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The use of yoga to build self-compassion as a healing method for survivors of sexual violence

Douglas A. Crews, PhD, LMSW, MDiv^a, Mary Stolz-Newton, MSW^b,
and Natalie S. Grant, EdD, LMSW^c

^aDepartment of Social Work, Florida Gulf Coast University, Fort Myers, Florida; ^bWichita Area Sexual Assault Center, Wichita, Kansas; ^cWichita State University, Wichita, Kansas

ABSTRACT

This study explores the use of yoga to build capacity for self-compassion in female survivors of sexual violence. Survivors throughout the world have creatively explored various ways to cope with the lasting effects of trauma on their lives. Yoga is a practice that integrates both the body and mind to calm, focus, and strengthen. Self-compassion is a construct for relating to oneself in a more positive and constructive way. Trauma professionals have begun to recognize evidence that yoga lessens symptoms of depression, enhances positive coping strategies, and increases self-compassion. Data analysis suggests that practicing yoga in a group setting that is sensitive to the issues of trauma survivors increases the participants' self-compassion. The implications of increased rates of self-compassion include feelings of trauma reduction and better overall physical and emotional wellness for survivors by increasing their feelings of self-kindness, mindfulness, and connection to their community.

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Violence against women is a growing public health concern and social justice issue. Over one third of women have had sexual or domestic violence inflicted upon them (Stenius & Veysey, 2005). Sexual and domestic violence rooted in power and control results in a limitation of victims making choices, and a loss of control and agency over their lives and bodies. Women who have experienced sexual or domestic violence are at increased risk for depression, post-traumatic stress disorder (PTSD), anxiety disorders, suicidal tendencies, eating disorders, self-harming behaviors, substance abuse, and a whole host of chronic medical conditions (Stenius & Veysey, 2005, p. 1156). Additionally, trauma survivors have described mind–body conditions and disorders that occur as a result of trauma. “Trauma is not the story we tell about the violence we endured ... it’s not even the event itself. Instead it’s the stuff we can’t let go of ... that gets left behind in our sensory and hormonal systems” (Sparrowe, 2011, p. 50).

Survivors’ emotional concerns associated with the trauma may be more accessible than the physical manifestations that creep into their lives.

Emerson and Hopper (2011) describe how survivors' bodies can start to turn on them. "In trauma, the body's alarm systems turn on and then never quite turn off ... Worst of all, the body becomes a kind of alien force. We perceive it as unknown, unpredictable, unreliable, even 'the enemy'" (p. xv). The purpose of this study is to explore how yoga, a mind-body-spirit exercise, can help build the capacity for self-compassion for women who have experienced sexual violence.

Literature review

In efforts of self-preservation and healing, survivors develop ways to cope with the negative effects of victimization, whereby their feeling of connection to their own bodies and their connection to the world around them is disrupted at a very basic level (Filipas & Ullman, 2006). Due to this lack of connection, there is a need to make the leap from working cognitively with clients through talk therapy into addressing the somatic concerns through various forms of body work including yoga. Through formal and informal support networks, survivors and practitioners alike have found creative strategies for healing despite living in a culture that is not always responsive to the needs of survivors (Stenius & Veysey, 2005). Teresa Bennett-Pasquale (2009) introduced yoga into her practice to make that leap. Bennett-Pasquale states, "Yoga ... has become the bridge between the predominately cerebral work we ... do with our clients and the bodily, sensorial experience of emotional pain and trauma, which is considerably harder to tap into through verbal dialogue alone" (2009, p. 14). Additional research regarding a yoga response to trauma echoes this sentiment: "establishing safety begins by focusing on control of the body and gradually moves outward toward control of the environment" (Herman, 1992, p. 160). A synthesis of existing research on the use of yoga for mental health, Mehta and Sharma (2010) concluded that yoga was a promising treatment for depression and anxiety among multiple client populations. Emerson and Hopper (2011) echo this trend, stating that "over the past 10 years some of America's leading trauma experts have begun to employ yoga in the treatment of trauma" (p. xv).

The use of yoga in the healing process

Yoga, historically linked with Eastern cultures and traditions, is an ancient healing tool that can be traced back in history 5,000 years (Iyengar, 1966). In the past century, B. K. S. Iyengar made yoga more accessible to people in the modern western world. Although yoga is typically thought of as an exercise to aid in gaining strength and flexibility, almost all yoga practitioners make the connection to something more than their physical bodies. Exercise is consistently favored as an element of treatment for mental health issues and trauma

recovery. Studies have shown physical exercise to change neurotransmitter function (Brocks et al., 2003) and reductions in cortisol production (stress hormone; Duclos, Gouarne, Bonnemaïson, 2003), as well as linking physical exercise to self-efficacy and self-esteem (Craft, 2005). Even as there are studies which show (Coker, Smith, Bethea, King, & McKeown, 2000; Penedo & Dahn, 2005) the importance of exercise in helping people improve physical health after trauma and intimate partner violence; this study focuses on the way in which yoga can increase one's capacity to move forward in positive mental health and self-compassion after their sexual assault. In his 1966 work, *Light on Yoga*, Iyengar states, "this is the real meaning of yoga—the deliverance from contact with pain and sorrow" (Iyengar, 1966, p. 19). Yoga influences a greater connection between mind and body and aids in emotional regulation, taking its benefits far beyond flexibility.

Previous research on yoga cites a relationship between pranayama, the control of breath, and improved emotional regulation (Earle, Emerson, Monroe, Rhodes, & Spinazzola, 2011). Pranayama is also linked with a person's ability to identify negative thoughts as they come through the mind and to retrain our mind back to a positive path of thinking. Echevarria, Franzblau, Smith, and Van Cantfort's (2008) study on the effects of learning yogic breathing (pranayama) on female domestic violence survivor's feelings of depression, researchers connected it to positive coping strategies: "Yogic breathing is an effective way to help women pay attention to, listen to, and take control over their bodies and can serve as a template for controlling their lives" (p. 1807).

Emerson, Sharma, Chaudhry, and Turner (2009) discuss research on physical benefits of asana, the postures and movement of yoga: "Yoga practices ... can reduce autonomic sympathetic activation, muscle tension, and blood pressure, improve neuroendocrine and hormonal activity, decrease physical symptoms and emotional distress, and increase quality of life" (p. 124). The rhythmic patterns of asana practice builds the respiratory system, muscles and bones, balance, agility, endurance, and calms nervous system responses (Iyengar, 1966).

With the exception of the past decade, very few research articles gave attention to the emotional benefits of yoga beyond anecdotal evidence. Mehta and Sharma's (2010) research concluded that yoga interventions were found to be beneficial in a majority of intervention studies. Among the clients who were studied, benefits were shown with cancer patients, soldiers, victims of trauma, and the elderly experiencing an age-related mental health diagnosis. The Trauma Center at the Justice Resource Institute has shown participant improvement in all negative side effects of PTSD and a decrease in the severity of hyper-arousal after only 8 weeks in a yoga class (Emerson et al., 2009; The Trauma Center at JRI, 2013). A trauma-sensitive yoga practice may increase breath connection, allowing one's thoughts and feelings to become less roused, thus increasing one's ability to relax. A trauma sensitive

practice can help strengthen the mind–body connection, and may “help a person regain their sense of control and ownership over their own body and their own experience” (Marbach & Khorakiwala, 2013).

Using self-compassion with survivors of sexual and domestic violence

Much of the research on the use of yoga with various client populations has focused on the Diagnostic and Statistical Manual IV-TR (American Psychiatric Association, 2000) diagnostic criteria and the alleviation of certain symptoms surrounding PTSD, anxiety, and depression. A core issue affecting the lives of sexual violence survivors has little to do with a mental health diagnosis and more to do with their relationship with themselves. Sexual victimization, by its nature, can be very isolating. Many survivors are left feeling abandoned by their support systems and begin to blame themselves for the violence inflicted upon them by turning their anger inwards and/or learning to dissociate from the physical and emotional pain. Because of this phenomenon, this study utilizes a yoga intervention as a means of building and understanding the self-compassion for healing with sexual violence survivors.

Kristen Neff (2003b), a pioneer in studying and writing about self-compassion, states that self-compassion is “an open-hearted way of relating to the negative aspects of oneself and one’s experience that enables greater emotional resilience and psychological well-being” (p. 22). Neff (2003a, 2003b) proposes that self-compassion is a construct involving three components, shown here with the alternative or more negatively focus counterpart: self-kindness versus self-judgment, a sense of common humanity versus isolation, and mindfulness versus overidentification.

Self-kindness is a process of extending kindness and understanding to oneself rather than harsh judgment and self-criticism (Neff, 2003a; Neff, Hsieh, & Dejitterat, 2005). Self-kindness is how one accepts and acknowledges who one is and where she or he is in mind, body, and spirit. Survivors of sexual violence may neglect to give themselves the kindness they need during difficult times. When an individual internalizes this acceptance of where she or he is and learns to create a balance between self-identity and feelings about the self. Finally, self-kindness is the process of actively being supportive and caring toward one’s self to lower the impact of negative emotional experiences (Neff, 2013).

Common humanity describes the realization that our own experiences are part of the larger human experience. Rather than separating and isolating people from one another, experiences of suffering and pain can be a means of making connections and building community (Neff, 2003a; Neff, Pisitsungkagarn, & Hsieh, 2008). Being part of a common humanity allows people to use social support networks in order to gain safety, security,

support, and acceptance. For survivors of sexual violence, often their sense of safety in community is threatened. As Herman (1992) states “Traumatic events call into question basic human relationships. They breach the attachments of family, friendship, love, and community. They shatter the construction of the self that is formed and sustained in relation to others” (1992, p. 51). Therefore, the theme of common humanity is present throughout research on sexual violence victimization and the development of self-compassion. Stenius and Veysey (2005) report, “Women value interactions with others who have had similar experiences . . . The interactions demonstrate to women that they are not alone and that others have experienced similar traumatic events and responded in a like manner, behaviorally, emotionally, or both” (p. 1170). Common humanity reframes this imperfection as a means of connection and provides a rationale for being part of a community, in this case a yoga for trauma group for building self-compassion. Essentially, healing cannot take place in isolation. Communities and support networks play a vital role in the healing from traumatic events (Herman, 1992).

Mindfulness is the component of self-compassion that helps individuals balance painful thoughts and feelings in awareness, rather than overidentifying with problems (Neff, 2003b). Mindfulness helps to combat overidentification by providing people with tools for present-moment awareness, so as not to be lost and overwhelmed by their thoughts. Many trauma survivors have experienced dissociation, or an emotional and physical “checking out” in relation to their victimization (Hall & Hall, 2011). Herman (1992) describes this coping mechanism as a protective factor. “Events continue to register in awareness, but it is as though these events have been disconnected from their ordinary meanings . . . This altered state of consciousness might be regarded as one of nature’s small mercies, a protection against unbearable pain” (pp. 42–43). The coping mechanism the mind takes on during the traumatic event does not leave once the threat is gone. Many survivors find themselves detaching and dissociating during the healing process as well. Herman (1992) cites, “Traumatized people feel and act as though their nervous systems have been disconnected from the present” (p. 35).

Mindfulness allows people to experience life with acceptance and non-judgment of their experiences, and not just how they think life “should” be. Mindfulness is cited as a key benefit of regular yoga practice (Echevarria et al., 2008). Neff (2012) describes mindfulness as being nonjudgmental and recognizing and accepting where we are in our minds and bodies at a particular time. She notes, “Self-compassionate people recognize when they are suffering, but are kind toward themselves in these moments, acknowledging their connectedness with the rest of humanity. It’s acceptance of ourselves while we’re in pain” (Neff, 2012, p. 87). According to Neff (2003b), consequently, one of the most powerful variables that can thwart self-compassion is shame. Many survivors of sexual violence report emotions

of shame and guilt following an assault: “In the aftermath of traumatic events, as survivors review and judge their own conduct, feelings of guilt and inferiority are practically universal” (Herman, 1992, p. 53). This is where self-compassion can intervene. Self-compassion can help “bridge the gap from shame to acceptance, to identity integration, toward a cohesive self” (Neff, 2003b, p. 27).

There is significant evidence that self-compassion has an effect on a wide array of variables. Self-compassion has been shown to be helpful in increasing life satisfaction (Neff et al., 2005), social connectedness (Neff, 2003a; Neff, Kirkpatrick, & Rude, 2007), happiness, optimism and positive affect (Neff & Vonk, 2009), equanimity (Leary, Tate, Adams, Allen, & Hancock, 2007), competency and performance (Leary et al., 2007; Neff et al., 2005), and emotional intelligence and coping skills (Neff, 2003a; Neff et al., 2005). Self-compassion also has a strong correlation with motivation, especially intrinsic motivation (Neff et al., 2005). Self-compassion has also been shown to decrease anxiety (Neff, 2003a; Neff et al., 2005, 2007; Raes, 2010), depression (Neff, 2003a; Neff et al., 2007, 2008; Raes, 2010), self-criticism (Leary et al., 2007), rumination and thought suppression (Neff, 2003a; Neff et al., 2007; Neff & Vonk, 2009; Raes, 2010), as well as perfectionism (Williams, Stark, & Foster, 2008).

Other important aspects of self-compassion are the following: (a) self-compassion is a skill that can be taught; (b) people can learn to be more self-compassionate; and (c) self-compassion is always available, as long as one is willing to extend that compassion to one’s self (Neff, 2013). Moreover, self-compassion can provide a supportive emotional environment, which may provide the safety needed to see oneself clearly, detect maladaptive patterns, and make changes (Neff et al., 2005). Self-compassion is about being able to “sit comfortably in the midst of our own uncomfortable emotions, letting them take their course as we soothe and comfort ourselves” (Germer, 2009, pp. 221–222).

Methods

This qualitative study explores the perspectives of teen and adult survivors of sexual violence who are utilizing the trauma-sensitive yoga group as a healing tool to build their capacity for self-compassion. The trauma-sensitive yoga groups, offered by a local center that helps those who have experienced sexual violence, are facilitated by a trained sexual assault victim advocate who is also a 200-hr registered yoga instructor. The group completes poses like a traditional yoga class, but there is also a substantial focus in making choices for one’s own body. Participants in trauma-sensitive yoga have opportunity to choose poses they are comfortable with and have some autonomy in the style of the group and the music that is played. Other

Table 1. Participant characteristics.

Participant ^a	Age	Ethnicity	Trauma Type
Abby	15	White	Teen survivor of sexual abuse
Caitlyn	14	White	Teen survivor of sexual abuse
Candice	15	White	Teen survivor of sexual abuse
Jana	15	White	Teen survivor of sexual abuse
Stacy	15	White	Teen survivor of sexual abuse
Margo	60	White	Adult survivor of child sexual abuse
Mariah	40	White	Adult survivor of rape
Rachel	31	White	Adult survivor of rape

Note. ^aAll names have been changed and replaced with pseudonyms.

research on the women's healing journey exemplifies the need for choice throughout the healing process (Stenius & Veysey, 2005).

In the yoga group, participants are encouraged to modify poses in a way that feels good to them. They are encouraged to rest if needed. If they want to be challenged with more difficult poses, they can decide on their level of difficulty. Different choices and modifications are offered with every yoga pose. Throughout the group, the women and girls are encouraged to make these active choices in the poses that seem to be most effective for their individual body and practice.

The survivors who participated in the study were chosen through convenience sampling (Table 1). All girls and women attending either the teen or adult yoga group were asked to participate in the study with no repercussions if they chose not to participate. There were no financial benefits for participating. After agreeing to participate in the study, participants signed informed consent (for adults 18 and over) or assent (for minors younger than 18) forms that outlined procedures, purpose, risks, benefits, confidentiality, and their rights as study participants. Survivor confidentiality is a critical ethical concern of the researchers. The only record of participants' identifying information is kept on the informed consent and assent forms. Before interviews and focus groups were scheduled or conducted, the researchers obtained both university and agency Institutional Review Board (IRB) approval.

Group formation

One of the most powerful combatants of self-compassion is the shame and guilt some people carry with them regarding their inadequacies, struggles, and identity; self-compassion helps to bridge the gap from shame to acceptance to identity integration toward a cohesive self. (Neff, 2003a, p. 87)

The trauma-sensitive yoga group that was studied at the Wichita Area Sexual Assault Center was a recent addition to the list of services offered by the agency. Both the adult and teen yoga groups were advertised in the community via an e-mail mailing list, by flyer, and through word of mouth

from local social service providers. The teens were more comfortable and eager to join the yoga group as many of them stated they had participated in yoga in a physical education class at school.

The adult women's group took a much longer time to sustain as an active group. Several adult women required assurance that participation in the yoga group was not in opposition to their religious practices. Additionally, many adult women expressed hesitation that they would not be able to do the yoga postures because of a lack of strength or flexibility. Several educational conversations about the basics of yoga took place with the adult women before they chose to participate in the group. The flyer that was distributed in the community also spoke to the fears that people may have about trying yoga for the first time. A quote from the flyer reads,

We have all seen the pictures of very thin and flexible people practicing yoga. While their accomplishments are respectable, this image does not always accurately represent the yoga community. We encourage people of all shapes, sizes, backgrounds, and levels of flexibility to try our classes. Yoga classes are not competitive and everyone's practice looks a little different.

Interviews

The qualitative research focused on the perspectives of the participants in the teen and adult trauma-sensitive yoga groups at a community-based center. The study utilized several structured interview questions to elicit feedback regarding self-compassion. Specifically, the research examined clients' participation in yoga in relation to their self-compassion. Questions relating to the core components of self-compassion, common humanity, self-kindness, and mindfulness were asked of each participant.

Examples of the structured interview questions regarding self-compassion asked of participants were: What have you enjoyed/disliked/been uncomfortable with about the yoga group? When you are going through a hard time do you give yourself the caring and tenderness you need? Can you give us an example of this? Do you find yourself being disapproving and judgmental about your own flaws and inadequacies? Can you give us an example of this? When you feel inadequate in some way, do you try to remind yourself that feelings of inadequacy are shared by most people? Can you give us an example of this? What about the yoga group has helped you become more kind and compassionate to yourself? In what ways have you found yourself being more kind to yourself? These structured questions prompted larger discussions on the participants' healing processes and coping mechanisms in the aftermath of their victimization.

The researchers conducted individual private interviews with each participant in offices at the Wichita Area Sexual Assault Center. Four interviewers

were used to conduct eight interviews. Two of the interviewers were doctoral level researchers and two were master's level social workers; three were female and one was male. The survivors were all given a choice on the gender of their interviewer. Three of the teen survivors requested a female interviewer. None of the adult women had a preference in the gender of the interviewer. One of the interviewers was the facilitator of the trauma-sensitive yoga groups and one adult survivor chose to not be interviewed by this person.

The interviews were all audio-recorded, transcribed, and analyzed for established themes associated with self-compassion. The interviews were between 12 min and 35 min in duration. As this was a limited time-frame data collection and did not capture a thick description in the interview process, the researchers worked to incorporate other forms of rigor to strengthen this qualitative study. To ensure qualitative rigor, a framework presented by Barusch, Gringeri, and George (2011) was used. The study was approved by the IRB from the hosting university to ensure the safety and ethical treatment of the participants. As well, the researchers engaged in analysis triangulation to deepen the understanding of the collected data. Each researcher engaged the data independently and then all of the researchers came together in a peer debriefing session to reach a consensus on how the themes were conceptualized through the participants' narratives.

Because this research focused on self-compassion, specific questions were asked relating to each participant's sense of self-compassion by asking questions around self-kindness, self-judgment, feelings of common humanity, isolation, mindfulness, and overidentification. The results of the qualitative exploration are separated into these themes and how the participants identified these themes within their healing process.

In order to structure the results of the research, the researchers determined that a separation between the themes of self-compassion and how the participants identified yoga in the process of their healing journey could be created. This structure serves to provide an analysis of the participant's interviews that effectively illuminates the participant's narratives.

Results

Utilizing the self-compassion model, the themes of moving from self-judgment to self-kindness, from isolation to common humanity, and from overidentification to mindfulness are described by the participants' responses. These themes were present throughout all of the interviews and related back to the use of yoga as a healing method for these survivors of sexual violence.

From self-judgment to self-kindness

When I'm doing yoga, it feels like I'm more relaxed and I feel better about myself. I don't know. It's hard to explain. It's, like, something you have to experience for yourself. I feel more at ease and I feel like I start, instead of thinking about the bad things, I start thinking about more of the good things. (Stacey 15-year-old survivor of sexual abuse)

Similar to Stacey, both the adults and teens talked in-depth about yoga being a way for them to take care of themselves. It was a way of showing kindness and self-care. No one was mandating them to be in the group. They all self-selected and viewed the yoga group as a choice they were making for their own reasons including emotional and physical health. The group was nurturing and provided a space for them to be free of expectations and responsibilities for 1 hr a week. Three of the participants also mentioned other physical activities that helped them cope with negative emotions. Running, dancing, kayaking, cooking, and painting were all ways for them to release anxiety and challenge emotions, and these activities presented a further connection to the physical self of participants.

Mariah, an adult survivor of rape by an intimate partner, spoke at length about how far she has come in the healing process and how easy it is to slip back into the negative cycle of self-judgment.

I gotta fight that. I can go back to that place. It would be really easy to go back to that place. But, I've gone too far and this is where I'm at. And I'm a survivor ... I've learned too much. I've come too far. It's not worth, to me, it's like that perpetrator is winning again ... Even though he's not here and he can't get ahold of me anymore. And umm, I can't. I can't let him rule my life anymore.

For Mariah, yoga is her 1 hr of self-care for the week. Coming to the support group and the trauma-sensitive yoga group is one of the only times she is able to have time for herself. The yoga group has a direct result on her self-kindness and in overcoming self-judgment.

Before, I would never do anything for myself. And this is kind of my little time ... It's my "love me" time. It's like relaxing my body and my shoulders and my mind and sometimes it's like I could just take a nap on the mat. You know? It's just that relaxing ... You can feel it in your body ... So to physically do that and physically see that I'm doing something for my body, it helps me ... put the band aid on myself. (Yoga) helps me to tell myself that, "Hey. I'm okay."

While self-kindness appeared to have variance between participants, this internalized acceptance of oneself and learning to create balance became apparent among the group. Participants described their increasing ability to maintain awareness of their emotions and not seek to escape the occurrence of feelings. Through their participation in the yoga group, it appeared participants were increasing self-kindness by articulating the caring and

support they provided themselves through the yoga group and, therefore, lessening the impact of negative emotional experiences.

From isolation to common humanity

I really like the getting to know more people and the friendships I think I'm going to form ... and being normal. I like being normal. (Rachel, 31, survivor of sexual assault)

Rachel references feeling normal. She is not alone in her search for normalcy. Two of the three adults and two of the five teenagers talked about looking for validation in their peer relationships. This is a foundational aspect of common humanity, that people feel connected to others in their suffering. Many times, that validation is the reason they sought out the group. Mariah stated, "I will ask my therapist or even in group, 'Hey ... does anyone else ever feel like this?' ... It makes me feel normal. They've gone through the same things that ... Well, I used to think I was crazy."

Abby, one of the teenage participants, talked at length about both isolation and common humanity. She states, "I always feel alone. Because I've never had friends at school to talk to. And so it always just makes me feel alone." Later in the interview she talks about the group as a way of connecting to her peer group.

I feel more welcome here than I do anywhere else ... my safe havens. They are about the only places where I know I can go there and I can be myself and I don't have to worry about anyone being stupid.

Both the traditional peer-support group offered by the agency and the yoga group were opportunities for connection. These connections appear to be important in both the girls' and women's healing processes.

Participants consistently described their understanding and experience of their own trauma in relation to a shared experience of survivors. The community that is built between survivors of sexual violence can not only be powerful but transformative in the healing process. Being a part of a larger process, shared experience, or common humanity allows people to open up within the support network. The yoga group appears to help build connection with others in the shared experience of doing yoga as a collective. This bonding also occurs in talk-therapy groups; however, in the shared experience of yoga there is the potential for connection that bonds the members on a mind-body-spirit level. This embodied activity may inspire a different level of connection that talk therapy alone does not. It is in the doing, the moving of the body, and the choosing of the body poses that the participants grew in connection to their own bodies as well as to the others in the group. This suggests the yoga group is providing a platform for building community, gaining safety, and knowing the support and acceptance of a healthy community.

From overidentification to mindfulness

We're all together—the spirit and the mind and the body. And that is hard too because during my rape I floated up to the ceiling and I told God, “He can't have my soul. He can have my body, but he can't have my soul.” But now I feel like I'm getting my body back and it's like I'm okay with it. I'm happy where I'm at. (Mariah 40-year-old survivor of rape)

Mariah's experience with disconnecting her body from her mind during the rape is a common story to which many survivors of sexual violence can relate. Unfortunately, the disconnection that helps someone endure the violence carries on into his or her lives long after the traumatic event is over. Mariah spoke about being present and bringing herself back to the present moment as a way of reconnecting her body and her mind.

Rachel, a 31-year-old adult participant, shared a story about driving home after her first night of attending the trauma-sensitive yoga group. She did not understand what was happening on the drive because cars kept passing her. She looked down at her speedometer and realized she was going exactly the speed limit. Rachel expressed that it was the first time she remembered not being in a hurry. She was present in the moment and felt good being there. In her interview, Rachel referenced the drive home and wanting to find ways to have a sense of mindfulness.

I really want to do meditation. I just need to find a right place to do it. So that's got me thinking more about it ... Like the drive home was really nice. I was, like, completely calm and not myself. It was nice.

Margo, a 60-year-old adult survivor of child sexual abuse, referred to mindfulness as a powerful part of her healing journey. She referenced using mindfulness techniques as a way to cope with past trauma, and in more recent examples, of dealing with painful medical procedures: “The deep breathing and focusing and realizing that this is temporary, that you need to kinda get through stuff and go on.”

While all three adults interviewed spoke of mindfulness as a factor in their healing, the teenagers interviewed had not quite come to that realization. Two of the teenagers referenced anxiety attacks, but could not articulate what strategies helped them get through the anxiety attacks. Caitlyn, a 14-year-old participant said, “I get really bad anxiety attacks ... It doesn't work out when I try to calm myself.” Jana, a 15-year-old participant talked about blaming herself when things go wrong: “If ... something fell through, plans with a friend, I automatically think it's my fault.” The interviews seem to suggest that mindfulness as a component of self-compassion may have a developmental basis, requiring a certain level of maturation before mindfulness/self-compassion can be internalized. While the teenagers talked about yoga's

ability to soothe them during group, it was unclear whether they had taken those self-soothing approaches into other parts of their lives.

Commonalities

Commonalities were apparent through all eight interviews. The teen girls all shared common stories of feeling isolated and disconnected from their peers. Stacey, a 15-year old survivor of sexual abuse by a parent, shared, “When I’m in, like, a depressed, crappy mood and crying and everyone else around me is laughing, it just makes me feel even worse ... disconnected.” Like Stacey, many of them spoke about witnessing other people’s happiness through their pain and how that furthered their sense of isolation. Each of the adult women spoke about overcoming self-judgment and purposefully working toward being more kind and compassionate to themselves during hard times. Margo, a 60-year-old survivor of child sexual abuse, stated, “(My therapist) always says, ‘Do something nice for yourself.’ So I’m staying for yoga!” Relaxation and using yoga as a way to curb anxiety and stress were mentioned in all eight interviews.

Abby, a 15-year-old survivor of sexual abuse by a family friend noted, “Mondays when I come here to yoga is the one day a week that I actually get to chill ... And it’s really not as much of a chill thing as it is it calms.” At the time of the interview, Abby was also going through the court proceedings of testifying against her perpetrator. The thought of having to face her perpetrator again was a constant stress in Abby’s life and she disclosed trouble sleeping, eating, and staying active in her student groups during the time of the interview.

Other teens mentioned the positive effects of relaxation through yoga on their relationships with peers. Candice, another 15-year-old survivor of sexual assault by a family friend mentioned,

Yoga helps me calm down and stuff. So, I’m more calm to everybody. In this class I’m always happy ... If I didn’t come to this class, I’m always down and upset and getting pissed off and stuff. So I think that kind of changed me.

Mariah, a 40-year-old survivor of sexual assault by an intimate partner, expressed a similar sentiment. “The relaxation. It really takes the edge off. It takes the stress off.”

Limitations and future questions

The limitations of the study need to be taken into consideration as implications for further research. The eight women and girls interviewed were taken from convenience sampling from one agency. All of the survivors interviewed had been attending the group on a regular basis. The population was also heterogeneous. All of the participants were White

women and girls and they were all native English speakers. Thus, future studies would strengthen this body of literature by looking at a more diverse racial sample. There was some variation in educational and socioeconomic levels among participants. Finally, this study was seeking to illicit specific information regarding self-compassion. It would be useful in a future study to ask a series of open-ended questions in addition to those centered on self-compassion.

As mentioned previously, one of the interviewers was also the facilitator of the trauma-sensitive yoga group so there was a relationship established between her and the participants she interviewed. Therefore, there is the potential that this facilitator/interviewing relationship may have enhanced or detracted from the quality and depth of the interviews. To work around this dual relationship in intervention and data collection, it would be important that the interviewers and the group facilitator be different people. For future research, it would be ideal to have a larger sample size with greater diversity in regards to gender, race, sexual orientation, and levels of ability. This is an implication for service delivery and research to expand the program and make it more accessible to a wider community base.

One of the questions that this study raises is around the use of yoga as a healing tool compared with the number of years following the sexual assault. More research and evaluation is needed to determine the differences between teen sexual assault victims and adult sexual assault victims. As seen in the study, some of the participants are still in a position where they will have to face their perpetrator at home, in public, and in court proceedings. Thus, there is a need for understanding the use of yoga as an intervention and the length of time between the sexual assault and intervention. This suggests that as the survivor relives the experience, lasting healing may not occur solely by means of the yoga experience.

As this was a small pilot study, further evaluation is also needed to identify the existing research on yoga as an intervention with those who have experienced a traumatic event. Another limitation centers on the question of whether a survivor of sexual assault could do yoga on their own and achieve similar results. The question could be whether the group experience allows for a different experience when doing yoga.

After conducting this pilot study, one question emerged regarding future research; does the length of time between the assault and the yoga experience make a difference in the effectiveness of the intervention? This question rose from as some of the participants were actively engaged in some kind of contact with those that committed the assault while others had no contact with their assailants for some time. Therefore, collecting some data on when the assault occurred, if there is still contact with the perpetrator, and the age when the assault occurred, may be very beneficial in determining the best time to implement an intervention such as yoga.

Conclusion and implications

Although the world is full of suffering, it is also full of the overcoming of it. (Helen Keller)

This study serves as an indicator of yoga being a promising practice with survivors of sexual abuse and trauma. Implications are apparent for survivors, practitioners, and social service agencies or university settings. One common thread among all of the participants interviewed in the study was their experience of surviving sexual violence. Many of the participants spoke about the long-term effects of trauma and the impact of this suffering on their lives and relationships. The suffering they have endured is a part of their story and a part of how they identify in the world around them. Reminiscent of the Helen Keller quote, the voices of all of the women and girls spoke of resiliency, strength, and overcoming the suffering they experienced. Their stories are not only about tragic experiences, but also about surviving and thriving after those experiences.

The data from the participant interviews show promising results on the use of yoga in the healing process for survivors of sexual violence. All of the participants who were interviewed spoke fondly of the groups and talked at length about how much they enjoy the time they spend in the group. But deeper than just the enjoyment of being in the group, the interviews show that practicing trauma-sensitive yoga had a positive impact on their sense of self-kindness, mindfulness, and connection to humanity. Yoga was a way of establishing a better connection to themselves and to the world around them.

One question that arises when considering the implications of a therapeutic yoga intervention is why yoga and not simply exercise. Exercise and yoga are not the same. Yes, both promote physical, mental, and emotional health benefits, however, the results can be seen as different. Exercise focuses on building muscle, strength, and physical endurance. Weight loss and a decrease in one's body mass index are additional goals to exercise. Alternatively, though some of the benefits of exercise can be achieved when doing yoga, yoga is not focused on the same goals. Yoga's goal, as discussed earlier, is to build a harmony of one's mind, body, and breathing. This harmony is created through the postures, breathing, and mindfulness, which are the foundations for a yoga practice.

Survivors who participate in yoga groups are experiencing an activity that engages and empowers both the body and mind. The study discussed the importance of survivors making choices about themselves and their lives. During yoga sessions in this type of environment, survivors are experiencing choice making and body decision making and control. Participants also engage in a self-care process where they are building self-control as well as self-regulation. The therapeutic implications for survivors include reduction of PTSD symptoms, improved emotional regulation and impulse control,

heart rate, breathing improvements, improvements of disordered postures, relaxation of muscle tension, and decreased levels of anxiety and depression. They also experience peer support and positive group dynamics. The implications for individuals also include being a recipient of empowering practices and building self-esteem.

Practitioners: This study illuminates the need for an instructor of trauma survivor yoga to be a skilled practitioner and trained in trauma informed care. In addition to creating a space that is safe, consistent, and trusting, a skilled practitioner who is trained in trauma informed care will be able to assess patterns within the group as well as on the individual level. The practitioner would also be making assessments on the initial group participation, and any issues with substance abuse, mental illness, or physical impairments would need to be addressed professionally. Practitioners in partnership with their agencies and possibly external evaluators would also be responsible for assessing their yoga program.

Agencies: Yoga with trauma survivors calls for agencies to participate in creating safe and supportive environments for conducting and processing yoga treatment groups. There are a variety of settings that would be ideal for yoga with trauma survivor groups and might include community-based treatment centers, day programs, residential settings, university settings, and drop-in centers. On a fiscal level, yoga is a relatively inexpensive form of support and treatment for survivors of sexual trauma. Many survivors are able to access the group at once. The agency is able to utilize a space that was already available and the Wichita Area Sexual Assault Center will continue to offer the trauma-sensitive yoga groups to survivors in the community. The research was also a way to encourage participants to inform and direct the services they receive. Agencies could serve their own missions by including these activities within their quality improvement initiatives, program offerings, and improved and varied treatment options.

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