



Claiming peaceful embodiment through yoga in the aftermath of trauma



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ABSTRACT

The purpose of this study was to describe the experiences of practicing yoga and its role within processes of healing for adult women with complex trauma histories. Using a hermeneutic phenomenological method, data were analyzed from interviews with 39 women. Results showed that the core meaning of participants' experience of healing through yoga is claiming peaceful embodiment. This is an ongoing process occurring on a continuum whereby women experienced improved connections with and sense of ownership and control over their bodies, emotions and thoughts, and a greater sense of well-being, calmness, and wholeness in their bodies and minds. A number of interconnected essential themes related to this core meaning were also identified, illuminating processes that supported claiming peaceful embodiment and capabilities that were enabled by being more peacefully embodied. Additional themes were identified highlighting factors that facilitated or impeded participants' engagement with yoga and their experiences of healing through yoga.

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1. Introduction

Posttraumatic Stress Disorder (PTSD) is a common and chronic psychiatric disorder impacting women at a much higher rate than men (11.7% and 4.0% respectively; [25]). Among women with PTSD childhood sexual and physical abuse and neglect account for a substantial portion of cases [26]. Not only is childhood maltreatment associated with a greater likelihood to develop PTSD than traumas that occur in adulthood, but women who are survivors of childhood maltreatment are more likely to have experienced multiple types of trauma in both childhood and adulthood, including sexual assaults, physical assaults, emotional abuse, neglect, and domestic violence [4,9].

Trauma that takes the form of interpersonal violence or severe adversity over a developmental epoch, i.e., complex trauma, has a profound impact on the individual's sense of self and her ability to function in a number of life domains [6]. In addition to PTSD, women with complex trauma histories have a high likelihood to develop a range of comorbid psychiatric (e.g., PTSD, depression, anxiety, substance abuse) and physical health problems (e.g., obesity, heart disease, chronic pain syndromes [3,5,10,26]).

Additionally, complex trauma exposure is associated with emotional lability, difficulties in affect- and impulse-regulation, poor interoceptive awareness, somatic complaints, struggles with attentional capacities, dissociation, poor self-perception, and difficulties in interpersonal relationships [2].

Experientially, women with complex trauma histories often feel disconnected from their bodies and struggle to feel safe in their own skin. This type of trauma exposure inhibits the development of a basic sense of security and trust in oneself and others. It is a challenge to hold a coherent and positive sense of self that is not based in self-doubt or shame [19]. Consequently, tasks of basic self-care are often neglected [6]. Survivors of complex trauma fluctuate between extremes of intrusive reliving of trauma symptoms in their bodies and minds, and conscious or unconscious avoidance of these overwhelming emotions, sensations and thoughts [19]. Survivors have difficulty staying present in their lives. The conditioned fear response that is the legacy of living with trauma for a prolonged period leads them to react to new stimuli in ways that are at best irrelevant, and at worst seriously harmful; they tend to overreact to innocuous stimuli, underreact to danger, and shut down in the face of challenges [36].

Clinicians and scholars who specialize in the treatment of complex trauma suggest that mind-body treatments such as hatha yoga — an integrative practice of physical postures and movement, breathing exercises and mindful attention to the present moment — can be a useful component of treatment to build skills in self-

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regulation, create priorities for self-care, and address the disconnection between body and mind that these survivors struggle with [6,36]. In fact, a growing body of research supports the use of yoga in the treatment of symptoms of posttraumatic stress and related mental health problems (e.g., [33,35,37]). Research also demonstrates the efficacy of yoga in treating numerous physical health problems that are common among trauma survivors such as chronic pain [12], gastrointestinal problems [28], and insomnia [27], and for improving the body's response to stress [32], which is often dysregulated among trauma survivors. Moreover, studies show associations between yoga and numerous mental health indicators, including improved quality of life, emotional well-being, positive affect, stress management, self-concept, and body awareness and responsiveness (e.g., [8,17,22,31]).

The aforementioned research speaks to the promise of hatha yoga for helping survivors with complex trauma histories recover and improve their day-to-day functioning and quality of life. However, given the quantitative methods employed by prior research, it does little to illuminate what experiences underlie these changes or how survivors experience yoga's role within their coping and healing processes over time. The present study addresses this gap in the literature. Using a hermeneutic phenomenological methodology, I aimed to examine adult women's lived experiences of yoga, and the meaning that practicing yoga had for them over time within the context of healing from the effects of repeated trauma exposure.

2. Method

2.1. Background on phenomenology

The hermeneutic phenomenological method is rooted in the idea that the meaning of experiences is intricately connected to the individual's lifeworld—the corporeal, temporal, relational, and spatial dimensions through which humans experience their existence as situated within larger historical, social, political, and cultural contexts (see Refs. [18,21,30,38]). A hermeneutic phenomenological approach begins from the recognition that meaning is contextualized in the lifeworlds, and it goes beyond description by identifying meanings found in everyday life practices [29]. Although these meanings might not be conscious for the research subject, she expresses these meanings through the narratives she produces. The researcher's role is to interpret this meaning in relation to the lifeworld context [29]. Common uses of phenomenological inquiry are for answering questions that rely on an understanding of subjective experience. Human service professionals depend on such knowledge for understanding the lived experiences of the people they serve and for developing effective interventions.

2.2. Data collection

Data for the present study were gathered as part of a long-term follow-up assessment of participants who completed a prior randomized control trial (RCT) examining the efficacy of yoga for traumatized women [37]. Women ages 18 to 58 were recruited for the RCT study through print and radio advertisements, flyers at mental health clinics, and referrals by mental health clinicians. All women met criteria for PTSD as established by the Clinician Administered PTSD Scale (CAPS) and the CAPS F1/I2/Sev65 scoring rules [40], and all participants reported some form of childhood maltreatment as well as other acute stressors throughout their lives (see sample characteristics below for more detail). The women all reported engaging in at least three years of prior trauma focused psychotherapy. Participants were randomized to a ten week

Trauma Sensitive Yoga intervention or to an attentional control group (a seminar on women's health).

Sixty participants completed the RCT. This included six cohorts over the course of three years beginning in 2008: three yoga groups ($n = 31$) and three control groups ($n = 29$). The yoga cohorts completed 10 weeks of Trauma Sensitive Yoga classes (1 h of class per week). The Trauma Sensitive Yoga approach (see Ref. [11]) prioritizes gentleness in movement, invitational language, and opportunities for participants to modify the practice and make choices that felt appropriate for themselves. The teacher was also mindful to not give physical assists because they can be triggering for participants. After completing the yoga classes or the women's health seminar (see Ref. [20]), participants were given the opportunity to join the following cohort in the opposite intervention. Seven women chose to do so.

After the last cohort had completed the RCT and following IRB approval, all participants were contacted via telephone and invited back to complete long-term follow-up assessments. Forty-nine of the 60 original participants completed long-term follow-up interviews over the course of a 6 month period. The remaining 11 participants were lost to follow-up due to the following reasons: four could not be reached due to changes in contact information and inability to locate the participant via internet searches; three stated that they did not wish to come in or did not have time to come in; and four did not respond to efforts to contact them. The long-term follow up assessment included quantitative measures of traumatic symptomology, and an additional self-report measure that assessed the frequency of their yoga practices post-study (quantitative findings are reported elsewhere; Rhodes, Spinazzola, & van der Kolk, under review). All participants who had yoga experience — either as part of the original RCT and/or after it ended — participated in a semi-structured phenomenological interview focused on their experiences of yoga and the potential role of yoga within their processes of coping and healing; of the 49 participants who completed long term follow up assessments, 39 had yoga experience and were interviewed. These interviews were the data for the current study. All interviews were carried out by the author who is a social worker and yoga practitioner. Interviews ranged in length from 20 min to 1 h. A semi-structured interview guide was developed in consultation with several content experts as well as an expert in phenomenological research. In addition to using this guide, clarifying questions were employed to help participants articulate their experiences more fully and to affirm that the interviewer understood the meanings conveyed by participants as they intended.

2.3. Data analysis

The current study drew on [38] approach to hermeneutic phenomenological analysis. The interviews were recorded with a digital audio recorder, and transcribed verbatim. Each interview was checked against the recording for accuracy. Data were examined in three ways, following [38] suggestion for isolating thematic aspects of a phenomenon. Transcripts of each participant were listened to and read in entirety with consideration of the primary significance of the whole text [38]. Then a detailed line-by-line approach was used to identify and code sentences or sentence-clusters that revealed aspects of the experience being described [38]. This second phase was carried out with twenty-one interviews until it was clear that saturation had been achieved, and the code list was confirmed through careful reading of the additional 18 interviews. Memos were written for each participant, which defined and described codes and themes, and included salient excerpts from the interviews [7]. The memos were compared across participants to identify “essential themes,” those

themes that appeared particularly salient for the participants, significantly reflected the lifeworlds, and were recurrent across the interviews [38]. The researcher also engaged in a process of “immersion” throughout the phenomenological research process [38]. This included immersion in the data (reading and rereading transcripts), and the broader subject of inquiry, for example, participating in groups or events related to the phenomenon under investigation.

2.4. Rigor and validity

Memoing, ongoing introspection on the part of the researcher, reflexively dwelling with data, and writing the final paper helped ensure rigor of the study. Additionally, two research assistants (a PhD Social Work student who specializes in trauma studies and a researcher who holds a BA in Psychology) each coded a subset of interviews to establish interrater reliability. These research assistants also participated in ongoing dialog with the researcher on codes and essential themes to consider the validity of the findings. A qualitative methodologist and a content expert also each reviewed a subset of transcripts and consulted with the researcher. Finally, member checking was carried out with five participants to elicit feedback on the findings; their endorsement of the identified core meaning and essential themes further validated the findings.

3. Findings

3.1. Sample characteristics

Trauma history was obtained through the clinician administered Stressful Life Experiences Questionnaire. This measure shows good test-retest reliability and convergent validity [16]. Seventy-seven percent reported experiencing childhood physical abuse, 87% reported emotional neglect by a caregiver, 38% reported physical neglect, 74% reported parental substance abuse that inhibited their caretaking abilities, and 51% reported separation from a caregiver that caused acute stress. Seventy-four percent of the women said they had experienced a sexual assault at some point during their lifetime, and 39% reported emotional abuse during their life. Other examples of the types of traumas participants experienced included life threatening illnesses (33%), experiencing a serious accident (35%), physical assault or abuse in adulthood (28%), and witnessing violence (48%). The average number of stressful life experiences that participants endorsed was eight (SD = 2.97).

Table 1 provides information on participant demographics and the frequency of their yoga practice since the RCT ended. Thirty-two of the 39 women who participated in the long-term follow-up interviews had completed the ten weeks of Trauma Sensitive Yoga as part of the original RCT. Seven women only completed the control condition, but went on to practice yoga post-study. The majority of women practiced yoga post-study, but the frequency ranged from a couple of sessions to daily practices. Since the length of time that participants had been out of the RCT varied somewhat depending what cohort the participant was in (ranging from .75 to 2.75 years at the time of this interview), to better conceptualize the frequency of practice, a ratio variable was created to capture the average frequency of participants' practices per week since the study ended. Results showed that 5% had not practiced at all since they finished the yoga intervention as part of the original study, 74.4% had practiced, but with an average practice frequency of less than one time per week, and 20.5% practiced at least one time per week.

Participants reported practicing yoga in a range of different settings: home self-guided practices, using DVDs to guide their practices, going to drop-in yoga classes designed specifically for

Table 1
Participant characteristics.

	N	%
Race/Ethnicity		
White	30	76
Black	4	10.3
Other	2	5
Did not report	3	7
Marital status		
Single	19	48.7
Married/engaged	9	23.1
Divorced/separated	6	15.4
Did not report	5	12.8
Level of education		
College graduate	29	74.4
Not college graduate	9	23.1
Did not report	1	2.6
Employment		
employed	24	35.9
not employed	14	61.5
Did not report	1	2.6
Annual income		
<15 k	12	30.8
16 k–39 k	6	15.4
40 k–59 k	3	7.7
60 k–79 k	7	17.9
>80 k	3	7.7
Did not report	8	20.5
Treatment or control in original randomized control trial		
Completed yoga intervention in RCT	32	82.1
Control group only	7	17.9
Average frequency of practicing yoga after original randomized control trial ended		
Stopped practicing	2	5.1
Continued practicing, but less than 1× per week	29	74.4
Yoga at least 1× per week	8	20.5
	Mean	SD
Age	41	13
Total # of times practiced yoga post-RCT	50	60

survivors of trauma in a mental health clinic, and going to classes in the community at gyms and yoga studios. All yoga practices integrated the key components of postures and movement, mindful attention to the present moment, and breathing exercises. However, participants described stylistic variability in their practices in terms of pacing, vigor, and pedagogy. The length of participants' practices also ranged. Most participants described each yoga practice as lasting from about an hour to hour and a half in length, but many also described engagement in “mini-yoga breaks” throughout their day where they would practice one or two postures or do yogic breathing.

3.2. Core phenomenon: claiming peaceful embodiment

Analysis revealed the core meaning of participants' experiences of practicing yoga as a multidimensional process of claiming peaceful embodiment. Participants experienced an improved connection with and sense of ownership and control over their bodies, emotions and thoughts. This was marked by a growing sense of self-efficacy, and feelings that they were no longer defined by their trauma history, living in the past or reacting based on the past. Through this process, they felt empowered to transcend a life ruled by trauma symptoms. They increasingly saw themselves in a new, more positive way with greater focus on their experiences in present-moment time and a growing sense of well-being in body and mind.

The growing sense of connection and control over their bodies, thoughts, emotions, and behaviors enabled movement toward an embodied sense of peace, which included feelings of “safety,”

“calmness,” “groundedness,” “presence,” “inner strength,” and “self-confidence.” In contrast to experiencing that the “mind and body are separate things that have to fight with each other,” participants described feeling more “whole.” The sense of peace that women claimed through yoga was also marked by experiences of “self-acceptance” and “authenticity.” Becoming more connected with their minds and bodies in the present, believing that they had power to be who they wanted to be, and in greater control of their experiences and actions, offered women the sense that they were becoming their true selves. They developed a greater sense of contentment, serenity, and a greater appreciation of everyday things.

With yoga, I reclaimed my body. That is a gift because I so hated my body. Or I claimed it, not reclaimed because I was so young. I claimed it. It was a long process to consider myself not an outline. ... I think yoga helped define me.

Just inhabiting my own skin is a major step forward. It allows me to be in my life now— like be attentive as I'm driving, to be present with my family, like in lots of different ways. I think the practice of being more in tune with my body and being able to develop some tools to control my internal energy and the calmness that can come is significant. I spent my whole life trying to do good to prove that I wasn't just bad. And now, I don't. It's not something that I have to prove. It's just who I am. I am who I am, and I'm generally a really good person. Things feel more connected. I'm more real. I feel less like I have to put one face on for the outside world and that's not really who I am. I feel more authentic than I think I ever have. My not being able to get into my own skin was something that I did early on just to survive, and I just carried it forward. And now ... I can recognize I don't need to do that. It brings an appreciation that if you haven't been there you couldn't possibly imagine. ... The okayness is from within.

The experience of claiming peaceful embodiment is an ongoing process, and the experience appeared to occur on a continuum. Not every participant articulated the experience of a profound sense of inner peace, but overall there was movement toward greater peace. Many participants noted that they still struggled day-to-day. Additionally, within any one individual's experience, she could have better days and worse days. However, overall their yoga practices supported movement toward a sense of peace in body and mind, and a greater sense of self-efficacy geared toward healing from trauma.

3.3. *Essential themes*

A number of interconnected essential themes related to this core process were also identified, including three themes that illuminate how yoga contributed toward claiming peaceful embodiment, four themes highlighting new capacities enabled by claiming peaceful embodiment, and several others that show factors that facilitated or impeded participants' engagement with yoga and their experiences of healing through yoga.

Supporting the process of claiming peaceful embodiment.

New, present-oriented, positive embodied experiences. Because participants' trauma experiences initiated in childhood, the women often had no other reference point for what their physical and mental experiences could be. Participants experienced their bodies as “constricted,” “unsafe” or “in pain,” or they experienced a complete detachment from their bodies and minds.

I was always disconnected from my body. I was always on auto-pilot. I wasn't able to feel if I was injured. I would completely

ignore being hungry. If I was tired I wasn't able to rationalize going to bed. All those things seemed reasonable because they were normal.

Participants explained that by “focusing on your body in yoga and doing new things with your body” there was an opportunity to experience new, present-oriented, positive embodied experiences. These new embodied experiences contrasted starkly with their prior sense of self.

[In the past] I would be the type of person, I would spend some time on the beach and I knew I was there because I saw my foot prints or else I would not have known I was there. Yoga grounded me—because the breath and movement. It just grounded me.

New, present-oriented, positive embodied experiences were physical, mental, and emotional. They included a sense of “calmness.” As one participant articulated, “The yoga kind of made my brain relax a little bit and not worry so much about every little particular detail and then I wouldn't so much have to kind of dissociate which I usually do when I'm overwhelmed.”

Additional examples of positive embodied experiences are: “energy,” “expansion,” “lightness,” “freedom,” “strength,” and “connection.” One participant described her experience in yoga saying, “Child's pose is just relieving and freeing and mountain pose is very strong.” Someone else explained, “My stance is different, I stand taller. I breathe, which I think I hadn't done in a long time. I feel more connected with my body.” Survivors also noted a sense of “accomplishment” and “confidence” that came from mastering new poses, and from learning modifications to poses that allowed them to feel more comfortable during their practices.

Through new, present-oriented, positive embodied experiences, participants began to understand that conceptualizations of their minds and bodies based on prior trauma experiences did not have to be the norm, and they began to experience themselves differently.

It sometimes feels like my brain is using a map of my body from back when I was eight and not the one from now. Every time after I go to yoga class I feel better — more presence, more confidence, more secure in my body.

Participants noted that others observed and responded to their shifts in embodiment, and it impacted their interactions with others in positive ways. Being less physically restricted translated not only into more openness in the felt experience of the body, but more openness emotionally, including in connecting with others.

When you are abused you feel small, even smaller than you are. ... That was my experience as a child. I wanted to be small and invisible if possible. I wanted not to be seen, and I constricted. ... I'd say the sense of being able to open up in this way physically [in yoga], as simple as it sounds, especially the upper part of my body — heart, lungs, diaphragm, shoulders — all the parts that I had scrunched down, that seemed to make a difference. It allowed an overall expansion. ... People are noticing it clearly. I have been invited to do more things. People seem interested in me in a different way. There is something that has changed because people are coming closer to me. I am able to tolerate that better. I am reaching out more in ways that I couldn't have done.

Interoceptive exposure, desensitization, and taking effective action. The positive experiences described by the majority of participants were not necessarily automatic or immediate. In fact, for a

number of participants, yoga made them much more aware of the disconnection between their minds and bodies, and the negative sensations and emotions that were a legacy of their trauma history. Because yoga encouraged them to come into the present moment, some women became more aware of uncomfortable or painful mind-body experiences, which they had previously been avoiding or dissociating from.

The concept of interoception is helpful to explain this phenomenon. As neurologist Clare [15] explains, “The system of interoception as a whole constitutes ‘the material me’ and relates to how we perceive feelings from our bodies that determine our mood, sense of well-being and emotions” (p.1505). Increased interoceptive awareness cultivated through practicing yoga was common among all the women. However, for some the experience in the body and mind while practicing yoga was immediately an overall positive experience, whereas for others the experience was initially quite terrifying.

I was listening to the instructor and trying to turn inward and really feel what I was supposed to be feeling and holding the poses. Then all of the sudden, it was really scary. There were a few times that I had body memories to the point where I yelled out in class. It's like a flashback, but you don't have any thoughts or visions that go along with it. So your body — it's like having a flashback and only having half the story. It made me realize how out of my body I've been all these years and how not attached [I was].

In itself the interoceptive exposure that occurred during yoga did not facilitate the process of claiming peaceful embodiment when the experience was negative. In fact, it could be a deterrent to practicing yoga when participants became overwhelmed by discomfort or pain of which they were newly or increasingly aware. However, exposure to these bodily sensations offered opportunities for healing when participants could stick with their yoga practices and the feelings it drew attention to. This was often supported by a teacher who attended to this challenge by supporting participants to make postural modifications so they could better tolerate the practice. By bringing awareness to the mind and body in the present-moment combined with opportunities to modify the practice to make it tolerable, participants could continue to stay present instead of dissociating or avoiding as they might have done in the past. This allowed them to begin to desensitize to painful or distressing interoceptive experiences and to gain a greater sense of control over the mind and body. As one participant explained, “I'd try to do movements of my legs to get myself less sensitized. It helped. It may not be a big thing for other people, but I can sit like this, which I couldn't do before.” She demonstrated sitting with her legs open, shoulders relaxed, and arms by her sides in contrast to everything being held in very tightly, arms crossed, legs crossed, and tense.

Participants who faced similar challenges noted that over time with practice, it got easier to tolerate uncomfortable embodied experiences. They also learned that if they could sit with those feelings, they would pass. Additionally, they came to realize that not all of their experiences in yoga were negative — some were neutral and some were positive. Over time, they developed a greater capacity to remain in the present moment, coping with difficult sensations and emotions, and this was healing.

Because I was in the yoga class experiencing all different experiences — from nothing to something really scary and all different levels — it reminded me that I will have a lot of different experiences and that if I just wait long enough it will pass.

I definitely feel more connected to my body in that I don't run on autopilot all the time. I think it allowed me to be patient in my anger, to sit with it. Practicing yoga definitely has allowed me to — not only with anger, but with a lot of things — given me the ability to sit with things for longer periods of time. So, I have more capacity for file folders that I can use. There's just so much more I can accomplish. There's so much more energy that I have because my energy isn't spent in a dissociated place or keeping emotions or parts [of myself] down.

Yoga as a tool to cope with stress and trauma triggers. Analysis revealed that yogic practices (e.g., breathing exercises, postures) could be utilized as tools to better cope with stress and trauma triggers as they continued to arise in their day-to-day lives. This further supported the process of claiming peaceful embodiment by sustaining and continuing to build participants positive embodied experiences. Whereas in the past the participants might have been significantly impacted by even small stressors in their environment, they could practice yoga, regain their composure, and reconnect with their growing sense of peace. For instance, one participant explained that before she practiced yoga, after a slight altercation with her husband she would have likely overreacted: “I would have to call my therapist maybe. I might just go home and just shut down. I might cry all day. I might end up throwing up.” Instead, however, she was able to draw on her breathing practice and calm herself down.

I started to feel a lot of physical stuff. I was having all the effects of a reaction, a triggered reaction so I breathed, I did some breathing and just trying to refocus and a little self-talk. But that's a lot different than the way I used to have to deal with that stuff.

The women would often use small components of a yoga practice — a breathing exercise or a physical posture — to cope with triggers or stressors. It didn't need to be a full or long yoga practice. As one participant explained, “Sometimes I will sit in a chair and I just do my twisting like this and this to try to relax my body and my shoulders, because I'm tense, and stuff like that.” In addition to evoking a greater sense of calm, yoga practices offered a much needed break from a given situation that provided the women with a new perspective on the stressor at hand.

If I have an extremely stressful day or lots of work to do and then I do yoga, it didn't really bother me as much. Before I'd be kind of paranoid or obsessed about it but then after the yoga I think I'd be like, well you know in the grand scheme of things it's not really so bad so just take a break for a bit.

In contrast to having a very limited capacity to cope with traumatic stress reactions, participants realized that there was the potential to cope in positive ways and to circumvent more extreme reactions, such as panic or hypervigilance. Because yoga offered them new tools to deal with stress and triggers in their day-to-day lives, they felt greater control over their responsiveness, a belief in their ability to cope, and a subsequent reduction in traumatic stress symptoms and improved sense of safety and peace.

Sometimes when I felt triggered, it was like somebody else used this body and it doesn't feel good, and I will never feel good. And now I can stretch and feel good. That can be really helpful. If I feel like I am dissociating to be like, okay these are my hands, this is my body, and even that there are things that my body can do. Instead of feeling like my mind and body are aliens to each

other, being like, well look, I can stretch and touch my toes now. Who would have thought that possible? I feel like I have more ownership of my body and feel more of a part of it.

New capacities enabled by claiming peaceful embodiment.

Claiming peaceful embodiment through yoga offered participants opportunities to “build something bigger.” Participants took the shifts in their self-perception and newfound strengths and capacities off their yoga mats and into the rest of their lives in several ways.

Practicing pause and grounded response. Rather than impulsively or habitually reacting (often overreacting) to events in their lives, participants learned to slow down, pause, and choose how they wanted to respond. As a result, participants noted that they could respond in a centered way that was more appropriate to the situation.

I think yoga's helped allowing there to be space between when something happens and my reaction. Because for a long time I didn't have that space to sort of make what I call a rational judgment, it was just based on sort of an emotional [reaction], or a habit. It's allowed me to pause and have that moment to say, okay well I don't have to react this way, or this person didn't mean it this way, and have that little bit of time to think about [my] reaction.

Pausing and having a grounded response speaks to a shift in consciousness toward greater mindfulness, peacefulness, and an internalized sense of self-control that enabled greater choice over behavior. The women could also use their improved interoceptive capacities they had cultivated during this pause time to have a better sense of their own feelings and needs in the present moment (in contrast to more habitual responses based on their trauma history). They could use this information to support a more authentic and calm response to a range of situations.

Hope initiating change. With increasing embodied peace and with a greater capacity to control one's responses, survivors experienced hopefulness defined by a sense that they could change, and live their lives in ways that they wanted. This included hopes for their futures, hopes that they could heal and had the tools to do so, and hopes and beliefs that they were good people, capable of living better, more enjoyable, and more meaningful lives.

Practicing yoga has given me hope. ... It's been a useful practice and tool to develop those things which has led me to think I don't have to be that person that I always thought I was just destined to be, that I could actually change some things, and become the person that I've wanted to be. The trauma doesn't have to define me, although the trauma will always be part of me. I can change. I can change how I work, and how I want to be.

This hope was essential to survivors' ability to make behavioral changes, such as how they responded to experiences, who they spent time with, how they structured their days, career changes, and how they raised their own children.

I make conscious decisions now about my son, to raise him differently than how I was raised. So I can see that there are choices and options. You can be gentle in the world and [yoga] helps you see that. ... There are choices.

Participants explained that they began to think more about their futures and set goals. In contrast to not having much of a sense of

self at all or not believing they were deserving of a future, now participants had a belief that they deserved something better, and that they were capable of achieving goals.

The whole mind-body connection thing really became the focus of my [healing], and my outlook. ... I'd have to say I never made any goals, as if I didn't have a future. I guess because I didn't have a self. I have made some goals, and I've had some accomplishments, so I think it's helped with that.

Priority and capacity for self-care. Another dimension of change enabled by claiming peaceful embodiment was an improved priority and capacity for self-care. This theme speaks to the shift that occurred for participants from experiences of disconnection, shame, and hopelessness toward believing that they were deserving of self-care, and deserving and capable of healing. One participant noted, “[I've begun to] take better care of myself, [to believe] that I'm important or that I'm worthy of that, to be more connected with how I'm feeling, to not be as disconnected.” For many, the practice of attuning and responding to one's own needs on the yoga mat was one of the first times they had focused on themselves in a compassionate way. In turn, this practice of self-care, and the greater sense of agency and peace that emerged in the yoga practice, led participants to practice self-care outside of the yoga studio.

Beforehand I'd be more focused on everyone else's needs, like my work, my family, what not, and I kind of forgot about taking care of myself. So I think with the yoga it kind of forced me to spend that hour or so, you know with myself, centering myself, and then even afterwards since I'd be more calm, I'd be more outgoing, and doing other things, and just generally trying to treat myself better.

Self-care manifested in a number of areas of survivors lives. For instance, they became more aware of basic needs like hunger or fatigue and responded to those needs. They also shifted their orientation to themselves more broadly, treating themselves with greater compassion.

Being more gentle with myself and instead of — often when I had a symptom, not only would I be reacting to the trigger, but also judging myself for reacting to the trigger and thinking, I am an adult I should be over this by now and stuff like that. [The practice in yoga of] making your way slowly there and just being really gentle with yourself, whenever I am ready, that has helped me so that when I do feel triggered I feel like I can judge myself less, and be like alright, so this is how I feel right now and when I am ready to not feel that way anymore that will happen without pushing myself so hard.

Another dimension of self-care relates to the participants' improved sense of their own needs in relation to their interactions with others. They explained that the greater sense of peace and control over their own bodies and lives translated into an ability to establish clearer boundaries with others, to believe that it was okay to say no sometimes, and to advocate for their own needs. In turn, these acts of self-care supported their ongoing processes of healing.

Every time I go to [yoga] class, I am more comfortable in other situations saying what I want, and not feeling like I have to read the other person, and do what they want. That I can just go, I want to do this. ... It makes me more able to be aware of what I want.

Capacity for emotional and physical intimacy. Claiming peaceful embodiment allowed the women to better connect with others. For many survivors of complex trauma, being close to others physically (including sexually as well as other forms of physical contact) and emotionally can be a significant challenge. With greater comfort and safety established within their own bodies and minds, the women felt more comfortable in their relations with others. They noted feelings of greater emotional intimacy and a greater capacity for physical intimacy. Often the physical and emotional intimacies were linked.

The most important thing was being able to connect, and not being fearful to connect because there were times when I couldn't. One example is that [the yoga teacher] got me to stretch my arms out even with my shoulders, which I had not been able to do. It was a fear. And the thing that I notice the most is because I was able to extend my arms out I was able to hug people, to invite someone to have a hug. [This made me feel] happy.

Because it's bodywork, I could learn to accept being touched by others in a different way, and that has enhanced some relationships, especially the one with my husband. Because sexual intimacy has been messed up for me; either I was over active, but really emotionally withdrawn, or acting out, but not wanting to have sex once I had gotten their attention. I was a mess, but now I can actually be intimate with someone I want to be intimate with. Even if it's just cuddly, and I don't need to be afraid of his touch or threatened by it, and actually enjoy it, not numb out or shut down because that was the other thing.

Facilitators and barriers. Additional themes speak to the factors that facilitated and impeded claiming peaceful embodiment, and participants' ability and willingness to practice yoga more generally.

Facilitators. Participants spoke about the characteristics of their yoga practices that supported claiming peaceful embodiment. The majority of participants emphasized a preference for a "gentle approach" as opposed to a more vigorous or rigid practice — what one participant termed the "drill sergeant approach." Gentleness involved the quality of the physical movements such as moving slowly and not forcing one's body into positions, and also to the teacher's approach. The women appreciated teachers who encouraged them to tune in to themselves and make modifications that felt appropriate for their bodies.

The constant reminders to go at your own pace and to listen to your body for what it needs — when it's ready to turn or how far it wants to turn — that was super helpful and has extended in so many other places in my life. Yoga classes I have taken other places, I have heard people say, "You can push yourself; you don't realize what your body can do. Just push it." I feel like that's the kind of thing I have been doing my whole life. What is so valuable about this yoga class is that it was not about pushing yourself. It was about letting yourself get there in your own time.

A gentle, choice-oriented approach is a cornerstone of Trauma Sensitive Yoga [11] that many experienced during the RCT. Although often the approach of Trauma Sensitive classes could not be found in the wider community, some women did find teachers in the community with a similar approach, or they were able to take what they learned in Trauma Sensitive classes into other classes or in their self-guided home practices.

Even taking yoga classes at other places I feel like I try to hear that voice [of the Trauma Sensitive teacher] even when they are not saying it. Often they are saying hold this pose, you can stay in it longer. I'm like, no I'm ready to leave [this pose] or I am going to move into a different pose.

Regardless of whether a yoga teacher has specifically been trained to use a Trauma Sensitive approach, participants emphasized the importance of finding a teacher that made them feel safe: "The teacher is very important. I needed to be safe with the instructor, number one, so I could experience the yoga positively." This was particularly true for those who found yoga to be uncomfortable or triggering. Some participants found that the only way they were able to continue to practice was by meeting with the teacher in a one-on-one setting and getting specific support around modifications to the practice, and working on desensitizing to triggers with the teacher's support.

I had a great deal of difficulty in doing the yoga because the positions ... gave me a lot of physical reactions. The yoga teacher told me I didn't have to get on a mat on the floor, that I could do things sitting in a chair, and if I felt uncomfortable with those things than to just sit in a chair, just be there. And when she found out I had great difficulty she would meet with me for 15 minutes after the yoga to see if I was all right, and to see if it brought up any flashbacks or whatever. So that was real great. Some [of our meetings] were debriefing, some were trying to desensitize me to be able to not be so afraid. Like we would try a position, and if I later felt uncomfortable, she stopped it. She would try new positions thinking that I would be better able to handle some things.

Another facilitator of claiming peaceful embodiment was the importance of regular practice. Participants who noted more profound experiences of inner peace and major ways that their life had been transformed through practicing yoga typically practiced frequently, attending classes at least one or two times per week. Others observed smaller changes in this same positive direction, but simultaneously with more continual struggles. Typically, participants who noted smaller changes engaged in yoga sporadically, there had been a long break since they last practiced, or they hadn't practiced at all since the RCT ended. Although nothing conclusive can be drawn in terms of how often it is necessary to practice to achieve the greatest benefit, and while some gains appeared to be more permanent, participants spoke about the importance of maintaining their yoga practices to sustain their sense of well-being, and other newfound capacities cultivated through their yoga practices.

For someone like me and a lot of the people who have trauma from very young, you're so heavily programmed with these certain sort of behaviors and mind patterns that you have to be constantly working to do things a different way. The effects [of yoga] dissipate when you're not practicing regularly. I mean there is some improvement that sticks even though I haven't been practicing regularly. [Yoga] is sort of similar to other kinds of skill-building practices: if you don't keep practicing the skills, you'll maintain some of your gains, but you'll lose more than half of them if you don't stay in practice.

Barriers. Given that participants derived greater benefits from more regular practices, it was interesting that some participants had not kept up their practices to the degree that they would have liked to. Participants described both internal and external factors

that inhibited their ability or willingness to practice yoga. External barriers included factors such as the cost of attending classes (around \$10 to \$15 per class), and difficulties motivating oneself to practice without a teacher's guidance. Some participants also noted that it was difficult accessing classes that felt safe. For instance, they would have liked to take yoga classes that were Trauma Sensitive, but these classes were far from where they lived, or not at a time that was convenient.

Internal barriers related to motivation and fears. As one woman stated, "I was afraid to open up this part of my body." Participants explained that because yoga improved their interoceptive awareness, when they were facing a particularly challenging time in their lives, it was hard to practice because it brought attention to suffering.

One of the things I find happens is that when I go to try to ground myself, the first thing I become mindful of is really intense pain, and then if I get through to the other side and get to sort of a more grounded state then I can feel a little bit better. But there's this sort of barrier that can make it very hard to get into. It's just hard to make yourself do it. I mean it's like physical therapy if you're recovering from an injury or surgery or something. ... The times when it would be most helpful are the times when you most don't want to do it.

Some participants also articulated fears of feeling better because the improvement could go away. Sometimes it was hard to change their way of being; they were used to their trauma symptoms. Although the symptoms were unpleasant, there was a fear that feeling better and having it taken away might be worse than remaining in the status quo. Because of this, it was challenging to establish a practice that could contribute toward healing.

I know I will feel better when I do this [practice yoga], but I can't do it. I suspect that I am just more comfortable with [my current experiences] because that is what I've been doing for the last eleven years. I am scared of feeling better because that means it can be taken away or I could get hurt again somehow. So I think there is just inertia and a little bit of fear about feeling better.

Participants also spoke about motivation problems. When things were going well they sometimes got out of the habit of practicing. However, without the continuing practice, the benefits could diminish.

Over time, I think after you have a good experience, you feel like you're coasting for a while. So you're like, oh yeah, I'm fine I can deal with it. Then later on it's kind of like, oh crap, things are going bad again. Sometimes you forget you have the tools that you can use.

4. Discussion

This hermeneutic phenomenological study sought to understand the experiences that women with complex trauma histories ascribed to practicing yoga. The core meaning of their experience is claiming peaceful embodiment. This phenomenon involves improved connection with, and sense of ownership and control over their bodies, emotions and thoughts. The women redefined their senses of selves and their being in the world; no longer victim to extreme states of flooding or constriction, they felt like they could remain more present to their lives, with greater calmness and a growing sense of well-being in bodies and minds. Claiming

peaceful embodiment is also marked by a sense of agency, a belief that one is deserving of healing and that she has the ability to enact positive changes both inwardly in body and mind and outwardly in behavior and interactions with others. Survivors noted newfound capacities for self-care, more optimism about their futures, and a growing ability to feel connected to others and to experience greater physical and emotional intimacy.

The findings from the current study indicate experiences of healing in the context of practicing yoga that go well beyond symptom reduction, toward more profound positive change akin to the phenomenon of posttraumatic growth — i.e., the experience of positive changes following acutely stressful events [24,34]. There are three broad dimensions of growth that are typically described, including changes in views of oneself such as a greater sense of personal strength and more compassion toward oneself; shifts in life philosophy such as greater appreciation of life, increased sense of meaning, and a shift in life priorities; and changes in relationships such as a heightened sense of closeness with others [24]. Each of these dimensions of growth were articulated by participants, and attributed to the healing that occurred through the practice of yoga. This is not to say that the participants did not still struggle, but similar to findings from other studies on posttraumatic growth, positive changes appeared to coexist with continuing challenges associated with a traumatic past [34].

Additionally, findings from this study expand on prior understandings of yoga as a treatment modality for trauma survivors by revealing some of the key processes that support positive change. In particular, it appears that healing was related to the interoceptive awareness promoted by yoga—both in the context of having opportunities for positive embodied experiences, and through a process of exposure, desensitization, and opportunities to take action to make one's experience more comfortable. Yoga also served as a tool for survivors to use in their day-to-day lives to cope with new stressors or trauma triggers, thus sustaining and continuing to build the growing sense of peace they experienced, and their increased sense of control over their lives.

This study offers empirical support to prior theories proposing that yoga could address mental health problems and improve well-being because of its calming effect, as well as through opportunities to reflect on choices and behavior [13,39]. Evans et al. [13], for instance, put forward a biopsychosocial model to explain yoga's therapeutic potential. In terms of biological systems, they argued that yoga could create physical health benefits akin to any kind of exercise and at the same time help quiet the body by improving regulatory functioning of the autonomic nervous system. Psychosocially, Evans et al. explained that the non-competitive nature of yoga combined with the mindfulness practice promotes self-efficacy, coping, social support, positive mood, compassionate understanding, acceptance, and mindful awareness. Ware [39] suggested that yoga shares much with psychotherapy in that yoga facilitates self-awareness and introspection, behavioral change, cognitive change and self-acceptance, and a sense of connection to others. For example, she explained that in the same way that psychotherapy helps clients focus on present thoughts and feelings, ways in which their awareness might be limited, and promotes the client to engage in healthy thoughts, choices and behaviors, yoga encourages practitioners to be present to their immediate experiences. In doing so, the yoga practitioner has opportunities to reflect on intentions, choices, and take actions within the practice (e.g., modifying a pose if it causes physical pain, or intensifying a stretch if it feels good), and these practices within the yoga practice might expand into daily life (e.g., being aware of feelings and experiences in the present moment and taking actions to facilitate well-being). Indeed, participants from the current study spoke extensively on these same ideas.

The current study also expands on prior theories with the finding that interoceptive exposure, desensitization to disturbing internal sensations (e.g., “body memories,” “anger,” “fear”), and opportunities to take actions toward self-care are an important component of healing through yoga. Although [39] proposed that learning to take action within yoga (e.g., modifying a pose) could extend beyond the practice, she was not speaking specifically about the types of experiences and opportunities that might be present for trauma survivors. The potential challenges associated with increased interoception for survivors of trauma, and some of the ways that participants were able to stick with yoga and transcend painful or upsetting mind-body experiences are new insights offered by this research.

Yoga as an approach to treatment for trauma differs radically from current standards of care. Instead of a focus on symptom reduction by addressing negative thought patterns, troubling memories or feared stimuli (see, for instance [14]), yoga assists survivors in using the body and breath to become aware of felt experiences and take care of oneself in the present-moment — whatever arises. Although participants described similar challenges in yoga that they might experience in some of the current gold-standard trauma therapies (e.g., Prolonged Exposure, Cognitive Processing Therapy [14]; such as overwhelming anxiety [23], yoga offered participants opportunities for action and self-care to make the practice more tolerable and even enjoyable. When practicing yoga in a safe setting and with the support of a teacher who was sensitive to potential challenges, or when survivors themselves knew how to adapt their practices on their own, the women were able to make modifications to stay present to their experience, eventually realizing that they were safe in the present moment even when upsetting feelings or sensations arose. Indeed, the opportunities for choice and action within the context of yoga differ from traditional talk-based treatments. Moreover, even when participants experienced terrifying body memories during yoga, they were aware that not all experiences in yoga were so frightening or unpleasant; in fact, they experienced a wide range of emotions and physical sensations. The experience often depended on the particular postures being practiced. For example, lying on the floor might be triggering of a posttraumatic stress response, but practicing a standing warrior pose could offer a feeling of strength. It was this variability of the experience of the practice, combined with the opportunities to modify the practice for oneself that yielded a sense of empowerment, and more specifically a growing sense of control over reactivity to trauma triggers. This allowed survivors to be more present, connected, and experience a sense of wholeness.

This is not to say that yoga would serve as a replacement for traditional treatment modalities that have a rich evidence base [14], but rather that it might serve as an effective adjunctive component of talk-based therapy. In fact, numerous participants noted that their talk-therapy was enriched by their yoga practices. For instance, they were able to make new connections, process body experiences, and sit with emotions more comfortably in talk therapy. They could also utilize yogic postures or breathing techniques during talk-based therapies to calm themselves if they began to feel overwhelmed.

The numerous benefits participants ascribed to practicing yoga suggest that mental health providers should consider encouraging their traumatized clients to pursue opportunities to practice yoga as a complement to psychotherapy. As seen among participants from this study, there are many different ways that survivors might engage in yoga — in community classes, in “Trauma Sensitive” classes if they are offered locally, in self-guided practices, using DVDs at home, or as part of psychotherapy sessions if the clinician has experience with yoga and comfort in guiding the practice. Regardless of the particular setting in which the survivor chooses to

engage in yoga, however, issues of safety should be on the forefront of the clinician’s mind, and the clinician should prepare their clients sufficiently for some of the challenges they might face. For example, participants in the current study emphasized the importance of gentle classes, teachers who were open to students modifying the practice as they liked, and teachers who respected personal space and did not give physical assists without asking. These are not always the types of experiences offered in community classes. The clinician should also be prepared to support clients if they get triggered by yoga, perhaps helping the survivor to figure out modifications that help them feel safe or using psychotherapy as a place to process some of the difficult emotions or sensations that come up during yoga. Clinicians might also explore classes in the community to see where clients might feel safer, and have a list of recommended classes or teachers.

Given that maintenance of practice was identified as an important facilitator of change, clinicians should also encourage their clients to stick with yoga practices — both when it is challenging, and when the client feels better and might have less motivation to engage in healing modalities. That being said, it is unclear how frequently participants should aim to practice. Although maintenance of practice was identified by participants as an important dimension of sustaining and increasing the benefits derived from yoga, few had practices that were more frequent than one time per week. This indicates that significant gains could be made without a large time commitment. Future research might explore the ideal “dosage” of yoga to derive the greatest benefits, and whether or to what extent benefits are maintained without continuing practice.

It is notable that the sample in this study is somewhat homogenous, particularly in terms of racial composition and education level. Moreover, the demographic makeup of this study is in line with the characteristics of yoga users within the United States, who tend to be women, White, and college educated with an average age of 39 [1]. This raises questions about self-selection bias; for instance, was it the interest in yoga or the expectation that yoga would support healing that led to some of the experienced benefits. However, the sample included a subset of individuals who did not fit the characteristics of the typical yoga user, and these participants endorsed the identified themes. Furthermore, the nuance captured by open-ended qualitative inquiry reduces the possibility that the identified experiences could simply be attributed to participant expectations. Future research should continue to explore whether similar benefits might be derived among more diverse samples, including individuals of color, individuals who are not college educated, and populations not represented in the current study such as men and survivors of more time-limited forms of trauma. It is likely that many findings from this study are generalizable, whereas others are unique to the specific struggles faced by survivors of complex trauma (such as the challenges associated with newfound interoceptive capacities). There might also be additional barriers to practicing yoga among other populations (e.g., men might believe there is a stigma associated with practicing yoga since classes are often predominantly women). Despite these limitations and remaining questions, this study included a large sample of adult women who survived numerous traumas in their lives, both in childhood and adulthood. For these women, yoga offered new opportunities for coping with the legacy of their traumatic past, and new opportunities for healing in body and mind.

Although survivors of complex trauma can find yoga challenging because it heightens awareness of difficult emotions and physical sensations, the practice of yoga appears to be quite powerful in supporting healing among this population. Participants in the current study struggled with trauma symptoms for much of

their lives, and all had done at least three years of prior psychotherapy (many had been in therapy for decades), often with limited perceived movement toward healing. Yoga offered the women new sources of strength, hope, and self-efficacy because it created new insights about themselves, and new ways to experience the self and make choices for oneself. For many in this study, the time spent practicing yoga was the first time in their lives where they would set aside time to do something aimed at feeling good, and practicing self-care. In doing so, not only did participants feel better in their own skin, but they felt more control over their lives, including positive shifts in their outlooks, behaviors, and relationships.

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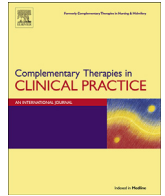
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Corrigendum to “Claiming peaceful embodiment through yoga in the aftermath of trauma” [Compl. Ther. Clin. Pract. 21 (2015) 247–256]

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The author regrets not citing a related research study in the original article. Jennifer West see Refs. [1,2] carried out a qualitative descriptive study with participants in van der Kolk and colleagues (2014) randomized control study—the same “parent study” for Rhodes' (2015) above referenced article. West et al. [1,2] carried out in depth interviews with women who were in the treatment group in van der Kolk et al.'s RCT (n = 31) following the initial intervention. After ten sessions of yoga, participants experienced improvements in traumatic symptomology as well as positive changes in their senses of selves, relations to their bodies, relations to others, and in their abilities to cope with life challenges. West et al. identified five themes that reflected participants' personal growth experiences through yoga: “gratitude and compassion, relatedness, acceptance, centeredness, and empowerment” (see Ref. [2], p. 182).

References

- [1] J.I. West, Moving to Heal: Women's Experiences of Therapeutic Yoga after Complex Trauma (Doctoral Dissertation), 2011. Retrieved from Boston College Electronic Thesis or Dissertation Persistent link, <http://hdl.handle.net/2345/2460>.
- [2] J. West, B. Liang, J. Spinazzola, Trauma sensitive yoga as a complementary treatment for posttraumatic stress disorder: a qualitative descriptive analysis, *Int. J. Stress Manag.* 24 (2) (2017) 173–195, <https://doi.org/10.1037/str0000040> published online ahead of print 24 July 2016.

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