

REAWAKENING SEKHMET: THE EXPERIENCE OF AFRICAN AMERICAN WOMEN  
SURVIVORS OF CHILDHOOD SEXUAL ABUSE WITH KEMETIC YOGA PRACTICE

A dissertation presented to  
the faculty of Saybrook University  
in partial fulfillment of the requirements for the degree of  
Doctor of Philosophy (Ph.D.) in Clinical Psychology  
by

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## Abstract

### REAWAKENING SEKHMET: THE EXPERIENCE OF AFRICAN AMERICAN WOMEN SURVIVORS OF CHILDHOOD SEXUAL ABUSE WITH KEMETIC YOGA PRACTICE

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Saybrook University

It has been established that up to 60% of African American women may have experienced childhood sexual abuse (CSA; Liang et al., 2006). Existing literature has neither reconnoitered the traumatic effect of CSA on African American women nor provided effective culturally appropriate therapeutic interventions. The primary research question was: *What can be learned from the lived experiences of functioning African American women adult childhood sexual abuse (CSA) survivors and their use of culturally-informed Kemetic yoga?* The purpose of this study was to explore how and if aspects of Kemetic yoga, created over 12,000 years ago by Africans in Kemet (Egypt), could support healing in survivors.

Utilizing semi-structured interviews, eight well-educated, middle-class, women CSA survivors of African ancestry (six born in the United States; two currently living abroad; all resided in U.S. during childhood) with average age 36 years (range 23-46) participated in this study. Qualitative descriptive methodology was chosen for its ability to garner in-depth responses and conventional content analysis was used to analyze coded data. Four themes emerged and 13 related categories were identified. The first, Seeing One's Self Clearly: *self in*

*relation to other, resilient and adaptive self, positive views of self. Second, Experiencing Kemetic Yoga: cultural and/or spiritual attraction, attention and intention as practice benefits, challenges in practice, transpersonal experiences, experiencing strong memories and sensations, instructor as inspiration. Third, Cultural Congruencies with Kemetic Yoga: link to spirit and ancestors, empowerment and connection in cultural history, safety in community, cultural/spiritual congruency. Fourth, Kemetic Yoga as Part of the Recovery Process: healing as multi-faceted, recovery prior to Kemetic yoga, managing trauma, seeking healthier relationships, forgiveness. Two recommendations pertaining to Kemetic yoga for African American women CSA survivors emerged: (1) *discovering and becoming best self*, (2) *relationship to and management of trauma*. Anecdotal findings included Experiencing Abuse: *constellation of abuse, silence, perceived familial support, intergenerational abuse, and making sense of the abuse*.*

Study findings contribute to the relevancy of culturally-specific somato-natural practices; specifically, Kemetic yoga as a tool for self-healing and self-care for African American women survivors of CSA. Implications for future research and practice are discussed.

## Dedication

This research project is dedicated first to the Creator and the Ancestors. Thank for your consistent intuition, guidance, and protection. Thank you for reminding me of my capacity when I was in doubt, and keeping me perseverant and committed. Thank you for spiritually contracting me to my parents. To my family, I cannot aptly express how grateful I am for every decision that you made in rearing me. You laid the foundation for everything that I am. Where do I begin with gratitude for the beautiful journey that has been everything about my existence on this planet? I don't know. But, I know it is profound, and I feel it in my bones. Thank you to my parents, to my mother. You are inspiration. You are strength. You are Auset. Thank you to my father whose talks, encouragement, and support lit my path. You hold the weight of so much with flawlessness. I watch you with so much admiration. Thank you both for always allowing me to be fully me, for embracing my creativity, my quirky, my crazy, my annoying, my frustrating. You watered me, even when at my worst. I pray that I have made your proud. I love you so much. Thank you to my brother, Asa, who is truly my best friend. Thank you to my friends, particularly Scott, Amirah, my comrades, who were understanding of my chronic sleeplessness and business. Thank you for your support. I love you. Thank you to everyone who said I wasn't enough of something, "smart enough," "good enough," "skinny enough," to those who partook in experiences that I emerged scraped and bruised from. I am not damaged. I see the art in every scar, the learning that I needed to evolve me. Thank you for being catalysts in my evolution. To my past and future seeds, know you have, are and always will be the manifestation of love. This work is also dedicated to me, and is on honor of myself, and in honor of every Black woman who has survived and those who have not survived sexual violence, I see you. We will continue to heal ourselves, one another, our communities and nation. Nuk Pu nu khu ami khu

qeman kheperu em NTR hau. I am a shining being and a dweller in light who has been created and who came into existence from the limbs of NTR. Ase.



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## CHAPTER 1: INTRODUCTION

Childhood is a time often associated with joy, youth, and carefreeness. It is a time where we are full of imagination and curiosity, free of serious responsibility, protected from danger, and our innocence not yet tainted by the stark realities of the world. Many individuals experience the vast majority of their childhood in this manner, yet for others the experience is quite different. It is well known that the psychological impact of childhood sexual abuse can be staggering with ripple effects reaching far into adult years. The actual prevalence of childhood sexual abuse is unknown due to severe underreporting. However, the act of abuse is one of sexual violence irrespective of the perpetrator's intentions. Even by simply examining rape, a limited area of sexual violence and an occurrence more reported than *low-impact* behaviors (non-touching/non-penetrating), it is evident that sexual violence against females, initially as girls and then as women, is an endemic societal issue. The definition of rape for the purposes of this research will use that of the Bureau of Justice Statistics (BJS), as it is the same definition used by all statistic sources cited in this paper. The BJS (United States Bureau of Justice Statistics [U.S. BJS], 2014) defined rape as "forced sexual intercourse, including both psychological coercion as well as physical force. Forced sexual intercourse means vaginal, anal or oral penetration by the offender (s)." There are differing statistics regarding the actual number of women in the United States who have been raped, again due to underreporting, which is estimated to be 60-90 % (Rape Abuse and Incest National Network [RAIN], 2009). The National Intimate Partner and Sexual Violence Survey 2010 reported that in the United States approximately 20% of women (approximately 32,829,635) have been raped at some time in their lives (Center for Disease Control [CDC], 2010). More conservative estimates, like that of the BJS report denotes that 11%

of U.S women (approximately 18,056, 299) have been victims of attempted or completed rape. The White House Council on Women and Girls Report (2014) discovered that approximately 22% of African American women (approximately 4,802,993) have been raped within their lifetime, half of whom were raped before the age of 18. With such a staggeringly high rate of sexual violence against African American girls, which continues into adulthood, it may not be surprising why this particular area of research holds personal meaning.

Working in Sub-Saharan Africa with refugee survivors of sexual and gender based violence (SGBV), I was deeply affected by the stories I heard. I heard first-hand some of the experiences and profound effects of rape as a weapon, particularly against girls, narratives from the mouths of survivors of child marriage, child sex trafficking, forced incest, and the ways in which cultures demand of their women to remain silent about past histories of abuse. While working in resettlement, these are stories that we request of refugees to recount in order for them to meet eligibility requirements for services. I began to wonder about the harm and healing for these girls who would become women in the United States. More specifically, I recognized my personal connection with these girls and their stories. I am an African American woman and a survivor of childhood rape; so, I know very personally, the intimate details of how this experience has affected my relationship with myself, others, and the numerous intersecting ecologies in which I exist. This self-disclosure is meant to encourage my own self-awareness as I enter into this research a few years after first disclosing the rape to my family where the perpetrator was a family member. Many of the childhood defenses appeared for me related to a fear of my own sexuality: a distorted perception of myself particular in relation to my sexuality and a range from denial to dissociation. These nonetheless resulted in assertiveness through childhood into adulthood in sexual boundaries. It is a process from which I continue to learn.

Thus, I bring an awareness and consciousness of my personal experience with the act itself, remembering the violence, new negotiations of interpersonal relationships, and with resilience and healing. I carry it into this research not as extra weight or expertise but as insight and empathy.

My own process of healing has been ongoing. While I never engaged in therapy in the traditional sense, I found that through expression in writing, performing and sharing my story creatively, I began to feel less damaged, to see myself as resilient and to feel comfort in the camaraderie of other Black women who approached me with similar stories. Through expression in movement and stillness in yoga, I realized that I had disowned parts of my body and particular sexual energies, having dissociated from my sexuality and body. Through yoga I gained more body consciousness and also began to reclaim ownership of my body, to know it more intimately, and feel more connected to the parts of my body from which I had unintentionally disconnected. Having gained awareness of the bodily sensations or feelings of disgust and helplessness that arose when reminded of the transgression, through a newfound relationship with my body, I also learned to self-soothe. Such that for the last 10 years, the reminders no longer create the same sensations. I am no longer ashamed or afraid to speak my truth. This has indicated to me a readiness to engage with this work. It was this unintentional experiencing of reconnection to my body that piqued my curiosity as to how yogic ritual might be healing in different ways to other African American women survivors of childhood sexual abuse.

It is my intention, being African-centered in orientation, to engage this work with authenticity (Nobles, 2006). Authenticity in this work is two-fold. First, as an African American woman this requires that my “identity is grounded in a collective ethnic and cultural consciousness” and therefore requires that my ethnic and gender identity inform part of the

research (Piper-Mandy & Rowe, 2010, p.7). Secondly, as a survivor of childhood sexual violence, authenticity requires that I am transparent with readers, participants, and most importantly myself, so that I am consistently aware of how this identity may create bias and/or add insight. Addressing my own bias as a researcher means being attentive to particular personal beliefs I have about the meaning of being African American and how my understanding of my own identity affects working with other women who may have similar identities but may ascribe different meaning to that identity. It also means being attentive to my perceptions of the particular healing properties of yoga ritual, which are based in my own experience as a yoga practitioner, as well as attention to my personal understanding of the experience of childhood sexual abuse. With this awareness, I will utilize both internal and external resources. For example, I will question myself as to whether the research design, the designing of questions, collection of data, and analysis of data are being limited or conflated by my own experience in the aforementioned areas, as well as consistently calling upon my dissertation chair and committee to guide me in this area. Further, I approach this research as bidirectional informational exchange, in which through necessary self-observation, introspection and analysis of my own reactions, I will provide myself feedback regarding my own healing process. I will intentionally articulate recognized biases and invite critique by colleagues along the way, as well as actively listening to participants. This will allow me to enhance the honesty and fairness of the research.

It must also be noted that as an African-centered researcher, I choose to take multiple facets of knowledge construction into account aside from those deemed empirically valid only through the standard Western-centered process of hypothesis commitment, experimental design, peer review, adversarial review, reproduction of results, conference presentation and journal

publication (Goodwin, 2005). This particular social construction of knowledge favors knowledge individuality, reductionist approaches, male dominance, objectivity, the existence of nomothetic laws, and rational linear causation. While as a researcher I accept this as one manner in which knowledge is constructed and validated, I also intentionally examine its alternatives, in which knowledge is understood as the inheritance of our ancestors, through observation, and through resonance (Ani, 1994).

### **Purpose of the Study**

This study is an inquiry into the lived experiences of African American women survivors of childhood sexual abuse (CSA) experience who practice Kemetic yoga, an ancient Egyptian yogic practice. The reason for the utilization of a holistic modality of intervention for study is dual. One, there may be limits to *talk-therapy* especially within trauma work. According to Bessel Van der Kolk (as cited in Wylie, 2004) some individuals still do not understand what happened, were very young when the trauma occurred, or are still far from making sense of the occurrence orally: “Fundamentally, words can’t integrate the disorganized sensations and action patterns that form the core imprint of the trauma” (p. 34-35). Secondly, sexual trauma is inflicted upon the body, experienced by the body, and may be released through the body (Van der Kolk, 2014). Therefore, healing may also be found in a different approach which integrates many of survivors’ stuck physical actions and sensations, with the intention of bringing a sense of familiarity to their bodies (Van der Kolk, 1994). One possible therapeutic intervention that exists, which equally privileges the mind, body, and spirit and seeks to create a union among them, is the ancient practice of yoga. As it is a holistic practice, it may be a useful intervention due to addressing the multiple layers of residual trauma experienced as a result of CSA. This study seeks to lay the groundwork for the potential integration of practices of yoga in

psychotherapy and to develop yoga as a tool for self-healing and self-care for African American women survivors.

### **Significance of the Study**

As studies that examine the benefits of yoga proliferate, evidence has been found that a ritual yoga practice can serve individuals in multiple areas. Studies have shown that a ritual yoga practice has multiple physical benefits such as increased flexibility and strength, prevention of chronic pain and arthritis, increased proprioception, improved balance, improved cardiac, menstrual, musculoskeletal and pulmonary functioning (Woodyard, 2011). Studies have also shown that a ritual yoga practice can help to “achieve tranquility of the mind and create a sense of well-being, feelings of relaxation, improved self-confidence, improved efficiency, increased attentiveness, lowered irritability, and an optimistic outlook on life” (Woodyard, 2011, p.51). An extensive review of the existing yoga literature points to yoga’s capacity to address the psychosomatic, psychobiological responses to trauma by improving immune system functioning, optimizing sympathetic area responses to stress, decreasing depression, fatigue, anxiety, fear, aggressiveness and rage, and increasing pleasure through stimulation of pleasure centers in the median forebrain (Bussing, Michalsen, Khalsa, Telles, & Sherman, 2012; Woodyard, 2011).

The findings of this research may have the potential to benefit African American women survivors of CSA as many of the negative symptoms experienced by survivors such as depression, anxiety, high levels of stress, fatigue or insomnia, disconnection from one’s body, and even gynecological problems are those that can be affected positively by the healing properties found in yoga. While there are many schools of yoga, Kemetic yoga, a form of yoga practice rooted in ancient Egyptian ritual, may hold particular healing properties (Ashby, 2003). The general healing properties that yoga creates also may indirectly facilitate healing of

symptoms not amongst the categorical Diagnostic Statistical Manual (DSM-5) inventory of symptoms, such as difficulty in maintaining personal relationships, self-isolation, and low self-esteem, irrespective of whether or not survivors attribute symptomological development to the CSA (Hall & Hall, 2011) . These findings may also help individuals who are not part of this particular community of African American women CSA survivors to better understand the experience of these women, cultivating a stronger culture of empathy within and outside of numerous African American communities. It also seeks to recognize the diversity of African American experiences by taking into account what Dr. James Jackson referred to as RICE, which stands for R = Race, I= Immigration, C = Culture, and E = Ethnicity (as cited in Levin, 2012). These intersections will be crucial, particularly with respect to age, immigration, region, and socioeconomic status (SES) when considering the in-group heterogeneity that they inform.

By providing coherent constructed meaning to the diversity of African-American women's experiences, regardless of its outcomes, empirically based evidence may be added to the literature for body-oriented interventions, integrative psychotherapy, sexual violence and African American women's experience with sexual violence and trauma. Ultimately, the research seeks to provide a way to improve quality of life for survivors, and to create a means for survivors to lift themselves up from survivors to thrivers.

### **Research Questions**

This research will focus on African American women due to their unique historical relationship to sexual violence in order to provide more supportive research in working with a population that under accesses services, is under served, and in which a staggering number of women are survivors of sexual violence. More specifically, this study aims to explore the experience of African American women survivors of childhood sexual abuse with yoga. This



begets the primary research question: *What can be learned from the lived experiences of functioning African American women adult childhood sexual abuse (CSA) survivors and their use of culturally-informed Kemetic yoga?* Secondary questions are the following:

1. How will African American women CSA survivors describe themselves?
2. How will African American women describe their experiences of Kemetic yoga?
3. What, if any, relevancy was there for a culturally-informed yoga experience?
4. When considering their continued recovery and/or healing, what, if any, observations would they have about the use of Kemetic yoga?
5. What, if any, recommendations would they have for other African American women who survived CSA in the use of Kemetic yoga and why?

## CHAPTER 2: REVIEW OF THE LITERATURE

Ubuntu: I Am Because You Are (I may write because you have written)  
— African Proverb

This review of the literature was approached as *creative inquiry*. According to Montuori (2005), a creative inquiry “involves an active construction of knowledge by the reviewer” (p.376). It exists as a survey of the field but cannot be the entire field. Thus, the purpose of this review of the literature is to construct knowledge from diverse resources and spaces. How I decided what was essential and was not essential pulled me in to become an active part of the selection process and encouraged my own awareness as to choices of inclusion. It seeks to maintain a relationship between myself as active in and part of the process of review and recognizes the imprint I leave on this work. It is a challenge to the epistemological assumption that I am capable of engaging in this review without at once becoming part of, taking something from, and influencing this work. As follows, I have sought to move mindfully through the work to address why I have been motivated to undertake this research in particular with respect to my personal experience with childhood sexual violence, movement, yoga, healing and knowledge construction.

According to the World Health Organization (WHO) (2014), global figures indicate that approximately 35% (approximately 1,232,000,000) of the world’s population have experienced either intimate partner violence or non-partner sexual violence in their lifetime. This is just over one-third of reported cases. Approximately one in five women in the United States is a survivor of rape and one in 20 a survivor of another type of sexual violence, with underreporting remaining a consistent context (Center for Disease Control [CDC], 2012). In the general U.S. population, 20% of girls in the United States (approximately 3,819, 137) are survivors of childhood sexual abuse (Finkelhor, 2012), as compared to 60% of African-American girls

(approximately 2,985,333) who have experienced sexual assault by the age of 18 (Liang, Williams & Siegel, 2006). Considering such high rates of CSA, particularly among African-American girls, with physical, spiritual, psychological, social, and community effects, there may be a need to look for therapeutic processes that addresses an individual's multiple living ecologies. One such modality may be participation in a yoga ritual, particularly a culturally-informed practice. Dr. Rishi Vivikenanda (2005), a former practicing psychiatrist and long-time yogi, defined yoga as first and foremost

an ancient system of philosophy, lifestyle and techniques that evolves the whole person, the physical vitality, the mind and emotions, wisdom, ethics and a higher equality of relationships, and the realization of the spiritual reality of each of us. (p.11)

Because of its intricate use of the mind-body relationship, while not created with the intention of utilization as a psychotherapeutic intervention, yoga has qualities that may allow for its utility as a holistic body-oriented therapeutic process, considering its ability to “strengthen the developing dialogue between patient and psycho-therapist about what is being *experienced* and perceived,” using the body as both communication and exploration (Heller, 2012, p.1). The purpose of the review of the literature is thus to examine the prominent existing literature about CSA, specifically that which pertains to the experiences of African American women, to identify studies that support the multi-dimensional use of yoga as ritual of healing, beyond solely symptom reduction, and to identify the gaps that exists in the research connecting the healing properties of culturally-informed yoga as use in healing of African American women survivors of CSA.

## **Overview of Trauma**

According to Breslau and Kessler “nearly 80% of clients seen in community mental health clinics have experienced at least one incident of trauma during their lifetime, representing roughly five out of every six clients” (as cited in Jones & Cureton, 2014, p.257). This means the vast majority of individuals seeking mental health support or mandated to treatment have experienced some kind of trauma. Psychological trauma refers to a particular type of trauma to the individual that occurs as a result of a severely distressing event, in which one’s level of stress exceeds one's ability to cope or integrate the emotions involved with that experience and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being (Substance Abuse and Mental Health Services Administration [SAHMSA], 2014a). Approximately 40 years ago, in 1974, the concept of *traumatic stress* first appeared in mental health discourse. In the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), the standard classification of mental disorders used by mental health professionals in the United States, the diagnostic criteria for traumatic stress orders continues to change. The DSM-5, the latest version of the DSM. uses overlapping criteria for different traumatic stress disorders, making it difficult to select among level 2 cross-cutting measures. Therefore, it can be argued that use of solely the DSM-5 for diagnoses may be insufficient.

### **Type I and II Trauma**

Child psychiatrist, Dr. Lenore Terr (1991), was the first to differentiate between two different types of traumas experienced in childhood: Type I and Type II. According to Terr, Type I trauma refers to a single event, such as a car accident and Type II refers to prolonged exposure to repeated events, such as sexual abuse. Terr makes the differentiation due to the difference in symptomology, processing, and outcomes for the different types. Terr purported

that exposure to Type I trauma can result in “(1) full, detailed, etched-in memories, (2) ‘omens’ (retrospective reworkings, cognitive reappraisals, reasons, and turning points, and (3) misperceptions and mistimings” (p.14). Persons who experience Type I trauma can recall vivid details and generally recount both in observation and experience the chronological order of events. They also try to make sense of the reason for the event. At times their behaviors and physical response reenact the emergency responses, and these behavioral enactments can potentially become personality traits. Type II disorders hail from repeated and long standing exposure. While the first event may create surprise, subsequent events create anticipation. For Terr, the defense and coping mechanisms utilized in Type II trauma are “massive denial, repression, dissociation, self-anesthesia, self-hypnosis, identification with the aggressor and aggression turned against self” (p.16). These create emotions of numbness, rage, and unremitting sadness and can also lead to character changes. While there are no distinguished differences in the interventions for Type I and Type II trauma, Terr asserted that Type II trauma may involve a longer treatment process due to the complexity of symptoms.

### **DSM and Trauma**

The wider concern around the use of the DSM is that its basis is in a rigid, over pathologizing medical model unreflective of multiple world views or perspectives (Conrad & Slodden, 2013). For example, R. Johnson (1993), an African-oriented psychologist, also linked trauma to *nosology* developed within the African-centered approach, not included in the DSM-5, such as *racial encounter distress disorder*. R. Johnson believed that such a disorder should be diagnosed when particular encounters were race-based and when the individual experienced at least three of the following criteria:

- 1) a verbal or physical incident as racially or ethnically intimidating or distressing;
- 2) an internal re-experiencing of trauma;

- 3) linking of the trauma to previous racial experiences;
- 4) understanding that the incident was not linked to crime or behavior;
- 5) experiencing excessive anticipatory anxiety associated with contact with individuals belonging to a similar race as the perpetrator ;
- 6) experiencing a decline in functioning as a result of the experience. (as cited in Azibo, 2014)

Further, there are multiple diagnoses not present in the DSM that represent alternative constructions of trauma. These include cultural trauma, complex trauma, race-based traumatic stress, and something that Dana (1998) called “mentacidal falling out: a sudden collapse into semiconsciousness, with or without warning, but with immobility accompanied by understanding and inability to see...generally, an unrecognized and untreated reaction to [Eurasian supremacy]” (Dana, 1998, p. 105). These also include *nepenthe defense mechanism disorder*, psychological dissemblance, and intergenerational trauma (Azibo, 2014). Such restructuring serves to expand a more restrictive view of trauma where race/ethnicity may serve as an affective factor to how trauma is experienced. Even within the DSM, multiple diagnoses are designated as traumatic stress disorders including reactive attachment disorder, dissociative disorders, disinhibited social engagement disorder, acute stress disorder, persistent complex bereavement disorder, adjustment disorders and the most well-known posttraumatic stress disorder (PTSD) (American Psychiatric Association, 2013).

### **Posttraumatic Stress Disorder**

Amongst trauma theorists, there tends to be agreement that aside from dissociative identity disorder, posttraumatic stress disorder (PTSD) has been the most controversial with respect to prevalence, boundaries, symptomatological profile, central assumptions, and clinical utility (Brewin, Lanius, Novac, Schnyder, & Galea, 2009). The history of the PTSD as a diagnostic condition began with studies of white male soldiers’ reactions to combat in World War I (WWI) in the 1910s. Following WWI, investigations around traumatic stress proliferated

due to the economic and political drive for rehabilitating soldiers for redeployment, and a slow realization that what was believed to be physical injury to the brain by *shell shock* was actually a form of psychological trauma (Van der Kolk, 2007). After a short lull during the Vietnam War, research again was pulled to this area. At the same time due to the Women's Movement in the 1960s and 70s, sexual violence and domestic violence and the psychological consequences for women and children made its way into mental health discourse (Herman, 1992).

The examination of traumatic responses due to combat and resultant *battle fatigue* evolved into DSM criteria of post-traumatic stress disorder (PTSD) in the DSM-II (ICD-8) (Jones & Cureton, 2014). Research in both combat and interpersonal violence led to the DSM-III classification of trauma as an event existing “outside the range of usual human experience” such as those occurring in war, however did not include overwhelming stressors which can occur in everyday life (American Psychiatric Association, 1980, p. 236).

The criteria for PTSD diagnoses have continued to evolve, with the DSM-IV and DSM-IV TR expanding the definition of trauma to a more inclusive one, which in effect have increased trauma diagnoses by 59% (American Psychiatric Association, 1994; Breslau & Kessler, 2001). In the DSM-IV, PTSD was expanded to include a history of exposure to a traumatic event and symptoms from each of three symptom clusters: intrusive recollections, avoidant/numbing symptoms, and hyper-arousal symptoms. A fifth criterion concerned duration of symptoms, and a sixth criterion stipulated that PTSD symptoms must cause significant distress or functional impairment. It became a three-factor model diagnosis requiring the presence of at minimum six of 17 symptoms in three core clusters. It required

that following a traumatic event, which induced fear, helplessness or horror, a survivor must experience at least one symptom of persistent re-experiencing (criterion B), three symptoms of avoidance or emotional numbing (criterion C), and two indicators of

increased arousal (criterion D), all of which must persist for at least 1 month. (Jones & Cureton, 2014, p. 259)

A clinician could decide if the condition was acute, chronic, and/or with delayed onset. In the DSM-5, PTSD now serves as part of a new category of diagnoses: trauma and stressor-related and dissociative disorders (TSRD). Within the new category, the definition of trauma is more explicit, on a continuum, and the symptomatic profile was expanded from a three to four-factor structure. According to Jones & Cureton (2014), “subjective responses following a traumatic event are no longer required, and a separate preschool diagnosis for children 6 years old and younger is now available” (p.261). It should be noted that despite its continued development, criteria for PTSD diagnoses are by no means exhaustive as they are reflective of a constrictive categorical model, which does not capture the intricacy nor complexity of diverse traumatic experiences.

### **Complex Trauma**

Complex trauma or developmental trauma is a diagnostic category that seeks to expand upon that of PTSD that, despite the efforts of Van der Kolk et al. (2009) to have included in the DSM-5, was not chosen for inclusion. The term complex trauma, according to National Child Traumatic Stress Network [NCTSN], 2003) “describes the dual problem of children’s exposure to traumatic events and the impact of this exposure on immediate and long-term outcomes” (p.5). With respect to complex traumatic exposure, these events often happen within the caregiving system, in which child mistreatment (neglect, sexual, physical or emotional abuse or the witnessing of any such abuse or violence) occurs. The clinical symptomology can endure into adulthood and surpass the scope of a PTSD diagnosis due to (a) developmental, (b) progressive, (c) strength based, and (d) resilient contexts that children require (Bremness & Polzin, 2014). The sequelae include:



- (a) self-regulatory, attachment, anxiety, and affective disorders in infancy, and childhood;
- (b) addictions, aggression, social helplessness, and eating disorders;
- (c) dissociative, somataform, cardiovascular, metabolic, and immunological disorders;
- (d) sexual disorders in adolescence and adulthood; and (e) revictimization.

(NCTSN, 2003, p. 5)

The cycle is circuitous in which the symptoms that occur as a result of the child's experience, result in "emotional dysregulation, loss of a safe base, loss of direction, and inability to detect or respond to danger cues, [and] often lead to subsequent trauma exposure (e.g., physical and sexual abuse, or community violence)" (NCTSN, 2003, p.5). For example, a child who has been consistently sexually abused by a family member, and living in an area with chronic community violence, may not be equipped with the emotional resources to make sense of the act due to his or her particular level of development and may have trouble regulating his or her emotions. This may also result in the child's inability to detect when or where there is danger due to the disorienting affects and difficulty making sense of the indiscretion. The child may then inadvertently place him or herself in greater danger within his or her physical environment by (1) not being able to accurately gauge when a dangerous situation arises or (2) not being capable of responding emotionally in a way that matches the situation. The child has then placed him or herself in another dangerous situation in which she or she may be harmed, develop trauma symptoms, and repeat the cycle.

### **Neurobiology of Trauma**

Trauma exposure has particular neurobiological consequences for the individual as well. In a study conducted by Bremner et al. (2003), women with early childhood sexual abuse-related PTSD and women without abuse or PTSD underwent positron emission tomographic (PET)

measurement of the flow of cerebral blood under controlled condition and during retrieval of neutral and emotionally valenced word pairs. According to Bremner et al.:

during retrieval of emotionally valenced word pairs, PTSD patients showed greater decreases in blood flow in an extensive area, which included orbitofrontal cortex, anterior cingulate, and medial prefrontal cortex (Brodmann's areas 25, 32, 9), left hippocampus, and fusiform gyrus/inferior temporal gyrus, with increased activation in posterior cingulate, left inferior parietal cortex, left middle frontal gyrus, and visual association and motor cortex. (p.879)

Neutral words did not affect patterns of brain activation. This study's findings are therefore consistent with dysfunction of specific brain areas involved in memory and emotion in PTSD. The particular brain regions found to be affected by trauma in this study of declarative memory are consistent with findings from prior imaging studies in PTSD, which used trauma-specific stimuli "to provoke symptoms, adding further supportive evidence for a dysfunctional network of brain areas involved in memory, including hippocampus, medial prefrontal cortex, and cingulate, in PTSD" (Bremner et al., 2003, p.879).

The neurobiological components that make up trauma reactions or PTSD reactions are complex, and many areas are still somewhat unclear to researchers due to "differences in the severity and timing of psychological trauma, the patterns of signs/symptoms, comorbid conditions, personality, and genetic makeup" (Sherin & Nimroff, 2011, p.268). However, a somewhat simplistic summary recognizes neuroendocrine, neurochemical, and neuroanatomic changes. Though there is disagreement in the literature around core endocrine features of PTSD, what is known is that there is an increased level of corticotrophin releasing hormone (CRH), which blunts adrenocorticotrophic hormone (ACTH) response to CRH stimulation and promotes hippocampal atrophy, a form of brain damage that impacts both spatial navigation and memory. A trauma reaction can also affect the hypothalamic-pituitary-thyroid axis, during which T3:T4 ratio becomes abnormal resulting in increased anxiety, Trauma causes reduced volume and

activity in the hippocampus, altering the stress response, causes increased activity in the amygdala, resulting in hypervigilance and impairing discrimination threat (Arborelius, Owens, Plotsky, & Nemeroff, 1999; Pavcovich & Valentino, 1997). Changes in the cortex resulting from trauma, mainly the reduction of volume in the prefrontal lobe and anterior cingulate volume, dysregulates executive functions and impairs the extinction of fear responses (Corbo, Clement, Armony, Pruessner, & Brunei, 2005). Therefore, it is within the body that the natural physical response to trauma creates high levels of stress and anxiety, which override one's normal management of particular stimuli and can create conditions in which one's natural physical means of managing this stress becomes permanently impaired and have far reaching damaging consequences for other neurological activities.

Dr. Peter Levine has been working in the field of trauma for almost 50 years and is one of the leaders in Western mind-body medicine. Levine (2010) discussed the neurobiology connection to somatic experiencing as our bodies have natural default hierarchies, which is a return to our more primal functioning, bottom-up processing. He suggested that polarities of immobility and hyperarousal, which have very distinct neurobiological components, thus become organismic responses to individual perception, without discrimination by the human body as to the actual source or severity of the threat. The threat in turn becomes internalized by both muscles and viscera, and sympathetic hyperarousal becomes visible in tightening of muscles in front of neck, stiffened posture, jumpiness, increased heart rate (observable in front of the neck), pupil dilation, and sweating. A *shut down* is marked by physiological changes in slowing of heart rate, pupil constriction, slumping, spaced out look in the eyes. These neurobiological, physiological and neuro-chemical changes may also appear in the survivors of sexual trauma. In a 23 year-long longitudinal study of three generations of intrafamilially sexually abused females,

Trickett, Noll, and Putnam (2011) found that childhood sexual abuse can be a causal factor in acute physiological and psychological stress responses. The researchers used an original sample between the ages of 6-16, 46% of whom were African American. The other samples consisted of female caregivers and offspring of the original sample. Using a developmental model of abuse, the researchers found that survivors showed detrimental sequelae across multiple psychological domains, particularly however with respect to neurobiological and biological responses. The study found asymmetrical stress responses in the form of arousal in the autonomic nervous system via indicators such as heart rate and vagal influences as well as some of the first evidence in reduced cortisol responses and breakdown of the hypothalamic-pituitary-adrenal (HPA) system for CSA survivors. Of the participants, 75% became obese, as compared to the CDC population trend of 50% (Trickett, Noll & Putnam, 2011). This could be attributed to both lifestyle trends assumed by survivors due to psychological responses to abuse (low self-esteem, poor body image etc.); however, the authors also suggested its possible linkage to “concentrations of cortisol in the formative years of adipose tissue development that is largely responsible for abdominal fat in females” (Trickett, Noll & Putnam, 2011, p. 16). The researchers also found that the average participant experienced early pubertal maturation on average, abused females reached “Tanner breast Stage 2 at 7.5 months earlier [ $p = .009$ ] and Tanner pubic hair Stage 2 at 6 months earlier [ $p = .01$ ] than comparisons” (p.17).

Trickett, Noll, and Putnam have noted that early puberty can often be associated with negative psychosocial outcomes such as increased BMI and adolescent pregnancy, as well as its potential linkage to sexual abuse, which can trigger biological mechanisms that accelerate puberty. Therefore, sexual trauma, particularly childhood sexual abuse, may have extremely averse but perhaps undetected effects in women survivors.

### **Adult Women Survivors of Childhood Sexual Abuse**

According to NCTSN (2009), CSA is any interaction between a child and an adult (or another child) in which the child is used for the sexual stimulation of the perpetrator or an observer. Sexual abuse can include both touching and non-touching behaviors. Touching behaviors may involve touching of the vagina, penis, breasts or buttocks, oral-genital contact, or sexual intercourse. Non-touching behaviors can include voyeurism (trying to look at a child's naked body), exhibitionism, or exposing the child to pornography. Those who abuse children often do not use physical force, but may use play, deception, threats, or other forms of coercion to engage children and maintain their silence. Additionally, they frequently utilize grooming, persuasive, and manipulative tactics to keep the child engaged.

According to the U.S. Department of Health and Human Services' report "Child Maltreatment 2012", 62,939 cases of child sexual abuse were reported the previous year. The same report stated that of those children sexually abused, 26% were in the age group of 12–14 years and 34% were younger than nine years. With respect to age, 82% of reported child sexual assaults were on girls in 2000 (BJS, 2000) with African American children having the highest rates of CSA (Finkelhor & Dzuiba-Leatherman, 1994; Hanson et al., 2002). According to Sedlak et al. (2010), African American children are twice as likely to be childhood sexual abuse survivors as Caucasian children, and Latino children have a slightly greater risk than Caucasian (non-Latino) children. Studies by Amodeo, Griffin, Fassler, Clay, and Ellis (2006) have discovered similar findings with African American women being 1.75 times more likely to be survivors of CSA than their Caucasian counterparts.

In general, statistical accuracy regarding the prevalence of CSA may be compromised by conceptual ambiguity around the definition of CSA, methodological variation in data, and high

rate of *below the surface data* (undisclosed or unreported CSA) (Martin & Silverstone, 2013). Some reports of childhood sexual abuse, for example, only include abuse by adults or abuse involving rape or contact. Utilized methodologies range from nationally based incident studies to retrospective prevalence studies. Such varying methodologies can yield very different results. For example, a review by Bolen and Scannapieco (1999) found prevalence rates for CSA in women between two and 45%. Yet another meta-analysis that controlled for variance by Bolen and Scannapieco (1999) found that of 22 American-based studies, 30-40% of all girls experienced sexual abuse during childhood. Roland (as cited in Long, Burnett, & Thomas, 2006) found that 28% to 30% of girls age 18 and under in the United States were victims of sexual abuse. Non-touching and touching non-penetrative actions (low-impact behaviors) in CSA have an extremely high rate of underreporting, meaning the number of individuals who have been sexually abused in their childhood is actually much greater (Martin & Silverstone, 2013). Touching behaviors, attempted penetration, and penetration are considered *high-impact behaviors* as they are most likely to have long-term outcomes (Martin & Silverstone, 2013).

With respect to neurobiological findings, recent studies suggest that sexual abuse before age 18 is associated with increased pituitary reactivity to stress and reduced hippocampal volume, culminating in a biological vulnerability to psychopathology (Heim et al, 2000; Teicher, Tomoda, & Andersen, 2006). Most post-CSA data come from retrospective studies among adult women. These studies demonstrate that sexual abuse is associated with differences in 24-hour urinary cortisol excretion (Lemieux & Coe, 1995), catecholamines (Friedman, Jalowiec, McHugh, Wang, & McDonagh, 2007), changes in autonomic activity and adrenocorticotrophic hormone responses to laboratory stress (Heim et al., 2000), as well as deficits in size and function of the hippocampus and other neurological areas (Bremner, 2006). It can be deducted

that given the known neurological effects of trauma, and specifically childhood sexual abuse, that biological changes occur that not only hamper multiple areas of cognitive functioning but actually predispose individuals to a wider breadth of mental health disorders. Survivors of childhood sexual abuse are more likely to experience the abuse as trauma and are at high risk of posttraumatic stress disorder (PTSD). Survivors are also more likely to suffer from depression, suicide, and other mental health problems. In one study by Saunders, Kilpatrick, Hanson, Resnick, and Walker (1999), the rate of lifetime depression among childhood rape survivors was 52% compared to 27% among non-victims. A separate investigation showed that childhood sexual abuse was associated with an increased risk for suicide attempts (Stratham et al., 1998). While the focus of this review of the literature is on girls and women, it is important to note that boys are also survivors. According to Roland, 12 to 18% of men were survivors of childhood sexual abuse (as cited in Long et al., 2006). A meta-analysis by Bolen and Scannapieco (1999) found that 13% of boys are survivors. It is important to note that, in general, men experience similar neurological and psychological effects of CSA, with added effects based on societal expectations for *manhood*. These can include physically and sexually feeling the need to prove manhood, confusion over sexual identity, homophobia, fear of becoming gay, and loss of power and confidence in relation to manhood (Dube et al., 2005). Boys and men are even less likely than girls or women to disclose sexual abuse for reasons related to notions of masculinity, men's socialization to label all experiences as sexually desirable or conversely the association of the abuse with homosexuality, and stigma related to the abuse (Bullock & Beckon, 2011).

Multiple studies find either an indirect or direct relationship between CSA and coping strategies as well as CSA and revictimization in either childhood or adulthood. Galaif, Stein, Newcomb, and Bernstein (2001) and Wonderlich et al. (2000) found that there is a direct

relationship between CSA and negative coping strategies, resulting in alcohol use and eating disorders later in life. In a meta-analysis of 14 studies, Noll, Shenk, and Putnam (2009) discovered a direct relationship between CSA and risk for adolescent pregnancy, attributed to either (a) similar risk factors of CSA and adolescent pregnancy or (b) the role of CSA in distorting a child's comprehension of appropriate sexual behavior or (c) increased risky behaviors as a result of physiological stress reactions. In addition to adolescent pregnancy, risky sexual behaviors could play into later revictimization of CSA survivors. Nelson, Lynskey, Heath, Madden, and Martin (2010) undertook a study with Australian twins, finding that there existed elevated rates of rape after the age of 18 in CSA survivors. Messman-Moore and Long (2003) found that increased risky behaviors left women more susceptible to situations in which they could be revictimized. Survivors, therefore, are not to blame for risky behaviors which result in revictimization; rather, it should be understood that risky behavior engaged in later in life by survivors can be a result of the initial victimization.

The particular responses to sexual trauma for women who are survivors of CSA have commonalities with the general traumatic response, or one that is held within the categorical confines of PTSD. In *Sexual Abuse and the Problem of Embodiment*, Young (1992) explored the formation of personal identity, embodiment, and psychological integrity as being areas of affectivity for adult survivors of CSA. Young found that the abuse changes how children sense existing in their own bodies and the world and that this continues into adulthood. Young also recognized patterns in CSA of individuals with dissociative symptoms, multiple personality disorder, eating disorders, somatization disorder, self-mutilation, suicide, and suicide attempts, especially as related to embodiment. As dissociation by the mid-1990s had become a clear indicator of trauma, sexual trauma in childhood became a visible link between abuse and



dissociation. Dissociated experiences are “those not integrated into the usual sense of self, resulting in discontinuities in conscious awareness” (International Society for the Study of Trauma and Dissociation [ISSTD], 2004). This can happen in the form of depersonalization (not being in one’s body), derealization (sense of world not being real), amnesia (poor memory recall of particular situation not due to forgetfulness), identity confusion (sense of confusion about who a person is), and identity alteration (sense of being different from another part of one’s self). Dissociation also can result in a person feeling as if feelings are coming from nowhere, taken over by an emotion, engaging in behavior uncharacteristic of themselves, or feeling like a passenger in their body.

Zlotnick et al. (1996) examined the relationship between specific characteristics of sexual abuse and dissociative experiences in adulthood. Fifty-six female inpatients with a history of dissociative experiences and who reported physical and severe sexual abuse took part in this research, which found that a higher number of abusers related to higher levels of dissociation. In a similar study by Anderson, Yassenik, and Ross (1993), research was undertaken with 51 women CSA survivors using the Dissociative Experiences Scale (DES) and the Dissociative Disorders Interview Schedule (DDIS) to find that 88.2% of the women had some form of dissociative disorder, while 54.9% had a diagnosis of multiple personality disorder (MPD). Anderson et al. (1993) also found high rates of depression, substance abuse, borderline personality features, and suicide attempts. Such studies do not prove that CSA is causative of particular symptomology, but does draw distinct linkages.

In 2016, childhood sexual abuse continues to be correlated with “higher levels of guilt, depression, shame, eating disorders, denial, somatic reactions, anxiety, self-blame, dissociative patterns, repression, intimacy problems, and marital or relationship dissatisfaction” (Hall & Hall,

2011, p.2). What is missing from the numerous outcome studies that examine the effects of CSA on adulthood is adequate representation of African American women in such studies, such that conclusions might be drawn about possible similarities or differences in experience of this particular demographic. Little is known outside of positive maternal attachment existing as a protective factor against problems in intimate relationships and that sexual trauma in childhood negatively affects marital satisfaction and influences parent-child interactions (Miller-Clayton, 2010; Liang et al., 2006). Therefore, the remaining portion of this review will focus specifically on African American women.

### **CSA in African American Women and Relation to Sexual Trauma**

While it has been established that up to 60% of African American women (approximately 13,099,072) may have experienced some kind of childhood sexual abuse (Liang et al., 2006), what is not known is for how many of these women the abuse resulted in trauma related symptoms. Despite extensive documentation of the association between childhood sexual abuse (CSA) and negative psychological and physiological sequelae in adulthood, research on the predictors and mechanisms of that association is limited.

First, studies have been conducted primarily with clinical or college samples of European American women (Siegel, Sorenson, Golding, Burnam, & Stein, 1987) or without reporting the participants' ethnic background (Mennen, 1995). The absence of studies of community samples of women from diverse ethnic backgrounds limits understanding of how sociocultural factors may exacerbate or protect CSA victims from negative outcomes (Glover et al., 2010, p.252). In order to truly understand childhood sexual abuse in the lives of African American women, it is important to look at how the intersectionality of oppression in this special population of women can give rise to particular forms of violence. Black feminist writer, Patricia Collins (2000),

argued that cultural patterns of oppression are not only interrelated but are bound together and influenced by the intersectional systems of society, such as race, gender, class, and ethnicity (p. 42). Collins referred to this as *interlocking oppression* in which each system requires the others to function. As African American women living with racism, sexism, and classism as interlocked oppressive forces, sexual violence becomes too inextricably interconnected with other forms of oppression. The paradigmatic shift that occurs from reconceptualization of these multiple forms of oppression as an umbrella of domination thus requires that although distinct in its characteristics, that CSA be understood both as a unique gestalt and a piece of the larger oppressive gestalt.

The Adverse Childhood Experiences (ACE) study represents one of the studies identifying multiple adverse experiences that form part of the interlocking oppression milieu beginning in childhood. It is one of the largest studies of the relationship between treatment in childhood and health and quality of life outcomes in adulthood. A collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego, the study took place from 1995 to 1997. In the ACE study, over 17,000 health maintenance organization (HMO) members provided detailed information about their experiences of maltreatment in childhood. The findings of the study were that adverse child experiences were common with 2/3 of individuals reporting at least one incident, and 1/5 reporting three or more, all of which are linked to poor health outcomes. Men experienced consistently lower levels of ACE; however, for the purposes of this review of the literature, those particularly pertaining to women will be examined and are visible in Table 1 (Information from CDC. Notably, 13.1% of the women experienced emotional abuse, 27% experienced physical

Table 1

*Adverse Childhood Experience in San Diego Study*

Type of Abuse	% of women abused
Emotional abuse	13.1%
Physical abuse	27%
Sexual abuse	24.7%
Violence by mother	13.7%
Household substance abuse	29.5%
Household mental illness	23.3%
Parental separation/ divorce	24.5%
Emotional neglect	16.7%
Physical neglect	9.2%
Incarcerated family member	5.2%

Note. Statistics retrieved from CDC (2014c )

abuse, 24.7% experienced sexual abuse, 13.7% were treated violently by their mothers, 29.5% experienced household substance abuse, 23.3% experienced household mental illness, 24.5% percent experienced parental separation or divorce, 16.7% experienced emotional neglect, 9.2% physical neglect, and 5.2% had an incarcerated household member; all during childhood (CDC, 2014). Therefore, while nearly a quarter of women reported experiences with sexual abuse in childhood, already quite a high percentage (24.7%), it was also possible (up to 20% possibility) that the same women also experienced two to three other adverse childhood experiences as well.

Limitations of the ACE study include the framing of sexual violence-specific questions in such a way that they did not adequately encapsulate all aspects of *grooming*. Further, for inclusion within the category of sexual violence, perpetrators had to be at least five years older than the survivors, when in childhood differences of less than five years may still be rather significant (CDC, 2014). Lastly, the inventory used a 74.6% sample of White individuals of whom the majority were middle-class and highly educated and a sample of only 4.6 % African Americans, thus rendering the results highly ungeneralizable when considering ethnicity, class, and other social demographics (CDC, 2014).

Interestingly, in 2012, The Institute for Safe Families (ISF) formed the ACE Task Force conducting an ACE study in Philadelphia, with a more diverse population, of which 42.5% were African American. In this study, 1,784 adults completed the Philadelphia Urban ACE Survey. The survey found a higher prevalence of ACEs than in previous studies. Table 2 enumerates the percentage of women survivors of ACEs as compared to the number of African-American ACE survivors in the Philadelphia study. In this study, 30.9% of women in general experienced emotional abuse, 31.2% experienced physical abuse, 20.3% experienced sexual abuse, 18.8% experienced physical neglect, and 6.6% experienced emotional neglect. Thirty-five point two

Table 2

*Adverse Childhood Experiences in Philadelphia Study*

Type of Abuse	% of women abused	% of African Americans abused
Emotional abuse	30.9%	29.2%
Physical abuse	31.2%	34.2%
Sexual abuse	20.3%	20.9%
Witnessed domestic violence	17.8%	20.7%
Household substance abuse	35.2%	37.8%
Household mental illness	24%	20.1%
Emotional neglect	6.6%	8.7%
Physical neglect	18.8%	21.9%
Incarcerated family member	12%	15.9%

Type of Abuse	% of women abused	% of African Americans abused
Experienced discrimination	32.2%	49.5%
Adverse neighborhood experiences	23%	29.2%
Bullied	7.8%	6.4%
In foster care	2.3%	4.1%

Note. Statistics retrieved from CDC (2014c)

percent of women lived in a substance abusing household, 24% had a mentally ill household member, and 17.8% witnessed domestic violence. Twelve percent of women had a household member in prison, 34.3% witnessed violence, and 32.3% felt discrimination. Twenty-three percent of women in the Philadelphia study had adverse neighborhood experiences, 7.8% were bullied, 2.3% were in foster care. In total, 34.1% females experienced four or more ACEs. Amongst African Americans, 29.2% experienced emotional abuse, 34.2% physical abuse, 20.9% sexual abuse, 21.9% physical neglect, and 8.7% emotional neglect. Some 37.8% percent of African Americans experienced substance abuse, 20.1% experienced mental illness in the home, 20.7% witnessed domestic violence, and 15.9% had a household member in prison. Fifty-two percent of African Americans witnessed violence, 49.5% felt discrimination, 29.2% had adverse

neighborhood experience, 6.4% were bullied, and 4.1% were in foster care. Of African Americans, 48.6% in total had ACE scores of four or higher.

Except for emotional abuse, in the Philadelphia study, African Americans as a specific population had significantly higher rates of abuse than the sampled general population in the original ACE study in San Diego. Further, 34.1% of women had ACE scores of 4 or higher and 48.6% of African Americans had an ACE score of 4 or higher (The Research Evaluation Group [REG], 2013). It can be deducted that not only do African Americans experience more ACEs than the general population, but that by nature of being both a woman and African American, the likelihood of high ACE scores increases. The implications for high numbers of adverse childhood experiences positions Black girls staunchly within the matrix of domination. Here, African American girls grow into African American women with possibly several forms of abuse in childhood over an extended period, coupled with social, structural, and interpersonal expressions of oppression. The same way prior sexual victimization has been found to be associated with higher rates of revictimization, so have high risk health behaviors inclusive of multiple sex partners, suicide attempts and substance abuse were found to be related to higher ACE scores in studies by Felitti et al. (1998), as well as poor health outcomes such as cancer, diabetes, obesity and asthma. Therefore, the intersectionality of the identities of African American and female result in increased possibility of higher ACE scores and resultantly higher possibility of high risk behaviors and poor health outcomes. While the Philadelphia study serves as a much more inclusive study with respect to diversity, it still may fall far from capturing the true percentage of CSA survivors due to underreporting of intimate abuse. As discussed, sexual violence is generally underreported; however, for African American women, the intersectionality



of identities as both woman and African American further increases the possibility of underreporting (Olive, 2012).

Alvidrez, Shumway, Morazes and Boccellari (2011) found that while there are very few victims of sexual violence who receive mental health treatment as adults, being a member of an ethnic minority group drastically reduces the possibility of reporting. Their descriptive study of 104 women offered no-cost mental health services found that African American women were less likely to engage in treatment after an assault for reasons beyond access. This may be attributed to a multitude of factors. African American women in particular must battle two different stereotypes assigned to them when disclosing. This is of the *Jezebel* and the *matriarch*. The Jezebel reinforces rape myths by classifying African American women as whores, sluts, immoral and unrapeable and was an archetype that existed as a means of legitimizing sexual violence during enslavement (C. West, 1995). Any kind of internalization or recognition of this particular archetype by African American women may therefore result in their reluctance to seek help due to an inherited belief that they are perceived by the majority White American society (and its constructed systems) as oversexualized and therefore responsible for their own sexual victimization. African American women face a double-bind here, too. Donovan and Williams (2002) wrote, "remaining silent may hinder their recovery, but disclosing their rapes makes them more susceptible to being blamed, questioned, and stereotyped at a time when they are most in need of empathy and intervention" (p.100).

To understand the implications of the matriarch myth, one needs to understand American history of enslavement of persons of African ancestry. The creation of slave-as-capitalist-commodity began with Europeans initially buying and stealing Africans from the western coast to selling them on the auction blocks of the Americas (Degruy, 2005). The buying and selling

continued once persons enslaved were shipped to plantations. Families would often be split apart and sons, daughters, and husbands sold to the highest bidder.

Since that time rape and sexual violence against African American women and girls has been epidemic. While both men and women were legally codified property, the experience of enslaved African American women was unique in that African American women's bodies were placed at the intersection of both societal and individual brutality (T. West, 1999). African American girls and women were raped by their White masters, White overseers, any White man, African American overseers, and African American enslaved males. This violence served as a very particular way for the powerful White male population to dehumanize and disempower enslaved African American women by using either their own bodies or the bodies of enslaved African males as the conduit through which to commit the sexual violence. Any form of resistance by enslaved girls or women could result in perilous consequences, physical beatings, child removal, being sold, or death (T. West, 1999). Therefore, the woman often became the head of household. As men were separated, emasculated or killed, the African American woman became the matriarch (Degruy, 2005). She thus preserved and protected the family at all costs, inclusive of "behaving" in exchange for the concession of survival, with her body at the center of this negotiation process. This behaving was the African American woman's rape. As the matriarch, in protecting her sons, brothers, partner, father, by sacrificing her body, she was in fact protecting the African American man and African American family from their destruction. Perhaps through her own understanding or reinforced by similar behaviors in other enslaved women, or in the expectations of enslaved men, this role of the self-sacrificing matriarch became salient.

This stereotype still exists whereby African American women are expected to carry community burdens, to keep secrets, to not create further pain for African American males (if they were the perpetrators) knowing the justice system has the potential to treat them with disproportionate penalty (Hood & Carter, 2008), thereby possibly contributing to underreporting and perpetuation of the myth of the strong Black woman (SBW).

African American women are also less likely than White women to involve police in cases of child sexual abuse. Fears about betraying the family by turning abusers into *the system* and distrust of institutions and authorities can lead African Americans to remain silent about *family business*. (Stone, 2004). Both stereotypes, Jezebel and matriarch, encourage a culture of silence among African American women.

With respect to the justice system, prior negative or discriminatory experiences based on either race or economics in interacting with dominant society's legal, medical, and social service systems, may also serve as a barrier. African Americans may avoid systems that potentially *re-victimize* them by establishing psychological and social boundaries that ensure problems and conflicts stay within the community, thereby decreasing the exposure to risk, ridicule, and racism (Tyagi, 2001; Washington, 2001). Evidence, for example, of cultural distrust of police can be found in the results of a 2010 National Institute of Justice report, the Historically Black College and University Campus Sexual Assault Study (HBCU-CSA), focusing on 4000 students at historically Black colleges and universities (HBCUs) in 2008. Twenty-one percent of rape survivors said that they did not believe that law enforcement would think the incident was "serious enough" (Krebs, Linquist, & Barrick, 2011). Sexual assault researchers and activists have often found that African American women are generally unlikely to seek help from rape crisis centers that are predominately directed and staffed by White staff members due to the

belief that their needs and concerns will be overlooked and not addressed (Washington, 2001).

Sue (2001) pointed out that pervasive racism and limited knowledge about different cultures

often results in service providers being predisposed to biases and prejudice that affects assessment, treatment, and therapeutic engagement with ethnic minorities in the helping services.

### **Sexual Trauma Interventions and Implications for African American Women Survivors**

Trauma-specific therapies are diverse and differ based on both approach and objective. The Substance Abuse and Mental Health Service Administration [SAMHSA] (2014b) has divided these into past and present-focused therapies. Those which are past-focused look at an individual's past experience to see how it currently affects present behavior, emotions, and thinking. Through the re-telling of the trauma story, clients are able to better cope with present traumatic experiences. Present-focused approaches utilize modalities that seek to elicit positive coping skills, symptom management and psycho-education. According to Gorman (2013), the breadth of treatments for trauma reactions is quite wide. They include critical incident stress debriefing, psycho-education, exposure therapy, eye movement desensitization reprocessing (EMDR), stress inoculation therapy, trauma management therapy, cognitive behavioral therapy, cognitive processing therapy, psychodynamic psychotherapy, hypnotherapy, imagery rehearsal, memory structure intervention, cognitive restructuring, interpersonal psychotherapy and dialectical behavior therapy; trauma work based on the recovery model; individual, group, insight driven, narrative and cognitive behavioral therapies; holistic and complimentary approaches such as yoga, auricular acupuncture, mindfulness, massage, aromatherapy and collective community practice (p.1). While this review will not allow for space for an in-depth review of each of these interventions, it will critically look at the benefits and limitations of a

few prominent interventions with respect to use for CSA survivors and particularly African American women CSA survivors.

**Cognitive behavioral therapy (CBT).** While no single person can be credited with CBT, it has roots grounded in that of Watson and Rayner's studies of behaviorism, Mary Cover Jones' work in unlearning of children's fears, Ivan Pavlov, B.F. Skinner, Hans Eysenck, and Arnold Lazarus's work in conditioning, Joseph Wolpe and John B. Watson's behavioral therapy, and Julian Rotter and Albert Bandura's work on social learning theory. In the 1980s and 1990s, David Clark and David Barlow were instrumental in merging cognitive and behavioral therapies, and eventually CBT became an umbrella term used for all cognitive therapies of any kind (Corsini & Wedding, 2005). CBT and its derivatives (including *cognitive processing therapy*) are among the most empirically researched interventions.

CBT is an integration of cognitive and behavioral theories composed of two basic ideas, "first, that cognitions (or thoughts) mediate between situational demands and one's attempts to respond to them effectively, and second, that behavioral change influences acceptance of altered cognitions about oneself" (Substance Abuse and Mental Health Services Administration [SAHMSA], 2014a, p.147). Trauma is thus understood as manifest in negative thinking patterns and faulty thinking styles. Recovery occurs when an individual learns to change negative thinking patterns into positive ones by creating and accepting a positive view of self, the world, and the future. In a study by Resick, Nishith and Griffin (2003) with female rape victims divided into two groups: those who experienced childhood sexual abuse and those who did not, the results indicated that CBT (in this case CPT and *prolonged exposure* [PE]) was effective for PTSD symptoms as well as for those symptoms associated with complex trauma hailing from childhood sexual abuse.

These included dissociation, impaired self-reference, dysfunctional sexual behavior, and tension reduction behaviors (Resick et al., 2003).

This may serve as preliminary evidence of the efficacy of short protocols in the treatment of complex trauma. Such findings could find value in the treatment of African American women, considering the finding of the Philadelphia ACE study (Research Evaluation Group [REG], 2014), in which nearly one in two African Americans is likely to have four or more ACEs. The advantages of CBT with African Americans include “an emphasis on nonjudgmental, collaborative problem solving and empowerment of the client through skill building and strengthening of natural support systems” (Kelly, 2006, p. 103).

Empowerment becomes important within the socio-cultural milieu in which interlocking oppression, of which childhood sexual abuse is included, has systematically denied African American women power. In general, the short time period, highly structured nature, and practical strategies can be advantageous for women who may be sole care-givers, have little time, as well as promote future coping strategies considering the high likelihood of potential re-traumatization. The disadvantages are that homework, a significant part of CBT, can become cumbersome. Critics have also argued that it does not address underlying issues such as childhood abuse, though more recent studies have proven otherwise. Within African-centered theory, which focuses equally on the individual as the community, CBT addresses neither the family systems nor the community nor socio-political environment in which trauma takes place. Further Eurocentrism in CBT aside emphasizes rational thinking and “therapists may misinterpret emotional expressiveness, nonverbal communication, and nonstandard language as an inability to regulate emotions and communicate effectively” (Kelly, 2006, p.99).

**Cognitive processing therapy (CPT).** Dr. Patricia Resick is considered the developer of

CPT, a particular form of CBT developed as a treatment specific for rape victims with PTSD symptoms (Resick & Schnicke, 1993). CPT refers to a manualized 12-session treatment, which combines cognitive therapy and exposure therapy by asking individuals to find particular cognitive distortions, writing detailed accounts of the trauma, then reading the narrative.

Cognitive processing therapy for sexual abuse (CPT-SA) is a 26-session treatment with both group and individual therapy over seven weeks, which also asks clients to both write and read narratives, as well as places focus on safety, trust, power/control, self-esteem, and intimacy.

CPT orients PTSD within the realm of non-recovery, where survivors' maladaptive beliefs and attributions to the traumatic events cause negative emotions which improperly process both the emotions and memory of the event. These result in avoidance of triggers and resultantly impedes healing by disallowing survivors to gain a clearer understanding of the trauma, leaving them in *stuck points*, where new information is either inappropriately assimilated into preexisting schemas or over-accommodated, when schema changes are inaccurate and overgeneralized (Resick & Schnicke, 1993). Recovery occurs when stuck points can be reappraised and survivors are able to see the trauma adaptively.

In adults who experienced child sexual abuse, correlations have been found between maladaptive beliefs regarding safety, trust, esteem, intimacy, and PTSD symptoms (Wenninger & Ehlers, 1998). Similarly, Owens and Chard (2001) examined 53 adult survivors of child sexual abuse and found that PTSD severity was correlated with cognitive distortions on all seven subscales of the Personal Beliefs and Reactions Scale (Resick, Schnicke, & Markway, 1991). Studies by Powers, Halpern, Ferenschak, Gillihan, and Foa (2010) found CPT to be as efficacious as other therapies for treating PTSD.

For African American women this can be a useful tool in that also it has demonstrated efficacy for complex trauma as does general CBT. Further, its use in both group and individual treatment encourages a community of thriving, and interrelational healing, consistent with certain forms of relational identity construction by African American women (Braude, 2004; Brittian, 2012). Its shortened length protocol and time-limitedness, as well possibility of excluding discussion of the traumatic event, allows for flexibility and trauma-sensitive approach. The limitations are again: (a) reliance on take home assignments, (b) little long term data available on the efficacy of CPT, particularly CPT-SA, and (c) minimum outcome studies with complex populations (Reece, Hanson, & Sargent, 2014).

**Prolonged exposure (PE).** PE was developed by Dr. Edna Foa in the 1990s as a behaviorally-oriented model with 9-12 90-minute-long sessions. This approach conceptualizes trauma as occurring from distress and anxiety arising from traumatic memories and maladaptive schema and views PTSD in particular as a fear response. Recovery is achieved when fear attached to traumatic memories is desensitized and habituated by (a) de-activating fear responses through the provocation of feelings of high anxiety and (b) providing an opportunity for corrective information (Foa & Meadows, 1997).

In a meta-analysis by Powers et al. (2010) using 13 studies with 675 participants, they found that PE fared similarly to other treatments. Individuals treated with PE did better than 86% of those in a control group on comparative PTSD measures. Their conclusions were that PE is highly affective for individuals with PTSD symptoms. There are specific cultural adaptations for African Americans that seek to integrate race—related themes. These are inclusive of more rapport-building sessions, more direct race-related themes as part of the assessment process, and deliberate inclusion of race-based and discrimination based themes throughout the process,



inclusive of those relating to disclosure. Further, this allows for examination of “ways to construct exposures based on the race of the perpetrator when salient, and how to work with clients who are struggling with racial issues related to the trauma” (Williams et al., 2014, p. 117).

PE has been criticized for being the most aversive kind of exposure therapy due to the assumed high attrition rates (specifically with comorbidity, and PTSD has high rates of comorbidity) and simply painful experience of clients re-experiencing deep traumas; yet, in meta-analyses such as those by Powers et al. (2010), PE has been found to be remarkably successful with PTSD. However, its limitations are the therapists both training in and willing to utilize this therapy, due to assumptions of symptom exacerbation (Minnen, Harned, Zoellner, and Mills, 2012). In a survey of psychologists in the United States, only 17% reported using imaginal exposure to treat PTSD (Becker, Zayfert, & Anderson, 2004). Further there are limited studies that use PE childhood sexual abuse survivors (Eftekhar, Stines, & Zoellner, 2006).

**Eye movement desensitization and reprocessing (EMDR).** Using the Adaptive Information Processing Model (AIM), Francine Shapiro developed EMDR. Pathology is understood as the overwhelming of normal coping mechanisms, after which memory and stimuli are improperly processed and then stored within an individual’s neural memory network (Shapiro, 2006). The therapy transpires through an eight-phase approach during which the client discusses distressing images simultaneously with bilateral sensory input (principally side to side eye movements). Shapiro (2007) hypothesized that EMDR

access[es] the dysfunctionally stored experience and stimulate the innate processing system, allowing it to transmute the information to an adaptive resolution, shifting the information to the appropriate memory systems (Siegel, 2002; Stickgold, 2002). When fully processed, the necessary information is assimilated and the memory structures have accommodated to the new information. (p. 8)

In a study by Edmond, Rubin and Wambach (1999), 59 female survivors of CSA with trauma symptoms were assigned to an EMDR treatment group, individual treatment, and delayed treatment group. After three months, participants in the EMDR group were scoring significantly higher in posttest *analysis of variance* (ANOVA) than those in the other two groups.

For African American women with little time and whose sexual abuse forms part of the constellation of continuing traumas, EMDR serves to heal not only abuse-related trauma but the possible negative impact of sequelae of other adverse childhood experiences. According to Shapiro (2006), EMDR through over 20 clinical studies, boasts rates of recovery from PTSD symptoms, at over 84%, all within six sessions. It is therefore a brief and more affordable treatment as compared with those which may take more sessions for the alleviation of PTSD symptoms. Despite outcome studies relaying its efficacy, there are residual doubts in the mental health community about its validity because of the uniqueness and of some ambiguity about the precise mechanism for the effectiveness of therapy. A further limitation is that while side effects are negligible, the few studies that have looked at the side effects of EMDR, have pointed to their severity (Kaplan & Manicavasagar, 1998).

**Narrative therapy (NT).** Narrative therapy was developed from the work of Michael White and David Epston in the 1970s and 1980s. Identified as a social justice approach, trauma is not seen as pathology of an individual, but rather as a problem separate from the lives of individuals and stemming from community and/or political violence and destructive dominant and oppressive discourses (Brown & Augusta-Scott, 2007). Through narrative therapy, the therapist collaborates with the client to create a new narrative by helping the client to identify his or her own values, skills and knowledge. Recovery occurs as the problem is distanced and new ways of viewing the problem as service to the individual emerges. In this way problems are

externalized and seen through a socio-political-cultural lens. According to SAMHSA (2014), “narrative structure helps clients connect events in their lives, reveals strings of events, explores alternative expressions of trauma, evokes explanations for clients’ behaviors, and identifies their knowledge and skills” (p.145). Because of narrative therapy’s attentiveness to the socio-political-cultural milieu, it allows African American women to address the trauma as part of the domination matrix. As it is oriented in social justice, it also allows for community healing through the sharing of narratives and reconnecting of the individual to the whole. Further, as narrative has been a powerful tool for African Americans in the reclaiming of identity and history, it may also serve as an appropriate therapy, particularly in the potential disorienting conceptions of identity and memory arising following CSA (Godsil & Goodale, 2013). Narrative therapy can be difficult for clients who expect the clinician to play the role of expert and may also be difficult for inarticulate individuals. However, narrative therapy can allow for women to reclaim their own stories of sexual abuse, as well as to unfetter themselves from other stories created by the dominant society within other contexts and exist as experts in their own lives (Baird, 1996).

**Dialectical behavioral therapy (DBT).** DBT is a form of CBT developed by Marsha Linehan in the late 1970s, specifically for those suffering from borderline personality disorder or chronic suicidality. Within DBT, trauma is seen as emerging from terrible stressful events with which individuals cannot cope, thus resulting in PTSD symptoms such as flashbacks, intrusive memories, and hallucinations (Linehan, 2014), and it can also adversely affect multiple ecosystems in which the individual functions. By developing an intimate trusting relationship with clients, teaching mindfulness, distress tolerance emotional regulation and interpersonal effectiveness skills, then placed in role-play scenarios, clients are taught to manage the residual

effects of trauma, which are seen as damaged relationships, high stress, and overwhelming, uncontrollable emotions. Healing thus becomes a process in which clients learn positive coping strategies. In studies by Steil, Dyer, Priebe, Kleindienst, and Bohus (2011), a random clinical trial was used in which a DBT-PTSD program for PTSD related to CSA was used with 74 female inpatients. The trial's results pointed to the potential efficaciousness of a DBT-PTSD model. This program may also be useful for African American women as it treats complex trauma-related issues and has provisions for working specifically with survivors of CSA (Linehan, 2014). Further, the emphasis on relationship building with the therapist may also posit this as a useful therapy as barriers to attending therapy include distrust of systemic intentions.

The high level of motivation and commitment to assignments may be one limitation of the therapy for the busy woman, which requires a significant time commitment. However, DBT has particular strength in the existence of numerous randomized clinical trials showing efficacy in the treatment of borderline personality disorder, among the sequelae of CSA disorder which may arise from CSA. However, it is known that after a year of DBT maladaptive behaviors still arise (Rizvi, 2011).

**Skills Training in Affective and Interpersonal Regulation (STAIR).** Marylene Cloitre, Lisa Cohen, and Hyemee Han are credited with the development of this two-phase treatment model. STAIR hails from a cognitive behavioral model developed to provide basic social and emotion management skills for individuals with PTSD related to childhood abuse (Cloitre, Koenen, Cohen, & Hans, 2002). The motivation for developing the treatment was prompted by the observation that individuals with childhood trauma frequently experience disruptions in social and emotional developmental processes due to trauma and poor parenting. There are eight sessions in phase one which is comprised of skills training in affect and interpersonal regulation

borrowed from the CBT and DBT models and then adapted from childhood abuse. The second phase is eight sessions of prolonged exposure utilizing a narrative approach. Trauma is seen as the emergence of commonly occurring sequelae, inclusive of interpersonal disturbances and affect dysregulation. Recovery occurs when PTSD symptoms improve. In a study by Cloitre et al. (2002) in which they assigned women with PTSD related to childhood abuse randomly to STAIR or a minimal attention waitlist, they found that STAIR participants improved in interpersonal skills, affect regulation, and PTSD symptoms.

For African American women, this allows for a multi-modal approach in which narrative also plays a central role. With a restricted view of both trauma and recovery, it is unclear if such an approach would only reduce PTSD symptoms, without attention to the broader contexts in which they occur. The benefits of the STAIR model are its specific construction for women who experienced abuse in childhood. Its design is founded upon PTSD research, which shows how childhood abuse adversely affects functioning in multiple areas of women's lives including school, work, and home life. The limitations of this approach are simply that "the place of social skills training programs in the treatment of PTSD are still unclear" (Foa, Keane, & Friedman, 2010, p. 409)

**Stress inoculation training (SIT).** SIT, developed by Donald Meichenbaum, is a cognitive-behavioral approach to fostering resilience. Through education, skills training, breathing, retraining, role-playing, guided self-talk, assertiveness training, thought stopping and skills application, clients learn to manage anxiety with positive coping strategies. The effects of trauma exist within a relational process-oriented view undulating between numbness and overwhelming emotions. Traumatic stress is understood similarly to the Lazarus and Folkman (1984) model in which stress transpires when one's well-being is threatened and the perceived

demands of a situation exceed the system's perceived resources. Stress then moves into a bidirectional and shifting relationship between individual/group and environment. A person may recover a meaningful personal narrative, achieve problem solving, emotional regulation, and coping skills through awareness of maladaptive, stress-producing behaviors.

Multiple studies have evidenced that SIT has reduced particular PTSD symptomology in women survivors of rape such as particularly avoidance, intrusive thoughts and avoidance (Resick, Jordan, Girelli, Hutter, & Marhoefer-Dvorak, 1988). For African American women this may serve as a beneficial model as it serves to prevent and inoculate the adverse effects of both present and future stressors (Meichenbaum, 1996). Given the multiple dimensions of oppression that African American women will live with, and the potentiality for revictimization, a model with preventive components may indeed support African American women survivors' healing, particularly as learning of coping skills is achieved in a flexible manner that appreciates the diversity of layers of stressors (Frew & Spiegler, 2012).

As an individually-tailored and multi-faceted therapy, SIT provides a treatment and prevention model for inevitable stressors and is often used in conjunction with other therapies. Though studies such as those by Foa and colleagues have found that SIT can reduce PTSD symptoms that result from sexual assaults (Foa, Rothbaum, Riggs, & Murdock, 1991; Foa et al., 1999). However, its limitation is (a) the requirement of both high levels of motivation and commitment for the length of treatment and (b) the possibility that it is not effective for rape survivors (Russell & Davis, 2007).

**Trauma related exercises (TRE).** David Berceli created *tension and trauma releasing exercises* (TRE) in 2009 that help release the deep chronic tension created in the body during a traumatic experience. Six exercises are used to evoke neuromuscular tremors, which release deep

muscular tension. Trauma in this sense is seen both in the somatically and neurologically positioned, as being trapped in the body by stress and released through shaking of the body through the neurogenic tremor, extinguishing of the hyperarousal response and relaxing and releasing held tensions. Outcome studies have pointed to the improvement in quality of life for South African non-professional care-givers (Berceli, Salmon, Bonifas, & Ndefo, 2014). African American women, too, exist as women of African descent in the roles of non-professional care-givers and therefore may also experience quality of life improvement with the use of TRE. For African American women, the use of the body to heal is similar to historical healing modalities in the absence of therapy. Pinn (2003) recognized that, “Through ecstatic modes of African American worship, the African American body was rescued because it became a vessel for cosmic energy....ring shouts, a rhythmic movement of the body that must have resembled the sway and jerk of bodies, associated with trances and ‘ecstatic’ behavior in traditional African religions” (p.3).

The benefits of TRE are its self-care engendering capacity, global use, and extension beyond symptom alleviation into thriving found in improved energy and relationships, and even physiological benefits such as flexibility and strength (Berceli, 2005). TRE’s limitations are that it cannot be used with pregnant women, who are an especially vulnerable population, or those with seizure disorder. Further there exists a paucity of studies to draw empirically based evidence on the efficacy of treatment of survivors of sexual assault.

While the aforementioned interventions for working with trauma do not consist of an exhaustive list, they represent some of the most well-known, well-founded and/or cutting edge modalities. The benefits of each of these interventions are that they each have specific approaches to working with trauma and trauma responses. Many have a long history of

continuous development and have proven to be empirically founded and evidence-based. The limitations to each of these is their construction using normative samples unrepresentative of African American women, and perhaps absent of African American women survivors of CSA. Therefore, while treatments may still be effective for African American women, there is the possibility that culturally-attuned treatments that build from historical cultural resiliency may be of even more benefit.

### **African American Women, Trauma and Resiliency**

Often what is lost in the categorical definitions of what trauma does or does not entail are personal meanings and narrative. For African American women in particular these may include: anger that the event happened, a loss of trust in adults who should have protected you or noticed, a loss of trust in humanity for allowing something like this to happen, a loss of trust in God for the same reasons, feeling of having sinned against God, loss of self-worth, feelings of powerlessness and invasion of space, a misunderstanding of space, appropriate or deviant sexual behavior, promiscuity or chastity, low self-esteem, feeling out of control of one's body or environment (Pierce-Baker, 1998). Hood and Carter (2008) specifically examined the relationship between locus of control and PTSD symptoms. Their study involved 67 African American women who self-reported having experienced child abuse and/or adult sexual assault. However, contrary to expected results, trauma history was not found to have a relationship to locus of control. Instead, trauma history did not result in either reduced degree of external locus of control nor increased internal locus of control. This serves as an accidental study in resilience, in which although the variables of childhood and adult sexual assault can be confounded as participants were placed in the same group, it does speak to the possibility of uniqueness of the experiences of African American women who have access to particular types of resilience, either



through socialization or otherwise.

All persons affected by violence have a powerful physical, mental, and social self-healing response, inclusive of African American women. There are multiple definitions for resilience, but *state*, *trait* and *characteristic* are generally recognized as the three basic forms. *State resilience* encompasses an adaptive response to an extraordinary challenge, a process of bouncing back, a resumption of healthy functioning in survivors. Research in state resilience hails primarily from work with children. Trait resilience consists of a stable trajectory over time, the absence of dysfunction, the ability to maintain a stable equilibrium, complex repertoire of behavioral tendencies, identifiable patterns of thinking, perceiving, decision making and is related to personality (Southwick, Bonanno, Masten, Panter-Brick, & Yehuda, 2014). The aforementioned study by Hood and Carter (2008) found evidence of possible lower external and higher internal locus of control than their Caucasian counterparts. Therefore, what may be considered pathology in Western psychology, may in fact be a healthy protective mechanism for African American women. This particular state resilience may allow African Americans to better navigate a world understood (through socialization and racial identity formation) as based in particular schemas of power. These schemas of power may be deemed unfavorable for African American women and favoring a European/middle class/patriarchy. Comprehension of the lack of control or power that African American women may have in the world may inadvertently predispose African American women to greater hardiness because control-related beliefs are not shattered when something uncontrollable, unpredictable, or traumatic occurs (C. West, 2002). Simply put, it is possible that African American women have a history of adjustment to oppression, which allows us to operate in an oppressive environment and asks us to adopt strong African American woman's attitudes beginning in youth. Adams (2010) found this consistent

with her studies on self-esteem in African American versus Caucasian adolescent girls, in which African American girls are less likely to be self-depreciative in low-support situations.

In her article, “Sexual Assault Against Women of Color” Victoria Olive (2012) argued that aside from externalization and locus of control, women of color's experience of sexual assault is fundamentally different from those of White women. Unlike White women, assaults exist as not only attacks on African American women's identities as women but on their racial or ethnic identities; yet, there is evidence that resiliency can be derived from the struggle for identity and there is some evidence of the historical use of identity for resistance. According to Collins (1990), “Black women's experiences as mothers, community other mothers, educators, church leaders, labor union center-women, and community leaders seem to suggest that power as energy can be fostered by creative acts of resistance” (p.222). Further it is the spheres of Black women's influence that Collins finds “sanctuaries” where Black women are healed and find the creative power “to confront oppressive social institutions” (p.222). It is this conceptualization that recognizes sexual violence as experienced by Black women as a potential attack on racial identity and resiliency as an exercise in the use of experiences gained as part of the racial identity.

While the focus of the review thus far has concentrated on the effects of trauma, resilience and resistance are more of a norm rather than the exception for women survivors, and resilience is crucial for understanding how healing can and does occur. While resilience is not solely exclusive to African American women, within the context of intersectionality, resilience becomes an imperative area of discussion in examining the potential for healing specifically in African American women. African American women's views of themselves as resilient accounts for why those who were survivors of CSA do not seek counseling. In their study, Neville and

Pugh (1997) conceptualized “inner strength and minimization as a significant contributor to this decision” (p.375).

Western standards often identify resilience as the lack of observable pathology. Even using these standards, African American women may be classified as resilient. A longitudinal women’s study by West et al. (2000) found that of African American women who had experienced CSA, 40% of survivors had high scores on the resilience scale and 18% demonstrated excellent resilience. Yet resilience here is characterized by competent functioning (C. West, 2002). Hyman & Williams (2001) defined resilience as “physical health, mental health, interpersonal relationships, adherence to community standards, and economic well-being” (p.203). The focus on community exists as a departure from traditional Western approaches to the resilience model’s trait and characteristic definitions. It instead focuses on an indigenous approach to resilience in which McIntosh, Roberts, & Williams (2008) included “considerations of community, organizational and systems resilience, including notions such as cultural connectedness and ‘coherence for identity’ amidst sudden changes” (p.399).

The focus thus far has been on the capacity to shift from individual Cartesian resilience of *bouncing back* to epistemological resilience focusing on “ontological recognition of the embedded relationship we share with our Life-world...in service of our ecological wellbeing” (McIntosh & Williams, 2011, p.399). This resonates with an African-centered model, which sees the interrelatedness and harmony of all things. Ungar (2012), co-director of the Resilience Research Center (RRC), connected the various levels of the ecological model by defining resilience as

both the capacity of individuals to navigate their way to health-sustaining resources, including opportunities to experience feelings of well-being, and a condition of the individual’s family, community and culture to provide these health resources and experiences in culturally meaningful ways. (p. 225)

Thus, African American women who are survivors of CSA, as discussed, are unlikely to both disclose and to seek psychotherapy. However, they continue to display a remarkable resilience in maintaining harmony, calling upon inner strength, utilizing interpersonal relationships, invoking prayer, dancing, and singing, using spirituality, and carrying their burden quietly (Pierce-Baker, 1998). Levine (1997) proposed:

the same immense energies that create the symptoms of trauma, when properly engaged and mobilized, can transform trauma and propel us into new heights of healing, mastery, and even wisdom. Trauma resolved is a great gift, returning us to the natural world of ebb and flow, harmony, love and compassion. (p.21)

This is an idea in sync with African-centered models of resilience and Ubuntu, an African way of human relatedness involving humaneness, care, compassion, respect, empathy, and gentleness (Holdstock, 2000). Outside of the Western-centered approach to healing from trauma, African American women utilize resources outside of those traditionally deemed evidence-based, resources that strive to maintain harmony, as they call upon inner resources. Therefore, it may be seen as an appropriate approach to resiliency to utilize a culturally-relative model congruent with the behaviors and resources used by African American women historically for their own healing.

## **Overview of Yoga**

### **Kemetic Yoga**

While yoga is most often associated with Indian origins, its Kemetic (Egyptian) origins are not widely known. Kemetic yoga or Egyptian yoga is the yoga practice coming from ancient Kemetic (Egyptian) civilization, one of the oldest known civilizations. Kemet was the name used by ancient Egyptians to refer to their land, literally translated from Metu Neter to mean “land of the Blacks.” According to Dr. Muata Ashby (2003), with respect to Kemetic Yoga

the Ancient Egyptian practice can be dated from 10,000 B.C.E to 300 B.C.E and earlier. Examples include: Temple of Hetheru (800-300 B.C.E.), Temple of Heru (800-300 B.C.E.), Tomb of Queen Nefertari (reigned 1,279-1,212 B.C.E.), and various other temples and papyruses from the New Kingdom Era (c. 1,580 B.C.E). (p.54)

In Kemetic yoga, similar definitions for yoga exist, particularly with respect to its meaning as a *yoking* or *union*. The Kemetic equivalent term to the Sanskrit word yoga is: *Smai*, meaning union. *Ta* means land in Metu Neter, and thus the literal meaning of yoga or *Smai Tawi* is *union of the two lands* of upper and lower Kemet but also refers to the union of the two landscapes of the self, that of the higher and lower self. For this reason Kemetic yoga is also referred to as *Smai Tawi* or *Tamare Smai Tawi*. According to Ashby (2003)

The lower self relates to that which is negative and uncontrolled in the human mind including worldliness, egoism, ignorance, etc. while the Higher Self relates to that which is above temptations and is good in the human heart as well as in touch with transcendental consciousness. ( p.40)

Union refers to union with the Divine, of the two lungs of Heru and Set. The implication of these unions is to link back individual consciousness to its original source, the original essence: universal consciousness. In a broad sense yoga is any process that helps one to achieve



liberation or freedom from the bondage to human pain and spiritual ignorance. With an understanding of the connection as a Sankofa, as seen in figure 1, (Twi for “go back and get it”), a connection back to the African ancestors, to the cosmic universe and to creation. For Ashby (2003), it is “a discipline or way of life designed to promote the physical, mental and

spiritual development of the human being. It leads a person to discover the answers to the

Figure 1. Sankofa. Retrieved from <https://www.berea.edu/cgwc/the-power-of-sankofa>

most important questions of life such as; Who am I? Why am I here? and Where am I going” (p. 6)? The goal of yoga, is as Ashby described:

to promote integration of the mind-body-spirit complex in order to produce optimal health of the human being. This is accomplished through mental and physical exercises, which promote the free flow of spiritual energy by reducing mental complexes caused by ignorance. (p.11)

There are multiple forms of yoga that exist as offshoots of Kemetic yoga. This means that these forms of yoga include multiple elements of Kemetic yoga integrated into the practice, but they also have additional, reduced, or modified practice as compared to Kemetic yoga. These include Womb yoga, *Ka'at Ibi* meditation, Afrikan yoga, and Afro flow yoga. Ma Yoni 'At (2016) described Womb Yoga as “the practice of honoring the sacred womb through owning your goddess innergy, utilizing healing, energizing and balancing sanuyaat (postures) from ancient Egypt; sacred word vibrations, affirmations and meditation in addition to breath work and coordination for breath with movements” (para. 1 ). The focus is on feminine ancestral energies. *Ka'at Ibi* meditation is described by the M'TAM school as “the original form of meditation as practiced by Kemetic priests and worshippers since the Pharaonic era. It is the derivative of these techniques that has formed the modern meditation and yoga” (The Earth Center, 2016, para. 3). Afrikan yoga, founded by Pablo Menfesawe-Imani and rooted in the philosophical principals of Maat:

is firmly based on the movements of the Neters/Neteru as found on the temple walls at The Temple of Luxor, The Temple of Horus at Edfu and on the scientific methods as mentioned in the Ebers Papyrus Edwin Smith Papyrus Rhind Papyrus the oldest books in the world known as The Pyramid Texts. (Afrikan yoga, 2016, para. 2)

Afro flow yoga combines African dance and asana, which are represented in Egyptian hieroglyphics. Founder Leslie Salmon-Jones (2016) has found many similarities between the two including both being moving meditations and both having cathartic effects. as moving meditations.

Through study of the yogic postures in the Kemetic temples in Kemet, as well as study of the Metu Neter (heiroglyphics), the modern version of Kemetic yoga was developed, specifically through the research of Dr. Asar Hapi and Master Yirser Ra Hotep (Elvrid Lawrene) of Chicago during the 1970s. In Kemetic yoga, there are numerous forms of meditation, for which the spiritual purpose is the transcending of space and time, inner concentration, and attention. While meditations may focus on any number of things, the process always involves a slowing down. In Kemetic yoga, The Great Truths of Neterianism are realized by means of Four Spiritual Disciplines in Three Steps. The four disciplines are (a) Rekh Shedy (Wisdom), (b) Ari Shedy (Righteous Action and Selfless Service), (c) Uashu (Ushet) Shedy (Devotion) and (d) Uaa Shedy (Meditation). There are five forms of Neterian meditation disciplines; these are (a) Arat Sekhem (meditation on the subtle life force), (b) Ari Sma Maat (meditation on righteous action), (c) Nuk Pu-Ushet (meditation on the I am), (d) Nuk Ra Akhu (meditation on the glorious light) and (e) Rekh–Khemn (meditation on the wisdom teaching (Ashby, 2003, p.14).

Studies from the West tend to look at Iyengar yoga, a school of yoga founded by B.K.S. Iyengar, which has a strong emphasis on strength and stability in the posture, as well as aspects of breathing and Vinyasa yoga (Sanskrit for *linking of movement to breath*), a highly physical yoga, which calls for your continuous movement. There are not any outcome studies relating to Kemetic yoga. One might assume this to be resulting from several possibilities such as (1) a general historical denial and erasure of ethno-cultural knowledge origins in and contributions of Africa, (2) a focus overwhelmingly on yoga from India because of its continued practice and dissemination of sacred texts, (3) limited visibility of Kemetic yoga both in Africa and in the United States and requisite repackaging in the 1970s due to paucity of surviving cultural symbols, and (4) lack of textual codification of Kemetic yoga practices in Kemet.

However, over a thousand years before the emergence of similar postures in India, postures had already been inscribed into ceilings and walls of temples, as seen in Figure 2, with a clearer image in Figure 3. These were known as the *Tjef Sema Paut Neteru*, which means “Movements to promote union with the gods and goddesses” (Ashby, 2003, p.54). These were the ritual aspect to spiritual myth used to harmonize energies, promote physical health, and create readiness of the mind for meditative purposes, to call in divine consciousness by replicating movements of the gods and goddesses. The image in Figure 4 shows the Kamitian god Geb in plough posture with the goddess Nut above him in forward fold posture.



Figure 2



Figure 3



Figure 4

Figures 2 and 3. The goddess Nut. Figure 4. The goddess Nut and the god Seb. Retrieved from *Sacred Sexuality Ancient Egyptian Tantric Yoga*, p.59 by M. Ashby, 2003, Miami, FL: Sema Institute of Yoga.

While this remains the objective of the posture, *asana*, the physical aspect of yoga, may alternatively be seen as a form of ritual. It is movement in ritual to create changes in behaviors, feelings, cognition, and physical functioning. Movement has long been used not only to alter mood states but also to work through trauma and alleviate illness. With respect to African movement:

given the importance of the body in diagnosing various symptoms and disease through traditional African healing methods, it would be essential for rituals to incorporate



movements to not only access conscious and unconscious processes, but to offer a direct vehicle to address and transform their underlying causes. (Monteiro & Wall, 2011, p.23)

Thus, movements that seek to elicit a specific emotion have long been used as ritual within African societies. Most importantly through this modality, movement in multiple forms (dancing, shaking, etc.) has providing release in the form of spiritual or emotional connection from the esoteric to the exoteric. Asana can thus be conceptualized as ritualized movement which allows for potential access to implicit knowledge at the global unconscious level and also change neurobiological patterns through shifts in autonomic nervous system (ANS) processing.

### **Origins and Philosophy of Yoga**

More widely, all forms of yoga are based in an ancient practice whose origins are diverse and not entirely known (Vivekenanda, 2005). There are multiple styles and schools of yoga including, but not limited to, Kriya, Hatha, Ashtanga, Bihar, Siddha, Sihaja, Ananda, Yin, and Kemeti yoga. Despite the numerous styles, most schools of yoga share several similar philosophical underpinnings: that yoga is oneness, it is part of a lifestyle, it involves physical, mental and spiritual practice, and its highest goal is the attainment of enlightenment, known as *Samadhi* in classical Indian texts. Sri Krishna Patthabi Jois (2010), considered the master and founder of the Ashtanga school of yoga, described yoga as “noble, desireless action, coupled with righteousness, which has been passed down, in an unbroken tradition since time immemorial” (p.3). Swami Sataynanda Saraswati (2009) defined yoga as “the science of right living and, as such, is intended to be incorporated into daily life. It works on all aspects of the person: the physical, vital, mental, emotional, psychic and spiritual” (p.1). Its etymological origins point to the word *yoga*, coming from the Sanskrit word *yug*, meaning yoke, “which itself indicates a joining together, a unity, a harmony, balance between internal and external

consciousness and manifestation” (p.14). It is also seen as “a process and discipline of self-knowledge, understanding, awareness, and union with the highest consciousness as the ultimate development” (Vivekenanda, 2005, p.12). It has also been defined as “tranquility of the mind” (Bhagvad Gita: 4, 23). Consequently, the definitions of yoga are numerous. For the purposes of this review of the literature, the definitions of *union* and *harmony* will be used as it provides the most opportunity and room for the derivation of personal meaning and encapsulates all of the aforementioned definitions.

Yoga is also a mental, physical, and spiritual practice with unlimited benefits and opportunities for the practitioner to take from it what he or she desires. Individuals can be reluctant to attempt yoga because of its current Western representations as a fitness workout for highly flexible and strong individuals (Singleton, 2010); however, yoga in its original/indigenous sense, as described through these multiple definitions, particularly as way of generating internal and manifesting external harmony, is accessible to all individuals. These mental and physical exercises, in addition to lifestyle practices, are thought to be transformative. Yoga also has curative properties for imbalances in areas of lifestyle, the spirit, emotions, and thinking as manifested in physical illness (Karmananda, 1983). According to Karmananda, “disease indicates that we have been making an error in terms of our lifestyle or thinking and therefore have become imbalanced. It shows us that we must make some changes if we are to live a healthy, fuller and more joyous existence” (p.4). For African American women survivors of CSA, within the matrix of domination, yoga may provide a slightly different understanding of wellness, beyond the absence of disease, as the integration of mind-body and spirit, and illness as reflective of lifestyle, emotional and spiritual imbalances. These definitions widen the possibilities for healing opportunities through mental and physical exercise, particularly a form

which may allow for reintegrating facets of self-personal identity, embodiment, and psychological integrity and repositioning the separated self in the body. While there are multiple sub-practices which exist to better integrate lifestyle aspects of yoga, what is most frequently practiced in teacher-student environments is breathing, meditation, and posture. While a holistic yogic practice necessarily integrates these multiple sub-practices, the following sections will look at the benefits of breathing, meditation, and postures separately, as well as in their integrated form within a ritual yogic practice.

### **Comparative Yoga Schools**

There are multiple schools of yoga, Kemetic yoga amongst these. Table 3 represents an extremely basic comparison of several schools of yoga. This table is by no means exhaustive. It is acknowledged that there is a tremendous amount of overlap between all of the yoga styles and that the way in which the way the practice is transmitted is highly dependent upon both the school and instructor. For example, Hatha yoga originated somewhere between 15 BC and 400 AD in India. Its origins are Patanjali's 196 yoga sutras. Hatha yoga contains deep and rich philosophies that emerged from the classical yoga texts, which accompany Hatha. Its philosophies are historically oriented, and explicate in detail mind-body-spirit connectivity, which inform the practice. Its philosophies serve as a basis for almost all yoga styles. Practice involves attention to particular ethical duties, *asanas* (the physical practice), *pranayama* (breathing exercises), *shatkriya* (cleansing practices), *mudras* (ritual gestures made with the hands usually made with the hands which facilitate the flow of energy in the subtle body), meditation and attainment of *Samadhi* (absorption/union with the Divine). Hatha is a slow physical practice, normally with an emphasis on maintaining and deepening postures (S. N. Saraswati, 2009).

Bikram yoga was founded in the 1970s by Bikram Choudhury and utilizes Hatha yoga postures. It is perhaps the only form of yoga with no philosophy. The same 26 posture series is practiced in a room heated to 40 °C (104 °F) with a humidity of 40%, for 90 minutes. Kemetic Yoga originated between 10,000BC and 300BC; however, it has been synthesized into practices with multiple names (Choudhury, 2007). It is based on philosophy and physical representations which are found in ancient Kemet (Egypt). The physical postures are inscribed in pyramids, temples, and tombs. There is no singular ancient text upon which Kemetic yoga is based, and for this reason multiple interpretations exist. It is based, however on the ancient Kemetic system of breath utilized to unite one with a higher consciousness, and the Smai Tawi (meaning union of the two lands, a universal and individual consciousness), which also often refers to the physical movements and postures. It is a regenerative form of yoga, with geometrically progressive postures. It combines physical exercise, meditation, self-philosophy, history and healing through the stimulation and movement of essential life energy throughout the body (Ashby, 2007; Ashby & Ashby, 2001). These three examples demonstrate both the differences and overlap of yoga styles originating in three different continents, in three different periods of time.

Table 3

*Comparative Yoga Schools*

Style	Hatha	Ashtanga	Anusara	Jivumkati	Bikram	Kemetic
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<b>Origins</b>	400AD- 15BC  Derived from <u>Patanjali Maharishi</u> 's yoga sutras, 196 sutras written in Sanskrit in around 400 AD in India. There are three classical Sanskrit yoga texts, The Hatha Yoga Pradipika, by Swami Swatmarama, Gheranda Samhita, and Siva Samhita.	200 BC and 250 AD  Popularized by Sri K. Pattabhi Jois of Mysore, South India, (1915-2009). It has its roots in an ancient text called the Yoga Korunta, written by Vamana Rishi.	1997  It is a modern-day Hatha yoga system founded by John Friend in the U.S. It is based on the philosophy that life is a gift	1984  Co-founded in New York in 1984 by <u>Sharon Gannon</u> David Life. Based in a hybrid which synthesizes elements from the teachings of Swami Nirmalanda, <u>Ashtanga</u> guru Sri K. Pattabhi Jois, and Shri Brahmananda Sarasvati.	1970s  A system of <u>yoga</u> that <u>Bikram Choudhury</u> synthesized from traditional Hatha Yoga, copyrighted and created into a multi-million dollar industry in the U.S.	10,000BC.- 300 B.C  A system of yoga originating in Egypt (Kemet), with roots in Egyptian history and deities. Many of the poses used are depicted in ancient Egyptian hieroglyphics found on pyramids, temples and tombs.
<b>Philosophy</b>	Mind, body and spirit are all one and cannot be separated. "Ha" means sun in Sanskrit, which relates to the masculine concept and "Tha" means moon, relating to the feminine. The word "hatha" can be translated two ways: as "willful" or "forceful. Hatha has an abundant and rich history and philosophy from which all styles derive their philosophies.	The Sanskrit word Ashtanga translates as Eight-limbs, referring to the Eight-limbs of yoga as outlined by Patanjali in the Yoga Sutras. The eight limbs are Yama [moral codes], Niyama [self-purification and study], Asana [posture], Pranayama [breath control], Pratyahara [sense control], Dharana [concentration], Dhyana [meditation], Samadhi [absorption into the Universal].	Grounded in a Non Dual Tantric philosophy that everything in this world is an embodiment of Supreme Consciousness, This philosophy is put into practice by looking for the intrinsic goodness in all people and situations.	Grounded in the original meaning of the Sanskrit word asana as "seat, connection" - relationship to the Earth. Earth implies all of life Jivamukti Yoga maintains that one's relationship to others (asana) should be mutually beneficial and come from a consistent (sthira) place of joy and happiness (sukham). Asana is a way to improve one's relationship to all others and thus lead to enlightenment. It is based on five tents, non-violence, God-self-realization, meditation, sound body, study of ancient teachings.	No spiritual philosophy. Heat is important for creating pliant muscles	Ancient Egyptian system of breath, movement, and meditation that was practiced in order to unite one with his/her divine self or higher consciousness. Based in the philosophy of "Smai Tawi," or union of two lands, referring to two states of being: your individual consciousness and the universal consciousness.

<b>Practice</b>	<p>Hatha is a general category that includes most yoga styles. It is an old system that includes the practice of <i>asanas</i> (yoga postures) and <i>pranayama</i> (<u>breathing exercises</u>), which help bring peace to the mind and body, preparing the body for deeper spiritual practices such as meditation.</p> <p>(Saraswati, 2009)</p>	<p>Six established and strenuous 26 pose sequences—the primary series, second series, third series, practiced sequentially as progress is made. It opens with chanting and breathing then moves quickly, with vinyasa between poses, and requires athleticism and flexibility. Often taught in a “Mysore” style which is self-led. Ujjayi (deep audible breaths), drishti (gazing points) and bandhas (energy locks) are as important as the postures.</p> <p>(Jois, 2010)</p>	<p>Each class begins with an invocation as a devotional recognition of the universal power of Spirit. A virtue is woven through the with an emphasis on physical and spiritual connections. A set of concise bio-mechanical alignment principles called the “Universal Principles of Alignment” is applied to each asana. All movements are coordinated with breath. There are over 250 poses and no set postural routines</p> <p>(Friend, 2009)</p>	<p>Jivamukti is a physical, ethical, and spiritual practice. Classes are very physical and utilize a vinyasa-based hatha yoga, incorporating chanting, breathing, meditation, philosophy, music and the five tenets.</p> <p>(Gannon &amp; Life, 2002)</p>	<p>Twenty-six asana series designed to scientifically warm and stretch muscles, ligaments and tendons, in a specific order. Each class is 90 minutes and consist of the same series of 26 postures, including two breathing exercises. Practiced in a room heated to 40 °C (104 °F) with a humidity of 40%</p> <p>(Choudhury, 2012)</p>	<p>It combines physical exercise, meditation, self-philosophy and healing through the stimulation and movement of essential life energy throughout the body. It is a healing and regenerative Yoga system that is characterized by a series of geometrically progressive postures that creates alignment of the spinal column and corrects defects in the skeletal muscular system in order to relieve stress, increase blood circulation, nutrient and oxygen supply to vital body systems.</p> <p>(Ashby, 2001, 2007)</p>
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### Breathing (Pranayama)

Pranayama is often referred to as breathwork. More specifically, Prana “is ever present in every aspect of creation” (S. N. Saraswati, 2009, p.9). It is the breath, also known as *chi*, *ki*, life force, or energy. *Ayama* refers to expansion and thus together pranayama or breathing is extension of the life force as understood in Sanskrit. As a yogic practice, pranayama forms the foundation of yoga (S. N. Saraswati, 2009).

Breathing is also taught in multiple trauma-based interventions (i.e. SIT, MBSR). It is widely understood that breathing is a necessary bodily function for survival, yet the multiple critical functions and benefits and behaviors of breathing are often unknown. Those which are known include the direct regulation of body chemistry, including blood flow, pH and kidney function (Rama, Ballentine, & Hymes, 2007). Breathing has a role in both homeostasis, in acid-

base balance, electrolyte balance and oxygen, as well as glucose delivery and self-regulation. It has the capacity to trigger emotions, thoughts and behaviors (Ley, 1994, 2003) and is controlled both centrally and peripherally through involvement of all cells. It exists as a behavior that is voluntary, involuntary, conscious and unconscious. Within the context of managing stress and its manifestations it can appear in multiple forms such as alternate nostril breathing, equal breathing exercises, and gradual relaxation amongst others (Rama et al., 2007). As previously discussed, survivors of CSA often have high levels of anxiety, as part of the traumatic response; thus, controlled breathing can create relaxation and can manage anxiety by stimulating the parasympathetic nervous system (PNS), linked to the vagus nerve, the nerve that mediates the nervous system. This can create a lowered heart rate and can promote the release of acetylcholine that creates increased calm and decreased anxiety. Controlled breathing in longevity can eventually lower blood pressure and heart rate. By oxygenating the blood in regularity, the heart does not have to overwork in order for oxygen to reach multiple parts of the body, and overtime, lowers the risk for heart attack, stroke, and/or cerebral aneurysm. Controlled breathing can even increase brain size in parts of the brain associated with sensory input and attention, as well as alter gene expression with respect to energy metabolism, insulin secretion and immune function (Benson & Proctor, 2010; Jerath, Edry, Barnes & Jerath, 2006). Critchley et al. (2015) found that controlled slow breathing at a rate similar to that utilized in yoga practice (6/min) has benefits for cardiovascular function, including responses to hypoxia. By testing neural substrates using functional magnetic resonance imaging (fMRI) during controlled breathing of normal and hypoxic air, that slow breathing activated dorsal pons, periaqueductal grey matter, cerebellum, hypothalamus, thalamus and lateral and anterior insular cortices.

Using 39 volunteers, Pramanik, Sharma, Mishra, Prajapati and Singh (2009) found that

after slow bhasrika pranayamic breathing (respiratory rate 6/min) for 5 minutes caused parasympathetic nervous system activation and that both the systolic and diastolic blood pressure significantly decreases with a slight fall in heart rate. Raghuraj and Telles (2008) examined the effect of unilateral and alternate nostril breathing yoga, breath awareness and normal breathing with 21 male volunteers. The effect of right, left, and alternate nostril yoga breathing (i.e., RNYB, LNYB, and ANYB, respectively) were compared with breath awareness (BAW) and normal breathing (CTL). After RNYB, there was a significant increase in systolic, diastolic and mean pressure. After ANYB, systolic and diastolic pressure decreased and the systolic and mean pressure were lower after LNYB. Therefore, both unilateral breathing was found to change blood pressure. According to Saraswati (2002), the Yoga Research Foundation (YRF) undertook an experiment in which 22 resident students engaged in *nadishodhana pranayama* (psychic network purification). The outcome of this research had similar results. Basic nadishodhana is a specific form of alternate nostril yogic breathing in which nasagra mudra with the fingers of the right hand in front of the face. The thumb is above the right nostril and ring finger above the left. The flow of is made with the right hand, and the left hand placed on the knee in *nana mudra*, and five breaths with identical rates of inhalation and exhalation taken through the left nostril, followed by the right nostril. This process is completed five times or in five rounds. The results were found to be that performance speed in repetitive mathematical task increased as well as breath holding time (BHT), an indicator of cardiac health. A study by the same group in 2007 on 30 hypertensive adults found that nadishodhana reduced systolic and diastolic blood pressure (S. N. Saraswati, 2009).

While many of the neurobiological and genetic outcomes related to breathing have been more recently substantiated through Western evidence-based research, the mental, physical and



spiritual benefits of breathing have long been known within indigenous cultural systems. Within Zulu culture, the spiritual association with breathing may be found in a sneeze (*umsebenzi*) thus indicating ancestral presence, to which the response and crying out to the ancestry of “makhosi!” (ancestors) to acknowledge their presence. In the name giving ceremony, part of the ceremonial ritual involves the child breathing deeply (*ukhuhogela*) the fumes of animal skin as a way of the strengthening the longevity of the meaning of her name characterizing his or her earthly presence. Zulu divination passed down through centuries allows an individual to breathe through diviner in *ukuphefumulela amadlozi*, meaning *breathed by*. *Ukububula kwedlozi*, moaning, or groaning occurs as ancestors are experienced by the individual. The diviner may even breathe like a lion (*ukubhodla kwengonyama*) as part of his ancestral call (Edwards, Makunga, Thwala, & Nzima, 2006).

Qigong is another example of the spiritual benefits of breathing which includes postures, breathing and mental focus. *Qi* in Chinese means *life force* or *vital energy* and *gong/gun* refers to an accomplishment. Spiritual Qigong consisting fundamentally of breathing is based on Taoist breathing methods that focus on returning the way we breathe to what is in harmony with nature. These methods focus on creating a circular breath that starts from the belly. By learning to breathe with intention using particular breathing techniques, different states may be attained (i.e. preparedness for battle or preparedness for prolonged meditation) (Cohen, 1999). Breath in its many names is the livingness of all things. There is universal energy and cosmic energy and it exists as a dynamic pervasive principle within all things. There is *pranic* value to be found in food as well as air, as made clear in the foundational yogic text, *Bhagavad Gita* (Eknath, 1985). Energy can be received, given, or self-generated. With the breath serving as medium, breathing

occurs in three respirations stages, (a) inhalation, (b) retention and (c) exhalation, which utilizes energy pathways in the body. In Indian yoga there are nine main classical pranayamas. These include *nadi shodhana*, *ujjayi*, *bhramari*, *sheetali/sheetkari*, *kapalbhati*, *bhastrika*, *moorchha*, *surya bheda* and *chandra bheda*, all of which have behind them solid evidence based of their efficacy with respect to blood flow, activation of the ANS, improved ventilation, lessen labour pain, greater weight of newborns, and decreased asthma symptoms (Saraswati, 2009). For example, according to Saraswati (2009):

the regular practice of pranayama over a period of time reinforces cortical control of the breath, a process called telencephalization, where on shifts from unconscious to conscious breathing with profound effects on one's wellbeing. During conscious control of the breath, the cerebral cortex bypass the respiratory centre in the brain stem. Impulses from the cortex also affect adjoining areas of the brain concerned with emotions. The involvement of the cerebral cortex in conscious breathing causes the cortex to develop and allows the individual to enter higher stages of the evolutionary cycle. (p.111)

Here one sees the deep physiological connectedness between breath and well-being. The spiritual concept of energy movement in classical breathing creates parallels around oxygenation. Energy, breath, oxygen flow through the body, increasing blood flow and ventilation. As mentioned, trauma can result in cortex reduction, a decrease in volume in the prefrontal lobe and anterior cingulate volume, dysregulation of executive functions, and impairment in the extinction of fear responses with both physiological and neurological consequences. Conscious breathing develops the cortex, and thus may have implications for reducing traumatic stress and perhaps freeing one from the cycle of trauma and into higher evolutionary cycles. Further, for survivors of CSA, for whom it has been discussed, have symptoms pertaining to strong emotional reactions such as depression, self-blame, and shame, “rather than allowing the emotions to alter the breath (and cause physiological changes which may prove unhealthy), one can skillfully use the breath to transform one's emotional state” (Sageman, 2002, p.29).

On a spiritual level, breathing is seen as initiating a process in the physical body whereby the energy molecules and the mental forces that interact with one another are transformed, and thus higher qualities arise. The physical body can then be transformed into energy (S. N. Saraswati, 2009). Breathing allows an increase in levels of vital energy by creating static electricity in the body, stretching respiratory muscles, improving digestion, affecting the pineal gland of the endocrine system to reduce physical and mental imbalance, minimizing stress on cardiac system, experiencing of higher consciousness, changes in relationship with gravity, and karmic purging (S. N. Saraswati, 2009). Just as the experience of breathing produces physiological responses and improved physical, mental and spiritual health outcomes. Meditation too, as part of yogic practice, offers similar benefits.

## **Meditation**

Meditation forms a distinct, if not the most important, part of yoga. While the physical, asana practice is the most visible component, mediation is achieved through quieting the mind and achieving stillness. Optimally, this can occur simultaneously with asana practice, so that asana becomes a moving meditation. It can also occur separately prior to or after physical practice. Meditation serves too as part of multiple therapeutic interventions following trauma, which may assist the client in managing PTSD symptoms, such as those related to anxiety and depression through an inculcation of awareness, non-judgment of past and present, thoughts, feelings, and behaviors (Lang et al., 2012). Currently, there are thousands of meditative practices, each with sub-practices. These are normally categorized into *focused attention* meditation (of which pranayama forms a part) and *open monitoring* meditation. Meditations come from multiple regions, religions, and philosophies of the world. Current trends in

meditative practice in the West include mindfulness meditation, an adaptation from traditional Buddhist meditation practices, especially Vipassana, but which also having strong influence from other lineages, such as the Vietnamese Zen Buddhism from Vietnamese monk and peace activist, Thich Nhat Hanh. *Mindfulness* is the common Western translation for the Buddhist term *sati*. *Anapanasati*, *mindfulness of breathing*, is part of the Buddhist practice of Vipassana or insight meditation, and other Buddhist meditational practices, such as zazen (Smith & Novak, 2003).

One of the individuals who has exerted significant influence on mindfulness for its use in Western practice is John Kabat Zinn (1994). His mindfulness-based stress reduction program (MBSR), developed in 1979 at the University of Massachusetts Medical School, has been used in clinical and therapeutic settings with frequency. The field of psychology now utilizes meditation as other than a purely spiritual practice that seeks the attainment of knowledge of self, transcendence, enlightenment, insight and utilizes it for clinical use integrated in areas ranging from pain management to anger management to treating trauma reactions (Fjorback, Arendt, Ornbol, Fink, & Walach 2011). While meditation has not been proven as an *evidence-based* treatment for traumatic stress, mindfulness has been incorporated into a number of evidence based treatments, including acceptance and commitment therapy (ACT), MBSR, mindfulness-based cognitive therapy, and mindfulness-based relapse prevention.

In the last 10 years, the movement towards empirical validation of what has come to be deemed mindfulness in the West, has resulted in the proliferation of outcome measures. These include The Mindful Attention Awareness Scale (MAAS), The Kentucky Inventory of Mindfulness Skills (KIMS), The Toronto Mindfulness Scale (TMS), The Cognitive and Affective Mindfulness Scale (CAMS), The Freiburg Mindfulness Inventory (FMI), and The

Philadelphia Mindfulness Scale (PHLMS). While this does not allow room for an exhaustive examination of the numerous outcome measures, it will look broadly at three of the most well-known, the Mindfulness Attention Awareness Scale (MAAS), Cognitive and Affective Mindfulness Scale (CAMS) and the Five Facet Mindfulness Questionnaire (FFMQ).

In 2003, Dr. Kirk Brown and Richard Ryan created the Mindful Attention Awareness Scale (MAAS), the first empirically validated psychometric measure for mindfulness. The MAAS is a 15-item scale designed to assess open awareness of the present. It is a 10-minute test predictive of multiple areas of well-being and self-regulation constructs. Its shortcomings are that its validity is based on diverse populations (college students, communities, etc.) within the same homogenous demographic of White adults (Black, Sussman, Johnson, & Milam, 2012). The Cognitive and Affective Mindfulness Scale (CAMS) was originally created by Hayes and Feldman in 2004 and revised by Feldman, Hayes, Kumar, Greeson, & Laurenceau in 2007. The Cognitive and Affective Mindfulness Scale-Revised (CAMS-R) is a 12-item scale of mindfulness in general daily experience and uniquely understands as a willingness to be mindful as opposed to the act of being mindful, and relational to psychological distress. The scale addresses attention, present-focus, awareness and acceptance/non-judgment of thoughts and feelings. It is brief, and is of high clinical utility (Bergomi, Tschacher, & Kupper, 2012).

The Five Facet Mindfulness Questionnaire (FFMQ) created by Baer, Smith, Hopkins, Krietemeyer, and Toney (2006) is a 39-item psychological measurement constructed to explore mindfulness, based on five independently developed questionnaires. It examines five areas, observing, describing, acting with awareness, non-judging of inner experience, and non-reactivity to inner experience. While the scale is comprehensive and exhaustive particularly in its integration of the five different questionnaires, it can be argued that the item pool is arbitrary and

according to Bergomi et al. (2012) many items are over or underrepresented. Further, there are numerous studies which highlight the neurological effects of mindfulness meditation, mainly with respect to increases in neuroplasticity, changes in mechanisms of white matter, increased cortical thickness, and increased grey matter density that also serve as further evidence of the relationship between mind and body, mindfulness and neurological outcomes (Holzel et al., 2011; Lazar et al., 2005; Tang, Lu, Fan, Yang, & Posner, 2012). The usefulness of meditation as a wellness practice has long existed globally within indigenous communities; however, outcome studies have served as more recent confirmation of the clinical utility of meditation as a healing or therapeutic practice.

In Chambers, Lo, and Allen's (2008) study, 20 novice meditators participated in a 10-day mindfulness retreat. Participants were divided into two groups, one of which engaged in meditation training and a control group, which did not. The results included observations that the group that received training had better working memory capacity, better attention, less depressive symptoms, higher self-reported mindfulness, and significantly reduced rumination. Hoffman, Sawyer, Witt, and Oh (2010) meta-analysis of 39 studies of MBSR and mindfulness-based cognitive therapy (MBCT) found that mindfulness-based therapy might have the capacity to alter the cognitive processes that create stress, negative affect, and anxiety.

Studies by Moore and Malinowski (2009) compared non-meditators with experienced meditators, finding that the meditation group had better attentional functioning and cognitive flexibility. Studies on emotional reactivity have had varying outcomes. Ortner, Kilner, & Zelazo (2007) discovered that people with one month to 29 years of meditation practice were able to better disengage from disturbing pictures and focus on a cognitive task than non-meditators. The empirical evidence acquired as a result of Barnes, Brown, Krusemark, Campbell, & Rogge,

2007) study found mindfulness to be capable of protection against emotional distress within relational conflict. Bruce, Young, Turner, Vander Wal, & Linden (2002) established that nursing students reported better quality of life after MBSR training, which suggested reduced stress and anxiety and higher degrees of connectedness. It has had the same results for therapists who have post-meditation, self-reported higher mindfulness, more self-compassion, more empathy, gratitude, intentionality, patience, body awareness, as well as self-efficacy.

In a holistic conceptualization, which addresses multiple areas of trauma symptomology, the benefits of meditation relate directly to the koshas in Indian yoga, as seen in Figure 5. The *koshas* (Sanskrit for sheath) refer to the five divisions of the body/energy/mind that surround the Divine Spirit. The five koshas, from densest to subtlest are (1) *Annamaya kosha* (physical body), (2) *Pranayama kosha* (energy body), (3) *Manomaya kosha* (mental body), (4) *Vijnanamaya*

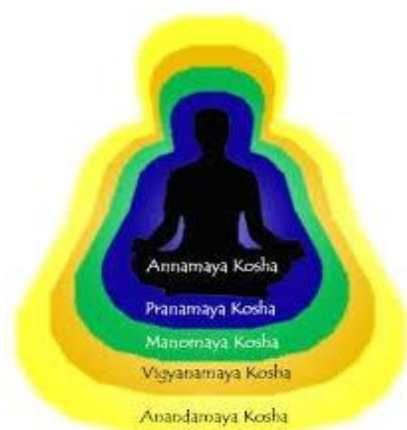


Figure 5. Diagram of Koshas, retrieved from <https://pauseinthepursuit.wordpress.com/2011/11/>. Copyright 2011 by Pauseinthepursuit

*kosha* (wisdom body), and (5) *Anadamaya kosha* (bliss body). Within the *Annamaya kosha*, meditation aids in the relaxation of joints and muscles, stress relief occurs along the autonomic-endocrine axis, and some physical illness can dissipate. In the *Pranayama kosha*, the energy of physical tension and mental repressions can be released through various energy channels, and it

is believed that repressed memories can be cleared and a relaxed state of witnessing can occur. It is a space where through meditation, reconditioning of negative habits and perceptions of the world can take place and where thinking, emotions, and ego roles can be shifted. In the *Manomaya kosha*, meditation can facilitate behavioral change, and in the *Vijnamaya kosha* clearance of the body-energy mind, perception, reasoning communication, spontaneous joy and compassion can be accessed with meditative practice (Vivekananda, 2005, p. 254).

For survivors of CSA in particular, for whom it has been discussed have traumatic symptoms related to hyperarousal, physical and psychological tension, intrusive memories, and heightened negative emotional response (Young, 1992), meditation may allow for relaxation, release of physical tension and shifting of emotions. Additionally, traumatic responses to CSA may also be behavioral, such as suicide ideation/attempts, eating disorders, self-mutilation, and risk-taking behaviors (Messman-Moore & Long, 2003). Meditation allows for behavioral change and reconditioning of habits which may re-victimize the CSA survivor.

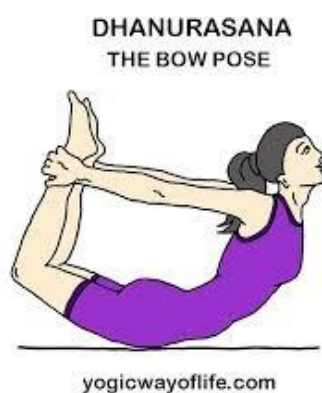
### **Asana (Posture)**

Posture or asana, has also become widely practiced, under the name yoga. In the yoga sutras of Patanjali, the foundational 400CE text upon which yoga was founded, postures are referred to within the context of the Sanskrit phrase “*sthiram sukham aasanam*” meaning “that position which is comfortable and steady” (Saraswati, 1969/2008, p.9). In the ancient Indian yogic scriptures, there were originally said to be 8,400,000 asanas representing an ancient Hindu belief in 8,400,000 earthly reincarnations an individual had to pass through before liberation from the process of Earthly birth and death (Saraswati, 1969/2008). Each posture requires specific breathing, duration, awareness, sequence, contra-indications, benefits and variations or modifications. Asana is thought to open energy channels, psychic centers and provide a stable



foundation with which to explore the body. This extremely important connection between body and mind is realized in this comprehension.

In *Asana Pranayama Mudra Bandha*, Swami Saraswati (1969/2008) acknowledged that the body and mind are two parts of one whole, “the gross form of the mind is the body, and the subtle form of the body is the mind” (p.11). Asana aims to harmonize and integrate the two. Their integration is also visible in that blockages or knots have corresponding knots in the mind and body. Each mental knot has a corresponding physical knot and each physical knot has a corresponding mental knot: “Asanas release mental tensions by dealing with them on the physical level, acting somatophysically, through the body to the mind” (p.11). Asana creates a strong body and aids in physical wellness. Studies have shown yogasana’s capacity to promote both weight loss and maintenance (Kristal, Littman, Benitez, & White, 2005), as well as to improve blood sugar control and nerve function in type 2 diabetics who have mild nerve damage (Malhotra, Singh, Tandon, & Sharma, 2005). Yogasana has also been shown to be equal or superior to exercise in relieving symptoms related to multiple sclerosis, menopause, and kidney disease (Rose & Thomas, 2010). For survivors of CSA, who often suffer poor health outcomes



such as cancer, diabetes, obesity, and asthma as both physical and psychological response to trauma (Felliti et al., 1998), yogasana can serve to promote positive physical wellness. Each posture has particular physical benefits. For example, the bow pose, as show in Figure 6, reduces stomach fat. It also strengthens thighs, groin, chest, spinal cord, ankles,

Figure 6. The Bow Pose. Retrieved from [yogicwayoflife.com](http://yogicwayoflife.com)

and the spinal cord. It improves organ functioning of the small and large intestines kidneys, pancreas, and liver. It improves digestion and releases flatulence (S. S. Saraswati, 2008).

With respect to CSA, particular postures are thought to have both physical benefits and



psychological benefits for releasing sexual trauma.

While the examples are numerous, one posture will be explored here in depth. Bound Angle Pose, as shown in Figure 7, is a hip opener, and pelvis release. It has particular benefits for women in that it stimulates ovaries, relieves menopause symptoms, assists with

*Figure 7. The Bound Angle Pose. Retrieved from <http://www.forteyoga.com/yoga-poses/bound-angle-yoga-pose/>*

infertility, and can ease childbirth with consistent practice (S. S. Saraswati, 2008). For women CSA survivors it is an important pose because the pelvic area can become constricted once threatened, and it is also the area in which high-impact behaviors such as touching, attempted penetration, and penetration occur. Practice of this pose can assist in releasing negative emotions associated with sexual trauma as well as psychological symptoms such as depression, fatigue and anxiety (Emerson & Hopper, 2011; S. S. Saraswati, 2008).

It is asana that is a component of yoga, not which defines yoga, contrary to how most yoga studios and individuals in the West interact with yoga. One of the strongest critiques of yoga's use in the United States is its existence as living cultural appropriation, dilution, and repackaging for profit in the form of *yogasana* or postural yoga for a mainly White, middle class, focused on holistic health, fitness, and self-improvement. It is a yoga that is void of the foundational limbs of yoga and emphasizes postures largely absent from original Hindu texts

(Singleton, 2010). Through the examination of the effect of participation in the yoga system, not purely asana, that clinical utility is sought.

### **Healing Potential of Integrated Yoga Practice**

While the evidence of yoga's efficacy as a healing modality for many of the symptomatic areas that sexual trauma affects as well as for the general mental health has existed for hundreds of years in both Africa and Asia, there is growing Western *evidence-based* literature that points to the efficacy of yoga as forming either an adjunct or primary therapeutic modality (Da Silva, Ravindran, & Ravindran, 2009; Davis & Omar, 2007; Lily & Hedlund, 2010). That which comes from Asia tends to look at the system of Sahaja yoga, a holistic less physical and more spiritual school of yoga focusing on the inculcation of awareness through the awakening of kundalini energy (Sharma, Das, Mondal, Goswami, & Gandhi, 2006). Kundalini refers to snakelike energy that moves from the base chakra to the crown chakra, with chakras being subtle energy nodes in the physical body (Sharma et al., 2006).

While it has been discussed that wellness in the holistic sense, as well as the yogic sense, goes beyond the absence of disease, perhaps the strongest indicators of potential utility in healing from CSA, as evidenced by outcome studies, may be through the identification of reduction of the most common negative psychological sequelae often appearing as adult-onset in CSA survivors, identified earlier in this review (i.e. depressive symptoms, anxiety). Sharma et al. (2006) published the results of their research on the meditative technique of Sahaja yoga and adjunct to pharmaceutical intervention in the *Indian Journal of Physiological Pharmacology*. Participants included 19 males and 11 females, ages 18-45 years. One group received Sahaja yoga and anti-depressants, while the other group only received anti-depressants. Before and after eight weeks, participants were given the Hamilton Rating Scale for Depression (HAM-D) and

Hamilton Rating Scale for Anxiety (HAM-A). Both scales were created by Max Hamilton in 1960 and 1959 respectively. The HAM-D was designed to measure severity of depression, while the HAM-A was designed to measure severity of anxiety. At the end of the study, both groups were found to have improved, but scores in clients receiving Sahaja yoga were significantly lower as compared to the anti-depressant group ( $P=0.003$ ), with change being  $-60.85 \pm 4.97$ . While the exact relationship to the alleviation of depression and Sahaja yoga were not clear from the study, Sharma et al. conjectured that Sahaja Yoga meditation may “modulate the limbic system activity, which via hypothalamus may modulate the sympathetic activity and regulate endocrine secretions. Conditioning of these regions by practice of meditation may help in restoring normal homeostatic conditions” (p.10).

A second study by Sharma et al. (2006) found a significant effect of Sahaja yoga on neuro-cognitive functions in patients suffering from major depression. Again 30 participants were divided into two groups, one receiving solely anti-depression medication, the other receiving Sahaja yoga as well as medication. Neuro-cognitive test batteries were administered prior to and after eight weeks of Sahaja meditation. Both groups improved in the post-test; however, the group participating in Sahaja yoga improved more than the group only receiving medication. In this study, Sharma et al. (2006) concluded that

Sahaja Yoga practice in addition to the improvement in various other cognitive domains seen with conventional anti-depressants, can lead to additional improvement in executive functions like manipulation of information in the verbal working memory and added improvement in attention span and visuo-motor speed of the depressives. (p.375)

Their detailed conclusions integrate and explicate the spiritual and physiological interconnectedness of yoga. The researchers also added that improvement could be due to “according to Sahaja Yoga literature, actualization of Kundalini awakening [which] takes place

in the Limbic system, giving rise to bliss, deep relaxation and vibratory awareness of cool breeze flowing from the palms and top of the head” (Sharma et al., 2006, p.28) This Kundalini awakening “conditions the limbic system which modulates the activity of hypothalamic-hypophyseal-adrenal axis” (p.28). This creates better neuro-effector communication, affecting neurotrophic factor expression, which modulates neurotransmitters like 5HT and NE, causing cognitive improvements.

Da Silva et al. (2009) found that existing studies on the efficaciousness of yoga in the treatment of depressive disorders was sparse, often with methodological problems. However, in the meta-analysis, Da Silva theorized that yoga may be “comparable to medication and the combination superior to medication alone” (p.6). Sudarshan Kriya yoga (SKY) was found to be the most efficacious monotherapy for major depression. Da Silva et al. suggested the evidence to be sufficient for use as an efficacious adjunct therapy for depression.

There has been limited research in yoga management of anxiety conditions, making clinical utility difficult to gauge; however, Da Silva et al. (2009) found that as both a monotherapy and adjunct therapy, yoga may have benefits, particularly for individuals with a short history of anxiety conditions. Specific individuals with symptomology consistent with general anxiety disorder (GAD), phobic disorders, and panic disorders experienced stress reduction, and reduction of somatic and cognitive symptoms in the studies reviewed. Compared to no treatment yoga was seen as beneficial to both individuals with anxiety and depression. For example, Shapiro et al. (2007) publishing in a journal for alternative medicine, undertook a study that examined yoga as a complementary treatment of depression. Thirty-seven individuals (27 women and 10 men) diagnosed with unipolar depression, in remission, enrolled in the study, 17 of whom completed pre- and post-intervention assessment. Participants partook in 20 Iyengar

yoga classes, with biological and psychological assessment conducted pre and post-session. Significant reductions were shown for depression, anger, anxiety, neurotic symptoms and low frequency heart rate variability in the 17 completers, 11 of whom completed full remission after the 20 classes were completed. The researchers, therefore, concluded that yoga may be an efficacious complementary treatment for depression.

Additionally, Streeter, Gerbarg, Saper, Ciraulo, and Brown, (2012) proposed a theory regarding the effects of yoga on the autonomic nervous system, gamma-aminobutyric-acid, and allostasis in epilepsy, depression, and post-traumatic stress disorder. Conditions such as epilepsy, depression, PTSD, and chronic pain are aggravated by stress, have low heart rate variability (HRV), and low GABAergic activity, respond to pharmacologic agents that increase activity of the GABA system, and show symptom improvement in response to yoga-based interventions. Stress causes ANS imbalance (increased SNS activity and increased PNS activity), underactivity of the GABA system and increased allostatic load. Streeter et al. theorized that yoga reduces allostatic load in stress response through the correction of underactivity of the PNS and gamma amino-butyric acid (GABA) systems in part through stimulation of the vagus nerves, the main peripheral pathway of the PNS.

Kinser, Bourguignon, Whaley, Hauenstein, and Taylor (2013) conducted a community based study lasting eight weeks comparing the results of yoga interventions versus attention control interventions. The results were such that both groups experienced decreased depressive symptoms with the yoga group experiencing a significant decrease in rumination as well as increased connectedness and utility in yoga as a coping strategy.

The sparse literature on trauma-sensitive yoga programming comes from Justice Resource Institute (JRI) in Massachusetts (Emerson, Sharma, Chaudhry, & Turner, 2009). The

center conducted a pilot study on the impact of its program on PTSD symptoms as well as compared it to structured group treatment intervention. Sixteen women between the ages of 25 and 55 were randomly assigned to eight sessions of 75 minute gentle Hatha yoga or Dialectical Behavioral Therapy (DBT). Hatha yoga is regarded as the first part of Raja yoga, whose aim is samadhi (enlightenment); however, it is used generally in western contexts to denote a slow yoga with longer postural holds with no flow between them. In the trauma-sensitive use particular trauma-sensitive language was used, minimal or permission-granted assists, space, lighting, and gender restrictions etc. were also implemented. After eight weeks of yoga, participants self-reported improvements in all PTSD symptoms, even more so than the DBT group. The limitation to this study was that the small sample size did not allow for statistical significance; however, within the small group, the researchers hypothesized that yoga does affect self-regulation and decrease hyper-arousal.

Dale et al. (2011) engaged in research to assess how yoga practice might buffer the deleterious effects of abuse on women's self-concept and dysfunctional coping. This is one of the few clinical trials that looks at the relationship between yoga and women survivors of abuse. An internal Benefits scale was created by the team. Three variables assessed yoga experience: yoga frequency (times/week), yoga focus (learning postures or breathing vs. being present during yoga practice), and yoga lifestyle (experimentation or exercise vs. incorporating yoga into other areas of life). Participants were recruited from a local yoga studio. Results indicated that frequent yoga practice positively affected the level of overall self-concept. This finding is consistent with the results of Gupta (2007), who found that participants reported greater self-concept scores after practicing yoga for four months. Dale et al. surmised that frequent yoga might lead to less use of

dysfunctional coping mechanisms. However, it did not find improvement in mood as a result of yoga.

As few trauma-sensitive yogas have been used with an isolated demographics, by looking at the yogaHOPE program, one finds a program that has targeted women in the African Diaspora. By examining this program, potential links may be drawn to what aspects of trauma-sensitive programming work with other groups of African women in the Diaspora, outside of the United States. YogaHOPE, a trauma-informed mind body program, was created by Sue Jones in 2006. It began in the form of a non-profit program in Boston, which has since spread internationally, and now empowers women in Haiti. According to Jones and Rousseau (2011)

The TIMBo program offers a deliverable, research-based curriculum based on the ways in which mind-body practices allow for long-term traumatic stress recovery. With a focus on helping women to reprogram the body's conditioned responses, TIMBo has the effect of empowering incarcerated and recovering women to understand and then regulate their responses to stimuli, thus stopping the dangerous cycle of violence in families and communities. (para. 2)

However, the program still uses a program created by individuals within a Euro-centric cultural framework that does not acknowledge the African origins of yoga and may still be viewed as foreign by African people.

### **Conclusion**

The purpose of this review of the literature was to position ethno-culturally diverse knowledge sources equally within the same literary space. It was to examine the prominent existing literature about CSA, specifically that which pertains to the experiences of African American women, to identify studies that support the multi-dimensional use of yoga as ritual and healing beyond solely symptom reduction, and to identify the gaps that exist in the research connecting the healing properties of yoga as use in healing of African American women survivors of CSA. From the literature review, it has been acknowledged that the experience of



trauma is a widespread phenomenon, which attempts to be captured by the DSM-5 through diagnoses such as PTSD. The DSM-5 and its reliance on what can be an over-pathologizing medical model, as well as PTSD's restricted comprehension of trauma, does not always encapsulate the experience of trauma for all individuals, particularly African American women as a unique population.

The concept of complex trauma, not captured by the DSM-5, is an idea which appears more applicable for women and African American women in particular as evidenced by the ACE (CDC, 2014) and Philadelphia ACE (REG, 2014) studies. These studies showed that childhood sexual abuse is found to occur concurrently with other adverse childhood experiences, reflecting the multiple kinds of potentially traumatic ongoing, Type II traumas experienced in childhood by African American women. These are placed within the context of continuously reinforced traumas within interlocking oppression, built into the matrix of domination, which is upheld systemically. These traumas can be impactful mentally, physically, spiritually, psychologically and behaviorally as adult women. Often this is with respect to behaviors that result in revictimization; thus, creating a circuitous trauma relationship inherited in the care-giving system, re-experienced due to resultant learned behaviors, reinforced systemically, and again passed down to children. Inherited and reinforced too are internalized archetypes with pervasive external reinforcement where African American women keep silent and protect, and know not to report nor seek help externally.

In an assessment of currently available trauma-based interventions, many have the potential to be helpful for African American women but were constructed with African American women underrepresented in the normative data. Many are based in Eurocentric (rational) thinking and neglect community, family, African American women's view of self in

relation to family, and broader socio-political cultural milieu in which interlocking oppression continues. Many address symptom reduction, rather than a healthy thriving and holistic resilience, which many African American women have inculcated in their own culturally-bound ways. Because African American women have a lower external and higher internal locus of control (Hood & Carter, 2008), they become less likely to ask for help because of the potentially unpredictable and potentially harmful external world but find ways of thriving through internal resilience. Through sanctuaries of healing both in the community and internally, through cultural connectedness and coherence for identity, African American women may create a relationship with their life-worlds and promote their own ecological well beings as individuals and in relation to others. This is not a bouncing back but a continued exercise in the mastery, wisdom, harmony, love, and compassion, particularly towards self. Each of these elements are central in both an African-centered approach and yogic philosophy. Yoga thus becomes a potential tool for creating and supporting healing and thriving, due to its curative properties for lifestyle, spirit, and emotional imbalances, through mental and physical exercise. These are ancient exercises, which although credited to Indian yoga, have a rich history in Africa as well. Through meditation, breathing, and posture, yoga has been evidenced to be successful at alleviating particular PTSD symptomology, both through neurobiological comprehensions and indigenous comprehensions. Further research is needed to examine the ways in which an African-centered or culturally-informed yoga ritual may prove to be a helpful therapeutic tool for African American women survivors of CSA, beyond the limitations of alleviation of PTSD symptoms, and effective in growth into yoga (harmony) with African spiritual principles, with the different facets of self (mental, physical and spiritual), and with original and collective sources of consciousness.



### **CHAPTER 3: METHODOLOGY**

The focus of this qualitative study is examining the way in which Black women survivors of CSA experience Kemetetic yoga in their recovery/coping processes. This study, utilizing qualitative descriptive methodology, employs semi-structured interviewing to garner in-depth responses/stories.

#### **Researcher's Background**

It is important to note that my particular background with respect to multiple ecologies of my family background, academic training, work training, and personal background, have prepared me and qualified me to engage in this work as a principal researcher. My experiences and training within these ecologies have encouraged the growth of multiple skillsets. These include trauma-sensitive interviewing techniques, inclusive of quickly establishing mutually respectful relationships in which I can build rapport and trust, and active and deep listening skills. I grew up in a household in which narrative composed a large part of how we were reared. From a young age we were taught to listen to stories, to hear the richness, and to look for meaning in the nature of the experience or lesson in the form of narrative. We had extremely limited access to television and were often taught by elders in the form of stories and fables. Narrative served a multifunctional purpose in my life. My elders used it to teach us how to listen to stories using our “thinking caps,” in essence critically thinking, and searching for deeper symbolic meaning. It also communicated information about the storyteller, their values, and the values important for the storyteller to instill within us.

Working for Joint Voluntary Agency, Resettlement Support Center and the United Nations High Commissioner for Refugees (UNHCR), a large portion of my work entailed interviewing refugees, often with trauma stories. The objective of these interviews was to review

existing information in the refugee claim, write the initial claim, or determine refugee status eligibility. Part of the work I took on myself was listening for psychological trauma in narratives that could interfere with the applicant's ability to remember or recount events, while concomitantly taking multiple modules on interviewing survivors of violence and torture as provided through UNHCR and outside training, to prevent triggering during or post-interview. In my classes at Saybrook University, I also learned how to identify trauma response and its neuro-cognitive effects.

For approximately the last two years, I have worked as a student mental health therapist both in outpatient community mental health, working with individuals with major mental health disorders, as well as in a residential setting in which I work with a non-pathological population consisting mostly of children and families. In both settings, I have had to utilize particular clinical interviewing skills such as observation, non-verbal communication, questioning, and responding techniques (McNair, Taft, & Hegarty, 2008). Person-centered approaches to clinical interviewing require empathic attunement, active listening, and conversational tones (Rogers, 1951). Though there are certainly more specific skills required for in-depth interviewing, the aforementioned skills are some of the same required for research interviewing. As part of my training as a clinician both academically and within my first practicum sites, I was trained to notice signs of distress and how to utilize grounding techniques and gestalt exercised to help reorient individuals who may be overcome by thoughts or feelings of distress.

As the primary researcher and a survivor of childhood sexual abuse (CSA) and as a Yoga Teacher Training (YTT) certified yoga instructor since 2013, I possess lived experience as I have had to navigate my own healing process with CSA while serving others who have experienced physical and/or sexual trauma. As part of YTT yoga certification, there is a requirement of in

depth instruction on the multiple facets of yoga including philosophy, physiology, posture, breathing, principles, energy locks, history, and meditation (S. S. Saraswati, 2008). This is both learned and experiential instruction. Having this experience and awareness also allows me to engage in research interviewing that probes in areas that make the most sense and ask follow-up questions based on a lived and in-depth understanding of both CSA and yoga.

Although my experience allows for particular insight, I have remained in consistent awareness of any potential bias. I understand the importance of being intentionally aware of bias that may arise so that I may use it in a way that is informative rather than directive, and allows me to consistently be in conversation with myself. In following Ricoeur's (1974) hermeneutical phenomenological approach, I disclosed to myself all assumptions, biases, and pre-suppositions I had regarding the phenomena prior to entering the study. Through consultation with my dissertation chair and committee members, I was able to check in as I engaged in interviews to ensure that any potential researcher bias from my lived experience did not drive my data collection or adversely impact analysis. Further I asked that a peer interview me using the same research questions prior to interviewing participants to help me become aware of any biases that I may have before myself interviewing participants. In this way, I elicited more reliable and valid information about both participants' and my own process.

## **Participants**

### **Recruitment**

This was a qualitative descriptive study, which sought to recruit at least 10 participants until saturation. In the study, eight participants were recruited from yoga studios using semi structured interview techniques. In the study, recruitment occurred by casting the widest net possible, and therefore contacting 17 Kemetic yoga programs in 11 states (see Table 4), resulting

in an approximate 151 potential participants. These locations all have studios in which Kemetic yoga or a derivative of Kemetic yoga is taught. Yoga Alliance® (2016) is the national credentialing organization for the yoga community that provides a set of educational standards for yoga schools that specify hours or study in certain educational categories. Yoga schools were identified through references from the singular Yoga Alliance certified Kemetic Yoga school and Yoga Skills, which also trains certified instructors (Yoga Alliance, 2016). The Yoga Skills website contained information for the schools and sites in which certified Kemetic yoga instructors, having graduated from the Yoga Skills program, taught. These sites along with those obtained through basic internet searches made up the list of recruitment sites. I created a flyer (Appendix A) that was emailed with a cover letter to programs (Appendix B) inviting them to post and share with members. The studios did not know who responded to the flyer nor did they have access to any data. I then followed up with a phone call in order to ask if the material had been received and if the studio or instructor had any further questions. The recruitment flyer was also disseminated via personal and professional listservs through electronic means with an introductory letter (Appendix C), as well as posted on social media (Facebook and Instagram). I also searched on Facebook for any groups with “Kemetic Yoga” as part of the name. I emailed these groups with the same information as those pre-selected studios. I did not interview anyone I knew as this might have constituted a conflict of interest. I did not know whether or not the studio complied with the request nor did I know how the participant was made aware of the study, unless she included this information during the interview.

Table 4

*Yoga Recruitment Chart*

<b>Instructor(s)</b>	<b>Location/Studio Name(s)</b>	<b>Number of Classes/week</b>	<b>Estimated Attendees</b>
Jill Minard	Yoga House Houston (TX) <a href="http://www.yogahousehouston.com">www.yogahousehouston.com</a>	13	130
Yeeskah Radcliffe	House of Hotep (IL) <a href="mailto:yeeskah@gmail.com">yeeskah@gmail.com</a> <a href="https://www.facebook.com/yeeskah">https://www.facebook.com/yeeskah</a> (teacher training)	4	40
Ona Hawk	Firehawk Yoga Studio (GA) <a href="http://firehawkyoga.com">http://firehawkyoga.com</a>	1	10
Misty Powell	Crenshaw Yoga (CA) <a href="http://www.crenshawyogaanddance.org/">http://www.crenshawyogaanddance.org/</a>	1	10
Master Naba Lamoussa Morodenibig	M'TAM School Earth Center (IL, MD, SC, CA, NY) <a href="http://theearthcenter.org/mtam-schools/">http://theearthcenter.org/mtam-schools/</a> 773-942-7184	Varies	Varies
Maat Sanovia SoDaye'	KA Vibrations Yoga (AL) 804.596.YONI <a href="mailto:yonisteaminstitute@gmail.com">yonisteaminstitute@gmail.com</a>	Varies	Varies
Atara Stroman	Sun Wise Yoga Space (CT) <a href="http://www.sunwiseroots.com">http://www.sunwiseroots.com</a>	5	50
Rochanda Zigler	Wose Community Center (CA) Sol Collective Art <a href="http://www.solcollective.org/">http://www.solcollective.org/</a>	3	30
Treina Alexander	YogaLoveOakland <a href="http://yogaloveoakland.com/">http://yogaloveoakland.com/</a> Deep Roots Urban Refuge <a href="http://deeprootsurbanrefuge.org/">http://deeprootsurbanrefuge.org/</a>	7  1	70  10
Muata Ashby	Sema Institute of Kemetic Yoga (FL) <a href="https://www.facebook.com/Egyptianmysteries/">https://www.facebook.com/Egyptianmysteries/</a>	3	30



Queen Afua	Queen Afua Wellness Studio (NY) <a href="http://www.queenafua.com/">http://www.queenafua.com/</a> 718-221-HEAL	Varies	Varies
Kwesi Karamoko Marsha Banks- Harold	Pies Fitness Yoga (VA) <a href="http://piesfitness.com/">http://piesfitness.com/</a>	2	20
Ari Ankah	Afrikan Village Chicago Cultural Center (IL) <a href="https://www.facebook.com/tywanna.patrick">https://www.facebook.com/tywanna.patrick</a>	1	10
Christina Wallace – Chicago	1620 S. Michigan Ave, #300 Chicago, IL Christina.wallace91@gmail.com <a href="https://www.facebook.com/christina.wallace91">https://www.facebook.com/christina.wallace91</a>	6	60
Tinesha Wilderson	The Anshindokan (IL) <a href="https://www.facebook.com/pages/The-Anshindokan/109532882417891">https://www.facebook.com/pages/The-Anshindokan/109532882417891</a>	1	10
Saidia Therapylady	811 E. 82nd St. Chicago, IL <a href="https://www.linkedin.com/in/saidia-therapylady-71b168124">https://www.linkedin.com/in/saidia-therapylady-71b168124</a>	1	10
Leslie Jones	Afro Flow Yoga <a href="http://www.afroflowyoga.com/">http://www.afroflowyoga.com/</a>	2 1 1/month	20 10 10
Total		App. 53	App. 530

### Selection Criteria

Potential participants were selected from those who contacted me to express interest in participation and who were found eligible after the telephone screening (Appendix D). A wide net was cast because of the potential difficulty in finding participants. I sought to interview 10 participants due to the population being a hidden one and the richness of data that could be elicited using a small sample size. According to Seidman (2006), “a sample of participants who all experience similar structural and social conditions gives enormous power to the stories of a

relatively few participants” (p.70). *Snowball sampling* (chain-referral sampling) is a non-probability sampling technique that is used by researchers to identify potential subjects in studies where subjects can be difficult to locate (T. P. Johnson, 2005). This sampling was used considering that members of this population would unlikely be found or participate without referrals from others in their network (Padgett, 2008). In snowball sampling, the researcher requests the participants’ assistance to help identify people with a similar trait of interest.

Inclusion criteria included those who:

- a. Identify as African American female: This is the focus of the study.
- b. Over 21 years of age: This is above the age of consent and provides at minimum four years between any experienced CSA and the present, increasing the likelihood of being in a state of recovery and reducing the amount of time between the abuse and the interview.
- c. Comfortable communicating in English: This ensures participants clearly understand questions and that this researcher clearly understands responses.
- d. Participated in Kemetec yoga classes or derivative: This is the focus of the study.
- e. Survived childhood sexual abuse (CSA): This is the focus of the study.
- f. Self-identified as functioning well as an adult despite a history of CSA: This is the focus of the study.
- g. Has access to and is comfortable with using Skype.

While it has been argued that there are particular ethical dilemmas facing internet qualitative research particularly in the distinction between public and private domains, in Skype interview cases, ethical issues are considered the same as in face-to-face and online interviews (Cater, 2011). There are some limitations to using an online platform to conduct interviews. There may be time lags in conversation, which can break the flow of an interview; lack of non-verbal cues in audio-only mode; solely upper-body cues in video mode; potential failure; and disconnections and loss of data. The participant may be unfamiliar with holding a conversation using an online platform and could potentially be more stressful for individuals unfamiliar with this particular technology (Pretto & Pocknee, 2008; Redlich-Amirav & Higginbottom, 2014). Therefore, these were addressed in the script prior to the start of the interview. The advantages,

however, are that it is possible to record video as well as voice calls. For the researcher, an online platform allows for easier and more inexpensive data collections, reduces the time and cost of travel, particularly considering the expansive geographical locations in which participants may be located. It also allows for increased flexibility in interview scheduling so that participants may be interviewed at home if they so choose. Lastly, it accommodates those with visual impairments as they may take part using software that reads onscreen text (Bertrand & Bourdeau, 2010; Pretto & Pocknee, 2008).

Participants were not excluded based on religion, marital status, or sexual orientation as this was not directly explored. Eligible participants who agreed to participate in the study were verbally re-informed about the general purpose of the study, procedures, confidentiality, voluntary nature of their participation, and potential benefits and risks of participating. Potential participants were invited to ask any questions. I then arranged an interview date and time for a Skype interview with those interested in participating in the study.

### **Consent**

In order to safeguard the rights and privacy of participants using this alternative medium, specific procedures were required to attain consent. Written consent to participate in the study was obtained from all participants in accordance with American Psychological Association (APA) ethics (2007) and Saybrook University Institutional Review Board (IRB) policies and procedures (Saybrook University, n.d.) prior to beginning the interview. As all interviews took place over Skype, this mode of communication was addressed in the consent form. Although Skype mediated interviews are incapable of fully replacing face-to-face human interaction, due to the broadly located potential participant network, it is the most feasible and reliable medium as an alternative qualitative data collection tool. Researchers normally obtain informed consent

by online, email, or posted forms and all participants are fully aware of audio or video recordings. For the purposes of this research informed consent was acquired via an emailed consent form. A separate recorder was used to record the interview and was transcribed within two weeks of the interview (Cater, 2011). For this study, participants were informed that their interviews would be recorded and that a transcriptionist other than this researcher would be transcribing interviews. The transcriptionist and I signed a confidentiality agreement (Appendix E). As the primary researcher, the content and purpose of my research, as well as potential benefits and risks to the participant, were explained in the written consent.

Both at the end of the screening and at the start of the interview I again provided time to ask any questions or identify any concerns individuals had with participation. I also emphasized again that participants were in control of the interview and could end the session at any time for any reason. I provided resources (Appendix F) to every participant following the interview, inclusive of a national handout on CSA, local contacts for mental health services, and/or references back to a healthcare provider. Though no questions in the interview protocol probed into the sexual abuse encounter, in order to ensure the protection of participants, three national hotline numbers were also provided as part of the written consent.

### **Procedure**

The interviews were anticipated to last approximately 60-90 minutes. This was communicated to participants both in the recruitment materials and prior to the start of the interview. In this way the potential undue anxiety of an open-ended time period was avoided and participants had a stake in a set amount of time which is usually sufficient for in-depth interviews (Seidman, 2006). Interviews occurred at a mutually agreed upon date and time between the participant and researcher. Participants were asked to choose a private location

where she would be alone, could not be heard by others, and would not be interrupted for at least 90 minutes. Participants were instructed to pause the interview if at any point the privacy of the conversation was breached, by alerting me, and only continuing at the point in which I had again secured privacy of the location. If this was not possible at that time, I would arrange a separate date/time with the participant to continue the interview.

### **Qualitative Description**

The research method used was the qualitative description method. According to Kim, Sefcik, and Broadway (2016):

qualitative description (QD) is a label used in qualitative research for studies that are descriptive in nature... QD has been identified as important and appropriate for research questions focused on discovering the who, what, and where of events or experiences and on gaining insights from informants regarding a poorly understood phenomenon. (p.23)

It is used often in research that is designed to eventually develop interventions. Generally, quantitative and qualitative studies are composed of two distinct categories with respect to research design and execution. Quantitative research has a purpose to test a pre-existing hypothesis, which studies variables as opposed to the whole. The data collected are numbers and statistics and are based on precise measurements using structured and validated data collection instruments such as experiments, observing events and data, administering surveys, questionnaires, structured interviews and clinical trials (Creswell, 2014). Participants are often studied under controlled conditions to isolate causal effects. Results are often sought for generalizability to the wider population (Johnson & Christensen, 2008; Lichtman, 2006). Its limitations are that when it comes to the interpretation of data, there are limits to what can be learned about the meanings participants give to events. Researchers are limited to pre-selected variables and use results of statistical tests which are based on pre-assumptions (Becker, 1996, p. 61).

Although qualitative research design can be seen as complicated, it is often a rich way of acquiring information about individuals' life experiences. Qualitative research allows for an interpretive approach in the examination of people's experience in detail by using a specific set of research method. The method allows the researcher to identify issues from the perspective of participants, to understand the meanings and interpretations they give to behavior, events, or objects and to understand their experience. It speaks to methods, features, and qualities of the researcher who "needs to be open-minded, curious and empathetic, flexible and able to listen to people telling their own story" (Hennink, Hutter, & Bailey, 2010, p. 9), identify how their experiences and behavior are shaped by the context of their lives, such as the social, economic, cultural or physical context in which they live and therefore also looks at contextual influence to "interpret phenomena in terms of the meanings people bring to them" (p.9). Some of the limitations of qualitative research are that knowledge is often not generalizable, as there are normally few people in the research study. It is difficult to utilize to make quantitative predictions. Its use in testing hypotheses with large participant pools can be extremely difficult. Collection and analysis of data can be time consuming. Data may also be more likely to be influenced by the researcher's biases (Creswell, 2014).

There are multiple qualitative research methods to choose from based on the research questions. These include in-depth interviews, focus group discussions, observation, content analysis, visual methods, life histories, biographies, and many more. Amongst these methods is *qualitative description*. Qualitative description focuses on the basic shape of an experience. It collects data utilizing semi-structured interviews or focus groups (Corbin & Strauss, 2008). By using ordinary vocabulary, it allows participants to convey their particular experience without any imposition of any pre-existing theoretical framework; rather it allows for the creation of new

conceptual frameworks (Sandelowski, 2000, 2010). It is therefore oriented towards summarizing the contents of the data. The value of a qualitative description lies in the “substance, depth, and innovation of the end-product that is generated” from this qualitative method (Corbin & Strauss, p. 303). This framework was chosen to its elective and organic nature and flexibility. It is thought that this framework will allow for insight into multiple realities of African American women’s CSA survivors perspectives on life, self, identity and healing, having engaged in Kemeti yoga expressed in a straightforward descriptive manner.

Within QD semi-structured or in-depth interview techniques are often used to elicit qualitative information. The semi-structured interview is most appropriate for this particular research because it allows for participants to voice their own experiences and subjective interpretations of the experience. Semi-structured interviews also address social contexts of the experience while simultaneously authentically portraying perspectives of the participants (Bloomberg & Volpe, 2008). According to Seidman (2006), “at the root of in-depth interviewing is an interest in understanding the lived experience of other people and the meaning they make of that experience” (p.25). In-depth interviewing therefore becomes useful when trying to understand how the meaning people make out of their experience affects the way they carry out the experience (Blumer, 1969). It is the closest way we have of understanding another individual without entering another individual’s stream of consciousness and becoming the other individual (Schutz, 1967). In this way, the use of in-depth interviewing will elicit the richest understanding of participants’ experiences and becomes best suited to answer the research question that explicitly asks for lived experience of participants. Semi-structured interviews are formal interviews using open-ended questions that make use of an interview guide to be followed with flexibility when there are alternative topical trajectories.

The interview is conversation-like in that it is a form of organic two-way conversation that can be very natural. It is a relationship “that must be nurtured, sustained, and then ended gracefully” (Seidman, 2006, p.95). According to Bernard (1988) semi-structured interviews are most useful when there may be only one chance to interview participants. It allows interviewees to express views on their own terms, and provides reliable, comparative qualitative data. This too fits the design of the research. Schutz (1967) saw intersubjective understanding of the other as contingent upon the creation of the *I-thou* relationship in which the participant is not seen as an object. However, Oakley (1981) further recommended a *We* relationship in which the interviewer becomes an equal participant, and that lack of equal participation reflects more patriarchal research models.

Therefore I chose in interviews to keep the I-thou relationship intact, at the same time moving towards the We relationship. In this way, I engaged with the participant in the context of Ubuntu, by creating mutuality, a feeling of tolerance, hospitality and respect for participants, their language, and opinions, and maintaining a conversational style without focusing attention on the researcher’s experience and saying little enough to “preserve the autonomy of the participants’ words” (Seidman, 2006, p.96).

Oral interview technique “is one of the frontline tools that can be used by a variety of Black Studies scholars” (Asante & Karenga, 2005, p.332), which enlists the agency of African people, thus making it an appropriate tool for use by me in this research. Thus this approach is also best used for this area of study as it is researching African people who have chosen an African form of yoga.



## Research Questions

A primary research question is: What can be learned from the lived experiences of functioning African American women adult childhood sexual abuse (CSA) survivors and their use of culturally-informed Kemetic yoga? Secondary questions consist of:

1. How will African American women CSA survivors describe themselves?
2. How will African American women describe their experiences of Kemetic yoga?
3. What, if any, relevancy was there for a culturally-informed yoga experience?
4. When considering their continued recovery and/or healing, what, if any, observations would they have about the use of Kemetic yoga?
5. What, if any, recommendations would they have for other African American women who survived CSA in the use of Kemetic yoga and why?

## Data Collection

### Interview Protocol

The Interview Protocol (Appendix G) is divided into two sections: the demographic information and the semi-structured interview. It was created to seek to obtain data from the lived experience from the subjective perspective of participants. I, the researcher, derived the interview questions based on the review of the literature, personal and professional experiences as a CSA survivor, clinician, and yoga practitioner and in relation to secondary questions being asked.

**Demographics questions.** I began by letting the participant know that the interview would take approximately 60-90 minutes and asked the participants to verbally answer demographic questions as a way of obtaining important information prior to the interview. Background questions, also known as demographic data, are questions that take into account

pertinent participant characteristics. The acquired data not only demonstrates definitively how appropriate the participant is for the study (Marshall, 1996) but also the comparative format allows for investigation of a representative sample and standardization of collection tools and approaches (Wyse, 2012). Further, the use of background questions allows researchers to better compare replications of studies and improve secondary analysis by providing the necessary information to the synthesize multiple studies. Therefore, the acquisition of background information helps qualitative studies by both enriching the data and increasing reliability of the data.

There are nine questions, which include age, gender, education, ethnicity, education, income, employment status, language, household and family composition. This provided me with an opportunity to continue creating rapport with the participant, establishing “a harmony with, conformity to, [and] and affinity for one another” (Seidman, 2006, p.97) without crossing the boundaries of formality that could affect participant responses or my questioning as well as gain relevant demographic information. The rationale for such questions is to enrich the data by having pertinent information that will enhance and deepen understanding of the participant, through description. An example question includes, “what is your age?”

**Semi-structured interview questions protocol.** I then let the participant know that I would ask 11 main questions that I had designed, with several unpacking questions based on the participant’s response that sought to attain more specific information. These questions explored (a) their experiences of Kemetic yoga, (b) any cultural relevance to their choice of Kemetic yoga, (c) their recovery from CSA, (d) what if any, relation they saw between the Kemetic yoga and recovery, (e) and the use of Kemetic yoga in the future. These questions sought to evoke a fullness of response, which permitted space for deeper narratives. An example includes:

Everyone has different experiences with yoga, can you describe in detail your own personal experiences with Kemetic yoga?

- a. Can you tell me a little about any of the thoughts, feelings, or sensations you may have had during or after your practice?
- b. What relevance, if any, does Kemetic yoga have in your daily living/overall life?

### **Transcript Verification**

At the end of the interview, I reminded each participant that I would be sending her a copy of the transcript for her to confirm that her words had been notated correctly and reconfirming her address and phone number. I let her know that I would be contacting her once I had emailed the transcript to her and would be contacting her again to remind her that it was time to return it. Upon receipt of the transcription, the content of the transcript was emailed to the participant along with a cover letter (Appendix H) with specific directions for verification and return procedures. If not received within three days, I followed up with a text message or phone call to let the applicant know to return the transcript. If the transcript was not received five days from that time, I continued with data analysis of the transcript in my possession. This member checking served as an effort to increase the internal validity of the study. For Lincoln and Guba (1985), this is the most crucial technique for establishing credibility and increasing study reliability in a qualitative study

### **Data Analysis**

Qualitative analysis is the chosen form of analysis for this study. It is different from quantitative analysis mostly because it focuses on text as opposed to numbers, focuses on meaning rather than quantitative phenomenon, sees the researcher as an instrument, is in depth and detailed, consists of the collection of much data from few sources as opposed to little data from many, pays attention to context over generalizations, is attentive to the effects of the

researchers and others values on the research, and has a goal of rich descriptions (Adams, Khan, Raeside, & White, 2012). Qualitative analysis describes textual data with an *etic focus*, on the participant's terms, using their world view, and is inductive in the sense that it "identifies important categories in the data, as well as patterns and relationships, through a process of discovery" (Adams et al., 2012, p.321-322). Data analysis in qualitative research generally "consists of preparing data for analysis, then reducing the data into themes through a process of coding and condensing the codes, and finally representing the data in figures, tables, or a discussion" (Creswell, 2007, p. 148). These involve further steps based on the particular inquiry approach. Creswell (2007) viewed this analysis as a general contour most akin to a spiral model. This moves data through analytic circles as opposed to linearly. It begins with data management as a first loop in the spiral, moves through reading and memoing, to describing, classifying, and interpreting to representing and visualizing.

Qualitative descriptive analysis makes use of qualitative content analysis as the chosen form of data analysis. It is a non-linear yet forward moving process, which due to its dynamic nature, has the capacity to analyze visual and verbal data by summarizing its informational contents (Altheide, 1987; Morgan, 1993). It is a reflexive and interactive process as researchers are simultaneously collecting and analyzing the data. Further treatment of data can be manipulated as new insights and additional data are acquired. As a data-derived form of analysis, pre-existing codes may be applied systematically, but these codes are also uniquely generated from the data (Sandelowski, 2000). Referred to as the *template analysis style*, these codes can also be modified throughout the course of the analysis of the data, thrown out and regenerated as new data is acquired (Miller & Crabtree, 1992, p.18). This form of analysis can be used to garner multiple types of information, from psychological states to the description of themes and trends

within the communicated material (Downe-Wamboldt, 1992). Within content analysis data is analyzed for shared concepts, classifies these concepts into content categories, after which data is used to describe the phenomenon studied (Elo & Kyngäs, 2008). The approaches to qualitative content analysis vary and may be summative, directed or conventional (Hsieh & Shannon, 2005).

The summative approach to content analysis looks at the words in the text, then quantifies them in order to understand the words contextually (Hsieh & Shannon, 2005). Through a deductive approach, directed content analysis builds upon a previously held theory. A conventional approach, however, uses an inductive approach to describe phenomenon that is not well understood or with fragmented elements (Elo & Kyngäs, 2008; Hsieh & Shannon, 2005).

For the purposes of this research, a conventional content analysis approach will be used due to its inductive nature. It is low in interpretation and its codes derived from the words of participants with the purpose of developing a summary of participants' experience of the phenomenon in a way that is deeply comprehensive. More specifically, exploration of the experiences of African American women survivors of childhood sexual abuse is a new area of research, and background knowledge is fragmented into each respective field with little understanding of the phenomenon as a whole, both of which make a conventional content analysis approach most suitable (Elo & Kyngäs, 2008). Further qualitative content analysis does not seek to develop theory, yet has the ability to generate insightful recommendations for future research in this understudied area. The intention of providing insight, recommendations, and insight as opposed to theory is particularly key within this research given the newness of the area of research.

As the content is analyzed, there are units with which the contents are analyzed. In this case, the units of analysis are the transcripts themselves. Meaning units, "the constellation of

words or statements” (Graneheim & Lundman, 2004, p.107), with related content and contextual elements will be abstracted from the units of analysis (the transcripts). Following, in order to organize the data, I coded the meaning units by thoroughly reading each transcript and deriving the codes using a reflexive three-level process (Downe- Wambolt, 1992; Hsieh & Shannon, 2005; Polit & Beck, 2004). Three levels of coding are as follows:

### **Level One**

The first level of coding consisted of making notes in the margins of the text while simultaneously reading through interview transcripts. I then identified any recurring themes and ideas that were consistent amongst interviews. This process allowed for the use the words of participants to abstract meaning units and develop a list of level one codes that capture the various aspects of the expressed content as participants describe it (Graneheim & Lundman, 2004; Hsieh & Shannon, 2005).

### **Level Two**

This level of coding involved developing categories and subcategories, which remained at the descriptive level, but served to both condense and more fully express the material (Graneheim & Lundman, 2004). Using very low-interpretation at this level common themes identified in level one were separated into different categories. This occurred by looking at the level one codes, identifying similarities and differences in common topics or experiences directly expressed in the interviews, and then sorting them into higher-order headings (Graneheim & Lundman, 2004).

### **Level Three**

The third coding stage, similar to conceptual description, looked for recurring themes, based on underlying meanings amongst the categories, in the categories previously developed in

stages one and two (Elo & Kyngäs, 2008; Graneheim & Lundman, 2004). In this stage the relationship among categories were clarified and a framework connecting the categories was established. Themes at this level were considered an expression of underlying meaning found in textual content.

A final aspect of the data analysis process involved simultaneous memo-writing, which Tong, Sainsbury, and Craig (2007) considered as an essential criterion for reporting qualitative research. Memoing provided a way for me to remain aware of, and illustrate, the ways I perceived the data (Charmaz, 2006; Elo & Kyngäs, 2008). More specifically, memos helped me to organize my thoughts and develop an understanding of the data, its meanings, and my reactions to both. After each interview, as a researcher, I jotted down any reflections that came up during the interview in a research journal, keeping a reflection of thoughts, feelings, observations of myself, the participant and our relationship, methodological mistakes, successes, things that are unclear, things which are. This allowed me to clarify my own ideas and a way to keep track of not only my reasons, justifications, and decisions, but it also allowed me to be intentional and reflective when interviewing, and particularly to avoid respondent bias in the form of acquiescence bias, social desirability bias, or habituation bias, as well as researcher bias in the form of confirmation bias, culture bias, question order bias, wording bias and the halo effect (Sarniak, 2015).

### **Write-up**

The final section consisted of the write-up where I wrote a final narrative consisting of the meanings I found in participants' experience, which was not highly interpretive. In this final stage, I transcribed themes in narrative format such that "the analysis becomes expansive again, as the themes are explained, illustrated and nuanced" (Smith & Osborn, 2007, p.76). I then

transformed the themes into a narrative including extracts of the participants' narratives.

According to Pietkiewicz and Smith (2014), using participants' words "enables the reader to assess the pertinence of the interpretations, and retains the voice of the participants' personal experience and gives a chance to present the emic perspective" (p.13).

### **Reliability and Validity**

Reliability and validity are crucial in any valuable research project. Reliability refers to the repeatability of findings, while validity refers to the credibility of the research (Creswell, 2014). As part of the way in which reliability and validity can be promoted, Morse, Barrett, Mayan, Olson, and Spiers (2002) suggested specific verification strategies to help the researcher identify when to continue, stop, or modify the research process. This can be done through ensuring methodological coherence that is ensuring congruence between the research question and the components of the methods, sampling sufficiency, ensuring that participants are those who best represent the sample group, thinking theoretically which requires the interweaving of macro-micro perspectives without cognitive leaps, constantly checking and rechecking. Importantly, this includes participants' verification of transcript. For Creswell (2003) this means checking with the participants to ensure they agree with the transcription. Therefore, a copy of the transcription was sent by mail upon its completion, and prior to any analysis, with a request to approve or submit changes within five days.



## Chapter 4: Findings

The process of recruitment initially included emailing and/or calling a list of 18 pre-identified yoga studios and Kemetic yoga instructors. Within three weeks, only seven pre-selected studios/instructors responded, and only after using multiple communication modalities to follow-up. Due to lack of response, I expanded recruitment to Facebook. I contacted 25 other studios identified using a search for the term “Kemetic yoga” on Facebook. Six of these studios responded. I sent an email to several listservs and posted the flyer on my own social media accounts. One instructor with whom I conversed posted the study to multiple closed Facebook groups for Kemetic yoga instructors, providing me access to the groups so that individuals who were interested or had questions, could contact me directly via Facebook. It was after conversations with individuals that I presumed to be *gatekeepers* that I began to receive emails and phone calls from interested participants. Therefore, the most significant barriers/challenges to recruitment were initial responses from the pre-identified studios/instructors.

During the recruitment process, 10 individuals directly communicated to me an interest in participating: one did not meet criteria because she participated in a school of yoga that was not Kemetic. One individual, although screened, could not be interviewed due to unavailability at the scheduled interview time and subsequent lack of response. All nine individuals who were screened were found eligible for the interview. Eight individuals participated in the study. All attempts have been made to protect participant identities through the use of pseudonyms.

### Participant Profiles

*Imani* (34 years of age) was born in Honduras, Central America, and currently resides in Virginia. She identifies primarily as African American and offered the additional modifier of “Black.” Imani was not born in the United States, but because her ancestors arrived in St.

Thomas and mixed with people that came from the Americas, she defines herself as African American. Imani's first language is Spanish; however, she speaks English fluently. She has completed some college. She is a married pre-school teacher with an income of approximately \$13,000.00 per year.

*Natasha* (46) was born in South Carolina and currently resides in Chicago, Illinois. She identifies as African-American. Natasha's first language is English. She has completed a B.A. degree. She is a divorced information technology professional, with an income of approximately \$60,000.00 a year.

*Aaliyah* (37) was born in North Carolina; however, she currently resides in Miami, Florida. She identifies primarily as African American and offered the additional modifier of "Black." Aaliyah's first language is English. She has completed a B.A., and is in the process of completing a M.B.A. She is a single entrepreneur and abilities advocate. She has held multiple jobs inclusive of co-owning and directing a school, resident adviser for a language school, and office manager for an erotic arts company. She currently has an income of about \$37,000.00 a year.

*Tyra* (46) was born in Milwaukee, Wisconsin; however, currently lives in Las Vegas, Nevada. She identifies primarily as African American and offered the additional modifier of "African descent." Tyra's first language is English. Tyra has completed through technical school. She is a married Kemetic yoga instructor and aesthetician. She has an income of approximately \$60,000.00 a year.

*Leila* (29) was born in Philadelphia, Pennsylvania, but currently lives in Richmond, Virginia. She identifies as being African American. Leila's first language is English. She has completed a bachelor's degree and some of a master's degree. She is single and works in quality

assurance for a mental health agency. She has an income of approximately \$20,000.00 per year.

*Christine* (23) was born in Florida and currently lives in Florida. She identifies primarily as African American, and offered the additional modifier of “Black.” Her first language is English. Christine has completed a bachelor’s degree, and is in the process of completing her master’s degree. She is a single student, making approximately \$30,000.00 a year.

*Nia* (30) was born in Chicago, Illinois, and continues to live there; however, she is in the process of moving to the Caribbean. Her first language is English. She identifies primarily as African American, and offered the additional modifier of “African.” Nia has completed a bachelor’s degree. She is single and is a travel nurse, Kemetic yoga instructor, and holistic health practitioner. She earns approximately \$50,000.00 per year.

*Renee* (40) was born in Portland, Jamaica, but currently lives in Bermuda. Her first language is English. She identifies primarily as African American and offered the additional modifier of “Black.” Renee considers herself to belong to the group African-American because she moved from Jamaica to Massachusetts at the age of eight and lived there until 19, thus spending the formative years of her life in the United States. She is separated and a counselor for adolescents. Her income earning per year is approximately \$75,000.00.

As indicated in Table 5, the average age for participants was 36. Their average income was 43,750 USD. One participant did not speak English as a first language. On average, participants had completed a bachelor’s degree. On average, participants were not currently in a civil marriage. Two of the participants were Kemetic yoga instructors in addition to another occupation. Occupations of participants were pre-school teacher, information technology professional, quality assurance specialist, entrepreneur, student, adolescent counselor, nurse, and aesthetician. Two participants were born internationally, one of whom was residing abroad. Both

Table 5

*Participant Profiles*

	Age	Ethnicity	Place of Birth	First Language	Area of Residence	Education	Income	Marital Status	Occupation
<b>Imani</b>	34	AA	Honduras, Central America	Spanish	Virginia	Some college	13,000	Married	Pre-school teacher
<b>Natasha</b>	46	AA	Columbia, SC	English	Chicago, IL	Bachelor's degree	60,000	Divorced	IT professional
<b>Aaliyah</b>	37	Black	Spring Lake, NC	English	Miami, FL	Bachelor's degree  MBA in progress	37,000	Single	Entrepreneur and abilities advocate
<b>Tyra</b>	46	African Descent	Milwaukee, WI	English	Las Vegas, NV	Technical school	65,000	Married	KemetiC Yoga instructor, aesthetician
<b>Leila</b>	29	AA	Philadelphia, PA	English	Richmond, VA	Bachelors	20,000	Single	Quality assurance
<b>Christine</b>	23	Black	Florida	English	Tallahassee, FL	Bachelors	30,000	Single	Student
<b>Nia</b>	30	African	Chicago, IL	English	Chicago, IL	Bachelors	50,000	Single	RN, KemetiC Yoga instructor/holistic health practitioner
<b>Renee</b>	40	Black	Portland, Jamaica	English	Bermuda	Bachelors	75,000	Separated	Adolescent Counselor
	Mean: 36/ Median: 34/ Range: 23-46							Mean: 43,750\$ /Median: 37,000 \$/ Range: 13,000 – 75,000 \$	

identified as African American, due to ancestry in America or growing up in the United States, and were therefore included. All eight participants self-identified as African-American women, some providing further modifications of this identifier in the interview. All identified as survivors of childhood sexual abuse, who were functioning well. All eight participants satisfied the research criteria and agreed to participate in the study.

### **Semi-Structured Interview Findings**

I used content analysis to analyze the data and *in vivo* coding to “prioritize and honor the participant’s voice” in coding (Saldana, 2009, p.74). I engaged with level one coding for each transcript, looking for codes that accurately expressed the content, summarized and reduced the data. Focused coding was used for second order coding in order to organize first order codes into “the most salient categories” (Charmaz, 2006, p.46). The in-vivo codes were re-arranged based on common topics and experiences, illuminating patterns in participant responses. In third order coding, I looked for relationships amongst the second order codes by arranging similar codes together to find emergent themes. Definitions were created for each category, sub-category, and theme to ensure participants’ responses were placed in their proper larger classification. Four themes arose from the analysis of the qualitative interview transcripts as they related to the primary research question: What can be learned from the lived experiences of functioning African American women adult childhood sexual abuse (CSA) survivors and their use of culturally-informed Kemetic yoga? Interview findings are organized by theme, with each theme presented under its related secondary research question. Categories were organized under corresponding themes and sub-categories were made more expansive to move sub-categorical findings back into their corresponding categories. In order for a category to be considered

significant and included under its corresponding theme, it required endorsement by at least six of the eight participants.

The emerging themes were (1) Seeing One's Self Clearly (self in relation to other, resilient and adaptive self, positive views of self), (2) Experiencing Kemetic Yoga (cultural and/or spiritual attraction, attention and intention as practice benefits, challenges in practice, transpersonal experiences, experiencing strong memories and sensations and instructor as inspiration), (3) Cultural Congruencies with Kemetic Yoga (link to spirit and ancestors, empowerment and connection in cultural history, safety in community and cultural/spiritual congruency), (4) Kemetic Yoga as Part of the Recovery Process (healing as multi-faceted process, recovery prior to Kemetic Yoga, managing trauma, seeking healthier relationships, forgiveness), (5) Recommending Kemetic Yoga for African American Women CSA survivors (discovering and becoming best self, relationship to and management of trauma).

### **Secondary Research Question 1. How will African American women CSA survivors describe themselves?**

#### **Seeing One's Self Clearly**

The theme of seeing one's self clearly describes the ways in which participants viewed their identities, with particular clarity around their own self-definition. It refers to how individuals describe themselves along the lines of their personality, beliefs, behaviors, and expressions. All eight participants endorsed this theme. This theme is comprised of three categories: (1) self in relation to other, (2) resilient and adaptive self, (3) positive views of self.

**Self in relation to other.** This refers to participants clearly identifying and seeing themselves in the context of interpersonal relationships. All eight participants considered their identity to be shaped in relation to other individuals, particularly family members. Participants viewed themselves as sister, daughter, granddaughter, wife, friend, and individuals who found

family important and therefore constructed identity around relationship, particularly to family. Natasha stated, “she is a daughter, a sister, a person, a mother, a friend.” Both within and outside the familial relationship, the role of caregiver was also a facet of self that was acknowledged by five participants. Renee stated, “I have four children, so I tend to be a mother not just to my children but to all the children that I encounter, so I know I have a pretty nurturing nature.” *Self in relation to other* also took the form of self in relation to the abstract other, as advocate and leader, built from a history of leadership from past to present, or someone motivated by wanting to help others. Natasha stated, “I definitely see myself as a leader, a motivator, an inspiration to others” For Tyra this was in relation to the ancestors. Tyra stated in describing herself, “I believe my spirit guides and my ancestors really have my back.”

**Resilient and adaptive self.** This refers to participants’ view of themselves as having the strength and flexibility to adapt and/or evolve through time and adverse circumstances. Participants clearly defined themselves by their resilient and malleable selves. All eight participants utilized language which connoted a self that could bend and transform, but not break. Tyra saw referred to herself as a “peaceful warrior.” She further stated:

I know who I am through my practice and from studying and just the downloading of energy and knowledge from the spirit world. If I know who I am, I am not gonna bring any harm to you...But don’t get me wrong, someone puts their hands on me, it’s on now.

She said further, “I’m proud of the person that I became despite all of that because I know a lot of women my age who’ve gone through that plus worse, and they cannot break through that.”

Therefore, she defied expectations she believed were held around her being a survivor of CSA.

Nia described her *resilient and adaptive self* as “a person that constantly evolves, constantly grows, constantly explores and tries to see the opportunity, on how to make herself better,” referring to herself in the third person; also stating, “I am fearless, and I say that because

I never stop. I never stop. Even if I meet an obstacle, I meet a fear; it's not going to hold me down, but I'll continue to get back up." Natasha saw herself as a "caterpillar in a cocoon," stating, "I'm still learning who I am and I'm growing older, so who I am is constantly changing. I'm constantly evolving." This adaptive self was indicated in participants' descriptions of themselves as "student" (Imani), "growth" (Nia), someone "still figuring it out" (Leila) or as a "consummate learner" (Natasha), thus in possession of an evolving and adapting self.

**Positive views of self.** This refers to desirable character traits used in participants' self-description. All eight participants' view of themselves included solely positive traits. While some participants acknowledged their continued self-improvement, no participants assigned themselves negative traits. Natasha described herself as someone layered, who existed in balance of their duality and polarity; a lover in love and a lover and a loner. Natasha also emphasized her sense of purpose and its importance "because if you don't have it then others can dictate what direction your life goes in and you don't feel empowered." Aaliyah positively defined herself as someone intuitive, saying, "I really go off how I feel." She further described herself as someone with an ability to manifest things with speech and to create, someone comfortable in any environment and respectful of multiple opinions partially due to a history of religious diversity in her own family. She also saw herself as someone possessing a love of nature, sensuality and compassionate for others, particularly her students. Imani described herself by saying, "I'm very kind, compassionate." Tyra also alluded to a duality in a view of herself as a "vibrant introvert" who loves interacting with people, but is also private. She saw herself as both a "dreamer and a doer," someone who could manifest and "execute dreams." She described herself as having a "fun," "playful," "goofy" side, yet someone cerebral. Tyra held her relationships sacred and was sensitive to breakdowns in communication in those relationships. She also saw herself as



“honest,” “tender,” and “approachable.” Leila viewed herself as someone with adventurous and creative interests, saying “I like to do adventurous things. I like to like ride bikes and you know, go to beaches and roller coasters and crazy things. I love to read. I love to dance... I really like to draw.” Christine described herself as someone positive and sensitive, who liked learning about diverse cultures. She identified with traits of positivity and warmth. She also found herself to be a “people person.” Nia saw herself as a determined, solution-oriented person with a free spirit, saying “I’m a problem solver. I always want to find a solution to my problem and everyone’s problem.” Renee too described herself as a “a fun-loving individual” and “a spiritual person as well,” “pretty compassionate” and “pretty nurturing” problem-solver, and the only individual who identified herself with her profession, a yoga instructor.

### **Secondary Research Question 2. How will African American women describe their experiences of Kemetic yoga?**

#### **Experiencing Kemetic Yoga**

The theme “Experiencing Kemetic Yoga,” describes the diverse aspects of the Kemetic Yoga experience for participants. This theme was endorsed by all participants. This theme is comprised of six categories: (1) cultural and/or spiritual attraction, (2) attention and intention as practice benefits, (3) challenges in practice, (4) transpersonal experiences, (5) experiencing strong memories and sensations, and (6) instructor as inspiration.

**Cultural and/or spiritual attraction.** This category refers to the way participants described Kemetic yoga as their initial attraction being of either a cultural or spiritual nature. It refers to the way in which participants consciously were drawn to the practice of Kemetic yoga for its cultural sameness and or the ways in which participant found themselves being called spiritually to move towards Kemetic yoga. Seven participants discussed being initially drawn to the yoga for cultural reasons or being spiritually pulled towards Kemetic yoga. Christine stated:

I actually was trying yoga before that but I was reading it from a book but to know that yoga was actually started in Africa and we've been doing this for like a long time so that just really sparked the interest and made me wanna go to [the instructor's] class in the first place.

Nia was attracted to Kemetic yoga because of the cultural sameness of its Africanness, and a further curiosity as to why its history is often kept hidden. She stated, “I wanted to know more, and I wanted to know from one of the most powerful empires which—and I know there's other powerful African empires—but just from this one, why do they want to keep this particular one from us?” Renee was amongst those attracted to the yoga by spirit. She believed that her attraction to Kemetic yoga had spiritual origins, stating:

My spirit was also guiding and directing me and telling me that I needed yoga, I needed yoga. And, like, I had bought Dr. Muata Ashby's book, I think it's *Egyptian Yoga Movement of the God and Goddesses*. I had that book for like years, and you know, when I was going through my separation from my husband I somehow bumped on, you know, like the book was on the book shelf, and I was looking for something to read and I chose that book and, you know, the voice just kept getting louder, ‘you need to do yoga, you need to do yoga to, in order to, you know, find peace of mind you need yoga.

**Awareness and intention as practice benefits.** This category refers to participants' descriptions of acquired practices in intentionality and acquired awareness of self as being benefits of Kemetic yoga. These benefits related to conscious breathing, conscious eating, intentional transformation of negative energy in to calm, and awareness of personal capacity. All eight of the participants found such benefits from their practice of Kemetic Yoga. Tyra described learning how to breathe consciously, specifically called “rule of four breathing” as a benefit of the practice. She stated:

When I really learned how to commit with my breathing, I mean, you can literally feel the energy circulating throughout your body. That has helped me in—exponentially just in ways because when you know that you can control that, like really activate that, it just gives you more vitality. It gives you more life. Conscious breathing is extremely important and it makes you realize how shallow you breathe normally, you know, like—and it really activates that parasympathetic nervous system and it just gives you an all-around wonderful feeling of well-being and vibrancy. So, connecting with the breath has

just been – learning how to connect with the breath has been amazing, and it definitely lets me know, “Damn! I haven't really been breathing”

For Renee, “the most powerful part of the practice is the connection to breath.” She recalled the following:

It's not until you realize like, you're doing all this mouth breathing and you know not necessarily using, I guess allowing the, using all the oxygen that you can by doing the proper breathing techniques, you know breathing through your nose, exhaling through your nose or mouth or what have you, [you realize] like we are just moving through life without even being aware of the things that we are doing.

Natasha stated that the rule of four breathing had been beneficial under multiple circumstances, particularly in that it is something that can be done anywhere without calling attention to others. She said, “breath work has allowed me to have some mental clarity in some very intense situations and it's allowed me to create a mental solace that I can go into if I need to. And the best part about it is that no one knows what you're doing.”

Other intentional practices, such as more conscious eating, resulting in greater personal well-being, were also seen as benefits by participants. Tyra discussed her move to a vegan diet and stated, “If I wanna keep vibrating higher and being a true example of the practice, I have to change my diet,” which for her resulted in less pain and a positive change in emotional well-being. Nia, who was in the process of converting to a raw diet, found that Kemetic yoga helped her to go deeper into to a raw diet. Having already been vegan, she stated that the change in diet “helped eliminate brain fog, helped me to focus and make better decisions and alleviate a lot of challenges in my life.” One benefit of the practice for Aaliyah was being able to recognize a new-found way of intentionally shifting her emotions “diverting the anger or those hostile emotions instead of feeding back into them.” Aaliyah stated, “it had helped me to be more calm and not reactionary.” She described how one of her nicknames is “Five-Niggas-in-a-Van”

because of her former reactivity and willingness to fight but found calm through Kemetic yoga, stating:

[I] had an individual who I was dating, and he just got really upset and yelled at me, and slammed my door, and the old me would have went to the door and said “Ain't nobody slamming my door, but me!” and probably thrown something at him, or kicked him, helped him down the stairs. But I actually, I think that instead of becoming elevated and angry, I actually became calm, and realized that it was his thing going on, and it wasn't even related to me. So I just was calm, and I just was cool, and I just didn't pay any attention to it.

Tyra said, “I used to be very aggressive before Kemetic yoga and not knowing how to handle my emotions and feelings, I would always have my past leak into my personality as an adult, and I don't do that anymore as much.” Therefore, the participants described benefits of a fresh control of anger, and easier capacity to be flexible, and not allow negative energy to affect them because of their attention to themselves and intention to do things differently. For Renee, learning how to pay attention to her mind, allowed her to intentionally calm herself. She stated:

I am able to calm my mind a lot to the point that I become an observer of myself. So there isn't that noise going on in my head constantly... It helped in the moment actually like calm me down or something that calmed me down because they're helpful for me.

Leila found that by inculcating an awareness of self in relationship to a rich intellectual cultural history allowed her to conquer own feelings of intellectual inadequacy by realizing her ownership of a history of brilliance. She stated, “I think it boosts my confidence in a way. I think it took away a part of the like self-doubt that I had.” Christine, too during her undergraduate schooling, was also having a difficult time in various classes, particularly in math. Practicing Kemetic yoga, Christine became inculcated a new awareness of self in relationship to her cultural, history particularly her descent from African people who were custodians of sciences, arts and math. She said, “it helped me just to not think that I can't do math, like why can I not do math? ... like my ancestors created that.” Natasha discussed a benefit of the practice as an

awareness of an innate emotional strength. She discussed this in relation to her work with incarcerated women “being able to draw within myself when I feel like I’m at a low point or I feel defeated and to still bring out some strength, deep within myself...and actually empower someone else in a traumatic environment.”.

**Challenges in practice.** This category refers to participants’ own beliefs, thoughts, or emotions being the biggest challenges to their Kemetic yoga practice. While participants enumerated few challenges, seven participants endorsed this category. Therefore, the few challenges that participants experienced, particularly as they related to challenges of participants getting in their own way, also formed at least a small part of the experience of almost all participants. Although Nia initially found it difficult to find challenges, she described a challenge as being focus. She stated:

When you're in yoga postures, you're in these postures; and you're trying to go through the postures and you have these things, these experiences releasing. These different experiences coming to you, and you're just trying to focus, and try to move through this posture; and this is just hitting you all at once, it starts to get distracting. So it's almost like it's testing you at the same time.

For Christine, while physically getting into particular postures could be challenging, she found that her own negative mindset was also affecting her physical practice. She said, her challenges were the following:

Probably with certain moves like I have yet to conquer the whole headstand thing like being on your head and I haven't been able to do that. So some of the poses definitely with challenging that mindset of being negative. You know it's not like I'm perfect. I still have to work with it. And challenge myself to think differently about things.

For Imani, the challenge was struggling between focusing and anticipating an emotional release when getting into a posture. She stated:

I’m waiting for that day when I’m gonna be the crazy woman in the yoga class crying because my shoulders or my hips opened up. So I’m waiting for that. I’m very conscious that this is something that can happen, and maybe not even from my hips or my

shoulders. It may be stored somewhere else. ...It could be other things and other pulses that may just release, energy from being angry, from being scared, from waking up too early, from eating a donut. Who knows? But I know that it's very real, and I'm expecting it. So maybe not a negative effect, but I'm anxious about it I guess is a better way to put it. It's not really negative, but I'm anxious.

**Transpersonal experiences.** This category is defined by participants' experiences outside of "regular" states of consciousness as connected to Kemetic yoga. These included lucid dreaming, clairvoyance, and spiritual visions. Six of the eight participants endorsed such transpersonal experiences. Christine described having met her spirit animal during a guided meditation. She narrated the following experience:

[The instructor] took us to Egypt and we visited a pyramid...we had to look into a white candle...then the pyramid opened at the top and then we connected with a star... and we may have talked to an ancestor...once we left the pyramid and then we went to an oasis... while I was sitting there a leopard just kind of scared me at first... and that I was just sitting there with it and just petting it.

Aaliyah discussed being able to better tap in to different intuitive abilities and energies that she had when younger. Prior to leaving for a Kemetic yoga retreat, Aaliyah had a dream, which she described as such, "I had a dream about being at a camp, someone told me my toenails are pink and I saw a fence by the ocean." Then at the retreat, she stated that she remembered "I reached down to stretch, I was touching my toes and it was a doctor that was beside me and he said, oh, and your toes are pink." Natasha too had a visualization that manifested prior to a yoga retreat in which she envisioned a lighthouse, only to see the same lighthouse while on the retreat.

Nia, around the time of starting Kemetic yoga, began seeing different forms of beetles and cockroaches. She understood these to be symbolic of "Kep-ra" indicating transformation and change. She also began to have visions of her not yet conceived daughter coming to her, which she also related to her own healing from CSA in Kemetic yoga. She said:

I've seen my child, my daughter; I've seen what she looks like; I've smelled what she smells like; I've seen her. And by releasing this pain, now I'm connected with that energy; when I was not connected to that energy before...that is very very powerful.

Tyra, while practicing, would have very clear visions which she believed were signs from the ancestors. She stated:

Sometimes I'll see it like masks, I'll see faces, I'll see myself with energy around my head, of the shapes I can see Kemetic symbols. I could see serpents or I could see pyramids or I could... I see water, I see the ocean you know I mean, I see a lot of things which just depends on...on how deep I go.

**Experiencing strong memories and sensations.** The category refers to participants' experience of either voluntarily or involuntarily re-experiencing trauma in recalling trauma or experiencing strong physical and emotional sensations. All eight participants endorsed this category. Natasha began to acknowledge and embrace particular thoughts and stated:

There have been times where after my practice I have been able to revisit some traumatic events in my life without being emotional or crying or hurting afterwards for whatever reason those thoughts would come back....When waist beads fell on my body in certain poses, traumatic experiences would come to mind without tears.

Nia found herself having flashbacks of her trauma, then questioning herself as to why during practice. She said she would think things like "why am I sitting in mummy pose, or why am I in a lunge, and I'm getting a flashback of males standing above me?" Similarly, Renee said that during one class she had the following experience, stating:

the instructor calls on me, to do a very similar pose where you are in child's pose, your hands are interlaced behind your back and he is bringing your hands up and over your head, and you know, again your hands are to touch the mat. So I am like, okay, I did it standing up, I can do it sitting down. When he brought my hands over my head, I told him to stop, and he was like, 'Are you okay?' and I was like, at that moment, like, every memory that I had buried inside of me or suppressed inside of me about what happened to me, the sexual abuse that I went through, came flooding through my mind and I don't know how, I don't know why, and I just laid there and I silently started crying.

Aaliyah described having an awareness of a variety of overwhelming feelings when meditating at her altar. She described having particular experiences that were both physical and emotional

sensations in which she stated, “I pray, I light the candle, I have water, I have all the elements there and at different times, I’ll be overcome with emotion and tears when I can just feel different people around me, maybe people that passed away. Natasha stated, “so to feel my feet warm and my hands warm, those extremities that are normally cold and to feel that warm feeling in my heart area or in my throat area that I don’t perspire very easily, but to feel perspiration, it’s amazing.” Tyra too discussed physical energy and sensations circulating throughout body, tingles and sensations in head and hands, and radiating around her head and her “eyes emitting moisture”. She stated:

If I really get in that space where I mean, it could be quiet or it cannot be quiet, I feel an enormous amount of energetic feedback from the cosmos you know like I almost felt like I’m being down loaded when I’m practicing and it’s... it’s a very mystic experience for me.

Christine felt sensations related to “rising of feminine energy,” certain sensations in heart chakra, and ticking feeling in her brain, energy between her palms, and the hairs on her arms standing up and feeling electrified. She said she also felt like she was breathing through her third eye “I’ll just feel the wind or air, like I’m breathing in and I feel it go through other places.” Renee too recalled one experience in detail where in “‘earth, wind, fire pose’...there is this a rush of energy that you feel in the spinal cord and just like you get up and you feel drunk.”

**Instructor as inspiration.** This category refers to instructors being an integral part of the participants’ experience in Kemetic yoga. For all eight participants, the importance of the teachings, guidance and assistance of their instructors were key elements of their experience with Kemetic yoga. Natasha was able to observe the normality of a healthy lifestyle and food choices of the instructor, which influenced her to make her own changes in food consumption. She said:

So just watching him, it was not a hard thing for him to go to Whole Foods and spend money on healthy food. It was just like we’re going to a regular store for him and the tea and they’re eating their fresh fruits and vegetables and once he started to talk about the



pineal gland and just in conversation and listening to him, those were hot words for me and I would immediately go and do research and realized that hey, my third eye may be crystallized.

For Christine, her instructor played an instrumental role in her experience and coming to Kemetic yoga. Christine said of her instructor “he's able to ignite like a fire in you or something like that and just make you think about all these things and really appreciate who you are.” Further to instruction on diet and philosophy of the practice, he helped Christine make sense of her trauma:

he talked about the trauma that African people have faced not just historically but in our personal lives and how we walked around with this baggage and trauma every day and not really realizing that it affects us....He helped me to realize how my trauma affected me.

All participants discussed the impact of their instructor in their positive experience, and self-transformation with Kemetic yoga and influence on their continued participation in the practice.

### **Secondary Research Question 3. What, if any, relevancy was there for a culturally-informed yoga experience?**

#### **Cultural Congruencies with Kemetic Yoga**

This theme describes the ways in which participants experienced Kemetic yoga in a way that related to their cultural heritage. More specifically, this theme describes participants' view of yoga as resonant with their own racial, ethnic, and resultantly spiritual identity. All eight participants endorsed this theme. The theme is divided into four categories (1) link to spirit and ancestors (2) empowerment and connection in cultural history (3) safety in community and (4) cultural/spiritual congruency.

**Link to spirit and ancestors.** This category refers to participants' finding connection to energy and higher beings beyond themselves, as related to cultural and spiritual beliefs. Seven of eight participants found connection to spirit through Kemetic yoga. For participants, this was both connection to Kemetic gods and goddesses and to the ancestors. Most often this relationship

was one of guidance by ancestors. Aaliyah specifically found connection to her ancestors through the meditative aspects of Kemetic yoga. She said:

That was one of the things that as I started this journey, wanting to regain some of those powers that I used to have as a child, to speak with people, and see people who are spirits. Now, I see certain things, I will see shadows are different things, but I feel more, and sometimes it's when I feel things, I'll feel a heat, it will be knowledge, or information will come to me. I feel it's a way that I am growing in that way.

Leila discussed this connection to spirit in the language of higher deities. She stated, “connecting to like the goddesses and you know, the deities that the poses are, you know, based on is really awesome.” She also found connection with The Creator stating “being high yourself...one with the Creator...being true to yourself...that’s something that can’t be matched.” Tyra’s ownership of the cultural aspect of Kemetic yoga encouraged her to engage in the practice in a different way saying:

I was taking ownership of what I was doing culturally...and it was so important to me to get everything right because I knew that I was paying tribute to the ancient gods and goddesses...not literally but the principles that they carry...that was the yoga to empower me and my spirit.

Imani felt the omnipresence of the ancestors and a stronger ability to connect while practicing Kemetic yoga. She said:

I believe in the power of the ancestors, and I believe that they’re around me all the time. So with Kemetic yoga I feel like I can connect to them, and by saying that I’m supported by the universe, it means that I have a direct connection with my ancestors and I can speak to them and ask them for help and support and guidance, and to guide me and to direct me in everything that I do throughout my days.

**Empowerment and connection in cultural history.** This category is defined by participants’ feeling of connectedness to their culture and power due to Kemetic yoga’s embeddedness in a powerfully concealed cultural history originating in Africa. All eight participants experienced some feeling of connectedness and empowerment in sharing the same history and racial origins as Kemetic yoga’s earliest practitioners, those who created arguably

one the most powerful and advanced ancient civilizations. For Renee, seeing through the knowledge and history of the practice that “yoga is Africa... yoga is us... yoga is Black... has been incredibly helpful.” Christine’s feeling of empowerment stemmed from knowing that the creators of Kemetic civilization and resultantly Kemetic yoga were of the same racial heritage. She stated, “it’s not like some other people who don’t look like us or have nothing to do with us... that was our own ingenuity and our intelligence that built those pyramids that people are in awe with every day because nobody is able to duplicate it.” Leila and Nia described the uniqueness of representation in Kemetic yoga. Leila stated, “there are so many forms of yoga, but not that many that have our face attached to it.” Nia said, “this is the only yoga that I know right now that actually has a Black or African foundation to it.” Imani found excitement in the uniqueness of Kemetic yoga in a world that often does not racially represent her. She stated that Kemetic yoga is “a system of Ancient Yoga that was made specifically for me and people that look like me, whereas everything else in the world is focused around someone that doesn't look like me... Finally, there's something specifically for me.”

Aaliyah described Kemetic yoga as empowering due to its “introducing a reality of where things started, and then what things were stolen.” Natasha found empowerment in Kemetic yoga in that it served as reminder of her historical greatness. She stated that Kemetic yoga had been “very empowering, very strengthening. It reminds me of who I am, and the power that I hold, the strength that I hold.” Leila too found empowerment and pride in learning about the historical origin of the practice. Leila said:

I think knowing our history, the origin of it. I think the movement or like the power behind what's happening with Kemetic yoga is also a thing that I connected with and proud of like something that we're supposed to be “ashamed of being.” Like I think that connected into like the power of art, you know, possibilities and strengths.

Imani found empowerment in the information, history, and philosophy of the practice not generally highly accessible. She stated:

I feel like it's not just the move and the postures, it's more the philosophy, what information you are lacking that empowers you too. There's really no theory when it comes to the yoga classes in the gym, you get in there, you work out and then you leave. With Kemetic yoga, there's history behind there, and it's very empowering history.

**Safety in community.** This category is defined by participants' feelings of physical and emotional safety in both physical and emotional cultural community spaces. All eight participants discussed feelings about safety in physical, emotional, and metaphorical community space. Renee discussed the metaphorical space of Kemetic yoga as one of comfort for her as a Black person. She stated, "Kemetic yoga has created a space for Black people to be able to participate in the science of yoga. It's created a space for us where we can feel comfortable." Imani recognized this safe space as one in which other Black women provided mental, physical, and psychological support. Imani said:

My sisters are there helping me, they're telling me, "Breathe, inhale, push your legs with your exhalation." They're encouraging me to go deeper into this pose because they want me to experience something that maybe they've experienced or something that they haven't experienced before. It's not like a sisterhood in other yoga types of yoga I've experienced I guess is the best way to put it. I don't want to say sisterhood because there's men in Kemetic Yoga too, but I mean even them they're very supportive of everything.

Christine also referred to this safe space as physical space where she was able to particularly form stronger bonds with other Black women. She stated that in the Kemetic yoga class:

I was just able to meet women that are just nice. Like I guess women who are on that same frequency of knowing who you are is just you're able to have a better relationship because it's like you have respect for me and you have respect for yourself. You know where we come from. You know about our ancestors. So it's just like: "Hey, sister!" Like there's no need to bicker or argue with each other because I think every day, we're like family.

For Natasha, Kemetic yoga also provided the safeness of being in a community of family, particularly a family in which strong bonds of sisterhood with other Black women were formed,

maintained, and strengthened. Natasha said:

My personal experience with Kemetic yoga has been like coming into your own family. I have met some very powerful and amazing African-American women, and they have become family and a support system for me. I can feel empowered enough to move away from my natural family, in a state where I have no relatives. And these women are all over the country, they're all over the world. I travel to [destination] to do my yoga teacher training in [destination] and I have met women from every part of the United States even from the island, the various islands, and I am still in touch with these women to this day, and recently, I had to send out an SOS and say, "Hey, I am in a financial pickle." And it was those Black women that came to answer the call.

Many participants also acknowledged the unsafe community space that made Kemetic yoga a necessary for them. This included existing within an African-American body both as a child and adult. Renee acknowledged the high prevalence and secrecy around CSA in the African American community saying that “we tend to not want to acknowledge stuff like this within our community... that it happens a lot more than we really know, that to me is scary.” Natasha asserted that the African American community had particular modalities of interpersonal communication and gender interactions which created the social environment for CSA to thrive, stating:

There's still a lot of hurt there and that's very painful for me to know that ....I still feel the betrayal of love and trust in community choices....So it's not all positive and that's hurtful. It makes me sad. It's a part of our culture. Culturally, we're still not as protective of each other as men and women. There's still a betrayal of trust in our relationships with the opposite sex in our culture.

Simply occupying a Black body, for Tyra was an unsafe space in the United States. She stated:

It's stressful being a Black person in America. We deal with a different set of circumstances and situations than people who are non-African...we have so many statistics against us, with our health...because we're targeted with all of these liquor stores in our neighborhoods and these corner stores with all this processed food...we are literally at war. They are doing their best to kill us, kill our spirits, kill us internally with all the crap to numb the pain.

Therefore, the existence of the metaphorical and physical unsafe cultural community space for African Americans is the same space is part of what makes necessary the safe cultural community space found in Kemetic yoga.

**Cultural/spiritual congruency.** This category is defined by participants finding a lack of cultural and spiritual sameness in other yoga practices, which in turn helped them to identify Kemetic yoga as a good fit. Seven of the participants endorsed this category. Tyra who had been practicing Iyengar, Hatha and Vinyasa yoga felt as though these classes were physical classes, however she stated, “I didn't feel like it really tapped into the spiritual at all. With the Kemetic yoga, that duality having both, the physical and the spiritual, yoga.” Renee made the following comparison when discussing the issue with someone who felt she was making yoga a “Black and White” issue stating:

I was the only Black person in the class, and I was...not comfortable in the class...if you are a man and you walk into a Yoga class and it's always women in the class, you're going to feel like, okay, I'm the only man here. Or if you are a woman and walk into a Yoga class and it's all men in the class, you're going to feel like, okay, I'm the only woman here, so you might feel uncomfortable. It's the same when you walk into a yoga class and it's all white people in the class...I might be willing to unify, but everybody else in the room isn't looking at me like I'm one with them.

Aaliyah found herself not feeling connected to the spiritual aspects of other schools of yoga that she had participated in. She expressed, “When I would go to classes with friends and they would start chanting, I didn't know what they were saying, so it just felt really weird to me. I just felt disconnected to it.” Imani experienced both discomfort and receiving microaggressions when participating in other yoga practices, where she felt like she was on stage. Imani stated:

I felt I couldn't open up, I felt like I could be seen as entertainment to some extent, my hair, my skin, my moves, I didn't feel comfortable, I didn't feel like their comments or their thoughts were genuine. It's just I didn't feel like I wanted to work out with this group of women again, it wasn't opening, it's great and I mean I don't know if their practice is just quiet period but I mean it was quiet except for, "Oh, look at her, hey girl get it," and I'm just like....I felt so out of place.

**Secondary Research Question #4. When considering their continued recovery and/or healing, what, if any, observations would they have about the use of Kemetic yoga?**

**Kemetic Yoga as Part of the Recovery Process**

This theme refers to the entirety of the recovery and healing process, of which Kemetic yoga consisted of one part on a continuum. This theme was endorsed by all eight participants and responds to participants' understanding of how and if Kemetic yoga has played a role in the process of their recovery, and the specific role. It is composed of five categories: (1) healing as multi-faceted, (2) recovery prior to Kemetic, Yoga (3) managing trauma, (4) seeking healthier relationships, (5) forgiveness.

**Healing as multi-faceted.** This refers to the ways in which participants defined healing not simply as the absence of disease, but as a process involving growth, self-compassion, and helping others. All eight participants endorsed this category. Participants defined the concept of *healing* and *recovery* in diverse ways, addressing, thoughts, behaviors, emotions and spirit of self and others, which in turn affected how they understood Kemetic yoga as having played a role in that healing. For example, Leila stated, healing was in the act of helping others by

being able to educate young women, young teenage girls about the signs and symptoms...or even being aware of the possibility there's something that prevent it from happening...I'm willing to work with girls who have been through sexual abuse.

She also defined healing as lack of symptomology as related to being able to manage her own symptoms, first through awareness, then through energy redirection. Leila stated, referring to her abuse, that healing is "not allowing to continue to affect me emotionally, or at least being aware if it does come up...[and] redirecting that energy" Stated Leila simply, "Recovery for me would be letting it go." Tyra also found healing in the act of helping others. She said:

Our children need to see us as living examples of greatness and that is something that motivates me.... We have these children out here, you know, in single-parent homes who are being abused or aren't getting the love and attention or recognition that they deserve, and it's not just my job. It's all of our job to do that. So, that's been like a huge part of my healing, just knowing that my life isn't about just for me.... I have to give that energy to our youth, and even to older people too.

Tyra also explained healing as behavioral and emotional, "a space that you find within yourself that you're still able to function within yourself most importantly function within society without having any type of irrational emotional swings." Nia saw this as a necessary and holistic pain stating that "that's our spirit, that's our body; telling us what we need to do." Nia So we should honor the pain that we experience, and understand that that's our spirit, that's our body; telling us what we need to do. She also saw healing as, "constant growth. Constant repetition, constant lessons" in which self-compassion and patience were imperative, and process which also required helping of others as inspired by spirit. She stated:

my spirit wants me to go out and go help people and go save the world. I can tell my story. So, I have to push through the pain...someone might read this and they might say "oh my god, I'm going through the same thing"...it's about what I can do for the next person and how can I help them out, and how can be an influence by the next generation in our children and our children's children...Now when I see young women or young girls, there's certain behaviors that are triggers that let me know that that child may be enduring some type of sexual trauma. And that's healing, because to be able to see it and not be afraid and not turn away, but to want to make that child or that other woman feel loved and feel safe.

Natasha also acknowledged the ongoing and fortifying nature of the healing process. Natasha said:

there's a certain strength in that healing process, and it is a process and it's a continual process. I've realized and I acknowledge that there's no, 'one day, I'm just going to be healed from this'. I'm still learning who I am and I'm growing older, so who I am is constantly changing. I'm constantly evolving.



Renee discussed healing being an active process of self-compassion, forgiveness and closure, thus emotional. Renee personally felt that her relationship with healing was consistently evolving, saying:

I don't know if I will ever have a final destination called healing, you know. I don't know if there is a final destination but it has definitely been a work-in-progress. But as long as you are at peace with yourself, for me, I am at peace with myself and I am able to accept what has happened and not let it hold me captive. At a place of peace with what happened, I am still trying to figure out what true healing looks like because I feel like, there is a part of me, because every time I think about my situation, I cry. I feel like I haven't healed completely. Like, this is the first time I am ever talking about this with somebody who I don't know... the road to recovery is...it might take forever. You know, it might be my whole life, but the practice has helped me to become aware of that, more conscious of that.

Participants acknowledged that the pain might linger, but that healing and recovery was ongoing mentally, spiritually and emotionally and demonstrated in their ability to be compassionate towards themselves and other survivors.

**Recovery prior to Kemetic yoga.** This category refers to the coping strategies which formed part of the recovery process prior to engaging in a Kemetic yoga practice. All eight participants discussed as part of their recovery, ways of thinking and behaving which were both helpful and unhelpful coping mechanisms. For some participants, helpful activities in dealing with the abuse included distraction in the form of immersion in work or school, for others this was time spent alone. For Imani, not having to talk about the abuse, having time to “deal with it on [her] own...ready or not” was helpful. By immersing herself in distraction such as work, she was able to “numb” or “dull” the pain of the abuse and keep her mind occupied. “Liv[ing] life like nothing was wrong” was also helpful for Imani because she did not have to think about the pain until she was ready. She felt that when she was ready, she spoke up, and that “speaking up when [she] did” was also helpful for her. Natasha also found immersing herself in her work to helpful. She particularly found her “hermit stages” when she was not in a relationship helped her

to “feel safe to be with [her]self in doing things that [she] enjoy[ed] or learning new things.

Aaliyah too found both talking to others and her alone time, to be helpful, where she could spend time in deep meditation and loving herself. Tyra found the focus required for school and the attention she received for being smart in school when a child, allowed her to distract herself from the abuse initially. Said Tyra, “school was my haven.” Journaling also helped her to cope with the abuse, eventually allowing herself to feel the pain, and choosing her “warrior” over holding the pain. Forms of physical exercise as well as the engagement in an “all-encompassing love...sent by spirit” of a healing relationship with her husband were very useful in dealing with the abuse. For many participants, the act of speaking truth where for so long they had remained silent was a helpful part of the healing process. Natasha, for example provided the following narrative about speaking her truth to her mother:

Part of that healing process was going back to my mom and saying, :Hey, the beef that we have between us is because you didn't protect me. And I don't want to hear your excuses. I don't want to hear that...because that doesn't make it right. You failed me. And

I despise you for it. I love you, and I have a respect for you, but in this area, I will never trust you.”

Speaking her truth, effectually confronting her mother, Tyra found constructive in dealing with her abuse. Tyra indicated the importance of speaking her truth irrespective of the consequences and without filter by saying “your truth is your truth...people have to speak their truth...and my price was losing my family.” Tyra also chose to spoke her truth in confrontation with her mother prior to her engagement with Kemetic yoga. She let herself let go of ownership of the weight of abuse. Said Tyra, “I allowed it to be my mother’s insecurity” and communicated this to her mother by saying, “this was your shit that you put on me...you chose dick over your daughter.” Nia had previously held the philosophy of speaking truth, acquired from her mentor, who had told her, ““Never be afraid to speak your truth, and to show the world who you are, and

not to be ashamed of what you've been through, because we've all been through a lot of things' So that's one philosophy I'll carry with me, because I'm not going to help anybody else by having my lips hushed."

Participants also engaged in behavior that they found in retrospect to be unhelpful. This included use and or abuse of alcohol, changes in sexual behavior as unhelpful. Imani discussed her involvement in the "party life" in she often used which state-altering substances as facilitating her dissociation from abuse in a way that was not particularly positive. Alcohol provided Nia a "temporary high" which she would later realize was not real. She said alcohol

gave me the courage from anxiety temporarily. It gave me the social skills that I wanted, me being more extroverted for a while. All that was temporary, but at the end of the day it did more damage than good, because it was false. It was an illusion. It wasn't the truth, and it wasn't helping me.

Some participants found turning to sex not be helpful in their coping with the abuse. Christine understood her "risky sexual behavior in college" in this way, "Well I don't really matter...so it doesn't matter. I could just have sex with anybody." She also found not thinking about herself and getting caught up in pleasing men and other people in general not to be helpful. Christine thus found it easier to be around other people and tied up in their lives, so she would not have to think about her own. Tyra in retrospect also found that she put herself in dangerous situations to be a negative way of managing the pain of the abuse. Aaliyah was singular in identifying what other individuals did that was unhelpful in her healing, which composed of feeling blame from her father without knowing him knowing the issue and lack of compassion from others when disclosing. Leila found disconnecting from the abuse to be both helpful and unhelpful. However, she did find that using her creativity in her art, particularly art that celebrates the beauty of Black women, as well as immersing herself in schoolwork to be a formidable form of distraction. Nia found that, "doing things on nature's time instead of my

own” and being with nature has been beneficial. In addition to this, complementary healing, such as womb healing, crystal and energy therapy and altar work were helped Nia to cope with the abuse in a way that was healthy. Nia also found that getting in touch with her femininity, facilitated by complementary healing practices, and speaking to others who had had similar experiences was helpful. The dual nature of talking about and not talking about were also present for Renee who found both “talking about it” and “not talking about it” to be of assistance. The not talking about it culminated in a period of pretending that the abuse did not happen, which Renee found helped her to be able to put off having to fully feel the blowback from the trauma until she was mentally ready.

**Managing trauma.** This category refers to how Kemetic yoga facilitated participants’ ability to manage trauma. All eight participants discussed some form of relief from their trauma, however each very different. Most participants found relief to some form of anxiety in for depression, flashbacks, ruminations, self-blame, altered self-image, stress and selective amnesia. These will be discussed in greater detail. Nia discussed that relief of trauma symptoms by both Kemetic yoga and other forms of yoga saying:

One of the big things for me was helping me to focus. Helping me with—at the end of meditation, helping remove anxiety, relieved depression; or helped me to have the courage to overcome some obstacles, so I can actually go and achieve my goals. I really feel like without Kemetic yoga and just yoga in general, like if that all separate and all I don't feel like—I don't see myself functioning in the way that I function, without using something like Kemetic yoga on a daily basis.

For three participants, Kemetic yoga served to act as a foundation or gateway for other forms of healing for their trauma, particularly womb healing. Imani found a way to replace negative thoughts related to trauma with the affirmations “I am supported by the universe...I am exactly where I am supposed to be and I’m doing exactly what I’m supposed to be doing.”

Kemetic yoga helped Nia to realize the necessity of the emotions that began to come up with her

around the abuse in her practice, helping her to recognize her state of prolonged mourning. She stated:

going through the process and going through the emotions, and all those emotions of grief that I never went through or mourning, that I never went through; because I never mourned it; I never got a chance to mourn that experience 'cause I've been subconsciously living in grief for the past 16 years, and didn't even realize what was going on.

Natasha found Kemetic yoga has enabled her to handle stress and anxiety differently and address the trauma in a healthier way. She stated, “I have been able to revisit some traumatic events in my life without being emotional or crying or hurting afterwards for whatever reason those thoughts would come back.” It also allowed her a release of the negative energy that trauma in particular had occupied in her mind and body. She stated, “it was an outlet for me to shed some of that negative energy or transform some of that negative energy to positive energy. Tyra felt as though Kemetic principles saved her, putting her back in charge of her own life. She stated:

I just think the principles of Kemetic yoga, the self-determination and just knowing that you have the power to create your future, create your life. Those principles have really saved me because before I was just like just being a victim of whatever.

Kemetic yoga allowed her to not only see the connectedness in everything but also as she stated, “patiently communicating with ancestors and my spirit guides, and doing my poses, connecting with the breath” helped her to find intentionality and acceptance. She has been able to handle intrusive memories better, and not be overwhelmed or stuck in them She discussed finding herself in a depressive state, saying:

There are days where I think about what happened to me and I just wanna sit in bed and cry all day...I'm human....I just allow myself to feel that way for a limited amount of time... then I'm like, “I have shit to do.” I used to think I was very depressed but then, after Kemetic yoga, I said, “You know what? I don't even think there's such thing as depression. I just think that it's depressing thoughts”. And I don't say that to people who are depressed because that can be very insulting but I don't believe all that stuff exists, it's just figments of our reality that is just illusion.

For Christine, it also helped with what she acknowledged as depression. She expressed that, “it gave me a kind of strength that I needed to rise up from the depression I was in and to really think about, ‘ok my ancestors went through so much and they probably went through worse than me.’” It gave her a way to contextualize her pain and to inculcate presence through breath work and physical work. She found herself no longer worried about the past, but thinking hopefully and positively about the future and the infiniteness of the universe. She experienced gratitude for the positive and realized a need to be more intentional with her actions. She also experienced a recognition for self-care to take salt baths, take care of her body and womb and her sensorial intake. She also found the ability to release negative energy held in her physical body. She stated:

When children go through those type of things, when something happens you just kind of hold that energy in you...that’s kind of how it was for me. And I think that’s why whenever something stressful happens now, I still have that reaction to hold things in my body. So me being able to understand that and put two and two together and be aware of it—I think just meditation in general has really helped me because when I meditate my mind is clear afterwards, whereas before I used to kind of always think about it.

Christine also found that Kemetic yoga helped alleviate flashbacks stating, “Once I started coming to Kemetic yoga, those things just started to drop away like I was dropping pieces of luggage.” Additionally, Christine discussed Kemetic yoga playing a role in having renewed her lost her faith in God due to the trauma. She said, “My faith in God was very shaky.... I was starting to feel like ‘okay God must not exist because bad things happen to children.’” However she found that “coming into this practice and learning about our ancestors and what they believed in spiritually and learning about how they've overcome and they still believed and practice their spiritual practices, that doesn't mean that there is no God.”

Nia said, “It helped me to see past myself and my issue, then I look at things at a higher perspective.” She found herself growing more into her femininity, where she had begun carrying

a lot of masculine energy after her abuse, which adversely affected her relationships with men.

She said:

There was a time that I believed that I never wanted children...I didn't want to bring anything into any body, any soul, any spirit into this experience, and I was serious... and once I started doing this healing; all of a sudden I wanted a child. I wanted to be a mother, because that is in our nature... to be the nurturer...to be the healer.

Kemetic yoga allowed her to bring out latent emotions related to the trauma, particularly depression and fear. She stated "the slowness in the progression and the breathing helps to bring emotions... out of your energy body and to the surface." Renee found Kemetic yoga to help with addressing her denial. She stated:

I can feel out spaces within myself or places within myself where I have locked certain memories, whether it's just things I don't want to admit about myself, things that happened in my past, so like with my sexual abuse I was in a lot of denial. Not that it happened, but denial that I was still suffering from it...yoga made me realize I wasn't better now.

It allowed her to become more conscious of a long road to recovery.

**Seeking healthier relationships.** This category refers to Kemetic yoga's influencing participants to look for different qualities in their partners and create different expectations in relationships that would result in more wholesome and nourishing relationships. This was endorsed by seven participants. For most, this was accompanied in a change around their engagement with sex, either discussing sex or their feelings about sex. These changes were also clear in changes in the way participants sought partners. Aaliyah described initially having sought out relationships with men, who like her father, had the potential for physical violence, and experienced physical violence and abuse in a number of past relationships. She said:

I feel like a shift has happened since me doing the Kemetic yoga. In that I am not seeking those same things in a partner that I used to seek, that would result in the explosion later...I am looking for someone I connect with spiritually first. In the past I was physically connected with a person first. Like, I am looking at this person, and just I thought they looked good. And then I will get to know them a little bit more, but I think with the Kemetic yoga the process has helped me connect with myself, and more so

myself spiritually as well. Like what I want, so with the people that I have dated since that experience, they are people that I connect with spiritually, also like I see their heart, and not so much their physical being as I used to.

Christine also found her attraction to particular men had changed since Kemetic yoga. She stated:

I used to be kind of attracted to guys who, for one, smoked weed, guys who—not just that they smoke weed, like just that gangster stereotype that's out there... The gangster type of dude that's not really, you know, that's not intelligent like I can't really hold a conversation with them for whatever the case is. So, now I kind of like to have—I'm attracted to guys or people that I could just have a conversation with them and be intellectual kind of with -- or talk about spiritual beings with.

Nia discussed it changing her opinion and resultantly her relationship with men, whereas before she thought:

Men can't be trusted; they don't make me feel secure; they are always going to disappoint me... I felt like a man was going to come get me. Come get me and attack me and do horrible things to me- Kemetic yoga brought this “running program” to awareness so I can change it

**Forgiveness.** This category refers to the ways in which participants found recovery through Kemetic yoga's assistance in moving participants towards no longer feeling neither angry nor resentful towards perpetrators, unsupportive family members and destructive partners. Six of the eight participants were able to find forgiveness through Kemetic yoga. Tyra stated that after her family turned their backs on her after her disclosure of the abuse, she had to find a way to forgive the perpetrator, her stepfather, her mother who took her stepfather's side, and other family members who accused her of being a drug addict and making up the abuse. Tyra stated the following regarding her use of Kemetic yoga:

It helped me to forgive because someone who went through what I went through should be very angry, very bitter. And I'm not that at all. What do I do? I feel like I was on my way there. But the practice has just really helped me control my emotions.... Like I don't wish anything bad on anyone, you know, I forgive my stepfather for what he did. I forgave my mother for her decisions. You know, I forgive my siblings for turning their



backs on me. I love them, this is their journey.

Aaliyah discussed this in terms of the constellation of forgiving the abuse that she experienced not just in childhood but in recent relationships. She stated that with respect to her relationship with a man who physically abused that that “it definitely just helped me in a lot of ways, and the forgiveness part of that is where I’m not being so angry because for a good while, I was looking for him, I was. I think it’s definitely helped me with that.”

**Secondary Research Question #5: *What, if any, recommendations would they have for other African American women who survived CSA in the use of Kemetic yoga and why?***

### **Recommending Kemetic Yoga for African American Women CSA Survivors**

This theme refers to participants’ recommending Kemetic yoga for other African American women CSA survivors. Recommendations were based on a belief in prospective benefits for other survivors, due to value that participants themselves gained from Kemetic Yoga. Seven participants recommended Kemetic yoga specifically for Black women who were CSA survivors. This theme was divided into five categories whereby participants recommended Kemetic yoga based on benefits they received (1) discovering and becoming best self, and (2) relationship to and management of trauma.

**Discovering and becoming best self.** This category is defined by participants’ recommending Kemetic yoga to African American women CSA survivors based on its ability to help survivors learn about pre-existing parts of themselves previously unknown to them, or transforming into a better version of themselves. Six participants endorsed this category. Tyra discussed recommending Kemetic yoga because it could result in self-realization. This Kemetic yoga induced self-realization for CSA survivors would allow survivors to no longer compromise their best selves, as a result of being abused. She stated:

It makes you recognize who you are. So, when you realize that you are goddess and you are like the original one and you are the mother of the planet, there's no way that you're gonna allow any man to talk to you crazy.

Tyra also stated, referring to Black women CSA survivors, that this self-discovery, which may have made them feel very different about themselves, “would help them tap into a part of themselves that they haven't ever met before or maybe seen in a while because childhood sexual abuse, it really just, it just makes you feel so tainted.” Nia described becoming this best self as a guaranteed transformation stating, “you will grow because of it...You will heal.” Christine defined this transformation for African American women CSA survivors as progress. Nia recommended:

You could just do yoga, meditate, you know, journal and kind of work through it. Not really on your own but, you know, with some help and guidance hopefully from a yoga teacher or somebody, you could really see some benefits, you know, get some progress, have some progress in your life.

Tyra recommended Kemetic yoga for African American women CSA survivors because of its metamorphic properties. She stated:

It's transformative on every level....And Kemetic Yoga, if you truly study it, by reading it and reading the philosophies and everything and really internalizing it, it does, it transforms you not only on an energetic level but a cellular level.

**Relationship to and management of trauma.** This category refers to participants' recommendations for other African American Women Survivors of CSA based on Kemetic yoga's ability to help survivors become aware of their relationship to trauma and provide them with the tools to manage trauma symptoms. Six participants endorsed this category. Renee stated, “it helps you to develop that mental fortitude, that you definitely are going to need in order to face some of the challenges that come along with being sexually abused, whether it is guilt, insecurities, lack of self-worth, not feeling that you are worthy of love.” Therefore, Renee pointed to numerous symptoms of trauma which Kemetic yoga could provide survivors the tools

to alleviate. Renee further stated:

I think that if I didn't practice, if I didn't get the chance to do that internal self -regulation or internal being able to look at myself from the inside out, that I would not have developed the awareness of how much I was hurting myself with my negative thoughts towards myself.

Therefore, Renee's recommendation of Kemetic yoga to survivors was for its capacity to help survivors to become aware of a damaging relationship between themselves and their own negative thoughts stemming from the abuse, as Renee herself was doing. Christine discussed management of trauma and relationship to trauma in terms of how trauma is energetically held in and released from the body. She recommended Kemetic Yoga for survivors because:

It's a pretty difficult thing to carry with you every day as someone that don't talk about it at all. They don't even want to mention it. You know, very traumatic. And so, when you're dealing with those things and you're understanding that you're holding those things in your energy body, you know, doing yoga and meditating, you are able to release those things so you don't feel so worn down and heavy with, you know, or burdened with those thoughts and with those memories that you may not be able to share with others.

Nia also expressed recommending yoga for other CSA survivors due to the fact that it helped her understand her relationship to her trauma, and therefore may help others understand their relationships to trauma as well, saying:

It's a good foundation; it's a good practice; it's a good daily practice. It would release a lot of traumas, experiences that you've experienced. Like I said, for me, it showed me what I didn't even know was there, that my subconscious mind was hiding from me; and I didn't even realize.

### **Anecdotal Findings**

In the course of the study, findings emerged that were not considered significant because they were not endorsed by sufficient participants (six) or because it was information shared by participants which did not answer secondary research questions. The following section will examine the several strong categories that emerged under elicited themes, which were endorsed by four or five participants. It will also look at the emerging independent theme of Experiencing

Abuse, and its related categories, which did not answer a secondary research question, but whose relevance to deeply understanding the lived experiences of survivors, and thus answering the primary research question, arose from the data.

**Seeking Kemetic yoga in reaction to.** This category refers to participants intentionally looking for and finding Kemetic Yoga in reaction to events happening in the world around them or in reaction to heavy changes in their own lives. Five participants endorsed this category. Imani stated:

I was at a point in my life where I needed answers more than what I could find around me. I didn't know where to go, I grew up Christian, I found myself looking online for something, anything that would comfort me at the time... it was right after the police officer had been acquitted...I was heartbroken right after Trayvon Martin...I needed something to help me get through what was happening to all of us in this country without mercy.

For Imani her seeking was needing to find answers and comfort in reaction to her changing religious views and the painful mediatized disregard of Black life. Reacting to the turmoil she was experiencing in her personal life led Renee to Kemetic yoga. She described this by saying, "I went to Kemetic yoga when I was at a very low point in my life and I needed something to help me cope with that." Aaliyah too sought out Kemetic yoga in reaction to a troublesome time in her life based on her recent experiences of abuse stating:

I got to a point, in probably, I think it was the end of 2013, where I just felt like in a dark, sad place based on some life experiences, and knew I needed to make a change in my life. [Being with] a domestic abuser, I should say, mentally, physically, emotionally, financially, I was abused in a lot of different ways, at that point felt a little broken. I felt something had to change.

**Innate cultural qualities.** This category refers to traits that participants believed were specific to their culture and Kemetic yoga that facilitated their recovery through Kemetic yoga. Five participants belonged to this category. Natasha made note of women of color being loving. She discussed this with respect to her time volunteering in a jail where the female inmates

enjoyed camel pose. Natasha stated, “I was just like, really you want to open your heart in such a traumatic environment but that's women, and that's women of color. And that's a superpower we have. Love is a superpower that women of color have.” Tyra identified African people as naturally healers, nurturing and spiritual people. She stated, “when we know that we want to assist other people just because we know that if they’re good, we know exponentially the world is gonna heal...that’s the African way.” She also recognized her belonging to the culture of women having qualities that facilitated her recovery through Kemetic yoga, stating, “women are the healing of a nation...we are the ones that are going to allow people to give permission to people to speak, to open up that throat, that Tehuti Kara, and just speak.. it’s women.” Leila saw Black women as having inherited strength due to our condition. She said, referring to Black women, “our strength is immeasurable... it’s just embedded in us...it’s a natural trait...historically we had to be strong...We had no other option.” These cultural qualities were translated into relationship for Christine who saw that “Black women have that tie with their mother...My mom gives me strength in a way,” and that strength being part of her healing and concretized through the cultural sameness found in Kemetic yoga.

**Recommending yoga for a wider population.** Four of the eight participants recommended Kemetic yoga for a wider population including, all African Americans, African American women, African American women in need of healing, and women of color. For example, Nia recommended Kemetic yoga for all African American women needing healing stating:

It’s a good foundation; it’s a good practice; it’s a good daily practice. It would release a lot of traumas, experiences that you’ve experienced. Like I said, for me, it showed me what I didn’t even know was there, that my subconscious mind was hiding from me; and I didn’t even realize. So, it would definitely aid in the healing process....I recommend it to any African American woman that needs to heal, especially from sexual, or any type of abuse.

## Experiencing Abuse

The theme of Experiencing Abuse, was a strong theme that emerged. While questions about abuse were not asked, they were discussed by seven of the participants. This is defined by participants' discussion of information around past abuse, protective and non-protective factors, family and meaning making. The categories of this section are (1) constellation of abuse, (2) silence, (3) perceived familial support, (4) intergenerational abuse, (5) making sense of the abuse.

**Constellation of abuse.** Four participants endorsed this category. This category refers to participants' engagement with more than one type of abuse in childhood and/or adulthood. Two participants were also domestic violence survivors in adulthood. Two experienced physical violence as children, while one experienced bullying in school, being "called ugly and believed it." In the cases of physical violence, the perpetrator of the CSA was also the perpetrator of physical violence. Aaliyah's perpetrator cut her with a machete and burned her, while Tyra's perpetrator physically beat her when she refused rub his back. Natasha alluded to multiple forms of abuse that she did not adumbrate, however stating, "I have experienced a great deal of trauma in my life."

**Silence.** This category refers to the way in which secrets were held within the family, and the ways in which participants made decisions to either tell someone about the abuse or remain silent. Perhaps the most salient category, five of the participants discussed aspects of secrecy around the abuse. Aaliyah chose not to tell her father because she feared his reaction. As someone whose reactions she deemed often angry, Aaliyah made the choice not to tell her father about her cousin sexually abusing her because "If I were to tell my father, he would shoot the person without a thought." Imani's choice not to tell anyone in her family about the abuse was

because she thought that no one would believe her, and therefore the secret remained between she and her stepfather.

Tyra was the only individual who indicated having told a family member in childhood, saying that she was 13 when she told her mother what happened. However, her mother did not believe her. Her mother's reaction influenced her decision to remain silent about the abuse until the age of 30. Leila made the decision not to tell her family because she "didn't have the mom that you could talk to about anything." Because of the relationship with her mother, or a way she felt she might be perceived, Leila made a choice to remain silent. However, even when silence was broken by the survivors, some of the participants found that their disclosure was not met with open dialogue. Renee, for example, found that although she has engaged her mother in conversation around the abuse, her mother did want to talk about it, nor allowing for the subject of abuse to be present, turning off the TV if someone was sexually abused and believing that Renee blamed her for the abuse.

**Perceived familial support.** Four participants discussed support. This refers to the willingness or unwillingness of family members to help bear the load of the abuse and help or assist the participant. Of the four participants who discussed support, irrespective of whether or not the abuse was disclosed, three did not perceive that support would come from their family or, in fact, experienced a distinct lack of support from their families. Renee wished for more support from her mother. She discussed the possibility of lack of support stemming from her mother's guilt for kicking her step-father (the perpetrator) out of the house, letting him back in, and sending her to Jamaica. Tyra experienced a lack of support from her family after disclosure of the abuse saying, "when I came out with it, it was like everyone just turned their back on me," that her mother and stepfather dismissed her and accused her of lying and drug addiction.

Aaliyah alluded to a perceived lack of support from her family saying that not everyone in her family is understanding. Christine, on the other hand, although while not having specifically discussed disclosure, found support in her mother, saying that she could call her and cry when she needed to.

**Intergenerational abuse.** This refers to participants' observation or realization of the prevalence of abuse in the family. Four participants realized that other women in the family were survivors of childhood sexual abuse. Aaliyah discovered that her mother was also a survivor of sexual abuse. Tyra and Christine also realized that sexual abuse was prevalent in the family yet secret, but that Tyra had witnessed manifesting in illness. Leila stated, "there's a history of sexual abuse in my family that's not really talked about." While only some individuals discussed family protection, it should be noted that two participants discussed explicitly not feeling protected by their family. For Tyra, in particular, this translated not only to a lack of protection by her mother from the perpetrator of the abuse, but a prioritizing of protection of "the 'integrity of her family'" over Tyra, when her mother made the choice to allow the perpetrator (her step-father) to remain in the house.

**Making sense of the abuse.** This category refers to the way in which in adulthood, or in the healing process, participants came to find a meaning for CSA in adulthood, particularly as it related to agreements made spiritually before birth between the unborn child and the to-be parent, assisting others and evolving into their current selves. Tyra indicated found meaning in her abuse saying, "I contracted myself to be born to the parents that I was born to and to have the experiences that I experience. I realize there's no separation from that." Nia too spoke to this contracting, saying, "I believe in the reincarnation and the ancestors, and connecting with the spirit...this is part of the Kemetic philosophy—I believe in, we choose, I chose my parents. I



chose my parents for a reason, because I wanted to have the experience there was something that I needed to learn.”

Aaliyah indicated that the deeper meaning for her abuse was to help others. She said, “I was meant to experience some different things so that maybe I can recognize signs and symptoms of those things going on in other children.” Tyra too stated, “my pain, my experience in that is helping these young girls who have these experiences be stronger and to emulate an adult who has gone through things but still has managed to create her own life.” Christine also saw the purpose of the abuse as possibly being because she was “supposed to help somebody.” Tyra, made sense of the abuse transpiring “because [she] could handle it,” and even with purpose of her finding Kemetic yoga so that she could evolve even more fully. Tyra saw this starting with her mother’s actions. She stated that from her mother:

I learned what not to do, and I learned how to love because I don’t feel—like I know my mother loved me in a basic sense but I don’t think my mother loved herself enough to really give me the love that I deserved. It all started with her because she didn’t have that self-love, and so, her, not having that self-love pushed me to find self-love. And you know, and it pushed me toward Kemetic yoga inadvertently. I didn’t know what it was back then but it was pushing me to something that would allow me to be who I am.

Therefore, Tyra saw the abuse of having a meaning long in the making.

Christine made sense of the abuse for the purpose of her own evolutions saying, “I had to go through all those things to get where I am today and think the way I think now” and therefore found the purpose of the abuse to allow her to fully become. She also sighted an “appreciation” for the abuse with leading her “into this knowledge of spirituality.” The abuse existing as part of participant’s becoming or evolution into their current being was also reflected in Imani’s view of the abuse as part of her and made her who she is. Imani found a duality in this experience of becoming however stating in one part of the interview that it “what they did to me has nothing to do with the person I am today” and in a later portion saying, “what happened to me made me

who I am today and I love me today.” Therefore, indicating that the abuse was both defined her and did not fully define her, but was necessary for her to become the person she is now.

### **Researcher’s Reflections: My Process**

Throughout the collection of data and when working with women, I tried to remain as attentive as possible to my own personal experience, to ensure I was not conflating particular information or neglecting other information due to my own experiences with yoga and CSA and beliefs. As I began that process of data collection, I found it to be highly anxiety provoking, particularly initially as there was no response to initial invitations to participate. I felt that there simply would not be sufficient individuals who would want to talk about their story. I wondered if I, seeing the same call to participate, would have chosen to do so. I began doubting that anyone would participate. Simultaneously my anxiety around the possibility of there being no willing participants grew. I realized a strong source of my anxiety was coming from my perfectionism. I was so worried about doing the thing that couldn’t be done right, and anticipating how to do so, that it was inhibiting me from being present with actually doing the work of calling. The second source, which I realized, was my own social anxiety around meeting new people particularly intimately meeting people over Skype. I wanted to make sure that this did not affect the way I built rapport, concerned I might be seeking other validation, rather than being fully authentically me. The third source of anxiety was feeling alone in my work and unsure if women would trust me or connect with me.

Having the opportunity to speak with two yoga instructors, whom I had never met, over the phone, to give them background about the project, who encouraged me, and in our connectedness when we talked, reminded me of the possibilities of connection, and I began to feel less alone in the work, and that the work was supported, and that I was connected. Many

Black women who knew they were already ineligible for the study began to contact me around February 5<sup>th</sup>, to congratulate me, to honor me, to support me, to ask how they could help. The felt connectedness and support of the community felt very important to me.

The concerns that continued to come up for me were those that I reflected upon, prior to starting the interviews, observations that had come out of supervision in my internship site, were the incongruence in my beliefs and actions around clients' strength. While I purported to be strength-based in my approach, and to see strengths in clients, I would find myself in session or in supervision, finding ways to protect the client from their own thoughts, feelings, emotions, and behaviors. I made note of this before I started interviewing.

Through the process of screening, I found myself being able to release the idea of a perfect interview. I missed questions. I went back and asked them. I called people back. I let people know I made a mistake. I consulted with my dissertation chair. I realized after talking with my chair that I needed to ask more questions around identification as African American for certain individuals. This was something that I had thought about when writing the proposal. What exactly is African American. What does it mean to identify as African American? What is a woman? How would I decide if a gender non-conforming individual wanted to participate? Would this skew my data? However, my chair was able to guide me. I learned to give myself grace in refining my skills as a researcher and raised my awareness in being more intentional about terms

I learned in the few minute screenings, that building rapport could happen in 30 seconds, as long as I remained by authentic self. I found myself more comfortable, more able to laugh, not to sound monotone as I went through the script. I also truly began to feel the comradery of this

sisterhood, of women, who praised the work I was doing. Some of my nervousness began to fall away.

The space I created over Skype was safe and sacred space for all of us. I remained in control of myself and of the space. The participant allowed me to guide the interview, but she remained in control of that. I used my clinical judgment as I asked questions and always related them back to the research question, which I kept on a post it note next to my computer. I found myself having a reaction to particular things said by participants. About half of the participants cried during the interview: Statements like, “He told me he loved me” when referring to the perpetrator or that the abuse was generational would cause felt sensations in my own body of emotional pain and disgust, which would quickly dissipate. I stayed present in their tears and in their memories. I stayed connected. I would often finish interviews feeling both drained, emotionally depleted, angry, hopeful and amazed at our strength. One participants even gave me advice to be cleansing myself, to take salt baths to release any negative energy that may stay with me while having these interviews. However, the sense of sisterhood and pride that I felt, overcame any feelings of pain, though every once in a while, I would find the need to cry between interviews, to release, and to sit with the healing that these women discussed, realizing after each interview how much of myself and my own experience I both empathized with, and did not.

### **Summary of Findings**

Six participants in this study were born in the United States and two were born outside; however, ,all had spent a significant amount of time in the United States. Their ages ranged from 23 to 46, with an average age of 36 years. Most participants had received a bachelor’s degree. Most participants were not in a civil marriage. All participants spoken English fluently.

Participants' median income was 37,000 USD. The emerging themes were (1) Seeing One's Self Clearly (self in relation to other, resilient and adaptive self, positive views of self ), (2) Experiencing Kemetic Yoga (cultural and/or spiritual attraction, attention and intention as practice benefits, challenges in practice, transpersonal experiences, experiencing strong memories and sensations and instructor as inspiration), (3) Cultural Congruencies with Kemetic Yoga (link to spirit and ancestors, empowerment and connection in cultural history, safety in community and cultural/spiritual congruency), (4) Kemetic Yoga as Part of the Recovery Process (healing as multi-faceted process, recovery prior to Kemetic yoga, managing trauma, seeking healthier relationships, forgiveness), (5) Recommending Kemetic Yoga for African American Women CSA survivors (discovering and becoming best self, relationship to and management of trauma).

In summary, African American women survivors of CSA in this study, often the survivors of multiple abuses, see themselves as transforming, positive, selves, who identify themselves in connection to others. They found Kemetic yoga at times of transition in their own lives. Once introduced to it they remained with Kemetic yoga due to its cultural congruency that they had not found when participating in other types of yoga. Through Kemetic yoga, particularly through breathwork, postures, meditation, learning the philosophy and adapting Kemetic principles which were culturally congruent with their Africanness, participants began to witness changes in themselves. These also included lifestyle changes which too had positive benefits for their own well-being. Participants found that in the process of their healing and recovery, which had been ongoing and was still continuing, that the manifestations of trauma, which presented themselves in diverse ways, began to subside, and that they were able to learn more about themselves, regain parts of what had been taken, and empower themselves through the practice in a safe figurative

and physical space. Participants recommend Kemetic yoga for African American female survivors of CSA and other racially similar persons in general.

Table 6

*Summary of Primary Findings*

Category by Theme	Number of participant endorsement	Illustrative quotes
<b>Theme 1: Seeing One's Self Clearly</b>		
Self in relation to other	8	"she is a daughter, a sister, a person, a mother, a friend" (Natasha)
Resilient and adaptive self	8	"I am fearless, and I say that because I never stop" (Nia)
Positive views of self	8	"I'm very kind, compassionate" (Imani)
<b>Theme 2: Experiencing Kemetic Yoga</b>		
Cultural and/or spiritual attraction	7	"My spirit was also guiding and directing me and telling me that I needed yoga" (Renee)
Attention and intention as practice benefits	8	"Breath work has allowed me to have some mental clarity in some very intense situations and it's allowed me to create a mental solace that I can go into if I need to" (Natasha)
Challenges in practice	7	"some of the poses definitely with challenging that mindset of being negative. You know it's not like I'm perfect. I still have to work with it. And challenge myself to think differently about things" (Christine)
Transpersonal experiences	6	"Sometimes I'll see it like masks, I'll see faces, I'll see myself with energy around my head, of the shapes I can see Kemetic symbols" (Tyra)
Experiencing strong memories and sensations	8	"Why am I sitting in mummy pose, or why am I in a lunge, and I'm getting a flashback of males standing above me" (Nia)
Instructor as inspiration	8	"He's able to ignite like a fire in you or something like that and just make you think about all these things and really appreciate who you are" (Christine)
<b>Theme 3: Cultural Congruencies with Kemetic Yoga</b>		
Link to spirit and ancestors	7	"Connecting to like the goddesses and you know, the deities that the poses are, you know, based on is really

		awesome” (Leila)
Empowerment and connection in cultural history	8	“It's more the Philosophy, what information you are lacking that empowers you too” (Imani)
Safety in community	8	“Kemetic Yoga has created a space for Black people to be able to participate in the science of yoga. It's created a space for us where we can feel comfortable” (Renee)
Cultural/spiritual congruency	7	“I was the only Black person in the class, and I was ...not comfortable in the class...” (Renee)
<b>Theme 4: Kemetic Yoga as Part of the Recovery Process</b>		
Healing as multi-faceted process	8	“Constant growth. constant repetition, constant lessons” (Nia)
Recovery prior to Kemetic Yoga	8	“Alcohol, gave me the courage from anxiety temporarily. It gave me the social skills that I wanted, me being more extroverted for a while” (Nia)
Managing trauma	8	“I have been able to revisit some traumatic events in my life without being emotional or crying or hurting afterwards for whatever reason those thoughts would come back” (Natasha)
Seeking healthier relationships	7	“I used to be kind of attracted to guys who, for one, smoked weed, guys who -- not just that they smoke weed, like just that gangster stereotype that's out there... So, now I kind of like to have -- I'm attracted to guys or people that I could just have a conversation with them and be intellectual kind of with -- or talk about spiritual beings with” (Christine)
Forgiveness	6	“It definitely just helped me in a lot of ways, and the forgiveness part of that is where I'm not being so angry” (Aaliyah)
<b>Theme 5: Recommending Kemetic Yoga for African American Women CSA survivors</b>		
Discovering and becoming best self	6	“It makes you recognize who you are. So, when you realize that you are goddess and you are like the original one and you are the mother of the planet, there's no way that you're gonna allow any man to talk to you crazy” (Tyra)

Table 7

*Anecdotal Findings: Experiencing Abuse*

Category by Theme	Number of participant endorsement	Illustrative quotes
<b>New Theme: Experiencing Abuse</b>	6	
Constellation of abuse	7	“My cousin who used to abuse me...he pushed me into. It was like a little grill that burnt the back of my leg, the back of my leg caught on fire. He cut me with a machete, very violent type of things” (Aaliyah)
Silence	6	“When the conversation is brought up, there is so much discomfort around this. Like, my mom is incredibly uncomfortable about the situation, to the point that if I was watching a TV show and somebody was being sexually abused in the show, she would tell me turn the TV off. Turn it off, turn it off” (Renee)
Perceived Familial Support	6	“I don't have a relationship with my immediate family at all. And that is due to the abuse that I experienced as a child. When I came out with it, it was like everyone just turned their back on me” (Tyra)
Intergenerational Abuse	6	“there's a history of sexual abuse in my family that's not really talked about...” (Leila)
Making Sense of the Abuse	6	“I believe in the reincarnation and the ancestors, and connecting with the spirit...this is part of the Kemetic philosophy- I believe in, we choose, I chose my parents. I chose my parents for a reason, because I wanted to have the experience there was something that I needed to learn...” (Nia)
<b>Theme 2: Experiencing Kemetic Yoga</b>		
Seeking Kemetic yoga in reaction to	4	“I found myself looking online for something, anything that would comfort me at the time... it was right after the police officer had been acquitted...I was heartbroken right after Trayvon Martin...I needed something to help me get through what was happening to all of us in this country without mercy...” (Imani)
<b>Theme 3: Cultural Congruencies with Kemetic Yoga</b>		
Innate Cultural Qualities	5	“our strength is immeasurable... it's just embedded in us...it's a natural trait...historically we had to be strong... We had no other option” (Leila)
<b>Theme 5: Recommending Kemetic Yoga for African American Women CSA</b>		



<b>survivors</b>		
Recommending yoga for a wider population	4	"I recommend it to any African American woman that needs to heal, especially from sexual, or any type of abuse" (Nia)

## CHAPTER 5: DISCUSSION

This study explored the way in which African American Women survivors of childhood sexual abuse experienced Kemetic yoga. While estimates vary in the general U.S. population, The White House Council on Women and Girls Report (2014) estimated that approximately 22% of African American women (approximately 4,802,993) have been raped within their lifetime, half of whom were raped before the age of 18, and as many 60% of African-American girls (approximately 2,985,333) have experienced some form of sexual assault by the age of 18 (Liang et al., 2006). The staggering rate of CSA, combined with high rates of non-disclosure and underreporting in childhood and African American women's unlikelihood to seek "treatment" in the traditional Western sense, begets the question of how these women who bear the heavy physical, emotional, spiritual, psychological, and social burden of CSA and likely multiple abuses, alone, have been and could be healing themselves in a way that is both accessible and successful. Ostensibly this would not only heal women alone, but could possibly heal their multiple relationships inclusive of partnerships, families, and communities.

My interest in this study stemmed from the proliferation of studies proving the potential for yoga to have healing properties, and my personal experience with both CSA and yoga. The focus was on the experience of African Women CSA survivors with Kemetic yoga in particular because of the non-existence of studies on Kemetic yoga, and on African American women as a specific population and any form of yoga. Therefore, this study also sought to examine the cultural significance in potential healing and to use this to lay the groundwork for the possible integration of culturally-informed indigenous somato-natural yoga practices in psychotherapy and movement of a culturally-informed yoga into the space of evidence based practice as a tool for self-healing and self-care for African American women survivors.

In the study, eight women who identified as well-functioning, responded to in-depth semi-structured interview questions, aimed at eliciting the lived experiences of these women. The main question: What can be learned from the lived experiences of functioning African American women adult childhood sexual abuse (CSA) survivors and their use of culturally-informed Kemetic yoga? Secondary questions were:

1. How will African American women CSA survivors describe themselves?
2. How will African American women describe their experiences of Kemetic yoga?
3. What, if any, relevancy was there for a culturally-informed yoga experience?
4. When considering their continued recovery and/or healing, what, if any, observations would they have about the use of Kemetic yoga?
5. What, if any, recommendations would they have for other African American women who survived CSA in the use of Kemetic yoga and why?

### **Seeing One's Self**

The study explicitly sought to elicit the voice of participants, asking them to define themselves and their own experiences. The eight participants in the study identified themselves using positive traits. One of the most salient ways in which individuals referred to themselves was within the context of a resilient self. *Warrior, superpower, survivor, fearless* were all words that were used to denote a resilient identity. This is consistent with literature around resiliency and Black women. Though not directly queried about the abuse, narratives emerged of sexual abuse that could result in both Type 1 and Type 2 trauma discussed by Terr (1991). However, women did not identify themselves as victims or as traumatized. In fact, participants did not use any negative descriptors to describe themselves. C. West (2002) attributed this resilience to African American women having greater hardiness because of a history of oppression adjustment

leading to strong Black woman attitudes. Participants discussed their resilience often within the context of both doing well irrespective of trauma and doing well because of intergenerational social conditioning. The latter resilience, which was required due to both present and historical structural and interpersonal violence, did not harden participants, rather participants discussed the duality of their identities later in addressing the particular innate cultural qualities that assisted them in their healing. *Loving, natural healers, healers of a nation* were qualities women attributed to themselves either as women in general or as a particular community of Black women.

The literature also points to resiliency within the context of historical use of identity for resistance. Collins (1990) discussed women's experiences in relationships, "as mothers, community other mothers, educators, church leaders, labor union center-women, and community leaders seem to suggest that power as energy can be fostered by creative acts of resistance" (p.222). This is consistent with the findings of this research in which all participants viewed themselves in relation to others, either in relation to family or in a helping relationship with others. It is not known to the extent in which participants viewed this relational view of self as part of their own resiliency. Further research would be required. However, the spheres of influence or *sanctuaries* as referred to by Collins, where participants found their identity, may be the same spaces in which they found healing. While Neville and Pugh (1997) found that this resiliency affected Black women's decisions for not seeking counseling, though not asked directly, three women in the study did at some point choose to participate in counselling. Therefore, this is inconsistent with the literature around the choice to attend counseling. It may, however, have more to do with Black women's decisions to remain in counseling. Participants

who did attend counseling only did so briefly because of it “not helping.” More research would be required in this area.

It is likely that the resiliency adopted by the participants is a state resilience that transformed into a trait resilience. Already conditioned to be resilient, the sexual abuse resulted in a trait resilience, as participants described the ways in which they “bounced back,” through various coping mechanisms. However, through Kemetic yoga, participants experienced changes in their thinking, decision making and personality (Southwick et al., 2014). These in turn led to an epistemological resilience focusing on participants’ new-found relationship to self, to spirit, to the ancestors, to family (both biological and surrogate), experienced in a way that Kemetic yoga made culturally meaningful. This is consistent with both the African Centered model and epistemological resilience literature which connects the ontological essence of “being” relationally with other individuals and energies (McIntosh et al., 2011, p.399). Therefore, the idea of the resilient self is the idea of a connected self.

### **Experiences of Kemetic Yoga**

The experience Kemetic yoga for participants was one that involved finding the practice, being interested in the practice, and choosing the practice, which resulted in an experience, that changed one’s inner world and way of life. It was also a practice of healing. It must be noted, therefore, that one of the experiences of Kemetic yoga was the experience of recovery and healing. What must be taken into account is that there existed a great deal of overlap between the general benefits that participants experienced and the healing benefits from CSA. It is also unknown which benefits were indirectly part of the recovery. The general healing properties that yoga creates may alter thoughts, emotions, behaviors, and result in transformations out of states that are not amongst the categorical Diagnostic Statistical Manual’s (DSM) inventory of

symptoms (Hall & Hall, 2001). For example, difficulty with personal relationships, self-isolation, and low self-esteem, were indicated by Hall and Hall as symptomological of CSA development. However, survivors may not have attributed these areas to the CSA. The study also did not elicit clear answers around whether growth in particular areas was in contrast to what had been stunted by the CSA, by another abuse, or even by racial trauma.

Those who participated in this research adapted Kemeti yoga as a lifestyle, with all but one engaging in or experiencing lifestyle changes, which she attributed to the short duration of her participation. This is consistent with the literature that describes yoga as transformative mental, physical, spiritual and lifestyle practices (Karmananda, 1983). The benefits of the practice experienced by participants were not without challenges, but resulted in overall improved well-being. This is consistent with the literature in which multiple studies have shown that yoga practice improves one's sense of well-being, relaxation, self-confidence, attentiveness and optimism (Woodyard, 2011). These were nearly identical to the findings of this research, which found the main benefits that participants experienced were in regards to (1) connection to self, (2) learning conscious breathing, (3) emotions, (4) peace and relaxation, (5) strength, (6) self-confidence, (7) Awareness. However, one aspect of the literature that was not consistent with findings was that only half the participants discussed the physical benefits of the practice: three with respect to pain alleviation, one with respect to strength. Woodyard (2011) discussed the physical benefits of the yoga practice such as increased flexibility and strength, improved system functioning, prevention of chronic pain, as related to the physical practice. When physical benefits were discussed, they were discussed as a result of lifestyle changes, rather than being attributed to the physical practice of yoga.

The possibility of interconnectedness between the lifestyle changes and other benefits is high. The experiences of Kemetic yoga in which participants felt connecting to self, learned to use their breath, regulate their emotions, find peace and relaxation, find inner strength, confidence, and awareness are likely to have reinforced lifestyle changes and vice versa, thus creating a positive feedback loop. This is consistent with yogic literature in which yoga has curative properties for thinking, emotions, spirit, and lifestyle (Karmananda, 1983).

The existing yoga literature around has found that self-concept improves positively with a frequent yoga practice (Gupta, 2007). This was consistent with the findings of this research as it figured significantly in the discussion of participants. As self-concept is constructed from the beliefs one holds about oneself and the responses of others, the finding of this research supported participants' connection to self and self-discovery. The connection to self was thus synonymous to participants' ability to establish a stronger relationship with and discover more about themselves, by listening to themselves, connecting with their present selves, tuning in, trusting themselves, building a solid sense of self, learning, discovering and knowing themselves. This journey towards self was also evident in the awareness that the challenges in Kemetic yoga were related to self, to participants wrestling with parts of themselves as they moved through transformation, further evidenced by their descriptions of their selves as journeying and transforming, and Kemetic Yoga as transformative. This is consistent with Kemetic philosophy and Anunian Theurgy (Kemetic mysticism) in which knowing oneself is the purpose of life is attain a great awakening (referred to as Samadhi in classical Indian texts): "Thus to know one's heart is the great injunction of spirituality, for to know this heart is indeed synonymous with knowing the innermost Self" (Ashby, 2007, p.41). This is also found in Kemetic literature in specific Neter: "The Djed symbolizes the awakened human soul that is well 'established' or

‘steadfast’ or ‘stable’ in the knowledge of the Self, that is, enlightened” (Ashby, 2007, p.15).

The majority of participants have had an experience or have experienced Kemetic yoga in transpersonal experiences. While the literature speaks to many kinds of experiences in yoga practice, what does not figure prominently in the literature are experiences of the transpersonal kind, particularly in respect to healing. Mysticism is a basis upon which Kemetic philosophy is built. As discussed above, the concept of Djeddu Djeddu “means having the knowledge of what is below and above and transcending both, thereby attaining the goal of Mysticism, to transcend duality and become one with all” (Ashby, 2007, p.15). The Anunian Life teachings are considered mystical teaching and it is considered that

through your understanding of the myth and how it relates to your life, and by living your life according to this understanding (ritual), you can lead yourself to discover and realize (mystical experience) the deeper truth behind your own being. (Ashby, 2007, p.43)

Therefore, mystical experiences are a part of the practice and form part of the path to knowing oneself which is part of the ultimate healing.

The experience of learning proper breathing and breathing as a healing modality are prevalent in the literature. The reviewed literature has pointed to studies that show neurobiological changes that are experienced as a part of conscious breathing, including cortex development and telencephalization, the migration of function from subcortical centers to the cortex, as well as stimulation of the vagus nerve which mediates the nervous system. This can result in increased relaxation and anxiety management. The literature also points to controlled breathing to affect one’s thoughts, feelings, emotions and even behaviors (Ley, 1994, 2003; Ogier, 2008; Sageman, 2002). Yoga literature discussed controlled breathing as having the effect of moving an individual into higher conscious states (Saraswati, 2009). All participants viewed learning to breathe consciously as a benefit, promoting vitality, inculcating awareness of breath



which could be connected to inculcating an awareness and intentionality in other life spaces, providing mental clarity, assisting with emotional regulation and transformation, moving through “stuck moments”, finding ways to contextualize pain, and movement of energy.

This is also consistent with Kemetic philosophy and literature in which it is stated by Ashby (2007) that “certain breathing exercises can allow the manipulation and accumulation of life force as well as the cleansing of the personality; also, they can allow the consciousness of the individual to merge with the consciousness of the universe” (p.237). Breathing forms part of a meditative practice which empowers the individual beyond her mortal body, but her energy body as well.

Meditation also figured very prominently into the experiences and healing experiences of participants. It is again difficult to disaggregate this data as meditation often occurs concomitantly with breathing and the physical practice. However, participants attributed healing aspects to meditation such as mental clarity, allowing the release of negative energies and memories from CSA to release from energy bodies, facilitating transpersonal experiences, and being able to communicate with the ancestors. This was less consistent with the literature where meditation has helped to manage PTSD symptoms related to anxiety or depression, or created feelings of non-judgment, self-compassion, empathy, gratitude, intentionality, and patience. Participants did discuss these as benefits and healing-related but as they related to meditation as part of the entire practice in general (Bruce et al., 2002; Lang et al., 2012).

The majority of the existing literature looks directly at the relationship between yoga and DSM-5 symptom alleviation of various anxiety and depressive disorders. Symptoms attributed to CSA survivors are inclusive of physical and psychological tension, depression, anxiety, intrusive memories, and heightened negative emotional response, emotional dysregulation, suicide

ideation/attempts, eating disorders, self-mutilation, and risk-taking behaviors (Messman-Moore & Long, 2003; Young, 1992). While no participants discussed suicide ideations or attempts, eating disorders, or self-mutilation, consistent with the literature, participants found that their experiences of Kemetic yoga alleviated symptoms, which may or may not have been related directly to the CSA. All participants described a change in emotional regulation, particularly in their ability to take ownership of and control their emotions, where some had before previous felt dysregulated. Participants found the alleviation of depressive feelings or depression, alleviation of anxiety, insomnia, self-blame, shame and anger. These are nearly identical to meta-analyses which found yoga to lessen depression, anger, aggression, and rage. Some of the literature points to this occurring through psychobiological processes, through stimulation of pleasure centers in the forebrain (Bussing et al., 2012; Woodyard, 2011). While the participants would not be aware of such psychobiological functioning, they do credit their practice with an inculcated awareness and intentionality with the ability to transform and change disruptive and negative feelings. They discussed the ability to move from denial and memory suppression to being present and feeling the emotional grief, and working with these memories and feelings in a gentle way.

The literature points to trauma extending far beyond the DSM's categorical symptom profile for various mental health disorders, particularly for African American women. Pierce-Baker (1998) pointed to a variety of symptoms in African American women such as loss of trust in humanity, in God, in adults, feeling of having sinned against God, loss of self-worth, feelings of powerlessness and invasion of space, a misunderstanding of space, risky or restricted sexual behavior. The findings can speak to what was gained through yoga, not necessarily what was lost through trauma or abuse, as such information was not asked directly. However, spirituality, not religion, figured greatly into recovery. One participant discussed explicitly having lost her faith

in God due to the abuse and re-finding it through Kemetic yoga. Consistent with the literature, many participants experienced changes in their sexual behavior. Participants described an array of diverse reasons for their changes in sexuality, amongst these, shifting of masculine and feminine energies. If viewed from the perspective of shifting sexual energies, rather simply as sex, then there may also be a connection between participants' experiences of relationships, and changes they made in seeking partners or realizations about past or present relationships. The literature however discusses symptomology in terms of the act of sex.

What is missing from the literature which favored heavily in the research was the role of the instructor. Particularly considering that participants viewed themselves relationally, then the role of the instructor would make sense to heavily contribute to the experience of Kemetic yoga, particularly as a healing experience. All participants in the study emphasized the importance of their instructor. At least six participants had the same Kemetic Yoga instructor, while at least three women participated in *womb yoga* with other instructors. Participants discussed the role of the instructor in coming to the practice, staying with the practice, in influencing their lifestyle changes, and influencing their understanding of both sexual and racial trauma.

The literature around the experiences of yoga and the findings of this research were highly similar. However, due to interlocking oppression it is hard to clearly state which experiences healed the residual effects of CSA or were healing in general. Experiences and recovery for women in the study greatly surpassed symptom alleviation, which tended to be the focus of most existing scientific studies. Instead, healing centered around rediscovering one's innate cultural abilities, re-connecting with the ancestors, re-connecting with community and re-connecting with self. The same way that African American women identified themselves in relation to others is the way that they found healing, in relationship and in connection to

themselves, their instructor, to energies within and outside of them, above and below them. This is consistent with the original and ancient meaning of Yoga- yoke union, which formed part of the literature.

The general benefits of yoga cannot be disaggregated from healing and recovery because healing and recovery held different meanings for different individuals. Further, the experience of or recovery from CSA cannot be easily disaggregated from recovery from cultural trauma or other trauma experience outside of CSA. Keeping in mind the high average ACE score for African Americans (REG, 2014), it is possible that the trauma of other abuses may also be being healed.

The literature that relates to PTSD and treatment, which is language discordant with the experiences of African American women survivors of CSA in this study, discusses the multiple trauma interventions that may be used effectively to treat PTSD. What was illuminated through this research through the responses of participants was that many of the goals of the different treatments were the healing experiences of participants in Kemetic yoga. For example, in CBT recovery occurs when an individual accepts a positive view of self and the future by changing patterns in cognition. Though the use of Kemetic yoga, participants were able to change their negative thoughts and even replace them with affirmations. They were also able to transform energies, changing negative into positive energy and realizing their power to change their reality by thinking positive about themselves, the future, and themselves in a connected universe. This is consistent with the Law of Sebek found in Kemetic philosophy in which there exist tools to program any desired behavior at will, then we can choose to allow only peace and pleasure to manifest as our emotional reactions to all events. Kemetic philosophy also operates based on the Ma'atic order:

This is a philosophy of order, balance, truth and reciprocity operating through virtue and wisdom or disorder. The “liquor of Ma’at” is a kind of aura that envelopes a person with positive feelings and virtuous energies and thoughts that counteract and wash away iniquitous feelings and thoughts due to unrighteous actions of the past and unrighteous, selfish thoughts and forms of understanding that cloud the intellect. (Ashby, 2007, p.175)

Kelly (2006) discussed the advantages of CBT as collaborative problem solving, empowerment, and strengthening natural support systems. Kemetic yoga resulted in empowerment both in participants being able to do what they considered previously impossible and most importantly through the reminders of greatness in their history, which Kemetic yoga and philosophy highlights within a community of cultural sameness. Another example is CPT, which asks clients to write narratives and places importance on transforming maladaptive beliefs. It focuses on inculcating safety, trust, power/control self-esteem and intimacy and requires homework assignments (Reece et al., 2014). Participants discussed finding power, re-negotiating their engagement with intimacy, finding safe community space and improved confidence, all within the confines of Kemetic yoga. They found clarity about the trauma and movement out of stuckness, through their physical movements and movement and control of breath. Kemetic philosophy also addresses “residue in your unconscious mind” and “accumulating more and more energy in that direction” through many thoughts (Ashby, 2007, p.155). There can be negative unconscious impressions which may be consistently reinforced, forming maladaptive beliefs, but that these have the ability to be transformed.

A third example is prolonged exposure (PE), which conceptualizes PTSD as a fear response to distress and anxiety of traumatic memories and maladaptive schema. When the fear attached through the memories is desensitized through prolonged periods of provocation of the feelings, corrective information can replace it, resulting in recovery (Foa & Meadows, 1997). Participants in this current study often relived the memories in postures. Some were anxious about the

possibility of reliving the memories; however, Kemetic yoga also allowed certain participants to experience and release the memories in a place that was safe and supported, and sometimes with knowledge about which postures may be triggering.

Narrative therapy helps individuals to identify his or her own values, skills, and knowledge. Recovery occurs as the problem is distanced and new ways of viewing the problem as service to the individual emerges, particularly within a socio-political frame (Brown & Augusta-Scott, 2007). One of the strongest themes that emerged for participants was their transformation, self-discovery, and self-connection. All participants experienced these discoveries and transformations, which played different roles in their recovery, during the practice of Kemetic yoga. This is consistent with Kemetic yoga whose objectives are self-knowledge and to unite the soul with its original source, the Creator.

Lastly in DBT, trauma is seen as occurring with the presence of PTSD symptomology as a result of an overwhelming of an individual's ability to cope. Recovery occurs through, within a trusting client-clinician relationship, teaching clients mindfulness, distress tolerance, and interpersonal skills and taught to manage damaged relationships and high stress emotions. Participants placed high value on the knowledge of and relationship with the instructor. Participants through Kemetic yoga found ways to tolerate their own pain through breathwork and physical practice, engaged differently with relationships, and learned practices of meditation and breathing. Kemetic yoga in itself is a mindfulness practice. The examples of these multiple interventions or treatments for PTSD, have pre-defined definitions of recovery, often inclusive of the absence of particular symptomology. However, healing for participants was varied. Healing for participants, aside from the lack of symptomology meant being able to helping others, to

release, and to tolerate pain. And that there was no destination called recovery or healing, that could be remedied with a treatment, rather that healing was an ongoing journey.

### **Culturally Informed Yoga**

One place in which the literature is lacking is how cultural congruency between yoga and the practitioner plays a role in the experience of or specific healing experience of yoga. None of the yoga literature examined the role of culture in participants' experience with yoga. Because existing yoga studies in the United States have not disaggregated data around participant demographics, or do not have data on race, it is most likely that studies in the West have focused on white women with white teachers practicing classical Indian Yoga, or a Western-modified version of such. We do not know from existing literature how culture may or may not have affected participants in past studies. All participants in this study, through an empowering history, spirituality, communication with ancestors, seeing themselves in the divine, in the *neteru* inscribed in the walls of the pyramids, in what had been taken or hidden, found some form of healing in the practice of Kemetic yoga. Participants saw physical racial sameness between themselves and the *neteru* (the gods and goddesses on the temple walls), between themselves and the instructor, between themselves and their yoga family.

This cannot be understated. The power of seeing Divinity in one's own image is a power that was deliberately taken from African people. Indigenous spirituality and representations were destroyed and replaced with artistic images of White saints and a White Jesus. These were used to control African people and justify their enslavement for centuries. This arguably has had psychological consequences for African people, as this religious conditioning of White supremacy (as evidenced in Jesus's skin color) and Black Inferiority. This has affected African people's ability to see Divinity in non-white people, and themselves. The *neteru* (hieroglyphics)

which are part of Kemetic teachings, and whose movements are replicated in the physical practice, are visible evidence of Divinity in Blackness as they are anthropomorphically represented as Black human beings, although belonging to one monotheistic Creator. Self-discovery in Kemetic principles is the same as discovery of the Creator. Thus the interconnectedness of self, of self in relation to other, self in relation to the ancestors, and the Divine, and this being one, transformed participants, by being able to see the Divinity in themselves.

In contrast to the literature, the women who participated in the study may have been silent, but are NOT silent now. Even by choosing to participate in the research, participants were choosing not to be silent. They were not bearing their burden quietly as suggested by the literature (Pierce-Baker, 1998). Healing for all participants was helping others who had a similar experience or preventing the experience. Every participant mentioned in the interview that they were speaking out to help others, and provided words of encouragement and advice for other African American girls and women, and recommended Kemetic yoga not just to African American Women CSA survivors but to Black people and Black women, because of our collective need for healing from racial, cultural, sexual, physical, historical, intergenerational, and community trauma.

### **Limitations and Delimitations**

The limitations to this research were multiple. First, because it was qualitative in nature, this research relied highly upon my ability to conduct semi-structured, in-depth interviews in a way that was consistent. This included my ability to build rapport quickly and listen deeply. Assuredly my responses or verbal or non-verbal affirmations played at least a small role in participants' answers, and participants' level of comfort with me. Similarly, my ability to



establish authentic rapport affected what and how they disclosed. Because interviews were held over Skype, though we could see one another, I could not see the tiny expressive details of participants' body language or facial gestures, nor they mine, and I could only see upper body cues. Inevitably, as some interviews took place while I was overseas, and our interviews over Skype, there were cuts in electricity, calls were dropped, there were lags in the call, infrequently, people were interrupted or multi-tasking as we spoke.

Because of the small sample size, the findings of the study may not be extendable to a wider population of African American women. Further, participants in the study tended to have relatively high incomes and highly overrepresented the norm for education amongst any demographic. There was also the potential of self-selection bias. Women who responded to the invitation to participate, likely responded due to having shared similar characteristics or positive experiences related to Kemetic Yoga and healing from CSA. Due to looking for individuals who were well functioning, this may have also skewed the results of the data, in favor of seeing Kemetic yoga as a healing modality, whereas women who may not have opted in to the "well-functioning" category may have had more diverse experiences with Kemetic yoga as it related to their healing. Race may have proven a confounding factor, which speaks to the question of African American identity, as at least two women who identified as African American were born outside of the United States, yet identified as African American. This raises important questions around racial identity and formation. Lastly, at least six women in the study mentioned the same instructor and therefore results could have been affected by lack of diversity in this area. If redoing the study, I would have wanted to have more information within the background questions that spoke to understanding the participants. Instead of asking traditional demographic question about marital status, I would have asked about a committed or supportive relationship.

I think this question is more informative than traditional questions around marriage, which do not necessarily access the information they are seeking. I would have also asked if participants had children as part of the demographic questionnaire, as the theme of helping others and the symbol of children was prevalent. Another important question that did not form part of the questionnaire was participants' length of time practicing and frequency of practice, as I feel that also had implications as far as experiences were concerned—though several individuals discussed this information.

Some of the questions I felt asked for redundant information and the question “As an African-American woman, do you think there are any unique cultural factors involved when considering recovery or healing from childhood sexual abuse?” was unclear to almost every participant and required further explanation. Most of the interviews were 1.5 to 2 hours long, and were both physically and emotionally exhausting, and resulted in a great deal of data to code. In some cases, I began to feel interview fatigue near the end of the interviews. The same information could have been elicited by reframing the semi-structured questions. All participants were recruited whether directly or indirectly through social media. I would have focused more on recruiting via social media rather than email.

The delimitations of this research were with respect to my cultural sameness. As an African American woman, yoga participant, survivor of childhood sexual abuse, I was an insider researcher. Dwyer and Buckle (2009) defined this as “sharing the characteristic, role, or experience under study with the participants” (p.55). However, this is also seen as a false dichotomy in which an individual is never solely an outsider or an insider, being part of “the space between” where I may occupy different spaces at different times. Therefore, while I was an insider because of my visible belongingness to the same gender, race, and studied

characteristics of the participants, yet I was an outsider in my being a researcher, not being a part of the Kemetic yoga community, and participants not knowing whether or not I practiced any yoga or that I am a CSA survivor.

Not being trained in Kemetic yoga, but being a yoga practitioner, allowed me enough insight to have clearer understandings of participants' meaning but not to have particular biases towards aspects of Kemetic yoga. It also allowed me to have a larger recruitment pool, given that the Kemetic yoga community is relatively small (thousands of practitioners) as compared to the larger yoga community (millions of practitioners). Being a Kemetic Yoga practitioner would have likely resulted in knowing or having some relationship with would-be participants. There have been some arguments leveled against insider researchers, as there may exist research bias, difficulty in separating personal opinions from those of the participants or finding it difficult to separate their personal experiences from those of research participants (Greene, 2014). Yet there is significant research that states that participants feel more comfortable and freer to speak with someone who is culturally similar, or with whom they feel familiarity (1994). Dwyer & Buckle (2009) also view this as advantageous for the insider researcher who may gather richer data and in turn engage the participants more easily. Therefore, being perceived by the community as an insider, my visible positionality in gender and racial sameness, the fact that participants could see what I looked like on Facebook, and that my name may also allude to a belongingness to the African American community, may have played a role in attracting participants. As a CSA survivor who is well-functioning, but always in the process of healing, and a clinician who has worked with many survivors of abuse, and sexual violence, I am a part of the communities of both survivors and healers, which provided me with tremendous insight as I engaged in this research.

The strengths of this study were that although it leaned heavily towards a more educated pool of participants, the participants were diverse in their RICE (Race, Immigration, Culture and Ethnicity) and therefore contributed to a diverse and heterogeneous representation sample. The semi-structured interview allowed me to discover anecdotal evidence that contributed to primary research questions, though not specifically sought out. The use of social media and multiple sources of recruitment, allowed for a sufficient number of participants as a sample for this research. The qualitative research design let me to acquire a richness and attention to detail which would not have been possible in quantitative research design. Participants were also given room to make meaning of different issues, and there was room and space built into the semi-structured interview for this to happen. Participants narratives were elicited in their own words with low interpretation. There was no pre-established hypothesis and therefore results were not limited to pre-established ideas.

The study recruitment flyer being disseminated on social media resulted in participants' sending me friend requests on Facebook, in which one individual can gain full access to another individual's profile, when they are accepted as a "friend." I did not accept friend requests until after interviews were completed, meaning they could not see my profile, but could see my photo, and public posts. I believe this served as both a limitation and delimitation. As a limitation, it may have created biases in the participants based on a contrived knowing of the social media representation of myself through posts or pictures, however, I believe the delimitations are such that it allowed for a more authentic experience, although mitigated by distance, in which the beginning of the relationship began with participants having the opportunity to get to know me, and starting the process of erasing any perceived power differentials, maintaining the I-Thou relationship, but moving towards the we. All of the women communicated with me either during

the interview that they were supportive of and excited about the work I was doing. Some women, during or after the interview communicated the healing power of the interview itself.

### **Implications for Future Research and Practice**

This study sought to learn about the ways in which African American women survivors of CSA heal particularly through the use of Kemetic yoga, with the hopes of moving what is very ancient wisdom into evidence-based practice. Further research would require a deeper understanding necessarily of the abuse, which emerged as an anecdotal finding. For example, this might take the form of studies which explored African American women CSA survivors' experience of abuse and disclosure, and observations of changes in self as a result of the abuse. Additionally, this study has highlighted the need for research into how specific aspects of Kemetic yoga and philosophy impact recovery. Future studies could then look at African American women CSA survivors' understanding, perceptions, and experiences with CSA (and other adverse childhood experiences) as they relate to the abuse experienced and create more concrete causal linkages. Broader research may examine the impact of abuse and healing on families and on communities. Community research could examine the impact of Kemetic yoga in communities with large African American populations. I would also want to replicate the study using populations who identify as being survivors of other forms of abuse both in childhood and adulthood to reveal their experience with Kemetic yoga and compare and contrast with CSA findings. Future studies could also focus solely on meaning-making with the same population, where participants can be asked what meaning they make out of such concepts as *forgiveness*, *trauma*, *abuse*, and others. to allow for an even deeper understanding of participants' perspectives.

This study also demonstrated the need for expanded research in areas that were emerging themes. For example, given that all women in the study self-identified as well-functioning, research could be undertaken examining the relationship between positive self-image, an adaptive self, and/or self-in-relationship, with resilience or recovery for this population. Another example includes the theme of Cultural Congruencies with Kemetic yoga. Further research could be undertaken to examine in greater depth, the relationship between knowledge of self, and knowledge of one's history and healing, the relationship between spiritual beliefs or ancestor veneration and healing, or the relationship between safe emotional or physical community space and healing. In-depth comprehension of each of these specific relationships, may serve in the capacity of detailing a more comprehensive road map for healing for people of African descent.

While further research is warranted, it is possible that the findings of this research support the notion that Kemetic yoga may in fact be an effective treatment in CPTSD. For example, symptoms of CPTSD include addictions, aggression, self-regulatory disorders, sexual disorder and affective disorders. While participants did not discuss some of these areas using the language of "disorder," they did experience many of closely related symptoms. Because of the strong likelihood that participants did not receive therapy and their resilient views of self, the language of "disorder" or diagnosis of disorder was not present. However, because of the alignment of Western-endorsed clinical symptomological profiles and participants' feelings, thoughts, and behaviors, it is possible that some participants may currently have or had a form of complex trauma, CPTSD or otherwise. Participants in the study cited the benefits of Kemetic yoga as improving self-regulation, addictions, aggression, and sexual issues. Though no participants discussed eating disorders, Kemetic yoga benefitted participants by introducing more conscious eating. Therefore, the possibility of integrating Kemetic yoga in primary

treatment therapy or adjunct therapy may be beneficial to African American women survivors of CSA, as well as recommended by participants of this study for African Americans in general who need healing.

Such integration would have implications for clinicians and clients alike. Were Kemetic yoga to be recognized as an evidence-based practice, it could serve as a culturally-specific and cost-effective healing modality, were it to be covered by insurance plans. This would potentially increase access for African American women and increase their likelihood to attend therapy. This is also aligned with Kemetic yoga being experienced as a community safe space, which participants cited as important. Such approaches would expand clinicians' toolbox as insofar as being able to provide holistic support for their African American clients; irrespective of their cultural sameness in terms of gender and race, clinicians could refer clients to Kemetic yoga schools and instructors as part of treatment.

The findings of this research also require further research into the effect of integrating a Kemetic yoga program into institutions. Given that up to 60 % of African American girls have experienced sexual assault by the age of 18 (Liang et al., 2006), as well as the continued highly segregated nature of schools, integrating a Kemetic yoga class into curriculum could ostensibly provide the same benefits of any yogic practice (as was mentioned by participants) for students who do not identify culturally as African American, or girls who do not have a history of CSA. This could include improved cognitive processes, as well as improved physical, mental, emotional and spiritual health. For girls who are CSA survivors and/or survivors of other abuses, who have likely not disclosed, this practice could serve as a preventative measure for the development of CPTSD symptoms. Similarly, there exist multiple programs in which Kemetic yoga is being taught in prisons. One participant discussed teaching Kemetic yoga in women's prisons. Kemetic

yoga therefore could have the same effect of reaching and healing women who are in traumatic environments and living with the effects of trauma. The integration in both schools and prisons is of note, particularly considering the “school-to-prison pipeline” and the fact that while on the decline, 30% of the women’s prison population is African American (Incite International, 2014). Further taking into account the recommendations of participants of the healing effects for different groups of African Americans, or women of color, further research is required to examine the potential for improved wellness in these groups and how the impact of integration into particular institutions may also affect these populations.

### **Contributions of the Study**

In reflecting on the findings, it is clear that healing from CSA and perhaps healing in general may have particular potency when undertaken in a supportive setting, with African-centered cultural sameness and empowerment, which allows safe space not just for physical energies but energies connecting with ancestors, with the Creator, with self, with others and with community. Kemeti yoga appears to be an exercise in continuous self-transformation and connectedness with all things through the acceptance and embracing of a personal and historical past, optimism towards the future, yet focus and intentionality in the present. As individuals who exist and define themselves in relation, their transformation can change their relationships, and these relationships can change and heal communities. There is tremendous possibility to move ancient indigenous knowledge into the space of evidence based practice, without compromising its indigenous integrity. This would not be a need to validate the practice by European standards, but to allow others to have more access to it, and to provide healing for the greatest number of individuals. This will require a great deal more research; however, evidence is supportive and thus the outlook is hopeful.



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[illegible]

**Appendix B: Cover letter/ Telephonic Script to Instructors**

Dear \_\_\_\_\_,

I hope this finds you well. My name is Sonasha Braxton. I am an African American graduate student at Saybrook University completing doctoral research for a Ph.D. in psychology under the supervision of Dr. Theopia Jackson. I am conducting research on the role of Kemetic yoga in African American women's lives who are survivors of childhood sexual abuse. I would like to humbly request your assistance in helping me to recruit women who may be interested in sharing their stories, by emailing the attached flyer to past and former students, and placing the flyer in public studio spaces. Your assistance would be so greatly appreciated. This is an important and under-researched area, and I hope to be able to add to the body of literature on the experiences of African American women. I again humbly thank you for your time and assistance. Please feel free to call me or email me with further questions

Warm regards,

Sonasha Braxton

xxx-xxx-xxxx

email@email

### **Appendix C: Cover letter for Listserv**

**Subject: Black women and yoga research participants**

Dear friend/family/colleague,

I hope this finds you well. You may or may not already know me. If not, my name is Sonasha Braxton. I am an African American woman and doctoral student at Saybrook University completing research for a Ph.D. in clinical psychology under the supervision of Dr. Theopia Jackson. I am conducting research on the role of Kemetic yoga in African American women's lives who are survivors of childhood sexual abuse. I would like to humbly request your assistance in helping me to recruit women who may be interested in sharing their stories, by emailing the attached flyer to people in your circle who you think may be interested. If I already know you personally, unfortunately you cannot participate, however, you may know someone who would like to. Your assistance would be so greatly appreciated. This is an important and under-researched area, and I hope to be able to add to the body of literature on the experiences of African American women. I again humbly thank you for your time and assistance. Please feel free to call me or email me with further questions and to pass on my contact information to whomever may be interested as well.

Warm regards,

Sonasha Braxton

XXX-XXX-XXXX

[email@email](mailto:email@email)

### Appendix D: Interview Screening Tool

**Script:** *Greetings. I would like to sincerely thank you for your interest in my research. My name is Sonasha Braxton, what is yours? Thank you \_\_\_\_\_. Because my research is looking at a specific population, African-American women survivors of childhood sexual abuse, who have participated in Kemetic yoga or a form of yoga with Kemetic influence, I need to ask a few questions of you to see if you qualify. If by chance you do not qualify for participation in this study, please know it is not a personal judgment rather it means you simply do not meet the specific criteria for my study. Again \_\_\_\_\_, I thank you for your interest. Can we begin with the screening questions?*

1. What is your ethnicity or race?
2. What is your gender?
3. How old are you?
4. Are you comfortable communicating in English, both reading and speaking?
5. Have you participated in Kemetic yoga classes? If yes, which type? (Note: If she does not know which type, then I will read the following list for her to choose from.) Could it be one of these?

☐ Egyptian Yoga,

☐ Smai Tawi/ Tamare Smai Tawi,

☐ Womb Yoga

☐ Ka'at Ibi meditation,

☐ Afrikan yoga

☐ Afro Yoga

If no, "Have you participated in yoga classes at all?

6. Are you a survivor of childhood sexual abuse?
7. Do you consider yourself to be functioning well despite a history of childhood sexual abuse?
8. Would you be willing to participate in a 60-90 minutes confidential audio-taped interview through Skype? If so, what is your Skype address?

A. Congratulations you qualify to participate in the study! We can now schedule a time to meet for the interview. I would love to meet with you within a month (dates time and meeting place negotiated between researcher and participant). Once again thanks so much and I look forward to your participation.

B. I'm sorry, unfortunately based on your answer(s) to the screening questions I will not be able to include you in the study. This research was specifically looking for \_\_\_\_\_. Based on your answer to \_\_\_\_\_ you do not qualify for this particular research project. I really appreciate your willingness to share your time with me. (This answer will be provided as soon as the potential candidate does not meet any one of the selection criteria).

## **Appendix E: Transcription Confidentiality Agreement**

### **Confidentiality Agreement for Transcription Services**

I, \_\_\_\_\_, transcriptionist, agree to maintain full confidentiality in regards to any and all audiotapes, videotapes, and other documentation received from [your name] related to [her/his] study on [“title of project”]. Furthermore, I agree:

1. To hold in strictest confidence the identification of any individual that may be inadvertently revealed during the transcription of audio- or videotaped interviews, or in any associated documents;
2. To not make copies of any audio- or videotapes or computerized files of the transcribed interview texts, unless specifically requested to do so by [your name];
3. To store all study-related audio- or videotapes and materials in a safe, secure location as long as they are in my possession;
4. To return all audio- and videotapes and study-related documents to [your name] in a complete and timely manner.
5. To delete all electronic files containing study-related documents from my computer hard drive and any backup devices.

I am aware that I can be held legally liable for any breach of this confidentiality agreement, and for any harm incurred by individuals if I disclose identifiable information contained in the audio- or videotapes and/or files to which I will have access.

Transcriptionist Signature \_\_\_\_\_ Date \_\_\_\_\_

Transcriptionist name \_\_\_\_\_



## **Appendix F: National Resource Handout**

### **National Suicide Prevention Lifeline: 1-800-273-TALK**

24-hour, toll-free, confidential suicide prevention hotline available to anyone in suicidal crisis or emotional distress. Your call is routed to the nearest crisis center in the national network of more than 150 crisis centers.

### **Substance Abuse and Mental Health Services National Hotline: 1-800-662-HELP**

Also known as, the Treatment Referral Routing Service, this Helpline provides 24-hour free and confidential treatment referral and information about mental and/or substance use disorders, prevention, and recovery in English and Spanish.

### **Crisis Call Center: 775-784-8090 or text “ANSWER” to 839863**

The Crisis call centers aims to provide compassionate assistance to people in crisis through the use of modern technology and advanced communication, and to help them make healthy life choices. It is free of charge and available to anyone in a crisis situation

### **National Sexual Assault Telephone Hotline: 1-800-656.HOPE**

The National Sexual Assault Hotline is a safe, confidential service which provides callers access to a range of free services including:

- Confidential support from a trained staff member
- Support finding a local health facility that is trained to care for survivors of sexual assault and offers services like sexual assault forensic exams
- Someone to help you talk through what happened
- Local resources that can assist with your next steps toward healing and recovery
- Referrals for long term support in your area
- Information about the laws in your community
- Basic information about medical concerns

**National Child Sexual Abuse Helpline: 1-866-FOR-LIGHT**

Darkness to Light provides a toll-free number for individuals living in the United States who need local information and resources about sexual abuse. Any individual, child or adult who needs resources about sexual abuse can call the Helpline. All calls are confidential and will be answered by a trained information and referral service representative. Helpline availability varies according to state and call center.

## **Appendix G: Interview Protocol**

### **Opening Script:**

*I'd like to thank you for participating in this research and being willing to share your views as an African-American woman survivor of childhood sexual abuse, participating in a Kemetic Yoga Ritual. This entire interview will last approximately 60- 90 minutes. Before we begin, I just want to make sure you are in a comfortable and private place where you won't be interrupted for at least 90 minutes. The entire interview is composed of two parts, first eleven background questions which may be answered in a few words or less, and then an interview which will require more in depth answers. I am going to start by asking you the nine background questions, and then I will let you know we are moving to the in-depth interview. Since we are using Skype, if at any point there is a technological difficulty, and you have a hard time hearing me, let me know and we will figure out the best way to move forward at that time. If at any point, I have difficulty hearing you, I will let you know, and again, we will discuss the best way to move forward. If the call drops, I will call you back. If for any reason, you are interrupted or no longer have privacy, please let me know and we will figure out the best way to move forward. Do you have any questions before we start?*

### **A. Demographic Questionnaire**

1. What is your age?
2. What is your race or ethnicity?
3. Where were you born?
4. What is your first language?
5. What city and state do you live?
6. What is your occupation?

7. What is your level of education?
  - a. Middle school
  - b. High school
  - c. Some college
  - d. College/university
  - e. Vocational training
  - f. Other
8. What is your approximate income per year?
9. What is your marital status?

## **B. Semi-Structured Interview Protocol**

### **Script**

*Thank you for your participation so far. We have now finished the first section which were the background questions. The next and final section contains nine questions. I am really interested in hearing your story. The most important thing is that you speak your truth. There may be times that I ask you to give more details in your answer that may relate to your thoughts or feelings or just to get a little bit more information. Remember, there are no right or wrong answers, and of course you may stop or pause at any time. Do you have any questions before we start?*

1. To get a sense of the way you see yourself and the person you are, could you start by describing yourself?

- a. How do you know that you are functioning well? Please describe.
2. Could you tell me about why you chose Kemetic Yoga?
  - a. How did you come to decide to do yoga and why this type?
3. Everyone has different experiences with yoga, can you describe in detail your own personal experiences with Kemetic Yoga?
  - a. Can you tell me a little about any of the thoughts, feelings or sensations you have during or after your practice?
  - b. What relevance, if any, does Kemetic yoga have on your daily living/overall life?
4. Kemetic Yoga or Egyptian Yoga is a yoga practice coming from ancient Kemetic (Egyptian) Civilization. Kemet was the name used by ancient Egyptians to refer to their land, literally translated from Metu Neter to mean “land of the Blacks”. Given your own experience in Kemetic Yoga, what if any meaning, does this have for you?
  - a. What comes up for you?
5. Can you describe your healing or recovery process from childhood sexual abuse?
  - a. What does healing or recovery mean to you and what does it look like?
  - b. What has helped you in your recovery?

- c. What has not helped in your recovery?
6. What, if any, role do you think your participation in Kemetic yoga has had in your recovery process?
- a. If so, can you please describe what this has been?
    - 1. When did you realize this?
    - 2. What did you notice?
  - b. If not, can you share more?
    - 1. What do you think about this?
7. As an African-American woman, do you think there are any unique cultural factors involved when considering recovery or healing from childhood sexual abuse?
- a. If so, can you please describe this?
  - b. If not, can you please describe this?
8. Do you think you will continue to practice Kemetic yoga in the future?
- a. Why or why not?

9. Would you recommend Kemetic yoga to other African American women survivors of childhood sexual abuse?
  - a. Why or why not?
10. Is there anything else you would like to share about being an African American woman survivor of childhood sexual abuse engaging in a Kemetic yoga?

***Closing Script:***

*Thank you for sharing your story with me. I would like to send you a copy of the interview so you can check to make sure that I got it correct. How can I send this to you, either email or regular mail? May I please get the address?*

*Once you receive the copy, please return to me within seven (7) days either by email or the self-addressed envelope that will be enclosed.*

*Lastly, I would like to follow up with a phone call to help you in returning the interview notes. What number shall I call?*

*Again, thank you for your time. You will be hearing from me within the next two weeks.*

## Appendix H: Transcript Verification Letter

Dear \_\_\_\_\_,

Thank you again for participating in my research study. Please carefully look over the enclosed material to ensure that the written words accurately represent what you said in the interview we had on \_\_\_\_\_. If there are any corrections or additions, please write them in the margins, and mail back the entire transcript within 5 days to the following address:

Please feel free to call or email me with any questions.

Check One:

- ☐ No, there are no revisions or additions. The transcript is an accurate representation of my comments.
- ☐ Yes, there are revisions or additions that I added to the transcript.

Warm regards,

Sonasha





