma-sensitive yoga impacted you personally?
- a. How, if at all, has your personal yoga practice been impacted? If so, please describe how.
 - b. How, if at all, has your non-yoga profession been impacted? If so, please describe how.

APPENDIX E

Referrals

List of Referral Resources

American Psychological Association (APA) Locator Service

<http://locator.apa.org/>

American Psychological Association (APA) Toll-Free Referral Number

1-800-964-2000

American Counseling Association Referrals

<http://www.counseling.org/Resources/CounselorDirectory/TP/Home/CT2.aspx>

Mental Health of America Referrals

<http://www.nmha.org/go/searchMHA>

Therapy Tribe (referral service)

<http://www.therapytribe.com/>

APPENDIX F

Concept Map

Move to Teach TSY	May have had personal or clinical encounters with trauma
	May have felt something in existing yoga practice or teaching was missing or did not feel complete
	No reason for teaching TSY
Positive Effects	May experience vicarious post traumatic growth, personal growth and awareness
	May increase sense of commitment to field
	May take more care of themselves
	No positive effects experienced
Negative Effects	May experience vicarious trauma, secondary traumatic stress symptoms, self-care issues, negative changes in worldview
	No negative effects experienced
Personal Life	May see trauma as more prevalent, treat people differently, treat self differently
	May experience changes in how they view and experience relationships
	Personal yoga practice may shift
	Sense of affecting change/being a part of change could increase
	No changes in personal life experienced
Inner Experiences	May feel emotions such as grief, sadness, hopelessness, happiness, fulfillment, fear, exhaustion, empowerment, nervous
	May think they are effective or ineffective, thoughts may be scattered or centered
	Thoughts and feelings may shift over time with practice and experience
	May want to ask students questions or may feel pulled or triggered by them, as well as have reactions to students' triggers
	No changes in inner experience

Concept map.