

Research

How Yoga Helps Heal Interpersonal Trauma: Perspectives and Themes from 11 Interpersonal Trauma Survivors

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Abstract

Trauma is ubiquitous in our society; therefore, it is important to explore how individuals cultivate healing after traumatic experiences. Yoga may be one avenue to cultivate healing. Qualitative methods were employed to study the role yoga practice played in the healing process of those who experienced interpersonal trauma. Eleven interpersonal trauma survivors who practiced yoga regularly were identified through a criterion sampling method. Data analysis revealed that the emphasis of yoga on mind and physical body fostered numerous positive outcomes, such as spiritual growth, self-acceptance, alleviation of trauma-related symptoms, and increased feelings of self-compassion, empowerment, and serenity. Our findings suggest that yoga may be helpful to regain mental and physical health, foster wellbeing, and cultivate personal growth after interpersonal trauma.

Keywords: yoga, healing, trauma, interpersonal trauma

Introduction

We are born with open hearts and sometimes we encounter experiences that violate our sense of safety so much that we feel shattered (Cope, 2011). Because we are not immune to trauma, developing an understanding of the impact trauma has on quality of life and how to foster growth after trauma is of the utmost importance.

The practice of yoga, originating in India and throughout East Asia, has become increasingly popular in the west and is recognized by the National Center for Complementary and Alternative Medicine and the National Institute of Health as a potentially helpful complementary intervention for health conditions (Emerson & Hopper, 2011; NCCAM, 2012; NIH, 2012). Although research on yoga as

an intervention continues to emerge, some research has suggested that yoga can contribute to enhancing wellbeing, relaxation, and inner harmony, along with a reduction of negative cognitive activity (e.g., rumination, constant worry) and an increase in positive affect that may assist with alleviating the negative aspects of stress and trauma (Emerson & Hopper, 2011; Khalsa, 2007; Mehta & Sharma, 2010; Serber, 2000; Udupa, 1985). Researchers continue to pursue studies on the effectiveness of yoga and a recent review called for further research to explore how yoga may be helpful to trauma survivors (Telles, Singh, & Balkrishna, 2012).

The current study focused specifically on interpersonal trauma because it occurs more frequently than other types of traumatic events (e.g., car accident, natural disaster) and may contribute to chronic negative outcomes (e.g., emotional, cognitive, and behavioral problems; dissociation; increased risk for health problems; Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993; Resnick, Acierno, & Kilpatrick, 1997; Emerson & Hopper, 2011). Schumm, Briggs-Phillips, and Hobfoll (2006) examined why interpersonal trauma is more likely to involve extensive and lasting negative effects, which include generalized fear response; persistent feelings of worthlessness; and/or increased vulnerability for exploitation. Other research has suggested that interpersonal trauma is likely to contribute to extensive difficulties in emotion regulation, difficulties in relationships, problems with attention and/or consciousness (e.g., dissociative experiences), a troubled belief system, and/or somatic complaints (Briere & Scott, 2014; Cloitre et al., 2011; van der Kolk, McFarlane, & Van der Hart, 1996).

In a cross-national analysis conducted by the World Health Organization of more than 100,000 responders (over 18 years of age) across 21 countries, researchers reported the prevalence rate of interpersonal trauma to be 18.8% for both men and women (Stein et al., 2010). Notably, posttraumatic stress disorder (PTSD) risk is signif-

icantly higher for trauma involving interpersonal violence, and interpersonal trauma increases the risk for suicide (Breslau, 2002; Fetzner, McMillan, Sareen & Asmundson, 2011; Kessler, 2000; Lilly & Valdez, 2012; Stein et al., 2010). Further, there are significant impacts of trauma not only to the individual but also to society. Research has suggested that the healthcare system costs related to interpersonal violence range between \$333 billion and \$750 billion annually or nearly 17% to 37.5% of total healthcare costs (Dolezal, McCollum, & Callahan, 2009). For the current study, the World Health Organization's (2002) definition of "interpersonal violence" was used because it incorporates both violence and trauma. The definition is divided into two subcategories:

- 1) Family and intimate partner violence—that is, violence largely between family members and intimate partners, usually, though not exclusively, taking place in the home.
- 2) Community violence or violence between individuals who are unrelated and who may or may not know each other, generally taking place outside the home.

The former group includes forms of violence such as child abuse, violence by an intimate partner, and abuse of the elderly. The latter includes random acts of violence, rape, or sexual assault by strangers, and violence in institutional settings. (p. 14)

Many individuals who are recovering from interpersonal trauma experience unique challenges in getting past the trauma because they have difficulty staying in the present (van der Kolk, 2009). Trauma survivors may struggle with mindfulness due to thoughts, feelings, and somatic reactions that prevent them from connecting with their bodies (Emerson & Hopper, 2011). For this research, mindfulness is defined as awareness and full engagement in the present moment (Kabat-Zinn, 2011). Yoga-based exercises can especially help interpersonal trauma survivors through practicing grounding exercises, regulating emotions, tolerating emotional experiences, and connecting with their bodies to regain a sense of safety and to establish a new relationship among body, spirit, and mind (Khalsa, 2007; van der Kolk, 2009; Emerson & Hopper, 2011).

Benefits of Yoga

Practicing yoga regulates emotions and breathing and ameliorates anxiety (van der Kolk, 2009; Emerson & Hopper, 2011). Yoga has been shown to reduce autonomic sympathetic nervous system responses, muscle tension, and blood pressure; decrease physical symptoms and emotional distress; and increase quality of life (Emerson, Sharma, &

Chaudhry, 2009). In a recent study conducted at the Trauma Center Yoga Program at the Justice Resource Institute, 16 women with PTSD were randomly assigned to either eight sessions of a gentle 75-minute Hatha yoga class or to a Dialectical Behavioral Therapy (DBT) group (Emerson, Sharma, Chaudhry, & Turner, 2009). After eight weeks, the results demonstrated that women who participated in yoga showed improvements in all symptoms of PTSD, an increase in positive affect, a decrease in negative affect, and an increase in physical vitality and body attunement (Emerson, Sharma, Chaudhry, & Turner, 2009). When comparing DBT and yoga, yoga increased self-regulation and decreased hyperarousal among women; furthermore, many of the benefits were equal or exceeded those of the DBT skills intervention (Emerson, Sharma, Chaudhry, & Turner, 2009). Similarly, Stankovic (2011) examined the benefits of Integrative Restoration (iRest), a contemporary form of mindfulness meditation, for people with combat-related PTSD; participants reported reduced rage, anxiety, and emotional reactivity and increased feelings of relaxation, peace, self-awareness, and self-efficacy after eight weekly classes. Emerson and colleagues (2009) suggested trauma survivors may establish new skills through yoga that help decrease trauma-based symptoms and increase positive affect.

In another study by Dale et al. (2011), 51 interpersonal trauma survivors who were abused as children or adults were studied to predict whether yoga would ameliorate the negative impacts of abuse. The results suggested that yoga significantly contributed to a positive self-concept and less use of unhealthy coping (Dale et al., 2011). Yoga can teach survivors to relax, concentrate, be grounded, and feel present once again (Wills, 2007). Also, Follette, Palm, and Pearson (2006) suggested that those who practice yoga and mindfulness experience benefits, which include self-acceptance, interoceptive awareness, and engagement in life.

The purpose of this research study was to use qualitative methods to illuminate the stories of those who have experienced interpersonal trauma to explore how yoga impacts their healing process. Although there are many studies that discuss the positive impacts of yoga for trauma victims, much of that scholarship fails to capture the voices of those survivors and does not chronicle how yoga works to heal interpersonal trauma. Our research goal was to identify themes of how yoga supports individuals' growth beyond the experiences of interpersonal trauma.

Methods

We utilized grounded theory methods, an approach that develops themes from interviews and systematically codes qualitative data (Strauss, 1987; Strauss & Corbin, 2007).

This method was used with the goal to develop a conceptual framework for understanding how yoga impacts healing after trauma. The rationale to conduct this study was based on research that demonstrated that yoga and/or mind-body practices may be helpful for those who have experienced interpersonal trauma (Dale et al., 2011; Khalsa, 2007; Valente & Marotta, 2005; van der Kolk, 2009; Descilo et al., 2010; Telles, Singh, & Balkrishna, 2012; Libby, Reddy, Pilver, & Desai, 2012).

Researchers

Two researchers were involved with this qualitative study; thus, it is important to bracket the researchers' backgrounds that inevitably informed the research process. This study was conducted for Ashley Gulden's dissertation at the University of Saint Thomas in Minneapolis, Minnesota; she was a third-year counseling psychology doctoral student at the time of the data collection. Her interest in yoga started as a result of her own need for a self-care and stress management practice; she practiced weekly yoga for three years prior to the onset of this research study. She has professional training in the treatment of interpersonal trauma, mind-body medicine, and has deep interest in helping trauma survivors heal. Len Jennings served as the doctoral advisor for Ashley Gulden's dissertation and has extensive experience as a qualitative researcher and as a licensed psychologist; he has provided psychotherapy for over 20 years. Although he does not practice yoga, Len benefits from practicing meditation.

Participant Selection

Research participants were recruited through a purposeful criterion sampling method at multiple locations where yoga was practiced, as well as through personal and professional connections (Patton, 2015). Recruitment information was distributed at mental health and yoga centers in the Minneapolis/Saint Paul areas and through social networking sites. All interested participants completed a brief online survey that allowed them to include their contact information if they were open to an interview. The online survey consisted of informal questions about mental health, yoga practice duration and type of practice, and interpersonal trauma history. The online survey yielded 135 responses; of those, 16 people expressed interest in an interview. To qualify for an interview, participants must have been at least 18 years of age, experienced interpersonal trauma as defined by the World Health Organization (2002), at the time of recruitment engaged in a minimum six months of counseling focused on the trauma, and completed a minimum of three months of weekly yoga. We chose a minimum of six months of psychotherapy to ensure that participants had received a clinically significant amount of professional psychological treatment for their trauma and that their most

acute symptoms had been addressed prior to participating in the study. Most participants were not currently in therapy while they participated in the study. The requirement of having practiced three months of weekly yoga was to ensure that participants had substantial yoga experience to reflect on during the interview. These criteria were chosen in response to our research goal to develop a conceptual framework for understanding how yoga impacts healing. Five participants did not meet research criteria (two did not fit the trauma definition and three did not receive previous psychotherapy). A total of 10 women and 1 man ($n = 11$) consented to a semi-structured interview. Although three months of yoga was required to participate, all 11 participants had been practicing yoga for at least one year. All yoga participants started their yoga practice in a community setting (e.g., primarily private studio or gym), and nearly all continued their practice in a public setting at the time of the study, with the exception of two participants who primarily practiced yoga at home due to financial reasons and comfort level. The participants' original intentions to pursue yoga are unknown.

Data Collection

Eight interviews were conducted in-person in a mutually agreed upon setting; two interviews were conducted by phone; and one interview was completed by email. All interviews, with the exception of the email-based interview, were audio recorded and transcribed. The interviews lasted between 45–70 minutes. Participants received a yoga mat (\$25 value) for their time. Eleven interviews were conducted using a semi-structured interview approach (Patton, 2015). All participants were asked the same 10 open-ended questions (Appendix) that were developed based on the five domains of post-traumatic growth: (1) increased appreciation for life; (2) more meaningful relationships; (3) increased sense of personal strength; (4) changed priorities; and (5) richer existential and spiritual life (Tedeschi & Calhoun, 2004). The interviewer facilitated an exploratory discussion in which participants were encouraged to elaborate on their responses with personal examples of how yoga had influenced their lives.

The first author conducted all of the interviews and transcription to provide consistency across the entire research study and to facilitate familiarity with the data. Phone and individual interviews were audio recorded to ensure accuracy and trustworthiness of the data.

Data Analysis

The researchers' employed a grounded theory approach to develop themes from interviews and to systematically code the qualitative data (Strauss, 1987; Strauss & Corbin, 2007). To begin, the first author conducted an open coding

procedure for each transcription, a process of actively identifying and naming concepts or basic units of meaning directly from each line of data (Glaser & Strauss, 2009). Next, each concept and representative quotation was placed on a notecard and the notecards were then organized into preliminary themes. Preliminary themes were found for each participant interview. To increase trustworthiness, the researcher also obtained testimonial validity by asking all participants to review themes after a preliminary data analysis (Hill, 2011, 1997; Patton, 2015; Stiles, 1993). The primary researcher emailed each participant a narrative of his or her results to facilitate feedback and ensure that the results gave an accurate representation of the participant's experiences (Stiles, 1993). All 11 participants offered comments and endorsed his or her interview themes.

Next, a cross-case analysis (Patton, 2015) was conducted in which all individual case themes were combined and examined for themes across cases. Through the constant comparative method, an iterative process within grounded theory in which collected data were repeatedly compared and contrasted, final themes highlighting the impact of yoga on interpersonal trauma survivors' experiences were established (Glaser & Strauss, 2009). Throughout the process, the second author served as an auditor and provided feedback on the data analysis process.

Results

Confidentiality and anonymity remained a critical aspect of this research given the personal information that participants shared. To make certain anonymity was maintained, the use of pseudonyms were used to protect the identities of each participant, which include Athena, Grace, Nora, Saphira, Freya, Eloise, Eleanor, Hazel, Mabel, Iris, and Julian (Table 1).

Seven themes were identified from the analysis of the qualitative interview transcripts. The seven themes included: (a) heightened spiritual awareness and growth; (b) enhanced mental and physical health benefits; (c) amelioration of trauma-related symptoms; (d) love, empowerment, and acceptance of oneself; (e) internal sense of safety; (f) nurture the self; and (g) getting "blissed out." The first word of each theme was intentionally selected to create the acronym H.E.A.L.I.N.G. that represented the core idea of our findings (Table 2).

Theme 1: Heightened spiritual awareness and growth. This theme suggests that mindfulness as part of yoga may be helpful for trauma survivors because of the deepened connection between trauma and forces larger than oneself to cultivate spiritual growth. The current study offers evidence to suggest individuals who practice yoga may experience a greater capacity and commitment to spir-

ituality. Seven out of 11 participants described that the use of breath work, mindfulness, and meditative practices, as their practice evolved, facilitated openness and awareness to spirituality.

Some participants reported an increase in the ability to be in the present moment, which helped them connect to their spirituality. The concept of a "spiritual journey," facilitated by meditation, encouraged healing. Athena stated, "...spirituality was part of my healing [from trauma], so I could start going down a new path again." Other participants reflected on yoga retreats that deepened their personal beliefs. While some trauma survivors shared how their beliefs in spirituality were shattered because of the trauma, other participants recognized yoga was an opportunity to explore new philosophies about living. This perspective aligns with the literature on posttraumatic growth in which participants' deeper connection with their spirituality helps them to acknowledge the more subtle and unique aspects of living and contributes to a deeper appreciation for life (Tedeschi & Calhoun, 1996, 2004). This research suggests that yoga may not only provide a sense of peace and spiritual awareness within oneself but may also foster a personal transformation that contributes to a reduction of trauma-related symptoms.

Theme 2: Enhanced mental and physical health benefits. This theme refers to the ways in which participants described shifts in their health, both mind and body. Physical benefits refer to the increase in physical strength, balance, and flexibility. Ross and Thomas (2010) found yoga contributes to the following health benefits: balance, increased energy, decreased pain, better quality of life, better sleep, higher social and occupational functioning, lower stress, lower cholesterol, increased flexibility, and decreased health-related problems. Our results support Ross and Thomas' assertion that yoga may be as effective as or better than exercise at improving a variety of health-related problems. Six out of 11 participants described mental and physical health benefits from yoga. Iris described, "physically, I have noticed benefits with balance, strength, and flexibility... yoga has taught me a huge lesson in learning to turn off my mind to just listen and feel myself, in the present moment..."

Theme 3: Amelioration of trauma-related symptoms. Consistent with previous research, this theme explains how yoga was found to be helpful in alleviating anxious and trauma-related symptoms (Brown & Gerbarg, 2005; Brown, Gerbarg, & Muskin, 2009; Katzman et al., 2012; Libby, Reddy, Pilver, & Desai, 2012; Sageman, 2002; 2004). Participants in the current study stated that yoga techniques such as breath work, mindfulness, physical movement, postures, and psychotherapy contributed to a decrease in mental health distress. Participants described

Name	Age	Type of Interpersonal Trauma	Type of Yoga	Duration of Yoga	Therapy Duration
Athena	25	Secondary trauma; Bereavement	Vinyasa	2 1/2 years	2 years
Grace	32	Domestic violence (childhood & adulthood)	Vinyasa	1+ years	1 year
Nora	62	Domestic violence (childhood & adulthood)	Hatha	1+ years	7+ years
Saphira	45	Domestic violence (childhood)	Kundalini	15+ years	6 months
Freya	52	Stranger rape (as adult); Domestic abuse (childhood)	Hatha	1+ years	30+ years
Eloise	24	Domestic violence (childhood & adulthood)	Restorative, Hatha, & Ashtanga	1+ years	6 months
Eleanor	35	Domestic violence by partner	Vinyasa & Hatha	11 years	6+ months
Hazel	30	Harassment; Work trauma	Kundalini	12 years	6 months
Mabel	50	Domestic violence (childhood)	Vinyasa	13 years	1+ years
Iris	42	Acquaintance rape (as an adult)	Vinyasa	1 year	6+ months
Julian	56	Childhood abuse	Ashtanga, Vinyasa, Iyengar	11 years	5+ years

Table 1. Description of participant demographics and relevant characteristics.

Note. All participant names have been changed to pseudonyms.

Main Themes	Number of Participants Represented (<i>n</i> = 11)	Number of Times Theme was Represented in the Coding (Total Codes = 369)
Heightened spiritual awareness and growth	7	70/369
Enhanced mental and physical health benefits	6	21/369
Amelioration of trauma-related symptoms	11	86/369
Love, empowerment, and acceptance of oneself	11	65/369
Internal sense of safety	9	32/369
Nurture the self	9	76/369
Getting “blissed out”	11	19/369

Table 2. Description of H.E.A.L.I.N.G. themes.

positive experiences with guided imagery and meditation to create inner peace, optimism, and balance. All 11 participants shared experiences in this theme.

Yoga appeared to teach breath work, which assisted in regulating emotions. All participants demonstrated a deep appreciation for having the time in yoga to “just breathe.” Participants also explained the impact of learning how to breathe and its effects on trauma-related symptoms. For example, Athena stated, “...breathing helped me through flashbacks. This has provided a lot of evidence that yoga and recovering from trauma go well together.”

Last, the combination of psychotherapy and yoga appeared to assist in emotional healing and ameliorating trauma symptoms. Although most participants engaged in yoga after terminating therapy, participants shared how the combination of yoga and psychotherapy facilitated multiple aspects of their recovery. Julian reflected, “I think therapy gave me tools to help me understand [and overcome] the trauma... whereas the yoga relieved my path and helped me to start a new one.”

Theme 4: Love, empowerment, and acceptance of oneself. The fourth theme of love, empowerment, and acceptance of oneself was identified by all yoga participants. This theme parallels previous research that demonstrated that self-acceptance helps individuals to find a balanced life that may lead to self-love, hope, and acceptance (Deary, Roche, Plotkin, & Zahourek, 2011; van der Kolk, 2006). Participants in our study reported a general level of acceptance to honor themselves, their bodies, and their emotional limits. Interestingly, increased self-acceptance is shared by many yoga practitioners and is considered to be one of the primary benefits of yoga (Arpita, 1990; Iyengar, Evans, & Abrams, 2005; Schell, Allolio, & Schonecke, 1994). Further, physical postures and movement were intended to not only increase physical capabilities (e.g., flexibility) but were also incorporated to increase awareness and acceptance of the body (Desikachar, 1999).

Participants recognized a positive change in their perceptions of themselves, including loving oneself for “who I am,” which helped participants prevail over adverse feelings. Mabel stated that she learned to “respect [my] body, love [my] body, and thank [my] body for what it is doing.” Self-acceptance required each participant to be less judgmental, which increased respect and compassion for oneself and “loving who I am right now.”

An increased sense of internal power and confidence to cultivate change was identified. Yoga helped Saphira to feel empowered: “yoga reminded me that I am powerful, that I have power. Sometimes trauma makes us forget that we are powerful... I know that I can take my energy and amplify it with love and compassion.” Another participant stated, “I’ve learned a lot about the power of my own inner voice.”

In addition, participants gave voice to accepting themselves as well as the past. Hazel described, “I learned I have to get out of my head and stop explaining why this happens and just be with it... learning to just be with me and develop love even with my injured self.” Similarly, Freya acknowledged, “yoga is a place that you get to be who you are, you get to do what you can, and there is no wrong way of doing things.” Participants’ self-acceptance on the mat transformed their perceptions of life off the mat. Although this is not a newfound correlation, this transformation is reinforced by the findings of Kinsley (2012) and Emerson and Hopper (2011).

Theme 5: Internal sense of safety. The fifth theme identified by 9 out of 11 participants refers to the reestablished sense of safety participants experienced with their body. Consistent with previous literature, many trauma survivors struggled to regain a sense of safety within their own bodies; however, yoga has been suggested to help restore an individual’s sense of safety after trauma (van der Kolk, 2009; Emerson & Hopper, 2011). The current findings support the positive outcomes that can occur for trauma survivors who regain a sense of their safety after trauma. This increase in their sense of safety led to more perceived control and a positive relationship with their bodies (Emerson, Sharma, & Chaudhry, 2009; Emerson & Hopper, 2011). Grace stated, “When I first started yoga, I couldn’t do child’s pose without bringing my hands back to the back of my neck... this was related to my trauma and I didn’t feel safe. Over time, I [found] a gentle balance between my awareness and inviting myself to be open...” Additionally, Eleanor spoke of the changes in her sense of safety:

I can stay within the four corners of my mat and I am okay regardless of what is going on around me. I know that I can breathe, I can still move, and I can do what I need to do and get what I need out of my time in yoga... knowing that your body is yours and safe allowed me to find strength.

Furthermore, other participants explained how yoga provided an experience to learn how to become comfortable in their bodies after trauma. Grace described, “yoga helped me to be more in my body. It helped me to become friends with my body rather than seeing it as an enemy...”

Theme 6: Nurture the self. The sixth theme identified from participants’ experiences is taking time to nurture the self. This theme was identified by 9 out of 11 participants. Yoga was recognized as a form of self-care, which was conceptualized by participants as a way to “reboot” the mind and body. Hazel explained, “I often forget to give to myself, so yoga is one way for me to give to myself.” Some yoga poses, like heart-openers (e.g., camel pose or back bending),

were specifically mentioned in this theme and contributed to the feeling of nurturing oneself. Nora reflected, “when I am in camel pose [back bend] for a long period of time, I [feel] very empowered, I am self-aware, and it has a positive impact on my mind and body the rest of the day. I don't know why it happens... but all of a sudden my chest relaxes and I don't feel so defeated by my experiences.” Other participants shared how deep back bends contributed to moments of clarity and feeling positive about themselves. Additionally, consistent with previous research, practicing yoga also fostered other forms of self-care and positive behaviors (e.g., healthy eating, exercise) (Deary et al., 2011; Valente & Marotta, 2005). Participants spoke of feeling positive about their bodies and making choices to nurture their bodies with good nutrition after yoga practice. Consistent with research by Deary et al. (2011), yoga elicits intentionality, which involves motivation and action toward healthy lifestyle choices.

A strong desire for self-care was evident throughout all of the interviews. The ability for participants to “leave their trauma at the door” is a new finding, which suggests yoga may be a therapeutic outlet for self-care. Athena described yoga as a time to “lay down on the mat, go into child's pose and leave it all behind...” Additionally, Nora reflected, “having that time away from the trauma where you can put it away for an hour... For me, it will never go away, but I can put it aside when I am practicing yoga.”

Theme 7: Getting “blissed out.” The seventh and last theme identified is characterized as “yoga bliss” or “getting blissed out.” These blissful experiences were reported among all 11 participants. “Blissed out” refers to a reaction of pure joy and inner renewal; experiences of blissfulness positively impacted mood. This research finding reflects the concept of flow in positive psychology. According to Nakamura and Csikszentmihalyi (2002), the theory of flow describes the mental state of individuals when they are fully absorbed in an activity or practice that requires a high level of engagement. Therefore, promoting flow experiences, like yoga, may be predictive of one's positive affectivity (Nakamura & Csikszentmihalyi, 2002).

One participant, Saphira, stated, “blissed out, it is kind of like everything is okay.” Iris described her bliss: “in yoga, my affect changes to positive and joyful...” Similarly, Julian described his bliss as a “cool, calming, and cleansing feeling; a sense of peace.” Yoga bliss appeared to impact participants on a personal, relational, and emotional level, contributing to emotional healing.

The Challenges of Yoga

It is important to acknowledge that even though yoga has many benefits, yoga can bring about challenges. While par-

ticipants did not share consistent challenges, some personal challenges were highlighted. One participant described “over practicing” and not observing physical limits that led to an injury. Some yoga poses, like heart-openers (e.g., back bending), were also seen as challenging for individuals with a history of trauma due to the vulnerability these postures may impose. Other participants recognized that yoga takes time and often a financial commitment. Also, after surviving an interpersonal trauma, feeling safe in a room among strangers and establishing trust with a yoga instructor was initially challenging for some.

Discussion

This research engaged in an exploratory qualitative study, without an a priori conceptual model framing our research question or analysis. After we conducted our inductive analysis and created our framework, we found that our seven H.E.A.L.I.N.G. themes, including: (a) heightened spiritual awareness and growth; (b) enhanced mental and physical health benefits; (c) amelioration of trauma-related symptoms; (d) love, empowerment, and acceptance of oneself; (e) internal sense of safety; (f) nurture the self; and (g) getting “blissed out,” align well with Seligman's five elements of well-being theory (Seligman, 2011). The first element, *positive emotion* is the cornerstone of happiness. Participants spoke of how yoga fostered positive emotions and led to experiences of pure joy. *Engagement*, the second element, is engaging in a task or situation where people often lose themselves for the sake of pleasure, which facilitates positive emotions. Engagement and positive emotions were poignantly captured and described as “yoga bliss.” The third element is *meaning*, which refers to the sense of belonging and serving something greater than oneself. Participants in the study reflected on the increased appreciation for life, experiences with spiritual growth, and added meaning to life. The fourth element is *accomplishment*. Whether it was being able to do an inversion (e.g., handstand, forearm stand) or staying in the moment, participants felt that yoga provided a sense of accomplishment. Lastly, the fifth element is *positive relationships* or knowing that there are people in one's life who care (Seligman, 2011). Participants spoke of how yoga increased relatedness to themselves; in turn, participants were able to achieve positive, healthier, and closer relationships with others.

Additionally, this research highlights how yoga impacts the interpersonal trauma healing process, which can be integrated into mind-body medicine findings. Woodyard's (2011) research described how therapeutic yoga positively impacts quality of life. Yoga, as a complementary method, was described as helpful in maintaining wellness, creating a greater sense of wellbeing, improving body image and inter-

personal relationships, increasing relaxation, encouraging an optimistic view on life, and helping in the treatment of health conditions (Woodyard, 2011). The findings illuminated by participants in this research support and extend mind-body medicine research that has documented the effects that yoga can have in promoting personal growth, health, and emotional wellbeing (Woodyard, 2011; Javnbakht et al., 2009; Desikachar et al., 2005).

Limitations

The researchers acknowledge several limitations. First, the types of yoga individuals practiced ranged greatly, which could have impacted individuals' experiences in yoga and their emotional healing. However, perhaps the findings reveal that all types of yoga share some unifying and healing qualities. Although participants needed to practice yoga a minimum of three months to participate in an interview, the range of yoga experience ranged greatly. Yoga experience ranged from one year to over 15 years. It is likely that participants who had more experience may have had more positive experiences to articulate than those with less experience. With regard to selection, there is a probable self-selection bias with a retrospective self-report study; therefore, participants most likely drawn to yoga may be more compelled to continue their practice. Additionally, the researchers did not assess original motivation to begin yoga practice (e.g., trauma healing vs. stress), which likely influenced the data and/or participant experience. Finally, although there is limited data on the demographics of yoga users, the gender, race, age, and economic status of participants within this sample is consistent with the data from the 2002 National Health Interview Survey (NHIS), which suggest yoga users are more likely to be white, female, young, and college educated (Birdee et al., 2008).

Future Research

Our findings offer a number of opportunities for future research. First, the results suggest that yoga may be a useful intervention and/or adjunctive treatment for trauma-related symptoms after interpersonal trauma. However, because this was an exploratory study, it will be important for future research to use more controlled studies to determine the optimal benefits that can be derived for those who practice yoga. Also, it may also be helpful to address nuanced variables like the influences of different types of yoga on healing, using quantitative research methods.

Second, the findings of this research closely parallel theory and findings associated with positive psychology, specifically well-being theory (Seligman, 2011) and flow theory (Nakamura & Csikszentmihalyi, 2002). Our research sup-

ports the positive psychology movement and integration of yoga for interpersonal trauma healing; therefore, we encourage more research in these areas. Last, this research did not compare how different types of yoga support emotional healing. Further research is encouraged to compare the benefits of different types of yoga for the treatment of interpersonal trauma.

Conclusion

This research demonstrated that yoga's emphasis on mind and physical body may foster several positive outcomes, such as spiritual growth, self-acceptance, alleviation of trauma-related symptoms, and emotional healing. Yoga may help an interpersonal trauma survivor establish a new relationship with his/her body, spirit, and mind that can contribute to improvements in wellbeing. Further, by illuminating the stories of those who experienced interpersonal trauma, we have a clearer understanding of how yoga helps the healing process. Our findings suggest that yoga may be helpful to regain health, foster wellbeing, and cultivate personal growth after interpersonal trauma.

References

- Arpita. (1990). Physiological and psychological effects of hatha yoga: A review of the literature. *The Journal of the International Association of Yoga Therapists, 1(1&II)*, 1-28.
- Birdee, G. S., Legedza, A. T., Saper, R. B., Bertisch, S. M., Eisenberg, D. M., & Phillips, R. S. (2008). Characteristics of yoga users: Results of a national survey. *Journal of General Internal Medicine, 23(10)*, 1653-1658.
- Briere, J. N., & Scott, C. (2014). *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment*. Thousand Oaks, CA: Sage Publications, Inc.
- Breslau, N. (2002). Epidemiologic studies of trauma, posttraumatic stress disorder, and other psychiatric disorders. *The Canadian Journal of Psychiatry/La Revue Canadienne de Psychiatrie, 47(10)*, 923-929.
- Brown, R. P., & Gerbarg, P. L. (2005). Sudarshan Kriya yogic breathing in the treatment of stress, anxiety, and depression: Part 2—Clinical applications and guidelines. *The Journal of Alternative and Complementary Medicine, 11(4)*, 711-717. doi:10.1089/acm.2005.11.711
- Brown, R. P., & Gerbarg, P. L. (2005). Sudarshan Kriya yogic breathing in the treatment of stress, anxiety, and depression: Part 1—Neurophysiologic model. *The Journal of Alternative and Complementary Medicine, 11(1)*, 189-201. doi:10.1089/acm.2005.11.189
- Brown, R. P., Gerbarg, P. L., & Muskin, P. R. (2009). *How to use herbs, nutrients & yoga in mental health care*. New York: W. W. Norton & Co.
- Chopko, B. A., & Schwartz, R. C. (2009). The relation between mindfulness and posttraumatic growth: A study of first responders to trauma-inducing incidents. *Journal of Mental Health Counseling, 31(4)*, 363-376.
- Cloitre, M., Courtois, C. A., Charuvastra, A., Carapezza, R., Stolbach, B. C., & Green, B. L. (2011). Treatment of complex PTSD: Results of the ISTSS expert clinician survey on best practices. *Journal of Traumatic Stress, 24(6)*, 615-627.
- Cope, S. (2011). Foreword. In Emerson, D., & Hopper, E. (2011). *Overcoming trauma through yoga: Reclaiming your body*. Berkeley, CA: North Atlantic Books.
- Dale, L. P., Carroll, L. E., Galen, G. C., Schein, R., Bliss, A., Mattison, A. M., & Neace, W. P. (2011). Yoga practice may buffer the deleterious effects of abuse on women's self-concept and dysfunctional coping. *Journal of Aggression, Maltreatment & Trauma, 20(1)*, 90-102. doi:10.1080/10926771.2011.538005

- Deary, L., Roche, J., Plotkin, K., & Zahourek, R. (2011). Intentionality and hatha yoga: An exploration of the theory of intentionality, the matrix of healing-A growth model. *Holistic Nursing Practice*, 25(5), 246-253. doi:10.1097/HNP.0b013e31822a02e0
- Descilo, T., Vedomurtachar, A., Gerbarg, P. L., Nagaraja, D., Gangadhar, B. N., Damodaran, B., Adelson, B., Braslow, L. H., Marcus, S., & Brown, R. P. (2010). Effects of a yoga breath intervention alone and in combination with an exposure therapy for post-traumatic stress disorder and depression in survivors of the 2004 south-east Asia tsunami. *Acta Psychiatrica Scandinavica*, 121(4), 289-300. doi:10.1111/j.1600-0447.2009.01466.x
- Desikachar, T. K.V. (1999). *The heart of yoga: Developing a personal practice*. Rochester, VT: Inner Traditions International.
- Desikachar, K., Bragdon, L., & Bossart, C. (2005). The yoga of healing: Exploring yoga's holistic model for health and well-being. *International Journal of Yoga Therapy*, 15(1), 17-39.
- Dolezal, T., McCollum, D., & Callahan, M. (2009) Hidden costs in health care: The economic impact of violence and abuse. Eden Prairie, MN: Academy on Violence and Abuse. Retrieved from <http://www.casa.org/wp-content/uploads/2014/01/Economic-Cost-of-VAW.pdf>
- Emerson, D., Sharma, R., Chaudhry, S., & Turner, J. (2009). Trauma-sensitive yoga: Principles, practice, and research. *International Journal of Yoga Therapy*, 19, 123-128.
- Emerson, D., & Hopper, E. (2011). *Overcoming trauma through yoga: Reclaiming your body*. Berkeley, CA: North Atlantic Books.
- Fetzner, M. G., McMillan, K. A., Sareen, J., & Asmundson, G. J. (2011). What is the association between traumatic life events and alcohol abuse/dependence in people with and without PTSD? Findings from a nationally representative sample. *Depression and Anxiety*, 28(8), 632-638.
- Follette, V., Palm, K. M., & Pearson, A. N. (2006). Mindfulness and trauma: Implications for treatment. *Journal of Rational-Emotive & Cognitive Behavior Therapy*, 24(1), 45-61. doi:10.1007/s10942-006-0025-2
- Glaser, B. & Strauss, A. (2009). *The discovery of grounded theory: Strategies of qualitative research*. Piscataway, NJ: Transaction Publishers.
- Hill, C. E., (2011). *Consensual qualitative research: A practical resource for investigating social science phenomena*. Washington D.C.: American Psychological Association.
- Iyengar, B. K. S., Evans, J. J., & Abrams, D. (2005). *Light on life: The yoga journey to wholeness, inner peace, and ultimate freedom*. Emmaus, PA: Rodale Books.
- Javnbakht, M., Hejazi Kenari, R., & Ghasemi, M. (2009). Effects of yoga on depression and anxiety of women. *Complementary Therapies in Clinical Practice*, 15(2), 102-104.
- Kabat-Zinn, J. (2011). *Mindfulness for beginners: Reclaiming the present moment and your life*. Boulder, CO: Sounds True.
- Katzman, M.A., Vermani, M., Gerbarg, P. L., Brown, R. P., Iorio, C., Davis, M., Cameron, C., & Tsirgielis, D. (2012). A multicomponent yoga-based, breath intervention program as an adjunctive treatment in patients suffering from generalized anxiety disorder with or without comorbidities. *International Journal of Yoga*, 5(1), 57-65.
- Kessler, R. C. (2000). Posttraumatic stress disorder: The burden to the individual and to society. *Journal of Clinical Psychiatry* 61 Suppl 5:4-12; discussion 13-4.
- Khalsa, S. B. S. (2007). Yoga as a therapeutic intervention. In P. M. Lehrer, R. L. Woolfolk, & W. E. Sime (Eds.), *Principles and practice of stress management (3rd ed.)* (pp. 449-462). New York, NY: Guilford Press.
- Kinsley, S. (2012). *Yoga therapy. Diversity, culture and counselling: A Canadian Perspective*, 2e, 310.
- Libby, D., Reddy, F., Pilver, C., & Desai, R. (2012). The use of yoga in specialized VA PTSD treatment programs. *International Journal of Yoga Therapy*, 22(1), 79-88.
- Lilly, M. M., & Valdez, C. E. (2012). Interpersonal trauma and PTSD: The roles of gender and a lifespan perspective in predicting risk. *Psychological Trauma: Theory, Research, Practice, and Policy*, 4(1), 140.
- Mehta, P., & Sharma, M. (2010). Yoga as a complementary therapy for clinical depression. *Complementary Health Practice Review*, 15(3), 156-170. doi:10.1177/1533210110387405
- Nakamura, J., & Csikszentmihalyi, M. (2002). The concept of flow. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 89-105). New York, NY: Oxford University Press.
- National Center for Complementary and Alternative Medicine (2012). *Yoga for health*. Retrieved from <http://nccam.nih.gov/health/yoga/introduction.htm>.
- National Institute of Health (2012). *Yoga*. Retrieved from <http://nccam.nih.gov/health/yoga>.
- Patton, M. Q. (2015). *Qualitative research and evaluation methods*. (4th ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Resnick, H. S., Kilpatrick, D. G., Dansky, B. S., Saunders, B. E., & Best, C. L. (1993). Prevalence of civilian trauma and posttraumatic stress disorder in a representative national sample of women. In Emerson, D., & Hopper, E. (2011). *Overcoming trauma through yoga: Reclaiming your body*. Berkeley, CA: North Atlantic Books.
- Resnick, H. S., Acierno, R., & Kilpatrick, D. G. (1997). Health impact of interpersonal violence 2: Medical and mental health outcomes. *Behavioral Medicine*, 23(2), 65-78.
- Ross, A., & Thomas, S. (2010). The health benefits of yoga and exercise: A review of comparison studies. *The Journal of Alternative and Complementary Medicine*, 16(1), 3-12. doi:10.1089/acm.2009.0044
- Schell, F. J., Allolio, B., & Schonecke, O. W. (1994). Physiological and psychological effects of Hatha-yoga exercise in healthy women. *International Journal of Psychosomatics*, 41(1-4), 46-52.
- Schumm, J. A., Briggs-Phillips, M., & Hobfoll, S. E. (2006). Cumulative interpersonal traumas and social support as risk and resiliency factors in predicting PTSD and depression among inner-city women. *Journal of Traumatic Stress*, 19(6), 825-836.
- Sageman, S. (2002). Women with PTSD: The psychodynamic aspects of psychopharmacologic and "hands-on" psychiatric management. *Journal of the American Academy of Psychoanalysis*, 30(3), 415-427. doi:10.1521/jaap.30.3.415.21977
- Sageman, S. (2004). Breaking through the despair: Spiritually oriented group therapy as a means of healing women with severe mental illness. *Journal of the American Academy of Psychoanalysis & Dynamic Psychiatry*, 32(1), 125-141. doi:10.1521/jaap.32.1.125.28329
- Seligman, M. E. P. (2011). *Flourish: A visionary new understanding of happiness and well-being*. New York: Free Press.
- Serber, E. (2000). Stress management through yoga. *International Journal of Yoga Therapy*, 10, 11-16.
- Stankovic, L. (2011). Transforming trauma: A qualitative feasibility study of integrative restoration (iRest) yoga nidra on combat-related post-traumatic stress disorder. *International Journal of Yoga Therapy*, 21(1), 23-37.
- Stein, D. J., Chiu, W. T., Hwang, I., Kessler, R. C., Sampson, N., Alonso, J., Borges, G., Bromet, E., Bruffaerts, R., de Girolamo, G., Florescu, S., Gureje, O., He, Y., Kovess-Masfety, V., Levinson, D., Matschinger, H., Mneimneh, Z., Nakamura, Y., Ormel, J., Posada-Villa, J., Sagar, R., Scott, K., Tomov, T., Viana, M., Williams, D., & Nock, M. K. (2010). Cross-national analysis of the associations between traumatic events and suicidal behavior: findings from the WHO World Mental Health Surveys. *PLoS One*, 5(5), e10574.
- Stiles, W. B. (1993). Quality control is qualitative research. *Clinical Psychology Review*, 13, 593-618.
- Strauss, A. L. (1987). *Qualitative analysis for social scientists*. Cambridge University Press: United Kingdom.
- Strauss, A., & Corbin, J. (2007). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. (3rd ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Tedeschi, R. G., & Calhoun, L. G. (1996). The Posttraumatic Growth Inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress*, 9(3), 455-472. doi:10.1002/jts.2490090305

- Tedeschi, R. G., & Calhoun, L. G. (2004). Target article: "Posttraumatic growth: Conceptual foundations and empirical evidence." *Psychological Inquiry*, 15(1), 1-18. doi:10.1207/s15327965pli1501_01
- Telles, S., Singh, N., & Balkrishna, A. (2012). Managing mental health disorders resulting from trauma through yoga: A review. *Depression Research and Treatment*, 2012, 401-513.
- Udupa, K.N. (1985). Stress and its management by yoga. In Khalsa, S. B. S. (2007). *Yoga as a therapeutic intervention*. In P. M. Lehrer, R. L. Woolfolk & W. E. Sime (Eds.), (pp. 449-462). New York, NY, US: Guilford Press.
- Valente, V., & Marotta, A. (2005). The impact of yoga on the professional and personal life of the psychotherapist. *Contemporary Family Therapy: An International Journal*, 27(1), 65-80.
- van der Kolk, B. A. (2006). Clinical implications of neuroscience research in PTSD. In R. Yehuda (Ed.), *Annals of the New York Academy of Sciences. Psychobiology of posttraumatic stress disorders: A decade of progress* (Vol. 1071, pp. 277-293). Malden: Blackwell Publishing.
- van der Kolk, B. A. (2009, Summer). Yoga and posttraumatic stress disorder. *Integral Yoga Magazine: Special Section: Yoga and the Emotional Body*, 12-13.
- van der Kolk, B.A., McFarlane, A.C., & Van der Hart, O. (1996). A general approach to treatment of posttraumatic stress disorder. In van der Kolk, B. A., McFarlane, A. C., Weisaeth, L. (Ed.), *Traumatic stress: The effects of overwhelming experience on mind, body, and society* (pp. 417-440). New York: Guilford Press.
- Wills, D. K. (2007). Heal life's traumas. *Yoga Journal*, 203, 41-44.
- Woodyard, C. (2011). Exploring the therapeutic effects of yoga and its ability to increase quality of life. *International Journal of Yoga*, 4(2), 49.
- World Health Organization. (2002). *World report on violence and health: Summary*. Geneva, Switzerland: World Health Organization.

Appendix

Interview Guide Questions

1. What were some of your motivations to begin yoga practice and continue your practice?
2. What practices of yoga were helpful to overcoming distress caused by the trauma?
3. Please explain how, if at all, has the practice of yoga and being in counseling complemented each other after experiencing interpersonal trauma.
4. Tell me about a moment in yoga that created a new or changed perspective for you and/or your life.
5. If applicable, how have your relationships changed as a result of practicing yoga?
6. Were your belief systems, spiritual, religious, or philosophical practices impacted or changed as a result of practicing yoga? If yes, how so? If no, why not?
7. What positive and/or negative personal characteristics or strengths have you noticed after practicing yoga?
8. What lessons have you learned on the mat?
9. In your experience, how and in what ways is the practice of yoga beneficial for trauma survivors?
10. Is there anything else you would like to add that we have not discussed today?