

LIGHTNESS AND LIBERATION: HOW SURVIVORS OF INTERPERSONAL TRAUMA
EXPERIENCE THE SELF FOLLOWING REGULAR YOGA PRACTICE

A Thesis Submitted to the
College of Graduate and Postdoctoral Studies
In Partial Fulfillment of the Requirements
For the Degree of Master of Education
In the Department of Educational Psychology and Special Education
In School and Counselling Psychology
University of Saskatchewan Saskatoon

By

Tessa L. Winslow

©Copyright Tessa L. Winslow, December 2020. All rights reserved.

Unless otherwise noted, copyright of the material in this thesis belongs to the author

UNIVERSITY OF SASKATCHEWAN PERMISSION TO USE

In presenting this thesis in partial fulfillment of the requirements for a graduate degree from the University of Saskatchewan, I agree that the libraries of this university may make it freely available for inspection. I further agree that permission for copying of this thesis in any manner, in whole or in part, for scholarly purposes may be granted by the professor or professors who supervised my thesis work, or in their absence, by the head of the department or the dean of the college in which my thesis work was done. It is understood that any copying or publication or use of this thesis or parts thereof for financial gain shall not be allowed without my written permission. It is also understood that due recognition shall be given to me and to the University of Saskatchewan in any scholarly use which may be made of any material in my thesis.

Requests for permission to copy or to make other uses of material in this thesis in whole or part should be addressed to:

Department Head

Educational Psychology and Special Education College of Education

University of Saskatchewan

28 Campus Drive Saskatoon, SK, S7N 0X1, Canada

OR

Dean College of Graduate and Postdoctoral Studies University of Saskatchewan

116 Thorvaldson Building, 110 Science Place Saskatoon, SK, S7N 5C9, Canada

Abstract

Interpersonal trauma has been shown to have deleterious effects on the physical and mental health of some survivors. Many who experience post-traumatic symptomology also experience a weakened connection with the *self* and with others, which further exacerbates the sequelae of trauma. Many argue that the Autonomic Nervous System (ANS) must be properly regulated before a traumatic incident can be processed verbally, which has garnered support for somatic therapies, especially yoga. Recent research suggests that regular yoga practice can be successful in regulating the nervous system, reducing PTSD symptomology, and fostering posttraumatic growth in those who have experienced interpersonal trauma. The present study elaborated upon such research by drawing upon existentialist theories and using an Interpretive Phenomenological Analysis (IPA) methodology in order to provide an in depth understanding of the question; How do survivors of interpersonal trauma experience the *self* following regular yoga practice? Five participants aged 31-37 who fostered posttraumatic growth through regular yoga practice engaged in 90 minute, in depth, semi-structured interviews. The overarching theme of this study was Lightness and Liberation, and the superordinate themes included Expanding Compassion, Trusting Personal Strength, Enjoying Experiences, and Reclaiming *Self*. These findings provide support for previous research about trauma and yoga, as well as insight valuable to clinicians about the lived experience of *self* following regular yoga practice.

Keywords: interpersonal trauma, posttraumatic growth, yoga, somatic therapies

Acknowledgements

I would like to thank everybody that encouraged me to trust in my abilities enough to see this thesis through. However, it was truly my participants that taught me how to. The bulk of my analysis was completed during the initial chaos of the pandemic, during which I grieved relationships and roles that held incredible meaning to me. I found myself repeating the mantras and philosophies that you shared with me during moments of strife, and you inspired me to devote time to deeply strengthening my relationship with myself. Your timely words have transcended data and I want you to know how much I cherish them.

Next, I would like to thank my supervisor, Dr. Stephanie Martin, and my committee member, Dr. Brenda Kalyn. Your support was not only instructional, but warm and supportive and understanding, and these qualities created room for my passion within this project while still encouraging self-compassion during the more challenging stages.

To my virtual pandemic productivity pals, Jenn and Kayla, your presence throughout the final seven months transformed the experience of writing this thesis. When I say that I'm not sure whether this thesis would have yet been completed without your daily companionship and support, I truly mean it.

Finally, I feel enormous gratitude for the love, support, encouragement and patience that my family and friends offered me throughout this process. Mom, dad, Mitch, Kalie, Rachel, Chelsea, Kate and Chantal in particular. From the bottom of my heart, *thank you*.

Table of Contents

Abstract	ii
Acknowledgements	iii
Table of Contents	iv
List of Figures	vi
CHAPTER 1. INTRODUCTION	1
Rationale	1
Purpose and Research Question	3
The Researcher.....	4
Significance.....	5
Summary	6
CHAPTER 2. LITERATURE REVIEW.....	7
Interpersonal Trauma	8
Defining Interpersonal Trauma	8
Prevalence and Outcomes of Interpersonal Trauma	9
Intricacies of Interpersonal Trauma	13
Treatment for Interpersonal Trauma	19
Yoga as Somatic Therapy	21
Existing Literature on Yoga and Trauma	24
Summary	29
CHAPTER 3. METHODOLOGY	30
Methodological Approach and Philosophical Assumptions	30
Interpretive Phenomenological Analysis	31
Methods	36
Sampling	36
Participant Recruitment	36
Data Generation	38
Data Analysis	40
Trustworthiness	44
Ethical Considerations	46
Summary	47
CHAPTER 4. RESULTS	48
Participants.....	49
Tasha.....	49
Sara.....	49

Jonah	50
Belle	51
Stacy	52
Experience of the <i>Self</i> Following Regular Yoga Practice	53
Expanding Compassion	54
Trusting Personal Strength	59
Enjoying Experiences.....	63
Reclaiming <i>Self</i>	66
Summary	69
CHAPTER 5. DISCUSSION	71
Connecting Findings to Current Literature	72
Expanding Compassion	72
Trusting Personal Strength	74
Enjoying Experiences.....	78
Reclaiming <i>Self</i>	80
Contextualizing the Findings	82
Strengths of the Current Study	83
Limitations of the Current Study.....	86
Recommendations for Future Research.....	88
Implications for Future Practice.....	88
References	91

List of Figures

Figure 4-1. Experience of Self Following Regular Yoga Practice.....53

Figure 5-1. Experience of *Self* Following Regular Yoga Practice.....72

CHAPTER 1. INTRODUCTION

Rationale

Experiences of emotional, physical, childhood, and sexual abuse are jarringly common despite the devastating individual and societal consequences they produce (World Health Organization, 2019). These experiences are considered interpersonal trauma, which is enacted through interpersonal violence. The global rates of death and disability caused by interpersonal violence are so staggering that the World Health Organization (2019) has declared it a public health crisis. Interpersonal trauma has deleterious effects on both the nervous system and the immune system, which promotes chronic disease, pain disorders, the expression of predisposed mental illness, and unfortunately, elevated risk for future incidents of interpersonal trauma (Van der Kolk, 2014). The incidence of interpersonal trauma is exceedingly disproportionate in marginalized populations, and the injury and illness suffered more extreme (Government of Canada, 2018). These inequities are further compounded by poor access to health services, and of particular interest to the present study, psychological services (Furman, Barata, Wilson, & Fante-Coleman, 2017; Wuerch, Zorn, Juschka, & Hampton, 2019).

The Western medical model remains very much dualistic in nature, which is evidenced by the different avenues one must take in order to treat psychological distress vs. adverse physical symptomology. Psychological services (namely, psychotherapy) are expensive, carry stigma, and for survivors of interpersonal trauma, they can be fundamentally difficult to engage in because of the “unspeakable” quality of intentional harm and fear (Van der Kolk, 2014). Moreover, direct injury and eventual degeneration of physical health are not the only ways that the body are compromised by interpersonal trauma; often, the nervous system becomes significantly impaired as well (Van der Kolk, 2006). This impairment is due to an imbalance

between the basic, life sustaining functions of the nervous system (appetite, fatigue, etc.), and the lifesaving function, better known as the fight, flight, or freeze response (Van der Kolk, 2006). Not only can an impaired nervous system result in a sustained hypervigilance to threat that detracts resources from life sustaining functions of the nervous system, but it can also detract from one's ability to correctly recognize personal emotions and the emotions of others (Van der Kolk, 2014). The approaches employed through psychotherapy are considered "top down," as the physiological effects of trauma are mitigated through a reduction of cognitively distorted thoughts that perpetuate the fear response experienced in the body (Asmundson et al., 2018). Cognitive techniques have been shown to be effective in reducing post-traumatic symptomology (Asmundson et al., 2018), however, research exploring the function of "bottom up" techniques (somatic therapies) has caused much inquiry into the function of yoga in addressing sequelae of trauma (Van der Kolk, 2014).

Yoga is an ancient Indian practice that pairs mindful movement with the breath while moving into intentionally sequenced postures (Eliade 1975 as cited in Caplan, Portillo, & Seely, 2013). It emphasizes psychological philosophies, mindfulness and movement as a means to restoring the mind body connection and living a more balanced life (Caplan et al., 2013). Recent research has studied the effects that yoga has on the nervous system, and shown improved balancing following a stressor—significantly more so than matched controls (Hunt, Al-Braiki, Dailey, Russell, & Simon, 2008). Preliminary research also yields much promise for yoga as an effective intervention for Post-Traumatic Stress Disorder (PTSD) (Nguyen-Feng, Clark, & Butler, 2018), as trials have produced significant decreases in symptomology, and for many participants, a loss of the diagnosis in and of itself (Van der Kolk et al., 2014). Preliminary qualitative work has also done important work in illuminating the experience of regular practice

following traumatic events by describing themes of restored sense of safety in the body, reconnection with others, newly discovered emotions, empowerment, and improved self-care (among others) (Gulden & Jennings, 2016; Rhodes, 2015). The themes described in these studies fit the definition of posttraumatic growth, which is a term used to signify significant growth in relationship with the *self* and with others, as well as in life philosophy, that would not have been prompted in the absence of the traumatic event (Hanley, Peterson, Canto, & Garland, 2015).

Purpose and Research Question

While much has been discovered about the potential of regular yoga practice in addressing the sequelae of traumatic events, the majority of the present literature is scientific in nature, and focused upon addressing the specific symptomology of PTSD. While PTSD is certainly an associated risk following interpersonal trauma, a broad range of detracting experiences of the *self* and of others are too, as are anxiety, depression, substance abuse disorders and dissociative disorders (Van der Kolk, 2014). However, post-traumatic symptomology can be experienced alongside posttraumatic growth (Hanley et al., 2015)—a phenomenon that, when examined, provides further understanding of the healing experiences of interpersonal trauma survivors. The current study was concerned with the phenomena of posttraumatic growth following regular yoga practice. More specifically, the focus was the lived experience of the *self* upon fostering posttraumatic growth through regular yoga practice.

The research question was, “how do survivors of interpersonal trauma experience the *self* following regular yoga practice?” This was accomplished through the qualitative approach, Interpretive Phenomenological Analysis (IPA). The IPA approach is informed by philosophies about the nature of experience and interpretation (Smith et al., 2009). Of which, existential phenomenological philosophies were emphasized, as they informed how the *self* was

conceptualized throughout the study. The *self* was conceptualized not as something objective to be discovered, but rather as an ever-evolving process influenced by experience (Smith et al., 2009). In depth, semi structured interviews were completed with five participants in order to explore idiosyncratic and homogenous themes that speak to the research question.

The Researcher

My research question was first conceived through my curiosity about remarkable transformations that I had observed in friends and acquaintances, and especially, their attribution of such. A common statement among them was, “I was a completely different person before I started practicing yoga”, and indeed, to varying degrees, a considerable shift could be both felt and observed. One of these friends shifted from being known for her confrontational and unpredictable behavior, to a grounding and calming presence who listens compassionately while others speak and delivers kind and thoughtful responses that imply non-judgement. I don’t know what she attributes her former way of relating to others to, but I know that she credits her present state to her yoga practice. Because of friends like her, I’ve wondered for years how such lived transformation is experienced and understood.

However, upon deeper reflection and reminiscing, I realized that I do have experiential touchstones for the healing effects of yoga. These memories were intentionally buried alongside the dark periods that they were temporally situated within. In particular, I practiced regularly following the demise of very toxic and tumultuous relationship that had left me more isolated than I had ever been, and less trusting of myself than ever before. I have vague memories of congratulating myself for making it out of bed in the middle of the day, and into the safe, warm, dimly lit yoga studio, because entering that space felt like giving myself a deep, loving hug of reassurance. I now remember looking forward to entering the yoga pose, warrior two, because of

the way it made me feel strong and sturdy yet open and graceful, and therefore powerful in my femininity instead of vulnerable and frail. Most remarkably, I remember attempting wheel pose, but remaining close to the ground. My yoga instructor bent to my level, whispered “you’re stronger than you think,” placed her hand beneath my back, and gently guided it toward the ceiling. This was the first time I accomplished the full expression of this pose. She showed my strength to me in a way that my body and mind believed, and I stifled tears of immense pride as I pressed my heart further to the ceiling. I remember repeating her words to myself both inside and outside of the studio. I remember feeling stronger and stronger with every week that I practiced. I remember this strength helping me to fight for my mental health and my spirit in other ways.

In terms of the population of interest, I chose to include survivors of interpersonal trauma after my experience providing counselling services at the Regional Psychiatric Centre (RPC). This work has provided me with a deeper level of understanding about the horrendous potential for harm that interpersonal trauma carries. I had read the statistics regarding psychological diagnoses associated with experiences of trauma and abuse before I had begun providing such services, but for me, learning takes place on a much deeper level when it is done so through empathic engagement with the stories behind the statistics. It was an honor to engage in such a way with people who had fostered posttraumatic growth through their yoga practice.

Significance

The present study furthered the field of yoga and trauma research by accomplishing a deeper, more existential understanding of the experience of interpersonal trauma survivors who had garnered posttraumatic growth through regular yoga practice. Understanding how the *self* is experienced following regular yoga practice will better inform clinicians seeking to provide psychoeducation to clients looking to foster posttraumatic growth. Better understanding of how

to foster posttraumatic growth also aids in answering the World Health Organization's call to action against interpersonal violence, as healing personal traumas promotes the ability to break cycles of abuse (Van der Kolk, 2014).

Summary

The present study examined the research question, “how do survivors of interpersonal trauma experience the *self* following regular yoga practice,” and did so by carrying out the qualitative approach, IPA. This study was informed by preliminary findings that practicing yoga reduces post-traumatic symptomology (Nguyen-Feng et al., 2018), fosters posttraumatic growth (Gulden & Jennings, 2016), and helps survivors of traumatic experiences to develop a sense of safety in their body (Rhodes, 2015). The present study contributed to yoga and trauma research by emphasizing the existential experiences of interpersonal trauma survivors during moments of growth and evolution, which will better inform clinicians and future research.

CHAPTER 2. LITERATURE REVIEW

The effects of interpersonal trauma are complex, interrelated, and change one's lived experience of the self-in-the-world. Physical, emotional, and psychological injury in relation to interpersonal trauma are well documented, but research increasingly points to physiological disruptions as a catalyst for many issues in functioning that follow (Van der Kolk, 2006). Such disruptions can be evidenced by a state of hyperarousal (Van der Kolk, 2006), which has been shown to reduce protective factors that guard against poor physical and mental health outcomes by weakening connection with the *self* and with others (Van der Kolk, 2014). Some argue that the Autonomic Nervous System (ANS) must be properly regulated before a traumatic incident can be processed verbally (Cloitre et al., 2012), thereby emphasizing the importance of one's body in the endeavor to recover from challenges classically categorized as strictly "mental". This argument has fueled inquiry into the benefits of regular yoga practice, and indeed, preliminary studies have yielded statistically significant results in the reduction of post-traumatic symptomology using such intervention (Nguyen-Feng et al., 2018). Regular yoga practice is thought to be especially effective because of the documented benefits of pairing mindful movement with breath, which both regulates the nervous system (Hunt et al., 2008; Van der Kolk, 2014) and helps some practitioners to find a sense of safety within their body and mind (Rhodes, 2015). Preliminary qualitative research also suggests that regular yoga practice fosters the experience of posttraumatic growth (Gulden & Jennings, 2016). The present study endeavored to build upon such work by exploring more deeply the experience of posttraumatic growth fostered by regular yoga practice.

This chapter will report on the prevalence and associated outcomes of interpersonal trauma within Canada before providing discussion about the intricate ways that interpersonal

trauma has been shown to disrupt relationships with the *self* and with others, and why somatic therapies are well matched in addressing such. Next, the current body of evidence of yoga in the treatment of traumatic symptomology will be reviewed and the gap that the present study intends to address will be argued.

Interpersonal Trauma

Defining Interpersonal Trauma

Broadly defined, interpersonal trauma is the experience of harm inflicted by another. This type of harm is accomplished either by too much assault to the physical, emotional, or sexual *self*, or from deprivation as in the case of neglect (World Health Organization, 2019). The term interpersonal trauma is often used interchangeably with interpersonal violence within research literature. According to the World Health Organization (2019), interpersonal violence is:

subdivided into *family and intimate partner violence* and *community violence*. The former category includes child maltreatment; intimate partner violence; and elder abuse, while the latter is broken down into *acquaintance* and *stranger* violence and includes youth violence; assault by strangers; violence related to property crimes; and violence in workplaces and other institutions. (para. 4)

While the definition stated by the World Health Organization will be implied, the term interpersonal trauma will be dominant within this thesis, as the focus is upon trauma from which participants have overcome—not the violence they have endured. Similarly, when referring to those that have experienced interpersonal trauma, the term victim will not be used. Instead, the term survivor will be employed as a nod to their resilience and power.

Prevalence and Outcomes of Interpersonal Trauma

The definition of interpersonal trauma is variably broad and inconsistent within the research literature, creating great difficulty in determining the percentage of people that have experienced it as defined by the World Health Organization. Instead, much of the literature that reports on the prevalence and outcomes of interpersonal trauma does so by focusing on only one or some of the categories. Prevalence and outcomes associated with four of the better documented categories, childhood maltreatment, youth violence, intimate partner violence and sexual violence, will be discussed within this section.

Childhood maltreatment. Childhood maltreatment is commonly experienced by Canadians, and such abuse is associated with several negative outcomes. In a recent and large-scale study that compiled data from a Canadian sample, 32% of the 23 395 adult participants (aged 18 and older) reported experiencing childhood abuse (Afifi et al., 2014). Physical abuse was reported by 26.1% of the participants, sexual abuse by 10.1%, and/or exposure to intimate partner violence by 7.9% (Afifi et al., 2014). Like many, this study regards their sample to be representative of Canadian citizens despite lacking members from Indigenous communities, the three territories, full time members of the Canadian Forces, and those who were living in institutions at the time of the data collection. Because of the intergenerational and historical trauma endured by Indigenous communities (Kirmayer, Gone, & Moses, 2014), and the very high rates of interpersonal trauma within institutionalized populations (Junewicz, Kleinert, Dubler, & Caplan, 2017), it is reasonable to believe that these statistics would be much higher if these populations were included. Additionally, the survey used lacked questions about (and therefore measures of) emotional abuse and neglect. Further complicating these statistics is the general underreporting of child abuse—especially, childhood sexual abuse (Redford et al., 2011).

Despite lacking such populations and measures, the size and scale of this particular study provides invaluable information about the relationship between childhood abuse and mental health outcomes in Canada; not only is childhood abuse strongly associated with substance abuse, mental illness and suicidal ideation/suicide attempts (Afifi et al., 2014), but the more incidents/types of childhood abuse experienced, the more likely such outcomes are to be experienced (Afifi et al., 2014). Childhood interpersonal trauma has also been shown to be associated with reduced physical health in adulthood (Afifi et al., 2016), compromised executive functioning (Op den Kelder, Van den Akker, Geurts, Lindauer, & Overbeek, 2018), and repeated occurrences of interpersonal trauma throughout the lifespan (Finkelhor, Ormrod, & Turner, 2007).

Youth violence. Youth violence has been declared a global public health problem (World Health Organization, 2019). While youth violence has been effectively reduced in Canada (Youth Crime Fact Sheet Canada, 2007), the statistics regarding violent youth victimization remain staggering. In 2016, 10 422 physically violent crimes (not including sexual assault, traffic related injuries, or hostage scenarios) against Canadian children under the age of 12 were reported to the police, and 30 501 against Canadian children aged 12-17 (Statistics Canada, 2018). Between 2012 and 2016, assault/homicide has ranked between 5th-7th as leading cause of death for Canadians between the age of 1 and 14 and has consistently ranked 4th for Canadians between the age of 15 and 24 (Statistics Canada, 2019). Unfortunately, witnessing or experiencing a violent interpersonal event has been shown to increase aggression in adolescent youth, creating a bidirectional relationship between victimization and perpetration of violence (Binion et al., 2018). This relationship is also reflected in the statistics surrounding justice involved youth, as 90% have experienced trauma as children, and 34% have been victims of

community violence (Dierkhising et al., 2013). Not surprisingly, aggression towards the self has also been shown to be higher in youth that have witnessed or been directly victimized by interpersonal violence (Binion et al., 2018).

Intimate partner violence. Despite declining incidence of victim injury and death, rates of intimate partner violence within Canada remain problematic (Statistics Canada, 2015)—especially among marginalized populations (Government of Canada, 2018). Intimate partner violence accounts for approximately one quarter of police reported violent crimes in Canada (Statistics Canada, 2015), with women being the victims of 79% of these crimes (Government of Canada, 2018). In 2013, on average, 0.3% of the population within the seven provinces were victims of police reported intimate partner violence, with the average being twice as high in Saskatchewan (0.6%) (Statistics Canada, 2015). Among the territories, Nunavut saw the highest rate of intimate partner victimization in Canada, with 3.6% of their population falling into such category (Statistics Canada, 2015). While these statistics may not seem terribly high, anonymous surveys taken only a year later revealed that 19% of those victimized by intimate partner violence had reported the incidents to the police (Government of Canada, 2018). Among those that have experienced intimate partner violence, Indigenous populations and members of the LGBTQ2S community suffer gravely disproportionate rates compared to Caucasian, cis gendered Canadians (Government of Canada, 2018). Not only are Indigenous women more often victimized, but they experience the most violent possible acts more often and suffer injury much more frequently (Government of Canada, 2018). Unfortunately, great gaps in prevention and support services for intimate partner violence still exist for marginalized populations in Canada (Furman et al., 2017; Wuerch et al., 2019).

The harm caused through intimate partner violence is so inherent that it is built into the very definition of the experience: “behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours” (World Health Organization, 2019, para. 2). The physical harm caused by intimate partner violence extends not only to direct injury; chronic health issues such as fibromyalgia and gastrointestinal syndromes have also been associated with a history of intimate partner violence (Logan, Walker, Cole, & Leukefeld, 2002). Female intimate partner violence survivors also experience higher rates of reproductive issues including STI’s, general gynecological problems, and loss of pregnancy (World Health Organization, 2019). The rate of alcohol abuse in those that have experienced intimate partner abuse is approximately five times higher than those that have not, and depression and suicidality is approximately 3-5 times higher (Dutton et al., 2006). The rates of PTSD are especially jarring, with some studies finding rates as high as 84% among intimate partner violence survivors (Dutton et al., 2006). Anxiety, sleep disorders and eating disorders are also associated with experiencing intimate partner violence (World Health Organization, 2019).

Sexual violence. Sexual violence effects an incredible number of Canadian women—the rates of which are better realized now than any other moment in history. Canadian men are victimized by sexual violence as well, however, they accounted for only 10% of the victims to report such assault to the police in 2017 (Statistics Canada, 2018), and it is unknown how many of those men belonged to the LGBTQ2S community (who tend to be assaulted more frequently than cis-gendered males) (Brown & Pantalone, 2011). In 2017, after 15 years of stable trends (Government of Canada, 2017), incidents of police reported sexual assault increased by 25% in the months directly after the #metoo movement went viral on social media (Statistics Canada,

2018). These reports rose from an average of 59 to 74 per day across Canada (Statistics Canada, 2018). The #metoo movement involved women coming forth publicly with their experiences of sexual assault en masse—several of which explained why they had not come forward and/or reported to the police earlier. While these statistics suggest that more sexual assault victims are reporting to the police more than they did before, research conducted prior to the #metoo movement revealed that 59-70% of adults do not report, meaning that most incidents likely continue to remain undocumented (Government of Canada, 2017). It is estimated that 460 000 sexual assaults take place in Canada every year (Johnson, 2012), with women aged 17-24 accounting for the majority of those assaulted (Statistics Canada, 2018).

Intricacies of Interpersonal Trauma

Interpersonal trauma is unique from other forms such as natural disasters or life-threatening accidents. The psychological outcomes of interpersonal trauma have been shown to be more subjectively distressing than other forms (Charuvastra & Cloitre, 2008), and these outcomes are compounded and worsened by reoccurrence (Clifford, Meiser-Stedman, Johnson, Hitchcock, & Dalgleish, 2018). Reoccurrence is often the case, as incidence of interpersonal trauma has been shown to predict ongoing instances—another outcome unique to interpersonal trauma (Van der Kolk, 2014). Unfortunately, having experienced multiple incidents of interpersonal trauma leads to a higher likelihood of developing PTSD with complex features than having experienced only one (Charuvastra & Cloitre, 2008; Clifford et al., 2018). It has been proposed that interpersonal trauma leads to more damaging outcomes and patterns because it disrupts processes central to our humanity—the way we perceive and manage our connections with others, as well as with our own bodies and minds (Charuvastra & Cloitre, 2008).

Interpersonal trauma and social bonds. Acts of interpersonal violence defy social norms, which, from an evolutionary standpoint, are developed for the purpose of drawing safety and support—both of which are paramount to the survival of the human species (Charuvastra & Cloitre, 2008). Social bonds theory posits that interpersonal trauma is so disruptive to the human psyche because it transforms the experience of vulnerability from that of survival and strength to danger and harm (Charuvastra & Cloitre, 2008). In line with this theory is the repeated finding that social support and quality of interpersonal relationships are two of the greatest mitigators of PTSD development following a traumatic event, and that perceived social reception of one's traumatic experience has been shown to influence maintenance of the disorder (Olf, 2012). While one might estimate that the effects of interpersonal trauma would be as straight forward as a reduced capacity to trust, the resulting shift in social cognition is often not so simple.

Just as social norms are developed for the purposes of safety, so are several post-traumatic cognitions and behaviours (whether they result in helpful outcomes or not). For instance, if somebody faces repeated victimization by a protective figure, betrayal trauma theory suggests that the ability to detect danger in others no longer serves an adaptive purpose, and so it disintegrates (Nietlisbach & Maercker, 2009). Van der Kolk (2014) elaborates on these theories by asserting that this disintegration takes place on a neurobiological level, wherein the activation of mirror neurons becomes limited in some. Mirror neurons serve to provide cues about the thoughts, emotions, and intentions of another throughout an interaction, and received their name, in part, because of the way our brains receive such information—through the experience of empathy (Van der Kolk, 2014). Reduced capacity of such neurons not only limits detection of interpersonal danger, but dampens opportunities for meaningful interpersonal connection (Van der Kolk, 2014), as empathy and anticipation of another's needs greatly strengthen social bonds,

and therefore, the ability to heal from traumatic events (Olf, 2012; Van der Kolk, 2014). Alternatively, some children of physical abuse become so habituated to detecting facial expressions of anger in order to anticipate threat that they tend to respond inappropriately during safe interactions with their teachers and peers (Van der Kolk, 2014). Intuitively, these inappropriate reactions also have the tendency to lead to isolation from social support (Van der Kolk, 2014).

Interpersonal trauma and experience of the *self*. Interpersonal trauma has the capacity to cause physiological disruptions to the nervous system and create/worsen dissociative tendencies (Bernstein, Delker, Knight, Freyd, & Kendall-Tackett, 2015). Not surprisingly, interpersonal trauma is also associated with poor body satisfaction in general (Sack, Boroske-Leiner, & Lahmann, 2010; Scheffers et al., 2017). These phenomena and the implications of such will be discussed in the present section.

The nervous system. Traumatic situations during which extreme or prolonged (in the case of repeat instances of interpersonal violence) fear is evoked have the potential to make lasting changes to the functioning of one's Autonomic Nervous System (ANS) (Van der Kolk, 2006). The ANS is comprised of the Sympathetic Nervous System (SNS) and the Parasympathetic System (PSNS), which alternate in receiving energetic resources depending upon environmental and emotional stimulus (Van der Kolk, 2006). The PSNS is responsible for mundane physiological cues such as hunger/digestion and fatigue/rest, whereas the SNS is reserved for moments that require heightened levels of arousal, otherwise known as the fight, flight or freeze response (Van der Kolk, 2006). The image below provides a visual of the physiological responses to activation of the PSNS and SNS. For some, homeostasis between the two systems is lost following traumatic event(s). The SNS remains activated, or takes much

longer to dissipate following stressful experiences, causing a strong startle response, hypervigilance in assessing environments for threats, and unnecessary levels of stress hormones flooding the body during safe situations (Van der Kolk, 2006). Over activation of these stress hormones has been shown to cause issues in attention and memory as well as harm to the immune system (Van der Kolk, 2014). Of course, prolonged activation of the SNS also dampens activation of the PSNS, causing disturbances to appetite, sleep and sex drive, and moves one further and further out of touch with the physiological cues and needs of their own body (Van der Kolk, 2014). The resultant state of hyperarousal tends to replace responses such as joy and excitement with agitation, anger and frustration in the face of day to day events (Van der Kolk, 2104). For those that suffer flashbacks of their traumatic event, memories are experienced as though they are taking place in the present moment, inviting the SNS to hijack functioning of the body systems all over again (Van der Kolk, 2014).

Dissociation. The concept of dissociation refers to a level of disconnection from one's body, consciousness, memory, identity, or emotionality (Medford, Sierra, Baker, & David, 2005). Presentations of dissociation range from subtle and common place to severe and debilitating. Normal experiences of dissociation include "mindlessly" completing a monotonous and well established skill (such as driving a vehicle) to the extent that one might forget which steps they just took in order to complete it, or becoming temporarily "lost in thought" to the extent that one becomes unaware of what is taking place around them. However, disengaging from one's immediate experience is also an adaptive response to trauma, as it reduces the amount of fear experienced, thus preserving ANS resources (Van der Kolk, 2006). For some survivors of interpersonal trauma, more pervasive and indiscriminate dissociative tendencies are the result of such adaptive responses to trauma extending well beyond the moment(s) of victimization

(Scheffers et al., 2017). For others, dissociating from one's body serves to distance the mind from memories of abuse the body has endured (Scheffers et al., 2017). Continued fragmentation of such aspects of the self commonly present in the form of excessive daydreaming, the ability to block sensations of physical pain, or the tendency to disengage cognitively and emotionally during moments of distress (or otherwise) (Van der Kolk, 2014). High levels of such fragmentation can lead one to a level of ambivalence about the quality of experiences; taking a warm bath might feel no different than being brutally beaten (Van der Kolk, 2014). The maintenance of such a blunted fear response and ambivalence can contribute to reoccurrence of interpersonal victimization (Van der Kolk, 2014).

In extreme cases, debilitating dissociative disorders are developed following trauma. For instance, Depersonalization/Derealization Disorder (DDD) refers to an uncontrolled and chronically reoccurring disconnection from the mind or body (depersonalization) or from one's reality (derealization) while reality testing maintains intact (Reichenberg, 2014). Some phenomenological descriptions of depersonalization include feeling like a robot, out of the body, having a complete loss of emotion or physical sensation, or like a spectator to one's actions and/or emotions (Medford et al., 2005). Life for those with DDD might take on a dreamlike quality, the feeling as though it is being lived through a thick fog, or two-dimensional quality for instance (Medford et al., 2005). These experiences typically cause a great deal of distress and create anxiety surrounding social interactions, as individuals with DDD are painfully aware of how differently their subjective realities are experienced and worry about acting odd because of such (Medford et al., 2005). A sense of lacking identity can result and because of this, existential rumination is common. Unfortunately, such rumination is theorized to reinforce further instances of depersonalization/derealization, thus worsening isolative tendencies (Medford et al., 2005).

Anxiety and depression are highly correlated with DDD (Baker et al., 2003), and are often compounded by a misinterpretation of symptoms. Many with DDD believe that they have developed a neurological or psychotic disorder, and fear of such tends to inhibit both outreach for formal psychological services as well as interpersonal disclosure (Sierra, 2009).

Dissociative experiences are highly correlated with childhood interpersonal trauma (Simeon, Guralnik, Schmeidler, Sirof, & Knutelska, 2001), and in the case of DDD, onset usually takes place before the age of 25 (Reichenberg, 2014). In particular, dissociation is notably correlated with childhood emotional abuse (Simeon et al., 2001), and in instances where childhood abuse involved a level of betrayal, meaning that the perpetrator was close with and trusted by their victim (Bernstein et al., 2015). In fact, betrayal trauma theory posits that dissociation serves to help a child maintain a relationship with an abusive protective figure for the sake of survival (Freyd, 1997). High levels of betrayal during instances of adult interpersonal trauma have also been shown to lend to dissociative states (Platt & Freyd, 2015), which is an especially important finding in light of the fact that up to 90% of college aged victims of sexual assault know their attacker personally (National Institute of Justice, 2008), and that college aged women are sexually assaulted more than any other demographic in Canada (Statistics Canada, 2018).

Body satisfaction. Interpersonal trauma has been shown to negatively impact the way that people feel and think about their bodies, especially in female survivors of childhood maltreatment and sexual violence (Sack et al., 2010; Scheffers et al., 2017). In order to understand this phenomena more deeply, Scheffers et al. (2017) broke the concept of body experience down into three domains, and measured body attitude (vitality, body acceptance, self-aggrandizement, physical contact, sexual fulfillment), body satisfaction (satisfaction with

functioning of varying body parts), and body awareness (awareness of internal body signals like fatigue and hunger) in a group of women who had experienced childhood interpersonal trauma. They compared such scores to those of a control group and learned that body experience was significantly lower across all three domains for the group of women who had experienced early traumatization. These findings illuminate those of previous studies; Dyer, Feldmann and Borgmann (2015) found that a group of women with post-traumatic stress following childhood sexual abuse experienced several painful emotions while thinking about specific body parts that they associated with traumatic events. Poor body image in survivors of sexual trauma has also been associated with poor body maintenance and protection (Scheffers et al., 2017) as well as higher than average sexual inhibition (Sack et al., 2010).

Interoception. In instances of both dissociation and hyperarousal, interoceptive awareness is often decreased. Interoception refers to one's ability to interpret physiological cues such as hunger and fatigue. For instance, some that have suffered neglect suppress physiological and emotional needs to the extent that they are no longer recognizable (Van der Kolk, 2014). Physiological cues are not only important for purposes of promoting life sustaining activities, but also for recognizing emotions within the body (eg. elevated heart rate and clenched fist as an indicator of anger), and thus, the ability to regulate them. For some trauma survivors, the ability to name emotions in themselves and others becomes significantly stunted (a condition called alexithymia) (Van der Kolk, 2006), creating great difficulty in overall development of sense of identity, and therefore, overall direction in life (Van der Kolk, 2014).

Treatment for Interpersonal Trauma

Common approaches to treatment for interpersonal trauma still nod to the Western medical model and its roots in cartesian dualism; traumatic disorders and comorbid DSM

diagnoses fall under the umbrella of “mental” illness; therefore, they are most commonly addressed through psychotherapy and psychiatric interventions. These practices are not without precedent, as Cognitive Processing Therapy (CPT), Prolonged Exposure, Cognitive Behavioural Therapy (CBT) and Cognitive Therapy are renowned by the American Psychological Association for their lasting symptom reduction in those with PTSD when compared to control groups using other therapeutic models (Asmundson et al., 2018). These therapies target unhelpful thoughts/beliefs/emotions caused or reinforced by the traumatic incident and aim to decrease avoidance of sensory cues that remind one of the traumatic incidents in order to reduce potency of triggers (Asmundson et al., 2018). However, the International Society for Traumatic Stress Studies (ISTSS) has emphasized that regulating the nervous system should be prioritized when working with traumatized individuals (Cloitre et al., 2012), and cognitive techniques are less effective during moments of heightened dysregulation (Raio, Orederu, Palazzolo, Shurick, & Phelps, 2013). Neuroscientific studies have also revealed that Broca’s area, the area of the brain that formulates and actions expressive language, is deactivated in those with PTSD when reliving their traumas, thus compromising their ability to verbally communicate (Van der Kolk, 2006). Indeed, such obstacles have been noted by experienced clinicians, who state that only once somatic therapies were incorporated into their treatment approach did they see global and long standing personal growth in their clients (Ogden, Minton, & Pain, 2006; Van der Kolk, 2014) - an outcome quite different from symptom reduction.

The concept of posttraumatic growth provides complexity to the medical tradition of measuring success in terms of symptom reduction, as it can take place alongside adverse symptomology and distress (Hanley et al., 2015). In fact, the concept of posttraumatic growth is premised on the notion that adverse events have the potential to initiate significant personal

growth resultant in improved personal relations and evolved life philosophy that would not have otherwise taken place (Tedeschi & Calhoun, 1996 as cited in Hanley et al., 2015). Consideration of this concept is important both because it serves as a reminder of the complexity of traumatic experiences, and because it provides a more nuanced way to discuss and describe the healing experiences of trauma survivors.

Yoga as Somatic Therapy

Somatic therapies consist of interventions that incorporate movement and/or touch to regulate the nervous system, improve interoception, build upon one's ability to synchronize with others, and promote growth and healing (Van der Kolk, 2014). These approaches are considered "bottom-up," signaling the notion that healing the physiological effects of trauma by approaching the body first leads to healing of the psychological effects, instead of vice versa (as is the case with top-down approaches) (Van der Kolk, 2014). Some lesser researched somatic therapies include martial arts, drumming, dance therapy, and massage (Van der Kolk, 2014). At the fore of evidence based somatic therapies is yoga, a practice associated with several remarkable improvements in physical and mental health alike (Field, 2016).

While the precise founder and year of origin of yoga are unknown, it has been deduced by many researchers that yoga was practiced in India as many as four thousand years ago (Eliade 1975 as cited by Caplan, Portillo, & Seely, 2013), and consists of a great many subtypes. Yoga pairs breathwork and meditation with sequenced physical postures and stretches and is one of the only forms of exercise grounded in psychological philosophies (Caplan et al., 2013). Meditation is a practice in quieting the mind, usually by effortfully maintaining focus on a particular sensation (eg. the breath). The aim of meditation is to mindfully foster attention to the present moment by observing it in the absence of judgement (Perepelkin, Antunes, Boechler, Remillard,

& Mildenberger, 2019). Such judgement free observation is also practiced with one's thoughts, sensations, and emotions, which likely explains findings that mindful meditation reduces symptomology of anxiety and depression (Perepelkin et al., 2019), and is associated with posttraumatic growth (Hanley et al., 2015). For this reason, many argue that yoga simultaneously invokes both top-down and bottom-up strategies for self-regulation (Grant, Noggle, Park, Vago, & Wilson, 2014). Specific types of breathwork are used depending on whether the intention is to prepare the body or the mind for meditation, but all are intended to decrease arousal and draw attention to the state of body mind connection (Sovik, 1999 as cited in Grant et al., 2014). The benefit of yogic postures on their own is certainly the least academically studied component of yoga (Caplan et al., 2013); however, each pose is intended to have interconnected spiritual, physical and emotional benefit (Grant et al., 2014).

A comprehensive review of randomized control trials that studied the effects of regular yoga practice were reported by Field in 2016. Just some of the reported benefits include improved executive functioning, memory, and attention, reduced anxiety and depression in a range of populations, improved sleep quality, less work related stress, reduction in emotional eating, the transition from hypertension to normotension, reduction in diastolic and systolic blood pressure, and most relevant to the present study, reduction in symptoms of PTSD, as well as decreased scores on measure of drug and alcohol abuse in women with PTSD. Field (2016) noted that several of the studies in the review would benefit from larger sample sizes and more stringent research designs; however, most would agree that the preliminary evidence for yoga boasts a remarkably broad reach in terms of potential physiological and psychological benefits. The present body of research concerning yoga and PTSD symptom reduction will be examined more closely within the present review of literature.

Healing mechanisms of yoga. The health effects associated with practicing yoga have prompted inquiry into whether a particular component of yoga is responsible for improved outcomes, or the sum of all parts. Interestingly, in a great deal of the randomized control trials inquiring about the effects of mindfulness on constructs like stress and arousal, similar improvements to other stress reduction techniques, such as dog therapy, aerobic exercise and biofeedback were found (Shearer, Hunt, Chowdhury, & Nicol, 2016). This trend departs from yoga intervention randomized control trials, in that effects are often found to be even greater in yoga intervention groups than comparison groups implementing other, well established, interventions (Field, 2016). These findings might be attributable to the effect that yoga practice has on heart rate variability (HRV) (Hunt et al., 2008).

HRV is a biological marker of ANS functioning (Van der Kolk, 2014). Having high scores of HRV indicates adaptive balancing of the SNS and PSNS, meaning that after facing stress and arousal, the nervous system is able to quickly reduce activation of the SNS and the production of cortisol (Hunt et al., 2008). Because of such adaptive balancing in the face of threat, high HRV scores predict robust mental and physical health (Van der Kolk, 2014). Humans naturally balance the nervous system with their breath, providing resources to the SNS during inhale (increasing heart rate) and the PSNS during exhale (decreasing heart rate), which is why taking a deep breath and exhaling slowly has a calming effect (Van der Kolk, 2006). However, deep breathing has less of a balancing effect for those with low HRV (Van der Kolk, 2006). Low scores of HRV are associated with diagnoses such as cancer, cardiovascular disease, depression, anxiety and PTSD (Van der Kolk, 2014). Fortunately, HRV scores are amenable, and regular yoga practice has been shown to produce significant increases (Van der Kolk, 2014). Furthermore, HRV scores are more effectively increased when mindful movement is paired with

meditation training than when meditation or movement are implemented as stand-alone interventions (Hunt et al., 2008).

For some, the meditative component of yoga invokes expansion in awareness of their spirituality, as well as expansion in spirituality in and of itself (Gulden & Jennings, 2016). Enhancement of the spiritual self can help people to feel connected to something outside of themselves (depending on their particular beliefs) that they can draw upon for strength and guidance (Tedeschi & Calhoun, 2004). It has also been supposed that greater spiritual engagement promotes posttraumatic growth because it invokes greater ponderance about personal purpose as well as other lines of existential thought (Tedeschi & Calhoun, 2004).

Existing Literature on Yoga and Trauma

Many of the preliminary studies on yoga and trauma utilize randomized control trials in order to measure reduction of PTSD, anxiety and depressive symptoms. By 2018, 17 randomized control trials (written in English) had measured the between group differences of yoga intervention groups with control groups that remained inactive (Nguyen-Feng et al., 2018). Similar non-controlled randomized trials using yoga as an intervention for post-traumatic symptoms, significant symptom reduction is often reported. However, outcome measures, length and specific type of the yoga intervention, as well as inclusionary and exclusionary criteria are remarkably diverse within this field of study. Sample sizes are also problematically small and vulnerability to bias is often too high to state the effects of regular yoga practice with scientific certainty (Nguyen-Feng et al., 2018). Instead, the usual medium to large effect sizes are stated as evidence for the great potential for clinical effectiveness of regular yoga practice as a treatment for post-traumatic symptoms (Nguyen-Feng et al., 2018). A review conducted by Nolan (2016) on the effects of Trauma Sensitive Yoga (TSY) for women with PTSD stated similar sentiments.

TSY originated at the Trauma Center in the Justice Resource Institute in Boston, Massachusetts in 2002 (Van der Kolk, 2014). This was initiated by David Emerson, who eventually worked with trauma researchers in order to formulate a TSY protocol (Van der Kolk, 2014; Nguyen-Feng, Hodgdon, Emerson, Silverberg, & Clark, 2020). This protocol is now called Trauma Center Trauma-Sensitive Yoga (TCTSY). They used Hatha yoga as a foundation, but incorporated considerations important for those suffering from post-traumatic symptomology (Nguyen-Feng et al., 2020). Hatha yoga incorporates particular poses while emphasizing the importance of pairing mindful movement with one's breath in order to increase the mind body connection (Nguyen-Feng et al., 2020). TCTSY was developed around five core domains: 1) language; 2) assists; 3) teacher qualities; 4) environment and 5) exercises. These were incorporated in order to reduce the possibility of triggering traumatic memories/sensations/emotions in the trauma survivors attending TCTSY classes (Nguyen-Feng et al., 2020). TCTSY instructors are to use language of inquiry and invitational language in order to encourage curiosity and autonomy over one's choices about their body during the class. "Assist" refers to instructor use of verbal assists and modelling of poses, as opposed to the touch-based assists that some yoga instructors offer in their classes (Nguyen-Feng et al., 2020). Some valued "teacher qualities," include warmth, having a welcoming nature, positivity, and ability to remain present and take feedback from others (Emerson, Sharma, Chaudhry, & Turner, 2009). The "environment" is to be welcoming, have windows covered for privacy, dim lighting, and be structured in a way that participants aren't facing a mirror. "Exercises" refers to overall structure of the class—begin gently and slowly, move through particular yoga poses, and end in a relaxation pose (savasana) (Emerson et al., 2009). Combined, these are principles are intended to help participants feel safe and empowered during their yoga practice (Emerson et al., 2009).

Yoga and trauma research using qualitative research methods have proven invaluable to the field, as the experiences of regular yoga practitioners have contributed both depth and breadth to the body of knowledge. While published literature on the experience of yoga practice following traumatic experience(s) remains scarce at present, themes of empowerment, symptom reduction, growth, and embodiment emerge from the qualitative studies that have been conducted (Gulden & Jennings, 2016; LaChiusa, 2016; Rhodes, 2015).

One such qualitative study (Rhodes, 2015) expanded upon scientific research by interviewing women that participated in a large-scale randomized control trial, which measured the effect of a 10-week TSY intervention on chronic treatment resistant PTSD (Van der Kolk et al., 2014). Van der Kolk et al. (2014) reported that both the yoga intervention group and control group (weekly women's health education) showed a significant decrease in PTSD symptomology during the first half of his study, but only the yoga intervention group showed continued improvement in a linear trajectory following such point. Building upon such findings, Rhodes (2015) completed semi-structured interviews with 39 of the participants in order to describe their subjective experiences and determine themes that indicated the role of trauma informed yoga in their healing. A hermeneutic phenomenological approach was taken, meaning that the participants' experiences were described within the context of their bodies (corporeal), relationships (relational), time (temporal), and space (spacial). Given the way that trauma often changes one's relationship with their body and others, and the way that fear and PTSD flashbacks alter one's experience of time and space, a hermeneutic phenomenological approach was apt for the purpose of such study. The overarching theme reported was one of peaceful embodiment, with subthemes: 1) enhanced efficacy and connection with body (and the sensations and signals it provided): 2) present-oriented embodiment that fostered improved

coping and relations with others; and 3) increased capacity for both emotional and physical closeness (Rhodes, 2015). Rhodes (2015) illustrates how inquiry into the experience of the *self* within trauma research provides holistic information that enriches scientific data and clinical judgement alike.

LaChiusa (2016) also drew upon quantitative and qualitative data in order to explore affect regulation and body experiences in practitioners of Ashtanga yoga that report traumatic childhood experiences. Ashtanga yoga consists of a particular sequence of physically demanding yoga postures—each of which are intentionally paired with an inhale or exhale of the breath (Grossman, 2020). Participants first completed the Childhood Trauma Questionnaire (CTQ), and those whose scores fell in the moderate range or higher were invited to complete a semi-structured interview, of which, six qualified and accepted. These participants were also encouraged to submit written dreams, memories, and fantasies in order for the researchers to analyze transformation of consciousness. The themes reported include: 1) being at home (belonging and calm amidst chaos and negative emotions); 2) connecting to the present moment; 3) starting slowly (transitioning from light breathwork and movement to a deeper practice as emotional scaffolding took place); 4) healing the body to transform the psyche; and 5) holding difficult emotions in specific sites. The last theme refers to the experience of spontaneous emergence of traumatic memories and/or intense emotions during specific poses—usually ones designed to “open” specific areas of the body. Hip, back and belly openers were most reported to release trauma “held” in the body in such a manner.

While the themes stated by LaChiusa (2016) are, for the most part, consistent with qualitative studies of its kind, several aspects of the design and presentation of the information are problematic. Perhaps the most glaring oversight is that a methodological framework is not

stated, thus, presumably, not followed. As such, it is impossible to discern which philosophical assumptions drove the analysis of the data, or with what rigor or technique the data was analyzed. Instead, varying philosophical assumptions are stated as facts in order to support argument of the significance of the themes within the discussion section, and several of these statements lack proper citation.

Fortunately, a sounder qualitative exploration of yoga and healing from interpersonal trauma (as defined by the WHO) was completed by Gulden and Jennings (2016). They completed semi-structured interviews with 11 participants. The interviews were comprised of the same 10 open-ended questions, which were formulated based upon the five domains of posttraumatic growth. Upon transcription of the interviews, grounded theory methods were used to analyze them so that a conceptual framework for yoga and healing could be created. Conveniently, the framework born of the interview themes is presented in the form of the acronym, **H.E.A.L.I.N.G.**, which stands for: 1) **H**eightedened spiritual awareness and growth (increased ability to remain present fostered spiritual awareness and expansion); 2) **E**nhanced mental and physical health benefits (decreased health related problems and greater physical strength); 3) **A**melioration of trauma-related symptoms (less anxiety and mental health distress); 4) **L**ove, empowerment, and acceptance of the self (being less judgmental and more compassionate toward the self); 5) **I**nternal sense of safety (feeling safe enough to remain connected to the body); 6) **N**urture the self (giving to the self through self-care); and 7) **G**etting blissed out (feeling positive, joyful and calm). This framework provides deeper understanding of the mechanisms at play in studies that show a reduction in post-traumatic symptomology following regular yoga practice.

Summary

Traumatic experiences have the capacity to imbalance the nervous system to such an extent that interoception is significantly impaired, thus significantly impairing one's ability to regulate their own emotions and identify those of others (Van der Kolk, 2014). For many, both the relationship with the *self* and with others becomes strained, and dissociative tendencies contribute to ongoing difficulties remaining present (Van der Kolk, 2014)—an ability associated with improved mental health (Perepelkin et al., 2019). These deleterious effects are amplified in those that suffer interpersonal trauma, as betrayal compounds symptomology and increases chances of reoccurrence (Bernstein, Delker, Knight, & Freyd, 2015). Preliminary evidence for the efficacy of regular yoga practice in balancing the nervous system and reducing traumatic symptomology hold promise, but further research of improved scientific rigor are required before stating the effects with fantastic certainty (Nguyen-Feng et al., 2018). Preliminary qualitative research has enriched the body of knowledge by describing the experiences of those who have benefitted from regular yoga practice following significant trauma. However, only qualitative study draws specifically upon the experiences of interpersonal trauma survivors who practiced at regular yoga studios, and did so in order to create a conceptual framework of healing through regular yoga practice (Gulden & Jennings, 2016). The present study aims to further enrich yoga and trauma research by describing how survivors of interpersonal trauma experience the *self* following regular yoga practice.

CHAPTER 3. METHODOLOGY

The purpose of the present study is to explore how interpersonal trauma survivors experience the *self* upon fostering posttraumatic growth through regular yoga practice. The Methodology chapter will make an argument for the use of Interpretive Phenomenological Analysis (IPA) by providing an in-depth explanation of the relevant schools of philosophy and theoretical concepts that inform IPA. Next, the methods and ethical considerations that I adhered to will be described.

Methodological Approach and Philosophical Assumptions

The present study is qualitative in nature. Put most simply, qualitative research is meant to reveal the qualities of an experience or phenomenon, as informed by those who have experienced it (Denzin & Lincoln, 1998). As such, the role of the researcher is to gather information about the experience in question, and describe it in a rich, in-depth, and thoughtful manner (Denzin & Lincoln, 1998). Qualitative research can also be understood in terms of what it is not: a scientific endeavor to discover objective truth by measuring and quantifying relationships between well-defined constructs, as is the case with quantitative studies within psychological research (Denzin & Lincoln, 1998). Quantitative research is concerned with accomplishing scientific rigor, which is, in part, determined by the reliability and the validity of the measures implemented. While qualitative research is disconcerted with the pursuit of objective truth, commitment to rigor remains a priority (Shenton, 2004). Qualitative research endeavors to explore the subjective experiences of another, which requires careful selection and application of a theory driven methodological approach (Shenton, 2004).

Interpretive Phenomenological Analysis

The present study was designed using the methodological approach, Interpretive Phenomenological Analysis (IPA). The application of IPA is intended for research questions concerning a lived experience significant enough to cause engagement in intentional meaning making and reflection. This makes IPA an especially appropriate approach within the field of psychological research (Smith et al., 2009). The present study is concerned with the experience of *self* in the midst of fostering posttraumatic growth through regular yoga practice, which constitutes a memorable and meaningful interruption to the flow of everyday events and experiences. The IPA approach is born of philosophies informing conceptualization of human experience (phenomenology) and interpretation (hermeneutics). These philosophies inform tangible methodological application within the context of a qualitative research design (Smith et al., 2009).

Phenomenology. Phenomenological philosophers grapple with the nature, structure and components of experience, as well as the limitations imposed by one's own lived experience in the pursuit of understanding that of another (Smith et al., 2009). Combined, the phenomenological philosophies espoused by Husserl, Heidegger, Merleau-Ponty and Sartre inform the IPA approach (Smith et al., 2009). Phenomenology will be further explained within this section by highlighting integral concepts as they relate to the present study.

Husserl's concept of 'intentionality' is particularly relevant to the present study, as it explicates the relationship between objects/events in the world, and the person experiencing them. The relationship between the two are mediated by the extent to which the experiencer holds the object/event within their consciousness, whether it be through memory or lived experience of such (Smith et al., 2009). Husserl further asserts that consciousness is always

intentionally directed toward something, and that nothing can be experienced without intentionality (Smith et al., 2009). The present study is concerned with the experience of *self* following regular yoga practice and practicing such has been shown to foster interoception (Van der Kolk, 2014), mindfulness (Gulden & Jennings, 2016) and peaceful embodiment (Rhodes, 2015) in survivors of interpersonal trauma. This indicates that intentionality toward the experience of the *self* might have undergone a substantial and ongoing transformation for participants in the present study, which was important for me to bear in mind throughout all stages of the research process.

The work of Heidegger, Merleau-Ponty and Sartre focus on the importance of relationality within phenomenology. While the concept of intentionality is concerned with locating a person within their consciousness, relationality is concerned with locating a person within their experience (Smith et al., 2009). Merleau-Ponty emphasizes the inescapable nature of the embodied experience in order to present his views on subjectivity; it is only possible to interpret the experiences of another through your very own embodied experience of it—your very own ‘body-in-the-world’ (Smith et al., 2009). This concept caused pause for me, as yoga and trauma research is largely premised on the idea of healing post-traumatic symptomology by regulating physiological processes and re-establishing a feeling of safety within the body (Van der Kolk, 2014). By asking about the experience of the *self*, I endeavored to understand the experience of the ‘body-in-the-world’ of another, but my own ‘body-in-the-world’ limited my understanding of such.

As the present study inquired about the experience of *self*, it was important for me to have a strong understanding of how the *self* is conceptualized within the IPA approach. Sartre’s existential phenomenological understanding of the *self* informs IPA. Sartre resisted the notion

that humans exist as fixed entities and asserted instead that to be is to becoming (Smith et al., 2009). The implication of this assertion is that a person's engagement with the world and the people within it culminates in a never-ending process of meaning making that informs their experience of the *self*, and therefore, their essence (Smith et al., 2009). This process of becoming is also informed by a concept that he called 'nothingness', which is the absence of something of meaning, such as a person, an opportunity, participation, or an object (Smith et al., 2009). As such, I explored the participant's experience of *self* as a moment in time, rather than a set outcome of their posttraumatic growth and yoga experience. I also attended to the absences that have informed their ongoing process of becoming.

Additionally, I selected Van Manen's existential phenomenological concept of the 'lifeworld' to inform how the *self* is conceptualized within the present study. The lifeworld is comprised of four lifeworld existentials (Van Manen, 1990). The four lifeworld existentials are spatiality, corporeality, temporality and relationality. The lifeworld existentials will be defined separately below; however, it should be noted that they are interconnected and continuously influencing and informing one another (Van Manen, 1990).

Spatiality (lived space) refers to how physical spaces are experienced, and encompasses sensed tone, mood, and size, as well as the emotions and thoughts evoked (Van Manen, 1990). The concept of 'home' is important to this existential lifeworld, as it signals a lived experience more than a space that is lived in (Van Manen, 1990). Consider, for instance, the experience of an aircraft. For some, the space is one of possibility, excitement, and expansion, and for others, one of excruciating fear and panic inducing containment. For flight attendants that spend more time 'on the road' than in their own beds, the lived space of aircraft might evoke a very unique sense of home. Previous qualitative research about the lived experience of regular yoga practice

following traumatic childhood experiences reports the emergent theme, ‘being at home’ (La Chiusa, 2016). This finding signals another way that the concept of spatiality is relevant to the present study.

Corporeality (lived other) harkens back to Merleau-Ponty’s concept, body-in-the-world, and elaborates on such by drawing attention to the ways that lived experiences of thoughts and feelings are inescapably embodied (Van Manen, 1990).

Temporality (lived time) is the subjective experience of periods of time, which can be impacted by age or emotion, for instance (Van Manen, 1990). The concept of temporality also considers one’s engagement with the past and the future, and their relationship with both (Van Manen, 1990) (i.e., Spending a great deal of time thinking about the future with anxiety vs. gleeful anticipation). All of the participants in the present study had engaged in regular yoga practice, which incorporates elements of mindfulness. Practicing mindfulness is intended to aid in the attenuation to the present moment. Additionally, all participants had experienced at least one incident of interpersonal trauma, which can cause retrospective memory loss, dissociation from present based experiences, and/or intrusive flashbacks (during which, past traumas are relived) (Van der Kolk, 2014). These factors make the concept of temporality extraordinarily relevant to their experience of *self* upon fostering posttraumatic growth through regular yoga practice.

Relationality (lived other) is the “lived relation we maintain with others in the interpersonal space that we share with them” (Van Manen, 1990, p. 104). As is the case with all of the lifeworld existentials, relationality is heavily informed by the other three components of one’s overall lifeworld. As relationships have been shown to be negatively impacted for some who have experienced interpersonal trauma (Charuvastra & Cloitre, 2008), and strengthened or

rediscovered during moments of posttraumatic growth (Tedeschi & Calhoun, 1996 as cited in Hanley et al., 2015), this lifeworld is of particular interest to the research question.

Hermeneutics. Hermeneutics is the philosophical study of interpretation of text (or speech), and many of the informing concepts address the contextual relationship between reader and content (Smith et al., 2009). For instance, hermeneutic philosopher, Schleiermacher draws attention to the importance of considering both the psychology of the writer (or utterer) as well as the grammatical content (Smith et al., 2009). However, Gadamer, emphasizes that the interpreter should remain concerned with comprehending the text as their first priority, as the passage of time creates the impossibility of fully conceiving the psychology of the writer (or utterer) from the omniscient of the present moment (Smith et al., 2009). This meeting of past and present culminates in the production of new meanings, and therefore, new information, every time a text is engaged with. Heidegger elaborates on this idea in a manner of particular importance to the qualitative researcher; he warns that all interpretations are made through a lens comprised of the culmination of a person's historical experiences, which he refers to as their 'fore-conception' (Smith et al., 2009).

'Fore-conception' causes imposition of one's personal meanings onto the texts of others, and acknowledging such caused pause and reflection for me before engaging with participants and the texts produced by their interviews (Smith et al., 2009). This reflection took place through a process called 'bracketing' (Shenton, 2004), which will be elaborated upon within the present chapter.

Methods

Sampling

The purpose of this study was to explore the lived experience of the *self* in the midst of posttraumatic growth fostered by regular yoga practice. In order to recruit participants to inform as experts on the matter, sampling was done in a purposeful way. Purposeful sampling aims for recruitment of a small and similarly situated group of participants (Smith et al., 2009). Because my network included several yoga practitioners, yoga teachers and one trauma informed yoga teacher, network sampling was appropriate for the purpose of the present study.

Participant Recruitment

Network sampling was accomplished by creating both a digital (Appendix A) and hard copy (Appendix B) recruitment poster. The recruitment poster included the nature of the study, recruitment criteria, anticipated time commitment, and my university affiliated email address. The digital copy which was posted on facebook. In order to guard against confidentiality breaches, recruitment posters shared through facebook were done so with instruction not to comment on the post, so that people would not publicly expose themselves as a potential participant, or 'tag' those that they thought might be eligible to participate. 'Sharing' was enabled so that the post could be circulated within extensions of my personal network. Because of such, instructions to disable comments on the post if shared were included in my post with the attached recruitment poster. The poster was shared approximately 25 times. I also sent the digital poster to acquaintances who practiced yoga and/or instructed yoga classes, and some of them forwarded the poster to contacts of theirs. I also emailed local yoga studios in order to ask if they were interested in hanging my recruitment poster in their lobbies, but I did not receive any

responses. I intended to follow up by speaking with employees of local studios in person, but successful recruitment through social media negated the need.

I initially intended to interview between six and eight participants in order to ensure that I collected adequate rich description of the experience of *self* following posttraumatic growth fostered through regular practice (Smith et al., 2009). The first five people interviewed provided in-depth description of their lived experiences. Therefore, I decided that five participants would suffice for the purpose of my study. In addition, Smith et al. (2009) posit that smaller samples are more appropriate for novice researchers using IPA methodology.

Recruitment criteria. Participants met the following inclusionary criteria:

- English speaking and able to fully consent to their involvement
- Had experienced interpersonal trauma as defined by the WHO
- Had practiced yoga regularly (at least once a week) for a period of time in their life
- Felt as though their yoga practice fostered significant posttraumatic growth (which was described on recruitment materials as well as during the pre-screening interview)
- Were above the age of 18
- Were comfortable providing basic, demographic information about themselves and about the type of interpersonal trauma endured
- Were comfortable discussing their experience of posttraumatic growth/the *self* during an interview of approximately 90 minutes in length.

Data Generation

Demographic information. Once prospective participants emailed me in order to state their interest, I requested their phone number and arranged a specific time to meet with them by telephone in order to complete their pre-screening interview (Appendix D). In advance of the interview, I emailed the consent form to prospective participants and asked them to read it over. While arranging a specific meeting time (via email), I informed them that I would be calling from a blocked phone number. At the onset of such phone call, I provided prospective participants the opportunity to ask questions about the consent form. I also verbally iterated key aspects of the consent form (the right to withdraw consent at any point, without explanation, and the limits of confidentiality). Upon obtaining verbal, informed consent, I conducted the pre-screening interview in order to ensure that they met the inclusionary criteria. If eligible, I collected basic demographic information and inquired about the specific type(s) of interpersonal trauma they had endured. The first five prospective participants were eligible to participate and stated that they would like to do so. None of them withdrew their consent to participate at any point of the study.

In depth semi structured interviews. The aim of the study was to explore the nature of a particular experience in a detailed and personal manner. As such, in depth, semi structured interviews were conducted. When conducted properly, in depth interviews facilitate the emergence of complexities of a participant's story (Smith et al., 2009). This required me to listen in a non-judgmental manner, and prompt with questions that were not leading, manipulative or over reaching in their statements of empathy (Smith et al., 2009). I felt comfortable facilitating interviews in this manner, because the same skills are required of me while providing counselling and assessment services through my role at the Regional Psychiatric Centre. A semi

structured interview is approximately 45-90 minutes in length, and consists of very few (sometimes just one) carefully phrased question(s) that prompt verbal exploration of the research question (Smith et al., 2009). All of the interviews that I conducted were approximately 90 minutes in length. While prompts were used in order to guide participants toward key components of the research question, I remained adaptable and curious when participants led the interview in an unpredictable manner. These unanticipated answers signaled that a participant was providing new, and therefore valuable information to the field of research, as well as information that was unique to their lived experience (Smith et al., 2009).

Interview questions. An interview schedule (Appendix E) was created in order to foster smooth and easy interview facilitation. The interview began with general questions about participants' yoga practice in order to orient participants toward the interview process and to garner understanding of how their yoga practice became regular. Next, they were provided with the definition of posttraumatic growth and asked, "how did you experience the posttraumatic growth that you fostered through your yoga practice?" I provided several prompts in order ensure that their answers were as rich with description as possible. In addition, I frequently followed their answers with the question, "can you describe how that felt for you?" This helped me to gather more information about their experience of *self*. Next, I asked participants open ended questions about how their spirituality evolved throughout their yoga practice. Finally, I asked what the term, '*self*' meant to them. I did this in order to better understand participant answers to the remaining questions of the interview, as I followed by asking about their experience of *self* following regular yoga practice. I then asked them questions about their experience of the lifeworld existentials by inquiring about how their experience of body, physical spaces, time and relationships changed through their yoga practice. Participants were also asked how they

imagined their yoga practice to figure into their future as well as provided opportunity to add anything more about their experience of *self* and transformation in relation to their yoga practice.

Interview locations. Despite opening recruitment up to Saskatoon, Edmonton, Calgary and Vancouver, all of my interviews took place in Saskatoon. All of the participants were familiar with the University of Saskatchewan campus, and so all of the interviews took place in private rooms there. This interview setting was private enough to ensure confidentiality but public enough to ensure both mine and the participants' safety.

Data Analysis

The interviews were recorded on my password protected smart phone and transferred to my password protected computer in order to be transcribed into a textual document. This process was carried out so that I could interpret the interview on several levels through the process of IPA.

The aim of the data analysis stage of IPA was to identify rich themes within individual cases, and then determine the relationships between themes across cases so that they could be located within existing psychological research (Smith et al., 2009). This process will be further explained through a comprehensive breakdown of the aim of each of six stages of analysis as recommended by Smith, Flowers, & Larkin (2009), as well the particular ways that I accomplished such.

Stage one is comprised of recording bigger picture impressions of the interview. I began this stage immediately upon commencing the interview process. After interviewing a given participant, I recorded my interpretive phenomenological experience in a journal designated to the analysis process. For instance, interviewing some participants was a very calming experience, as their demeanor was relaxed and collected. Some participants were more tangential

in nature, and so it required great focus in order to ensure that my interview prompts allowed space for the rich, idiosyncratic accounts that they were providing while still orienting them back to the phenomenological experience in question. I continued to take note of my impressions while transcribing the interviews. Next, I read the transcription of a given interview several times over, as this paramount to stage one of the IPA approach (Smith et al., 2009).

Stage two requires even more engagement with the transcript than stage one, as it is an opportunity for several types of observations to be made about every individual line in the transcript. These comments are referred to as, exploratory comments. Exploratory comments that I recorded during stage two included descriptive comments, linguistic comments and conceptual comments (Smith et al., 2009). Descriptive comments are simplistic categorizations or observations, such as noting that a given statement is emotional or intellectual in nature, or an object that is mentioned repeatedly. Linguistic comments are more concerned with the components of language used, and more specifically, *how* language was used by the participant to communicate their experiences (Smith et al., 2009). Conceptual comments link the phenomenological and theoretical assumptions of the methodology with the content, meanings and descriptions of the interview (Smith et al., 2009). Some of my participants narrated inner dialogue that they engaged in before and after fostering posttraumatic growth through their yoga practice. While creating conceptual comments about these transcripts, I found myself drawing upon my training in Cognitive Behavioural Therapy by noting observations about shifts in their thinking styles.

Stage three requires focus to shift to the emergence of abstract psychological/conceptual themes while holding what was learned during stage one and stage two in mind. (Smith et al., 2009). This process is referred to as the ‘hermeneutic circle’, as “the part is interpreted in relation

to the whole; the whole is interpreted in relation to the part” (p. 92, Smith et al., 2009). I referred to both my exploratory notes and the transcript in order to identify exploratory notes. On a large piece of scrapbook paper, I wrote all of the emergent themes alongside the page number of the transcript from which the theme emerged. Themes that emerged from an excerpt that was particularly rich with description were denoted with a star next to them. I then cut out each of these themes in preparation for stage four.

Stage four is centered around identifying relationships between themes that emerged during stage three, and creating new, overarching themes called super-ordinate themes premised upon the nature of such relationships (Smith et al., 2009). I did this by laying out all of the emergent themes that I had cut out onto my coffee table. This allowed me to manually move them around into different groupings and identify overarching themes (Smith et al., 2009). Once I finished this process, I named the superordinate themes and recorded them in a word document. Beneath each of the superordinate themes, I listed all of emergent themes that they were composed of (alongside the page numbers that they coincided with, and for some, a star). Once I completed this process, I wrote my conceptualization of the participant experience at the top of the word document.

Stage five is the process by which the researcher moves onto the next case. It was important for me to bracket what I had learned during the previous case, and to remain cognizant of the ways that my fore-conception had changed as a result of my engagement with such. The time taken between my analysis of each individual case helped me to maintain cognitive space between the cases, as did the consuming nature of the current events that were taking place during such breaks. Eventually, stage five was completed by repeating steps one through four with each of the individual cases (Smith et al., 2009).

Naturally, the purpose of the last stage is to identify cross case patterns (Smith et al., 2009). At this stage, it is important to construct overarching themes while also noticing case eccentricities that exist within each overarching theme. This ensures that the study reports on both participant individualities and commonalities, which is a cornerstone of the IPA approach (Smith et al., 2009). In order to do this, I printed off the documents that contained the superordinate (and emergent themes). Each of the documents were printed in a different font so that I could identify which participant's transcript they were matched with. I cut out all of the superordinate theme groupings and placed them on my coffee table. From there, I spent a great deal of time moving them around into different clusters in order to build my conceptualization of the relationships between all of the superordinate themes. Eventually, I felt that I had a strong understanding of the multitude of relationships taking place between all of the superordinate themes, but looking at them all at the same time made the process too overwhelming and counterproductive. At this stage, I informed a close friend of what I was trying to accomplish, and asked her to listen while I verbalized all of the cross case patterns that I had identified. Having a sounding board was incredibly helpful in clarifying my conceptualization. In addition, she wrote the names of the cross case patterns down, and drew lines between the ones that she perceived to be connected. She then drew a concept map based on her understanding of what I had described. Her concept map did not at all resonate with me, but it was incredible how much easier it was to correct an existing concept map than it was to build an initial draft myself.

My analysis process continued as I wrote my results and discussion chapters. Writing about my concept map helped me to identify adjustments that still needed to be made. The process of selecting participant quotations to include also helped me to identify the overarching

theme of my research. Similarly, I continued to change the name of superordinate and subthemes while writing the discussion section.

Trustworthiness

Within qualitative research, rigor of a given study is determined by the level of ‘trustworthiness’ accomplished (Shenton, 2004). There are four elements of trustworthiness: credibility, transferability, dependability, and confirmability (Shenton, 2004). In this section, I will speak to the ways that I accomplished these.

Credibility refers to how well the particular phenomena of interest has been captured within a qualitative study (Shenton, 2004). The credibility of this study was strengthened by the rigorous approach that I took to writing my interview schedule. Several drafts of the writing schedule were produced, as my supervisor was very supportive in providing ongoing feedback about it. After that, a draft of the interview schedule was sent to my committee member, who helped me to improve it further by contributing their input.

I also received extensive supervision throughout both the interview and analysis process, which further enhanced credibility. During my proposal defense, my committee member asked me several phenomenological questions about my own yoga practice. This provided me with an invaluable touchstone for the style of the interview I was going to be conducting with my participants, as well as the experience of being interviewed in such a manner. In addition, I was receiving weekly supervision about my counselling practice at the Regional Psychiatric Centre, which helped me to improve my ability to use iterative questioning in an effective manner.

Iterative questioning refers to the appropriate and focused use of follow up questions in order to elicit rich, detailed accounts of particular experiences (Shenton, 2004). I also encouraged open

and truthful dialogue by building strong rapport with participants before and throughout the interview.

I also engaged in reflective practices throughout several stages of the study in order to check in with myself for the presence of biases. My supervisor was very helpful with this process. I sent her copies of the word documents that included participant case conceptualization and themes in between analyzing cases and spoke with her after she reviewed them. She engaged me in conversation about similarities to previous cases in order to help me reflect upon whether those similarities were the result of my fore-conception or genuine similarities across cases.

The concept of transferability is concerned with how well the findings relate to the lived experiences of people similarly situated (Shenton, 2004). This criteria is highly debated, as some feel that such goal counters the very purpose of phenomenological work (Shenton, 2004), which is to gather the unique perspectives of individuals and small groups of people (Smith et al., 2009). It could be argued that the transferability of this study is strong, because the results align with previous qualitative studies about interpersonal survivors who have engaged in regular yoga practice (Gulden & Jennings, 2016). However, the demographic of these studies is very narrow, this one included. I further explore the transferability of this study in the limitations section of the discussion.

The level of dependability within a given study is determined by how well it could be duplicated if another researcher were to carry it out (Shenton, 2004). In order to accomplish dependability, I selected the IPA approach, as it is well established, manualized, and firmly rooted in philosophies that consider psychological phenomenon (Smith et al., 2009). In addition, the rigor with which my analysis was completed is dependable because of the transparency of my analysis process. Transparency is the level to which the analysis process was documented;

every step of a transparent study could be examined by an outside party through review of the materials produced (exploratory notes, documents containing themes particular to individual cases, etc.) (Smith et al., 2009).

Confirmability is the extent to which participant data informed the findings (Shenton, 2004). In studies with low confirmability, the interpretations are more rooted in the biases and expectations of the researcher (Shenton, 2004). I approached this study with genuine curiosity, as I had long wondered what accounted for some of the changes that I had observed in yoga practitioners that I was acquainted with. However, I still bracketed my biases at the onset of this study in order to remain aware and reflect on them throughout. Bracketing is the process through which a qualitative researcher explores their personal relationship with the topic at hand, as their subjective experience of it must not be taken for granted as universal truth (Smith, Flowers, Larkin, & 2009). My reflections about my relationship with yoga are in the introduction of this study.

Ethical Considerations

Ethical approval was obtained from the University of Saskatchewan Advisory Committee on Ethics in Behavioral Science Research. The risk of participating in the present study was deemed to be minimal, as participants were not asked to relive their interpersonal trauma by describing it, nor were they deceived at any point. Instead, the interviews focused on experiences of growth and accomplishment. However, it was important for me to recognize that posttraumatic growth can be experienced alongside post-traumatic symptomology. It was therefore important for me to conduct the interviews in a trauma sensitive manner. For example, I did my best to ensure that both the participant and I had equal access to the door of the room that I interviewed them in. I also offered frequent breaks. Additionally, the informed consent

process clearly iterated, on several occasions, that consent could be withdrawn at any time, and that I would stop recording at any point that they asked me to. In addition, contact information for local counselling agencies that operate on a sliding price scale, as well as toll free crisis phone lines were provided in case the interview process provokes unprocessed emotions or memories. However, most of the participants thanked me for providing them the opportunity to speak about their experience and stated that it was very helpful for them.

Summary

The present study is qualitative in nature and I used IPA methodology in order to complete it. I conducted in depth semi-structured interviews with five participants who provided idiosyncratic yet homogenous accounts of their experience of *self* upon fostering posttraumatic growth through regular yoga practice. Great measures were taken in order to ensure that this study was conducted in an ethical and trustworthy manner.

CHAPTER 4. RESULTS

The purpose of the present study was to explore experiences of the *self* following posttraumatic growth fostered through regular yoga practice. In order to interpret the participants' descriptions of their experiences of the *self*, Interpretive Phenomenological Analysis was conducted. This chapter presents the superordinate themes and subthemes resulting from this analysis, with a focus on both the homogeneities and idiosyncrasies across participant accounts. These themes will be illustrated through the use of several participant quotations alongside my analytic comments. This will provide the reader with insight into my meaning making process while they engage with their own. The quotations presented have been modified to protect the identities of the participants (identifying information such as names have been changed), and to exclude information irrelevant to the theme being discussed. Irrelevant information includes redundant filler words such as, "like", "um", "aaaah", or "you know" as well as dialogue that is tangential or unconcise. Instances where such dialogue has been removed is represented by ellipses.

This chapter opens with a synopsis of individual participant accounts of their experiences with yoga, posttraumatic growth and transformation of the *self*. These accounts are narrative in nature and illuminate the mechanisms of yoga that were helpful for each participant. They are written in this manner in order to acquaint the reader with the participants' voices and stories before shifting focus to the phenomenological exploration of particular facets of their lived experiences of the *self*.

Participants

Tasha

Tasha is a 32-year-old woman who arrived at her yoga practice through a “40 days of yoga challenge” at a local studio. While she had entered the challenge with goals surrounding her physicality, the various forms of trauma that she had been attempting to sidestep emerged throughout her practice, as they did in several facets of her life. However, this time it was different for Tasha. Through her yoga practice, Tasha discovered safety to explore discomfort, healing philosophies that resonated with her, and new ways to ground herself. Tasha formed a better understanding of both her potential and her limits and learned to trust that she is capable of experiencing pain without returning to unhelpful behaviors. Tasha’s self-trust emboldened her to trust others and the result was a peaceful sense of *self* and more enriching relationships. She now returns to yoga when she requires increased stabilization of her sense of *self* so that she can maintain confidence in her decisions and of her personal path. During the interview, Tasha’s presence felt sturdy and assured while her words remained expressive and open. She appeared to feel safe in her vulnerability and in her exploration with me. While initially healing from her trauma, yoga taught her that the ground is always there for her to connect with when it feels like everything else has been taken away. When speaking about her present relationship with herself, Tasha stated, “I am the ground now”. Indeed, the experience of sharing a space with her was grounding and affirming.

Sara

Sara is a 31-year-old woman who had been practicing hot yoga approximately five times a week for the past two years. A friend had asked Sara to join her in purchasing a one-month introductory membership at a studio in her neighborhood. Since then, Sara’s relationship with her yoga practice has evolved to be the “second most important relationship in [her] life”. After

interviewing Sara, there's no mystery why her practice is so coveted; her experience of growth and improved health had been profound. Months into her practice, Sara noticed that her overall anxiety was dramatically reduced, she was more aware of personal triggers during interpersonal interactions, she had less pain in her body, had higher immunity to common colds and flus, felt more physically able, and most relevant to the present study: she was able to safely process traumatic memories and renegotiate core beliefs about herself within the physical space of the yoga studio. Sara faced these traumatic memories through intention setting—a ritual common to present day yoga classes. Yoga teachers invite the group to set an intention for their yoga practice. Often, intentions are qualities that one mindfully anchors their thoughts to during a yoga class—one that they'd like to nurture through their practice and carry forward outside of the studio (gratitude, self-love, release from non-serving attachments) (<https://theyogahub.ie/why-do-we-set-an-intention-at-the-beginning-of-a-yoga-class/>). However, Sara creatively used the ritual of intention setting as opportunity to face long-avoided memories of the emotional abuse that she had endured throughout her early 20's. She did this with the overarching goal of being kinder to herself, as she had carried on the legacy of her abuser through harsh and judgmental self-talk. While practicing hot yoga, Sara felt safe enough in her body, mind and environment to stay with a memory of abuse and her reactions to it, long enough to replace feelings of shame, disgust and embarrassment about herself with compassion, forgiveness and even love. This had a radical effect on her experience of *self*.

Jonah

Jonah is a 32-year-old male who has been practicing yin and vinyasa yoga for over seven years. His initial commitment to yoga was born of a desire for weight loss and the enjoyment of performing poses that he was naturally skilled at. Eventually however, a lifetime of emotional

abuse caught up to him and his declining mental health caused him to become completely inert. Jonah stepped away from the studio and his physical practice but brought the philosophies of yoga home with him. These helped him to foster the self-compassion necessary to accept his trauma and embrace the emotional work that he needed to do in order to regain momentum. Jonah returned to yoga studio with the humility to practice instead of perform, and to embrace the cathartic emotional release that yoga provided for him. He fostered a heightened connection between his mind and his body that helped him to be more responsive to his own needs and boundaries, which enhanced his feeling of safety during interactions with acquaintances and loved ones alike. While speaking about the impact of yoga on his life, Jonah said:

I truly think that yoga saves lives. I will say that. And I don't know, I've never said that it has saved my life, but, cuz I don't think I would have, I don't think I would have died, but I think it saved my life in allowing me the tools to be happy, and to not continue to dwell on the darkness.

Belle

Belle is a 33-year-old woman whose introduction to yoga took place at a community centre. However, it wasn't until she accessed her practice in a formal studio during a period of increased stress that her experience of yoga was transformed. Belle's yoga practice provided access to her ability to calm and ground herself, as well as a sense of predictability. Belle likened the rituals and sequences common to most yoga studios to those evoked by the ceremonies typical to most churches. These benefits were deepened once she discovered a sense of community at a studio that came to feel like a second home. The teachers helped her to be more compassionate to herself through the philosophies that they espoused while they led the practice. In addition, Belle found a sense of safety within her body that her anxiety had previously

challenged. Through her heightened self-compassion and calm embodiment, Belle's yoga practice helped her to access and express her emotions, which was integral to processing the physical and emotional abuse that she had endured as a child. It also helped her to honor her physical and emotional needs and limits. Belle credits her yoga practice for helping her to access her inner voice, which has helped her to live out her values, both by setting firm boundaries and exhibiting kindness toward others.

Stacy

Stacy is a 37-year-old woman who came to her yoga practice at the suggestion of close friends. Stacy's loved ones recognized that she was suffering the effects of great stress during a time that her "emotional state ... hit bottom". Stacy was battling anxiety and depression in the aftermath of the emotional and psychological abuse that a trusted authority figure had recently inflicted upon her. However, it wasn't until she began practicing yoga that Stacy was afforded the space and clarity to recognize how poorly she'd been doing, and how motivated she was to care for herself. Stacy's yoga practice acted as a catalyst for other forms of self-care such as healthy eating, prioritizing sleep, and trying new forms of physical activity. As Stacy's anxiety and depression lifted, she was able to prioritize time for close relationships and find joy in her day to day life. During her interview, Stacy described a reconnection with herself through her self-care and her close relationships, but it was clear that her relationship with herself and with others had grown in the process. Stacy shared that she developed a new trust and confidence in herself and a higher appraisal in her abilities in general, but especially in her ability to confront future hardship and trauma. She also described new depth to her compassion for acquaintances and loved ones, as the non-judgmental space of the yoga studio helped her to impart less

judgement on herself and others. Stacy still practices, but she sees yoga as something she can return to more deeply whenever she requires healing.

Experience of the *Self* Following Regular Yoga Practice

By conducting IPA, I endeavored to discover how the *self* is experienced upon fostering posttraumatic growth through regular yoga practice. In doing so, four superordinate themes emerged: 1) Expanding Compassion; 2) Trusting Personal Strength; 3) Enjoying Experiences and 4) Reclaiming *Self*. The superordinate theme, Expanding Compassion includes three subthemes: Kinder Self-Talk, Responding to *Self* Needs and Compassion for Others. Trusting Personal Strength is composed of sub themes, Comfort with Discomfort and Body Satisfaction, and Enjoying Experiences is composed of Enjoying Relationships and Embodying Joy. Lastly, the superordinate theme Reclaiming *Self* is comprised of subthemes Taking Control and Embrace of the Renegotiated *Self*.

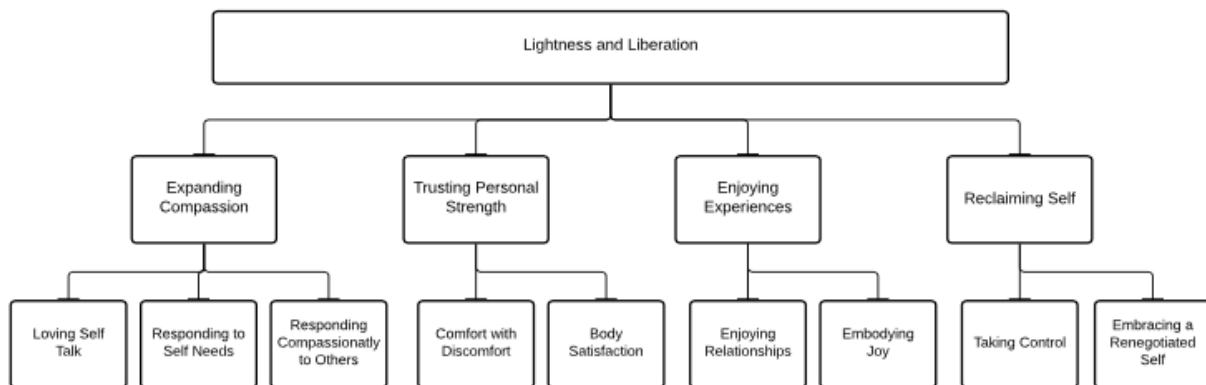


Figure 4-1. Experience of *Self* Following Regular Yoga Practice

There was a commonality in the way the participants described their lived experience of themselves in relation to each of the subthemes. The words, “lighter,” “like a weight has been lifted off my back,” “liberating,” and “freedom,” were frequently used in order to describe their experience of *self*. Their interviews elicited a feeling of relief and unburdening, and they used

several metaphors in order to illustrate the weight that they had previously carried. As such, the overarching theme, Lightness and Liberation speaks to the overall feeling of the participants' experience of the *self* following posttraumatic growth.

Expanding Compassion

A salient superordinate theme that emerged from the transcripts was Expanding Compassion. Each of the participants described engaging with themselves and others in a gentler and more accepting manner. In particular, they endorsed the themes, Loving Self-Talk, Responding to *Self* Needs, and Compassion for Others. They shared a similar approach of accepting what they observed in themselves and others by being less quick to judge. As a result, they experienced themselves as kinder and more patient individuals, which helped to reduce their general reactivity. Their self-compassion also provided them with the space to process their experiences and emotions and respond to their own needs and limits. Belle illuminated the relationship between self-compassion and compassion for others when she said:

I think, as I was learning to be more compassionate for myself, to be more compassionate for other people, to realize that it's one thing to say, it's another thing to really feel that we are all just doing our best.

About her yoga studio, Stacy shared, "it's a space where I really felt free of judgement and I had reflected on it a lot." Several of the participants commented on the space that they practiced yoga and their instructors in a manner similar to Stacy and spoke about how the classes incorporated verbal prompts that fostered and reinforced such feelings of non-judgment.

Kinder self-talk. For several of the participants, changing the way that they spoke to themselves was transformative for their experience of *self*. This transformation was particularly profound for participants who had experienced emotional abuse in the past, as their self-talk had

previously echoed the harsh and invalidating voices of their abusers. For Sara, recognition of her cruel self-talk took place through a pivotal moment that inspired devotion to her practice and in turn, to herself. After attending an advanced class, Sara apologized to the instructor for doing so. She described the significance of this interaction:

She wrote back this beautiful email, I'm sure I still have it, that was like, you did belong there, this is a safe space, and then she said, there's a saying that we like to use a lot, and how you practice yoga is how you practice life, and if you're practicing yoga in a way that you are talking down to yourself that way, that is how you're practicing your life, so you have to be kinder. And it was a huge moment for me. I remember being like, oooh, this woman who doesn't really know me *at all* saw how angry I was with myself, for being so stupid to go to a class, that I felt like was beyond me, and that was kind of the beginning of me being like, I'm always going to do this, because until, until I can practice my life the way that I practice yoga, and practice yoga in a way that's kind to myself, then I can't stop at this point, like I've got to keep going, because, I want that.

Both Sara and Belle described speaking kindly to younger versions of themselves—versions that were in the midst of enduring interpersonal trauma. This helped them to replace feelings of self-judgement with self-compassion. Belle described this experience as, “being able to feel some gentle feelings for that inner child, and to feel like, oh, you were hurting, and nobody helped you or nobody knew how to help you.” Sara also demonstrated the compassion that she showed to a younger self by sharing what she said to herself about her abusive relationship, “you know what, you weren’t that dumb. You’ve been so hard on yourself. This was—you were dealing with the knowledge you had as a 22-year-old. That’s all you knew.” For Jonah, it was important to validate his experiences of mental illness through kinder self-talk:

A big thing I guess is that I would talk to myself and if I was feeling, let's just say blue, and thinking blue, I'd be like, you're body feels blue because of an imbalance, and because you have depression and that is a sickness, and that means that you don't operate the same way that other people do, and so, that's OK, you're allowed to have depression and feel that way.

By speaking kindly to themselves, the participants provided themselves the ability to accept and respond to the adverse effects of their trauma.

Responding to *self* needs. The participants described an experience of *self* that is compassionately responsive to their physical and emotional needs. Their enhanced self-awareness was instrumental in fostering their Responding to *Self* Needs, as they spoke about listening to their body in order to determine personal needs and limits, and by honoring such. In doing so, they demonstrated adaptability and acceptance of their immediate experience as well as self-prioritization. For some, vocalizing emotional needs required them to unlearn tendencies that their trauma had informed. Belle spoke about this process while describing her newfound ability to calmly state personal boundaries within interpersonal relationships:

That was definitely not something that I was taught, you know when I was a kid, being able to find your voice and to find what's right for you, cuz if you're not listening, to what's going on inside, and you're not listening to your body, you don't know what's right for you either, so you just go along with it anyway.

Jonah and Tasha also spoke about the way that listening compassionately to their bodies helped them to express boundaries and needs within interpersonal relationships, and all of the participants spoke about the way that regular yoga practice fostered the habit of listening to their

body's physical needs. Tasha described how this impacted her experience of *self* both inside and outside of the yoga studio:

... building up that trust in my body. Like having that experience of going through the discomfort of certain poses or sequences in yoga and being able to kind of learn when my body is telling me that, that's too much, or yeah, I can keep stretching, I can keep, we can keep doing this ... I think that benefits me in my other areas of my life, like during a really busy week for example, when I'm just go, go, go, and I'm kind of at risk for burning myself out and those kind of things. I think I have a better understanding of just what my body is saying. K yeah we've got a little more steam, or when it's saying, this isn't good anymore, you need to stop.

Several of the participants spoke about how their yoga practice inspired self-care practices. They acknowledged how much better they felt after practicing yoga and began to prioritize other practices that also helped them feel that way. Stacy described an elevated responsivity to her general sense of health and well-being, and the role that yoga played:

I realized through the practice of yoga how bad I had allowed my health, both physical and spiritual to get to ... it allowed me to realize that I never want to go back to that state, again, and that I need to take better care of myself.

Stacy responded to the need to take better care of herself by getting more sleep, drinking more water, setting aside time for friendships that fuelled her, and by practicing yoga 3-4 times a week. She shifted from measuring the success of a day by how much she had accomplished to how well her body and mind felt.

Responding compassionately to others. Each of the participants described an expansion in their understanding of the subjective nature of human experience in a manner that allowed them to be less critical of others and more compassionate. Sara stated:

I find myself less quickly triggered to be mad about things ... I can feel myself being nicer and understanding like, hey, just because I wouldn't do it that way doesn't mean that they're wrong and I'm right, so I do feel like there's a lot more kindness in my relationships now, and empathy.

They credited this change to the compassion that they fostered for themselves as well as the experience of the practicing yoga alongside others. Stacy shared the following about the experience of the yoga studio:

It often dawned on me that there were many people in the room, and everyone has different struggles in their lives that I don't know about and everyone's there for different reasons, right, to get different things, or multiple things out of the practice of yoga ... to be non-judgemental because everyone's experiencing things differently, and everyone has their own struggles in life. I think that being in that space allowed me to reflect on that.

Tasha came to similar realizations by practicing with others. About the experience she said, "it's just kind of made me a little more open minded and open hearted to the idea that I can't assume that my experiences are the same as those around me."

These realizations improved the participants' experience of themselves, as they empathized during interactions that they might have previously personalized or reacted harshly to. Stacy used to become very aggravated by certain interactions within the community and remain burdened by frustration until she could complain about them to a friend. Now, those same interactions do not bother her at all, as she is able to remind herself that the other person is likely

struggling and doing their best. Similarly, Jonah accomplished a sense of lightness when he realized that he didn't need to carry a level of defensiveness with him any longer. He shared, "to have first realized that I needed an armour against people because they were mean, and that evolved to realizing that I didn't need any armour at all because it wasn't about me." Jonah also shared that whereas he used to project his trauma onto others by being hypercritical, he now practices gratitude for what others have to teach him. About this he said, "Be grateful and compassionate to other people, and if you're able to do that, and you stay curious and fascinated, you're gonna learn about other people's perspectives, and, through doing so, the more compassionate you become."

Trusting Personal Strength

The participants described a greater sense of trust in their abilities, and thus, an enhanced sense of efficacy. As such, the superordinate theme, Trusting Personal Strength emerged from their accounts of their experience of *self*. They experienced enhanced resiliency of body and mind in a way that increased overall confidence in their abilities. Their descriptions of such generated the themes, Comfort with Discomfort and Body Satisfaction. While discussing such, the term "equipped" was used repetitively across interviews. About yoga, Stacy said, "I think it's really tapped into my strength as a person," and followed by saying:

That's what's really reassuring, is that I've found in yoga something that has allowed me to move forward and sort of confront future challenges and traumas which I am likely to have because that's life, right, ... so knowing that I have that outlet has been liberating.

Jonah echoed a similar sentiment about his practice when he said, "It was the peace that I knew that I had control over something ... knowing that you're equipped with the tools that you need, that you've been amassing."

Comfort with discomfort. The participants shared that their experience of *self* evolved to include a higher tolerance for uncomfortable emotions as well as more helpful ways of coping. In the following quote, Tasha describes a lesson that several of the participants spoke about during their interviews— “the only way through discomfort is through it.” She said:

I normally would want to just distract myself, make it go away, pretend it doesn't exist, not want to give it the time of day, but then realizing well, you know what, it just keeps coming up, it keeps coming up, it kind of gave me the opportunity and the skills that I had learned in this kind of safe setting to say OK, well what about going through it? And seeing what type of comfort is on the other side if you just kind of lean into it and just accept that it's not comfortable and accept that it is even painful sometimes and that you might fall down but that you can't step around it and reach your goal. The goal being avoiding those negative experiences of anxiety related to trauma.

Discovering the truth in this statement within the safe context of the yoga studio helped many of the participants to stop attempting to avoid memories of their trauma. Sara likened her attempt to repress her trauma to packing it away in a little box, and described the role that yoga played in helping her to open this metaphorical box:

Yoga really just allowed me to unpack it a tiny little bit at a time and like, I'm still opening the box, and there's still little pieces that I take out and process, but it feels less overwhelming, and it feels like the box isn't so full anymore and I have less pieces to take out, and I don't know if I would have been able to open up the trauma inside of me and deal with it all at once, ever. And yoga allowed me to deal with it in a way that made sense to me.

Sara, Tasha, Belle, and Jonah shared that yoga helped them to stop avoiding their emotions; they now allow themselves to feel and release their emotions as they occur. This makes for a lighter, less burdened experience of *self*. Belle likened the experience to a weight being lifted off of the shoulders, “like a weight that you didn’t know that you were carrying.” Jonah described the transformation in how he experiences and thinks about his emotions:

Now I welcome them. I realize that things aren't good or bad. They are. Anger is. Crying is. Happiness is. They. Are. All. Emotions! You know, it's just that some make us feel good, and some make us feel bad but feeling bad isn't a bad thing cuz we can't feel good all the time.

Participants also explained that yoga provided them with additional ways of coping that helped them to better tolerate distress. These included repeating yoga mantras, accessing their breath, and utilizing movement in ways that are readily available to them. Belle explained how these ways of coping helped her to withstand moments of panic:

One of my first lessons that I really liked from yoga is that, if you can breathe during an uncomfortable position, you can breathe anytime, find your way back to your breath, so if I can breathe upside down, I can breathe through this panic attack, I can still breathe, and I can still find my breath, even when it's challenging ... I did figure that out and I did figure out where I breathe and how to breathe into my belly and that's still my favourite way to ground myself.

Body satisfaction. Participants described sturdier and more resilient experiences of their bodies. Sara especially emphasized the transformation that she experienced in terms of the confidence that she had in her body’s abilities:

When something comes up, it's like, yeah, I could do that, that wouldn't be a problem, and before it would be like, ooh that's gonna hurt my back, like what if I get hurt, and being in my body now, I don't even think about that, because it *feels* so much stronger, and so much better.

When speaking about the decreased frequency of colds and other illnesses, Sara said, "I am sooo much healthier than I have ever been *because* of yoga, like there *is* no other explanation for it. I've looked for one. I was like, well what else have I changed? And nothing".

The efficacy of the participants' bodies contributed to an enhanced overall perception of themselves. Stacy explained:

I remember feeling a lot more agile and physically I felt that I was getting physical benefits out of yoga so that was helping me ... and you feel like you're tighter or you're more agile then, you're feeling great, so there's the physical component of it, but, I think that it extends beyond that, I think it just, it helped me, I mean, I viewed myself more positively.

Tasha and Jonah also shared their yoga practice transformed their experience of *self* to that of a stronger, more able *self*. They elaborated by stating that this feeling of strength carried over into other areas of their life as well. Jonah employed metaphors in order to do so:

Honestly on a physical level I'm more confident because I'm just able to navigate situations with more strength, I suppose, so the example that I'm thinking of right now is that oftentimes I'll slip on the ice, and one leg will literally scoot from underneath me but the other leg will plant firmly down. And it's just about, I guess, again metaphorically, having a back-up. You know? When one slips, make sure that you can efficiently plant something else down. So just in that sense of physically feeling strong, and avoiding slips

and accidents because, I have core strength and flexibility. I do really link core strength and flexibility in the body to in the mind as well, you know it's, it's the parallel, like your mind can be flexible.

Enjoying Experiences

Every participant shared an improvement in the way that they experienced themselves, their relationships and their surroundings. Not only did they describe increased time being present to the immediate moment, but enjoyment doing so. Whereas participants used to experience anxiety in certain physical spaces or during certain interactions, they were able to calmly attend to their immediate experience in an enjoyable manner. Their rich descriptions of this experience led to the creation of the superordinate theme, Enhanced Experience. This superordinate theme is relevant to the research question not only because it speaks to participant experience, but because of the way that participants defined the *self* during the interview. Sara summarized a sentiment common to the participants when she stated, "... but *self*, also, I define like my really close friendships as part of myself. So it's like *self* is all of the components of yourself, but it's also your environment, and what you've chosen for that environment." As participants spoke about Enjoying Experiences of *self*, two themes emerged: Enjoying Relationships and Embodying Joy. The theme, Enjoying Relationships speaks to the participant experience of not only enjoying their relationships more, but feeling more enjoyed within them. Embodying Joy speaks to the way that improved mood and decreased anxiety transformed participant experience of their bodies, and therefore their immediate experience of the world.

Enjoying relationships. Participants shared that their posttraumatic growth allowed them to participate in relationships in a more value congruent manner, which enhanced their experience of *self*. They commented on their improved ability to remain present during

interactions with loved ones and spoke about how their healing enabled them to enact kindness—a value that all of them espoused. Stacy described how it felt to better reciprocate within her relationships:

It made me feel positive because I knew I was giving it what it deserved, the relationship ... it made me feel that I was being true to myself, like that is, at my core, the type of person that I am.

Sara shared that her relationships are less “self-centred” now, “I’m a better friend and a better partner than I used to be, because I’m actually wanting to know things about them, because I’m not so focused on like this inner turmoil was just always ongoing.” Jonah also commented that he feels, “easier to be friends with.” In addition to feeling more enjoyed by others, Jonah shared that he enjoys his interactions with loved ones more, as he now has the energy to participate in them more fully. He described how this shift feels:

It's joyful. It's strengthening. It's like I have been building a better version of myself and now I can have better interactions and relationships with the people who I deeply admire. And it's just such a great way to show respect for people who you admire, is to be present with them in the moment.

For Belle and Tasha, disengagement with certain individuals led to an enhanced experience of *self*. About disengaging, Belle said, “the good side of that is ... I’m not in a relationship with somebody who isn’t understanding me or listening to my needs.” Tasha framed her current approach to relationships as “quality over quantity,” and elaborated on the way that her posttraumatic growth has contributed to the way that she experiences her remaining relationships:

... I think that just kind of inadvertently carries over into my relationships and I definitely notice that since beginning a yoga practice and since kind of beginning embarking on this ever ongoing journey of healing and of growing, I mean I have to think that I'm easier to be around ... so I think that the fact that I seek very little--I shouldn't say very little--I probably seek some validation from people, but because I think a lot of that validation comes from myself now, that allows me the energy and time and space to be more present in my relationships, and seeing the other person in my relationships, and not being as preoccupied with how I'm being seen by that person, or experienced by that person.

Embodying joy. Participants used several metaphors in order to describe their improved mental health. These metaphors provided a similar sense of returning to their five senses and to their bodies in general. When speaking about their improved mood and ability to calmly enjoy a moment, several explained the experience as “coming up out of themselves” in order to re-engage with the world or described how trapped and suffocated they previously felt. Stacy used vivid imagery in order to encapsulate her return to her five senses; she had likened her anxiety and depression to a “tunnel of a funnel of a cloud,” “drowning,” and like layers that she had peeled off of herself. Once she accomplished this, she felt as though she could breathe again, and reunited with her ability to attend to and enjoy the present moment:

When I was in the state prior to taking yoga, when I was stressed, when I was having panic attacks and anxiety, I wasn't thinking clearly, right? It, it was almost like everything was consuming me. The grief, the overwhelmingness of anxiety, it's just like I, I had a wall in front of me and I couldn't see past that. Like it almost felt like I was drowning, right? Like I couldn't keep on top of things. But when you have that space, when you

have that release, in whatever form that may come, it allows you to see more clearly and enjoy and allows you to have moments in the day where you feel fulfillment and you feel joy.

Jonah was astutely aware of the role that yoga played in his embodied joy. About yoga and his subsequent happiness, he said:

It was the only thing that probably would have ever made me reflect enough on my body and then therefore my mind and connected them so that I was even able to have those experiences ... I don't want to just say it feels good, it's validating to be able to be aware of your surroundings and direct your own life. It's reaffirming--it's confidence boosting, it's inspiring, to myself and to others. I feel inspired by yoga.

Reclaiming *Self*

Participant accounts revealed that their yoga practice helped them not only to reclaim control over themselves, but over their relationship with the *self*. Through these accounts, the superordinate theme, Reclaiming *Self* emerged. The majority of participants shared that the effects of their trauma weren't fully realized until they engaged deeply and regularly with their yoga practice. This was because they had spent a great deal of time actively avoiding thinking about their traumas in attempt to maintain a sense of control. However, through self-compassion and a learned comfort with discomfort, participants fostered awareness and acceptance of how their traumas had been influencing their thoughts, behaviours and emotions, and thus, their sense of *self*. In addition, their improved self-awareness led them to an even more profound realization: that when they acknowledged their trauma, they maintained greater control over their reactions to situations and people that reminded them of it. As such, the theme Taking Control emerged from the data. As participants accepted the effects of their trauma and began to change how they

responded to upset, they renegotiated who they believed themselves to be. While analyzing their accounts of such, the theme, Embracing a Renegotiated *Self* emerged. The themes Taking Control and Embracing a Renegotiated *Self* are described further below.

Taking control. Participants shared that their yoga practice helped them garner more control of themselves during distressing situations. Both Jonah and Sara phrased this newfound ability as, “responding instead of reacting.” Jonah stated, “I became aware that I was able to be more controllable over my own actions.” Sara shared that before fostering posttraumatic growth through her yoga practice, she frequently interpreted malicious intent during benign exchanges with her partner, Michael, because something about those exchanges would remind her of the emotional abuse she sustained in an earlier relationship:

I could feel myself being 8 years younger ... those moments were always really triggering, like, anything that Michael did, if it was even close, I would freak out, and now, I'm better able to recognize those triggers on my own. Michael used to have to point them out to me. ... Now, when I can feel myself reacting, I'm able to be like, no, you're actually reacting to a fight you had with your *ex ten years ago* but you're projecting it onto your current relationship, but it *doesn't apply*.

By discovering that participants had more control over their actions, they discovered that people/objects/places that triggered memories of their trauma had less control over them. They realized that grabs for control had been futile, and that in denying their trauma, it was controlling them. Regaining control was especially empowering for Tasha, as she had previously carried a great deal of fear about encountering reminders of her trauma. She described how it felt to reduce that fear:

It's freedom. It's trust in myself. To be OK. And it's not, it's very freeing to be able to, like even in the small kind of day to day simple decisions about where I'm going to pick up my coffee, or where I'm going to meet my friends for cocktails, for dinner, or, more recently looking at buying a house--literally what streets I will buy a house on. Being able to look at those things and just say, well that's what I wanna do, so I'm gonna go do it, as opposed to, well what *if* reminders of those experiences come back.

Tasha had reclaimed herself by reclaiming comfort in spaces that were important to her.

Embracing a renegotiated *self*. Participants reclaimed the *self* by returning to parts of themselves that they had disconnected with as a result of their trauma, or by letting go of aspects of their identity that were no longer serving them. Tasha shared that preceding her trauma, she had regarded herself an emotional person, but attempted to repress her emotions during the years following. As a result of her posttraumatic growth, Tasha embraced her emotionality once again, but no longer needed her emotions to be validated by those around her. She was solely concerned with her own interpretations of her emotions, as her renegotiated *self* was experienced as “strengthened” and “solid.” When asked how it felt to allow herself to experience her emotions once again, she answered, “an instant return to myself.” Stacy shared that she felt most reconnected with herself once she reconnected more deeply with loved ones. She explained:

I feel that through yoga and other mechanisms or other outlets, I've been able to move back to the person I used to be before I had the trauma ... I think it's been an evolution of like re-finding myself, and moving back to, being the person I want to be. It's been kind of a journey.

Belle and Jonah described adapting a sense of humility in place of more performative aspects of their personality. Belle became less competitive and more team oriented, while Jonah embarked upon a “filing down of the ego.”

For Sara, embracing her renegotiated *self* was such a painful but rewarding process, that speaking about it continued to evoke strong emotions during the interview:

Instead of *hating* past Sara, which is really what I've done, always, is I've just *hated* it, especially the version of myself that I was towards the end of my relationship, oooh I hated her, (voice shaking, still emotional) and I carried that around so much, and I was, I was always saying things like past Sara would do that because she was *so* stupid, and she was *so* ugly, and there were just so many mean things, and so what yoga allowed me to eventually do, is realize that like, (through tears) past Sara is still me (pause) and so like as much as I was ashamed of her, I was ashamed of myself, like, like we weren't two different people that I could just hate that one version. And so, it's allowed me to reconcile all of these versions of myself into one person, and work on actually liking her.

Summary

I completed an Interpretive Phenomenological Analysis of five participant accounts of their experience of *self* following posttraumatic growth, which they fostered through regular yoga practice. While describing their experience of *self*, participants provided rich descriptions of the sense of freedom that they had accomplished. The phrase “like a weight has been lifted” was used several times, as were several other metaphors for the adverse experiences that were holding them back. The terms “liberated” and “freedom” were commonly used as well. From these descriptions, the overarching theme, Lightness and Liberation emerged, as it was present in all four superordinate themes. There was a liberation from excessive worry about the future

because of their Trusting Personal Strength, alleviation of their anxiety and depression in a way that led to Enjoying Experiences in a mindful and present way, released shame and/or ego in a process of Reclaiming *Self*, and Expanding Compassion as a result of freeing themselves from judgment towards the *self* and others. I got the sense that they had been both released from something they were buried beneath, and that they had released things that they had been gripping too tightly. The culmination of these provided remarkable momentum.

CHAPTER 5. DISCUSSION

The purpose of this study was to explore how the *self* is experienced following posttraumatic growth fostered through regular yoga practice. Preliminary research shows promise that regular yoga practice is effective in treating PTSD (Nguyen-Feng et al., 2018). However, very few studies examine how helpful yoga is for those who have experienced interpersonal trauma, but do not meet diagnostic criteria for PTSD (or have not been assessed for PTSD). Furthermore, there is only one qualitative study that focused on the experience of survivors of interpersonal trauma who have fostered posttraumatic growth through regular yoga practice, and the purpose was to identify the mechanisms through which they fostered such growth (Gulden & Jennings, 2016). In order to complete the present study, I recruited survivors of interpersonal trauma who had fostered posttraumatic growth through their yoga practice, but with the purpose of exploring their experience of *self*. Using IPA (Smith et al., 2009), the present study sought to address this gap in the research by asking: how do survivors of interpersonal trauma experience the *self* after regular yoga practice?

Thorough analysis of in-depth, semi structured interviews with five participants revealed an overarching theme of Lightness and Liberation. This emerged from rich participant descriptions within four superordinate themes: Expanding Compassion, Trusting Personal Strength, Enjoying Experiences, and Reclaiming *Self*. Participants described alleviation of tendencies and states that were not helpful to them, with several likening that feeling to a “weight being lifted off” their shoulders. Similarly, the words, “freedom” and “liberating” were commonly used to describe how particular aspects of their growth was experienced. The following section provides a summary of the superordinate themes in relation to current

literature, highlights the strengths and limitations of the study, outlines implications for future practice, and closes with researcher reflections and conclusion.

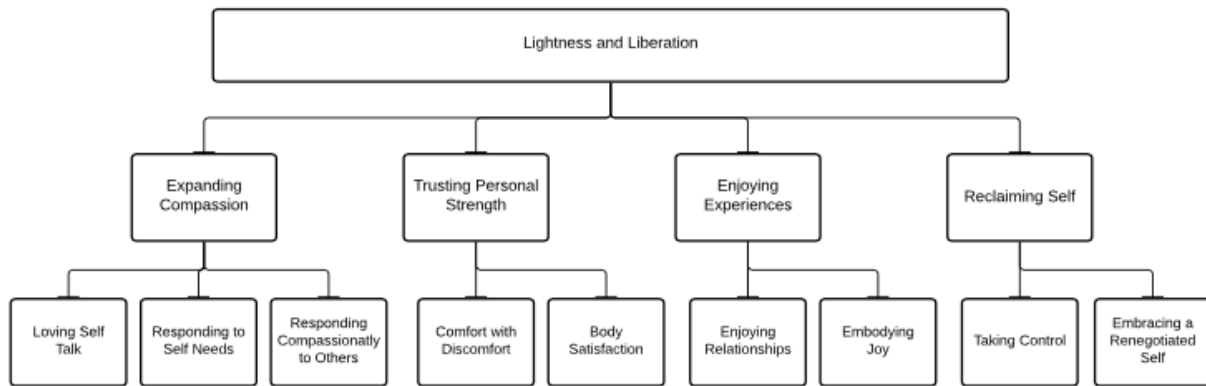


Figure 5-1. Experience of *Self* Following Regular Yoga Practice

Connecting Findings to Current Literature

Expanding Compassion

The superordinate theme, Expanding Compassion was most evident to me as I conducted my analysis of participant experience of *self* following regular yoga practice. It was obvious that the ability to respond with less judgement was remarkably healing for participants, as it allowed them to calmly enact greater kindness to themselves and others. Before fostering posttraumatic growth, participants (who had experienced emotional abuse) spoke to themselves in the same manner that their abusers had, and several lost touch with their physical and emotional needs. Participants also shared that prior to fostering posttraumatic growth through their yoga practice, they were quicker to judge and personalize the behaviour of others. Expanding Compassion for themselves resulted in subthemes, *Loving Self* Talk and *Responding to Self* Needs. The third subtheme was *Responding Compassionately to Others*. However, participant expansion in compassion for *self* and for others were not separate processes; their expanding compassion for others helped them to be more compassionate towards themselves, and vice versa. When Neff's

(2003) theory of self-compassion is considered, such interplay makes sense. Neff (2003) posits that self-compassion is comprised of three interrelated components: self-kindness versus self-judgment, a common sense of humanity versus isolation, and mindfulness over-identification when confronting painful self-relevant thoughts and emotions. In addition, it has been posited that “self-compassion is an intrinsically relational concept” (Scoglio, Rudat, Garvert, Jarmolowski, Jackson, & Herman, 2018, p. 2018), as it requires observing and responding to oneself as another (Geotz, Keltner, & Simon-Thomas, 2010). Therefore, practicing non-judgmental awareness of the *self* requires non-judgmental observation of others.

Neff (2003) differentiates mindfulness from self-compassion by specifying that mindfulness is an observation of internal and external experiences, while self-compassion is a kind and loving response to what has been observed. Subthemes, Loving Self-Talk and Responding to *Self* Needs emerged through analysis of participants’ accounts of how they responded to themselves. Participants shared inner dialogue that they engaged in while experiencing symptoms of mental illness or while recounting memories of their trauma. This insight into their inner dialogue illustrated participants’ practice of replacing self-shaming with kind and soothing words of understanding. Lee, Scragg and Turner (2001) theorized that invoking shame through harsh, critical self-talk in response to a traumatic event maintains post-traumatic symptomology, and some research suggests that shame is actually a stronger predictor of PTSD than fear (Badour, Resnick, & Kilpatrick, 2015). Short, clinical interventions aimed at fostering compassion have been shown to reduce both trauma related shame and symptoms of PTSD (Au, Sauer-Zavala, King, Petrocchi, Barlow, & Litz, 2017). In addition, self-compassion has been shown to be positively correlated with resilience (Leary Tate, Adams, Allen, &

Hancock, 2007), and negatively correlated with psychopathology in general (Barnard & Curry, 2011).

Subtheme, Responding to *Self* Needs emerged from participant accounts of better recognizing and responding to emotional and physical needs, and for some, practicing improved self-care (exercise, going to bed earlier, drinking more water, etc.). They stated that their yoga practice provided them with an improved understanding of their personal needs and limits through mindful observation, and the ability to compassionately respond to such. This resulted in less injury to their bodies, less burn-out at work, and a stronger ability to communicate emotional needs and boundaries. Not only does this subtheme align with previous research on self-compassion and post-traumatic symptomology, but with literature pertaining to trauma, yoga practice and interoception. Interoception refers to one's ability to recognize physiological cues that provide information about both life sustaining processes (hunger, fatigue, etc.) and emotional experiences (elevated heart rate and clenched fist as an indicator of anger), and thus, the ability to respond to and regulate them (Ven der Kolk, 2014). Post-traumatic symptomology such as dissociation and hyperarousal greatly weaken interoception for some survivors of interpersonal trauma (Van der Kolk, 2014). However, somatic therapies such as yoga have been shown to improve interoception (Van der Kolk, 2014). While I'm unsure of the extent to which participants experienced increased interoception per se, they certainly espoused the belief that their yoga practice enhanced their ability to recognize and respond to their own needs in a loving manner.

Trusting Personal Strength

Participants described their experience of *self* following regular yoga practice as physically and mentally stronger. This experience of strength and ability was empowering for

them, as it provided them with trust that they were equipped to endure hardship and pain. Thus, subthemes Comfort with Discomfort and Body Satisfaction emerged from their accounts of experience of *self*.

The subtheme, Comfort with Discomfort spoke to participants' newfound acceptance of uncomfortable emotions as a normal and necessary aspect of being alive. As such, they stopped avoiding their emotions and replaced this habit with more helpful ways of coping. This marked a substantial shift, as the majority of participants reported avoiding and repressing their emotions prior to practicing yoga. Their yoga practice provided a safe space to observe and withstand discomfort and practice ways of coping that they eventually generalized outside of the yoga studio (accessing their breath, recounting yoga philosophies that were helpful to them, moving their bodies). Participants did this both by allowing themselves to experience physical discomfort while trying difficult yoga postures, as well as allowing and expressing uncomfortable emotions in the yoga studio. Several participants became so comfortable openly crying in the yoga studio that they came to expect the experience when they practiced yoga. They described the experience of (re)connecting with their emotions and finding opportunities to release them as an incredible relief that allowed them to feel lighter and unburdened.

Existing literature about Emotional Avoidance (EA) in trauma survivors illuminates participants' accounts of feeling alleviated by the acceptance of uncomfortable emotions. EA is defined as "the intolerance of negative private events, such as emotions, bodily sensations, thoughts, or memories, and efforts to avoid experiencing those private events." (Leonard, Ellis, & Orcutt, 2020, p. 652). EA has been shown to maintain post-traumatic symptomology (Shenk, Putnam, & Noll, 2012), and as such, one of the goals of cognitive therapies for trauma is to reduce this tendency (Asmundson et al., 2018). Interestingly, trauma survivors with post-

traumatic symptomology demonstrate significantly higher levels of shame than trauma survivors without, but recent research has shown EA to be the mediating factor between shame and post-traumatic symptomology (Leonard et al., 2020). These findings draw attention to the importance of enhancing tolerance of uncomfortable emotions as a means of reducing shame, and further contextualizes participants' attributions of their posttraumatic growth. Participants emphasized that the non-judgemental context of the yoga studio made them feel safe enough to experience uncomfortable thoughts, emotions and memories, and that their yoga teachers helped to mitigate shame surrounding spontaneous displays of emotions (crying in class).

Participants reported that the Comfort with Discomfort that they accomplished through their yoga practice translated to confidence in their overall ability to endure future hardship. Similar accounts emerged within qualitative research exploring the lived experience of participants who completed 10 weeks of Trauma Sensitive Yoga (TSY) (Rhodes, 2015), which uses Hatha yoga as a foundation, but incorporates considerations important for those suffering from post-traumatic symptomology (Nguyen-Feng et al., 2020). Participants of this study experienced increased self-efficacy, which helped them to feel safe enough to peacefully inhabit their bodies (Rhodes, 2015). Social cognitive theory of posttraumatic recovery posits that perceived self-efficacy is central to one's physiological reactions to stress, as well as the ways that one actively copes with such in the aftermath of a traumatic event (Benight & Bandura, 2004). Self-efficacy refers to perceived overall ability to mitigate and respond to future threats in the environment (Benight & Bandura, 2004). Therefore, people with higher self-efficacy tend to utilize more coping behaviours and less ruminative thinking, as they believe in their ability to have a meaningful effect on overall personal safety and stress levels (Benight & Bandura, 2004).

Participants also experienced increased confidence in their body's abilities following regular yoga practice. They reported feeling better able to ward off future injury and illness, and that their bodies felt physically stronger and more agile. Sara stated with certainty that her yoga practice is to credit for her improved immune system, and indeed, regular yoga practice has been correlated with improved overall physical health (Field, 2016). These correlations are believed to be attributable to the balancing effect that regular yoga practice has on the body's nervous system—a balanced nervous system is better able to respond to biological and environmental threats (Van der Kolk, 2014). An unbalanced nervous system plays a role in post-traumatic symptomology, as it lends to hypervigilance or hypovigilance to perceived threats, and creates vulnerability to other sequelae of trauma (anxiety, depression, addiction, etc.) (Van der Kolk, 2014).

Participants did not speak about their body's abilities as separate from their emotional and psychological strength—they described an interplay between the two where the stronger their bodies became, the stronger they felt overall. I was left with the impression that their increased physicality lent to a global feeling of empowerment that they had been developing. For some, post-traumatic symptomology resulting from interpersonal trauma includes a weakened relationship with the body in general. The majority of research that examines the relationship that trauma survivors have with their bodies places focus on body awareness and body image, but female survivors of childhood sexual abuse have also been shown to have lower satisfaction with the functionality of their bodies (Scheffers et al., 2017). Scheffers et al. (2017) called for more movement based treatment for survivors of childhood sexual abuse.

Enjoying Experiences

Participants described their experience of *self* following regular yoga practice as being more fully engaged and connected to immediate experiences in ways that brought them joy. They used several metaphors to illustrate the heaviness and obstacles that had previously inhibited them from engaging with loved ones and enjoyable events in a meaningful way. The subtheme, Enjoying Relationships emerged from participants' accounts of feeling better able to attend to and reciprocate within interpersonal relationships. The subtheme, Embodying Joy accounts for the calm, clear and present experience of *self* following alleviation of symptoms of depression and anxiety.

The subtheme, Enjoying Relationships, refers not only to participants' enhanced enjoyment of relationships following regular yoga practice, but the feeling of being more enjoyed by others. Participants reported feeling attentive and present within their relationships in a way allowed them to be kinder and less focused on themselves. The overall quality of relationships was experienced as higher, and for some participants, this was also due to their newfound ability to withdraw from relationships that no longer felt healthy for them.

Interpersonal trauma can weaken social bonds through a myriad of mechanisms (Van der Kolk, 2014). Prior to their yoga practice, participants in this study described difficulty engaging in their relationships due to consuming experiences of depression, anxiety and/or grief. For Tasha, social bonds were especially strained following her trauma, as she lost connection with several friends as a result of her disclosure of her interpersonal trauma. Social support and quality of interpersonal relationships are two of the biggest mitigators of post-traumatic symptomology following disclosure, and perceived social reception of one's sharing of their traumatic experience has been shown to influence maintenance of symptomology (Olf, 2012).

This research helps to illuminate why strengthened social bonds might have been so important to participants' experience of *self* following regular yoga practice.

The subtheme, *Embodying Joy* refers to participants' experience of situations they found enjoyable after engaging in regular yoga practice. They provided rich descriptions of the ways that symptoms of anxiety and depression had previously inhibited them from remaining present within contexts that they typically enjoyed. For instance, Stacy stated, "The grief, the overwhelmingness of anxiety, it's just like I, I had a wall in front of me and I couldn't see past that." About her yoga practice she said:

It allows you to see more clearly, right, and enjoy, and allows you to have moments in the day where you feel fulfillment and you feel joy, and you don't feel, at least in my case, that I was drowning in anxiety and grief.

This excerpt is an example of the way that participants described reconnecting with their senses in ways that brought them joy. Similarly, Sara shared that before practicing yoga, she felt unable to enjoy her friends' homes, because she was preoccupied with identifying how many exits she could access in case of emergency, and how badly she wanted to return home so that she could rest. Since practicing yoga, she instead notices her friends' décor and pleasant company during social gatherings.

Attending to one's immediate sensory experiences and remaining present during a given situation are aspects of the practice of mindfulness, which is central to yoga. Mindfulness is the non-judgemental observation of both sensory/perceptual and inner (emotional and psychological) experiences (Hanley et al., 2015). High levels of mindfulness are associated with high levels of posttraumatic growth, especially in those who regularly engage in contemplative practices (i.e., meditation) (Hanley, Peterson, Canto, & Garland, 2015). In addition, preliminary research shows

that regular yoga practice may be effective in reducing symptoms of anxiety and depression, but more robust research is required on the topic (Nguyen-Feng et al., 2018).

Reclaiming *Self*

The superordinate theme, Reclaiming *Self*, emerged from participants' accounts of reclaiming control over themselves, as well as their relationship with themselves, through regular yoga practice. Several participants shared that engaging in regular yoga practice helped them to better realize the effects of their interpersonal trauma, as their newfound Comfort with Discomfort and Expanding Compassion helped them to stop avoiding memories and reminders of their interpersonal trauma. They had been avoiding these memories in an attempt to maintain control over their reactions to them, but these attempts to avoid actually allowed their interpersonal trauma to have more control over their lives instead of less. Subtheme, Taking Control, emerged from participant accounts of avoiding memories of their trauma less, and better controlling their reactions to them. The second subtheme, Embracing a Renegotiated *Self*, spoke to the ways their experience of *self* shifted as a result of the posttraumatic growth they fostered through their regular yoga practice. This shift liberated them from ways of being that were no longer serving their wellbeing, and incorporated aspects of *self* that were more helpful to them within their present context.

The subtheme Taking Control refers to participant experience of garnering more control over their reactions following regular yoga practice. For some participants, this process involved finding greater awareness of experiences that triggered reactivity during interpersonal interactions. This awareness helped them to “respond instead of react” while speaking with others. This finding aligns with Van der Kolk's (2006) assertion that healing from trauma requires development of the ability to tolerate and observe physiological and emotional processes

as a means to greater self-awareness. In the case of feeling “triggered,” the physiological process being observed would likely include personal indicators that their SNS (fight or flight) is being activated (Van der Kolk, 2006). This tolerance and observance provide one with the opportunity to moderate arousal of the nervous system, which in turn provides opportunity to respond calmly and rationally. A rational response would be one that is more accurate to the threat (or lack thereof) present within a given environment. Responding in this manner has long been proven to be difficult for those suffering from post-traumatic symptomology (Van der Kolk, 2006). The body continues to respond to reminders of interpersonal trauma as though the threat is taking place in the present moment, long after it has been removed from the environment. While in this state, areas of the brain involved in attention, memory and decision making become impaired (Van der Kolk, 2006). Van der Kolk (2006) therefore underscores the importance of taking effective action in reducing the strength of triggers by reducing avoidance of them, and by improving the ability of the nervous system to recover from the experience of perceived threats by engaging in somatic therapies such as regular yoga practice. Regular yoga practice has been found to help the body more quickly return to a state of “rest and digest” (activation of the PSNS) upon arousal of the “fight or flight” (SNS) in response to a perceived threat (Hunt et al., 2008; Van der Kolk, 2014). Following regular yoga practice, participants took control by avoiding locations and emotions associated with their trauma less, being less reactive during interactions that reminded them of their interpersonal trauma, and by communicating personal triggers to loved ones in order to help mitigate interpersonal problems.

The subtheme, *Embracing a Renegotiated Self*, refers to an intentional acceptance of aspects of *self* that changed as result of both participants’ experience of trauma, as well as the growth fostered through regular yoga practice. For some, yoga helped them to reconnect with

and strengthen aspects of the *self* that had become unrecognizable in the aftermath of their trauma (expression of emotional *self*, involvement in interpersonal relationships). In Sara's case, Embracing a Renegotiated *Self* involved accepting and empathizing with decisions that she perceived to contribute to her trauma. Before engaging deeply with her yoga practice, Sara blamed and rejected her "younger self" for remaining in the romantic relationship that was causing her interpersonal trauma. She shared that her yoga practice helped to incorporate her "younger self" into her present understanding of *self* by fostering greater understanding and compassion for her decisions. For other participants, Embracing a Renegotiated *Self* involved intentional disengagement from identifying with performative or competitive aspects of their identity. Jonah and Belle shared that their yoga practice helped them to observe and respect their bodies' limits instead of pushing themselves in order to be the "best." Jonah referred to this process as a "filing down of the ego." While other studies endorse themes of self-love and acceptance resulting from regular yoga practice (Gulden & Jennings, 2016), the theme, Embracing a Renegotiated *Self* appears to be unique to this study. The unique quality of this finding is likely attributable to the unique research question that drove the present study, as interpersonal trauma survivors' experience of *self* following regular yoga practice has not been examined through previous research.

Contextualizing the Findings

Like many healing mechanisms in the West, approaches to trauma recovery have been dichotomized into top down (talk therapies) and bottom up (somatic therapy) (Van der Kolk, 2014). Being that yoga is a somatic therapy, it is categorized as a "bottom up" approach. However, the present study provides support for an argument previously made by others (Grant et al., 2014), which is that dichotomizing between top down and bottom up approaches is

unnecessary in the case of yoga practice, as it invokes both processes simultaneously.

Participants in this study endorsed transformed experiences of their body, as well as changes in their thought processes as a result of their regular yoga practice. In addition, they credited nonjudgmental statements from their yoga instructors, and the nonjudgmental environment of the yoga studio in general, for particular changes in their thought patterns. These accounts are similar to findings about the effectiveness of psychotherapy; a required mechanism of change common to all modalities of psychotherapy is a strong therapeutic alliance, which requires nonjudgment on the part of the psychotherapist (Wampold, 2015).

Interestingly, some of the aspects of yoga that participants in the present study credited for their growth following interpersonal trauma align with the core domains of the Trauma Centre's Trauma Sensitive Yoga (TCTSY): 1) language; 2) assists; 3) teacher qualities; 4) environment and 5) exercises (Emerson et al., 2009). In terms of "language," participants provided several examples of statements made by yoga instructors that helped them to speak more kindly to themselves, observe inner processes without judgment, and to accept past and present circumstances. They also shared that warm and non-judgmental "teacher qualities" helped them to feel welcome, thus contributing to an "environment" in which they felt safe. This implies that yoga teachers who instructed participants of this study incorporated trauma sensitive approaches, and that these were indeed helpful in fostering posttraumatic growth following interpersonal trauma.

Strengths of the Current Study

This study has several strengths. The first is that the existential nature of this study provided valuable contributions to the body of qualitative research about yoga and trauma. Exploring the experience of the *self* was a unique approach that yielded unique information about

the experience of practicing yoga after surviving interpersonal trauma. The concept of the *self* was informed by Van Manen's (1990) lifeworld existentials (experience of relationships, the body, time and space), which provided insight to both participant inner and outer world, and how these influenced one another. The four lifeworld existentials are not experienced in isolation from one another (Van Manen, 1990). In fact, they are impossible to untangle, as they are constantly influencing one another. I kept this in mind while interviewing participants and analyzing accounts of their experience of *self* following regular yoga practice. Having a strong understanding of the lifeworld existentials helped me identify intricate themes within the data. For instance, the theme, Enjoying Experiences spoke to the way that participants experienced their bodies in relation to spaces that they enjoyed, as well as the way that they experienced their relationships. In this example, the lifeworld existentials, body, space and relationships are continually influencing one another in order to inform experience of *self*.

Using the IPA approach was a strength of this study. In particular, the interview method enhanced the credibility of the information gathered. Conducting in-depth, semi-structured interviews with the use of well thought out, open ended questions provided participants the opportunity to interpret questions in a way that aligned with their experience, and me with the opportunity to follow up with questions that elicited even richer responses (Smith et al., 2009). While doing so, I maintained a phenomenological attitude, which is to say that I continually observed and reflected upon my perceptions of what participants were telling me, as opposed to taking my interpretations for granted without inspecting how my internal processes were influencing the interview process (Smith et al., 2009). This helped me to avoid assuming that I understood what participants were trying to tell me, and therefore helped me to formulate follow up questions from a place of curiosity about the essential qualities of their experience of *self*

(Smith et al., 2009). In addition, I entered these interviews with strong foundational knowledge of how to effectively build rapport, engage empathically, as well as how to illicit responses without leading, coercing or manipulating the conversation (Smith et al., 2009). These are important skills within the IPA approach, as they help to make the participant comfortable enough to explore and share the intricacies of their lived experience (Smith et al., 2009).

The rigor with which I completed my research also strengthened the results of the present study. Within qualitative research, rigor is determined by how “trustworthy” a given study is (Shenton, 2004). Trustworthiness is comprised of credibility, transferability, dependability, and confirmability (Shenton, 2004). Credibility refers to how well the particular phenomena of interest has been captured (Shenton, 2004). In order to achieve credibility, I took great care while creating my interview schedule. Both my supervisor and my committee member provided ongoing feedback during the creation of several drafts of the interview schedule, so that the interview questions most effectively explored participant experience of *self* following regular yoga practice. I also received extensive supervision while completing my data collection and analysis, which helped me to reflect upon my perceptions of participant accounts. Transferability refers to how well the findings relate to the lived experiences of people similarly situated (Shenton, 2004). In some respects, the transferability of this study is very strong, as the results align with previous qualitative studies about interpersonal survivors who have engaged in regular yoga practice (Gulden & Jennings, 2016; Rhodes, 2015). However, the transferability is limited to a specific demographic, which I discuss further in the limitations section. The dependability of a study is determined by how well it could be duplicated if another researcher carried it out (Shenton, 2004). In order to accomplish dependability, I followed the IPA method closely, and ensured that every phase of the analysis process was well documented. Confirmability is the

extent to which participant data informed the findings, as opposed to researcher bias (Shenton, 2004). In order to increase confirmability, I engaged in an ongoing process of bracketing, which means that I was constantly identifying the ways that previous experiences were influencing the ways that I was interpreting the data. This helped me to limit the influence of these previous experiences.

Limitations of the Current Study

This research is not without limitations. The most notable limitation is that the sample lacks diversity in age, race, and socioeconomic status. All of the participants were college educated, white passing people between the ages of 31 and 37. While the sample is representative of those who regularly practice yoga (Ross, Friedmann, Bevans, & Thomas, 2013), it is not representative of those who most experience interpersonal trauma, or those who suffer the most severe sequelae of trauma upon surviving such (Government of Canada, 2018).

The inclusionary criteria of this study pose another limitation—especially as it pertains to posttraumatic growth. The participants self-selected, and I did not use an outcome of a formal measure of posttraumatic growth as a recruitment criteria. Instead, I conducted a pre-screening interview, during which participants provided examples of their experiences of posttraumatic growth. While I am confident that participants in this study had indeed experienced posttraumatic growth, I cannot report on the quantity of such. However, the aim of IPA is to elucidate how participants experience and make sense of notable events in their lives, not the extent to which any of their experiences can be measured (Smith et al., 2009).

Situating the Participants Within the Findings

Participants in this study and in studies similar to it (Gulden & Jennings, 2016) reported enormous growth and transformation following regular yoga practice. While the findings produced by participant accounts were consistent with both existing trauma and yoga research, it is important to note how specific aspects of the recruitment process likely impacted the findings.

Most notably, the participants in this study self-selected, meaning that only those who identified with the phenomena in question expressed interest in participating. In order to recognize their experience of posttraumatic growth in the inclusionary criteria on the recruitment materials, participants would have likely engaged in previous reflection about the experiences fostered by their yoga practice. Additionally, participant accounts included significant moments that prompted a deeper readiness to change, after which they shifted their approach to their yoga practice. While these significant moments were inspired by their yoga practice for some, it seems that readiness to change in general might be necessary in order for one to foster posttraumatic growth through regular yoga practice.

In line with IPA, the demographic represented by the participants in this study were rather homogenous. In particular, they were all college educated, white passing people in their 30's who had access to regular yoga practice within the context of a yoga studio. Therefore, participants likely had geographical and financial access to health resources in general, which may have elevated their experiences of posttraumatic growth.

Finally, posttraumatic growth was defined on recruitment material as significant growth in relationship with the self and with others, as well as in life philosophy, that would not have been prompted in the absence of the traumatic event. However, expansion in spirituality is an important mechanism of posttraumatic growth for some survivors of interpersonal trauma

(Gulden & Jennings, 2016). Had the recruitment material incorporated spiritual growth into the way that posttraumatic growth was defined, participant belief systems and experiences of growth may have been more idiosyncratic in nature, which would have been reflected in the findings.

Recommendations for Future Research

The present study examined interpersonal trauma survivors' experience of *self* following regular yoga practice, but the participants represented a very narrow demographic. This leaves gaps for future research to fill. It would be beneficial to incorporate more voices in the body of qualitative research pertaining to yoga and trauma, with an emphasis on the perspectives of those who have been marginalized.

In addition, it would be valuable to study other forms of somatic therapies (dancing, drumming, martial arts), as different people will likely benefit from different forms of movement/intervention. At present, the bulk of somatic therapy research focuses on the effects of regular yoga practice on reducing post-traumatic symptomology. It would be valuable to conduct Randomized Controlled Trials (RCTs) in order to determine whether other somatic therapies have similar effects on post-traumatic symptomology.

Implications for Future Practice

The present study provides insight into how interpersonal trauma survivors experience the *self* following regular yoga practice. In order to participate, yoga practitioners needed to have experienced both interpersonal trauma and posttraumatic growth. The concept of posttraumatic growth provides complexity beyond the medical tradition of measuring success in terms of symptom reduction, as it can take place alongside adverse symptomology and distress (Hanley et al., 2015). In fact, the concept of posttraumatic growth is premised on the notion that adverse events have the potential to initiate significant personal growth resulting in improved personal

relations and evolved life philosophy that would not have otherwise taken place (Tedeschi & Calhoun, 1996 as cited in Hanley et al., 2015). Consideration of this concept is important both because it serves as a reminder of the complexity of traumatic experiences, and because it provides a more nuanced way to discuss and describe the healing experiences of trauma survivors. The results of this study could be beneficial for clinicians looking to attune their awareness of indicators of posttraumatic growth in order to reinforce it. The findings also provide support for theories that inform some psychotherapeutic approaches to interpersonal trauma such as social cognitive theory (Benight & Bandura, 2004), and Neff's (2003) theory of self-compassion. If deemed appropriate, clinicians might recommend an adjunct yoga practice to those who could benefit from reinforcement of Expanding Compassion, Trusting Personal Strength, Enjoying Experiences, and/or Reclaiming *Self*.

Conclusion

Inquiry into how survivors of interpersonal trauma experience the *self* following regular yoga practice gave rise to the overarching theme, Lightness and Liberation. This theme emerged from accounts of five participants who fostered posttraumatic growth through regular yoga practice, and who described feelings of relief, “like a weight had been lifted,” and “freedom” from the various ways that their trauma had been affecting and controlling them. These were present in each of the four superordinate themes: Expanding Compassion, Trusting Personal Strength, Enjoying Experiences, and Reclaiming *Self*. The themes in this study align with previous research about yoga and trauma, but offer unique insights due to the existential quality incorporated through inquiry into the experience of *self*. On a broader scale, the present study contributes to the World Health Organization's call to action against interpersonal violence, as

garnering knowledge about the experience of healing personal traumas promotes the ability to break cycles of abuse.

References

- Afifi, T. O., Macmillan, H. L., Boyle, M., Cheung, K., Taillieu, T., Turner, S., & Sareen, J. (2016). Child abuse and physical health in adulthood. *Health Reports*, 27(3) 10-18. Statistics Canada: Catalogue no. 82-003-X.
- Afifi, T. O., Macmillan, H. L., Boyle, M., Taillieu, T., Cheung, K., & Sareen, J. (2014). Child abuse and mental disorder in Canada. *Canadian Medical Association*, 186(9), E324-E332. doi:10.1503/cmaj.131792
- Asmundson, G. J. G., Thorisdottir, A. S., Roden-Foreman, J. W., Baird, S. O., Witcraft, S. M., Stein, A. T., . . . Powers, M. B. (2018). A meta-analytic review of cognitive processing therapy for adults with posttraumatic stress disorder. *Cognitive Behaviour Therapy*, (48)1, 1-14. doi: 10.1080/16506073.2018.1522371
- Au, T. M., Sauer-Zavala, S., King, M. W., Petrocchi, N., Barlow, D. H., & Litz, B. T. (2017). Compassion-based therapy for trauma-related shame and posttraumatic stress: Initial evaluation using a multiple baseline design. *Behavior Therapy*, 48(2), 207-221. <https://doi.org/10.1016/j.beth.2016.11.012>
- Badour, C. L., Resnick, H. S., & Kilpatrick, D. G. (2015). Associations between specific negative emotions and DSM-5 PTSD among a national sample of interpersonal trauma survivors. *Journal of Interpersonal Violence*. Advance online publication. <http://dx.doi.org/10.1177/0886260515589930>
- Baker, D., Hunter, E., Lawrence, E., Medford, N., Patel, M., Senior, C., . . . David, A. S. (2003). Depersonalisation disorder: Clinical features of 204 cases. *British Journal of Psychiatry*, 182(5), 428–433. Retrieved from: <https://doi-org.cyber.usask.ca/10.1192/bjp.182.5.428>

- Barnard, L. K., & Curry, J. F. (2011). Self-Compassion: Conceptualizations, Correlates, & Interventions. *Review of General Psychology, 15*(4), 289-303. <https://doi.org/10.1037/a0025754>
- Benight, C. C., & Bandura, A. (2004). Social cognitive theory of posttraumatic recovery: the role of perceived self-efficacy. *Behaviour Research and Therapy, 42*, 1129-1148. Retrieved from: [doi:10.1016/j.brat.2003.08.008](https://doi.org/10.1016/j.brat.2003.08.008)
- Bernstein, R., Delker, B., Knight, J., Freyd, J., & Kendall-Tackett, K. (2015). Hypervigilance in college students: Associations with betrayal and dissociation and psychometric properties in a brief hypervigilance scale. *Psychological Trauma: Theory, Research, Practice, and Policy, 7*(5), 448-455. Retrieved from: <http://dx.doi.org/10.1037/tra0000070>
- Binion, T. M., Cloutier, R., Blumenthal, H., Mischel, E., Rojas, S. M., & Leen-Feldner, E. W. (2018). Violent interpersonal trauma predicts aggressive thoughts and behaviors towards self and others: Findings from the national comorbidity survey-adolescent supplement. *Social Psychiatry and Psychiatric Epidemiology, 53*(12), 1361-1370. Retrieved from: <https://doi.org/10.1007/s00127-018-1607-x>
- Brown, L., & Pantalone, D. (2011). Lesbian, gay, bisexual, and transgender issues in trauma psychology: A topic comes out of the closet. *Traumatology, 17*(2), 1-3. Retrieved from: <https://psycnet-apa-org.cyber.usask.ca/doi/10.1177/1534765611417763>
- Caplan, M., Portillo, A., & Seely, L. (2013). Yoga psychotherapy: The integration of western psychological theory and ancient yogic wisdom. *The Journal of Transpersonal Psychology, 45*(2), 139-158.

- Carter, R. T., & Sant-Barket, S. M. (2015). Assessment of the impact of racial discrimination and racism: How to use the Race-Based Traumatic Stress Symptom Scale in practice. *Traumatology, 21*(1), 32-39. <http://dx.doi.org/10.1037/trm0000018>
- Charuvastra, A., & Cloitre, M. (2008). Social bonds and posttraumatic stress disorder. *Annual review of psychology, 59*, 301–328.
<https://doi.org/10.1146/annurev.psych.58.110405.085650>
- Clifford, G., Meiser-Stedman, R., Johnson, R. D., Hitchcock, C., & Dalgleish, T. (2018). Developing an emotion- and memory-processing group intervention for PTSD with complex features: A group case series with survivors of repeated interpersonal trauma. *European Journal of Psychotraumatology, 9*(1), 2-11.
[doi:10.1080/20008198.2018.1495980](https://doi.org/10.1080/20008198.2018.1495980)
- Cloitre, M., Courtois, C., Ford, J., Green, B., Alexander, P., Briere, J., ... Van der Hart, O. (2012). ISTSS expert consensus guidelines for treatment of complex PTSD in adults. *Journal of Traumatic Stress, 24*(6), 615–627.
- Dierkhising, C. B., Ko, S. J., Woods-Jaeger, B., Briggs, E. C., Lee, R., & Pynoos, R. S. (2013). Trauma histories among justice-involved youth: Findings from National Child Traumatic Stress Network. *European Journal of Psychotraumatology, 4*(1), 20274. [doi: 10.3402/ejpt.v4i0.20274](https://doi.org/10.3402/ejpt.v4i0.20274)
- Dutton, M. A., Green, B. L., Kaltman, S. I., Roesch, D. M., Zeffiro, T. A., & Krause, E. D. (2006). Intimate partner violence, PTSD, and adverse health outcomes. *Journal of Interpersonal Violence, 21*(7), 955-968. [doi: 10.1177/0886260506289178](https://doi.org/10.1177/0886260506289178)

- Dyer, A. S., Feldmann, R. E., & Borgmann, E. (2015). Body related emotions in posttraumatic stress disorder following childhood sexual abuse. *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders*, 24(6), 627-640. <https://doi.org/10.1080/10538712.2015.1057666>
- Emerson, D., Sharma, R., Chaudhry, S., & Turner, J. (2009). Trauma-sensitive yoga: Principles, practice, and research. *The International Journal of Yoga Therapy*, 19(1), 123–128. doi: <https://doi.org/10.17761/ijyt.19.1.h6476p8084122160>
- Field, T. (2016). Yoga research review. *Complementary Therapies in Clinical Practice*, 24, 145-161. Retrieved from: <http://dx.doi.org/10.1016/j.ctcp.2016.06.005>
- Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2007). Revictimization patterns in a national sample of children and youth. *Child Abuse & Neglect*, 31(5), 479-502. doi: 10.1016/j.chiabu.2006.03.012
- Freyd, J. J. (1997). Violations of power, adaptive blindness, and betrayal trauma theory. *Feminism Psychology*, 7(1), 22–32. doi:10.1177/0959353597071004
- Furman, E., Barata, P., Wilson, C., & Fante-Coleman, T. (2017). It's a gap in awareness: Exploring service provision for LGBTQ2S survivors of intimate partner violence in Ontario, Canada. *Journal of Gay & Lesbian Social Services*, 29(4), 362-377. doi: 10.1080/10538720.2017.1365672
- Goetz, J. L., Keltner, D., & Simon-Thomas, E. (2010). Compassion: An evolutionary analysis and empirical review. *Psychological Bulletin*, 136(3), 351-374. <https://doi.org/10.1037/a0018807>
- Government of Canada. (2017). *JustFacts: Sexual Assault*. Department of Justice. Retrieved from <https://www.justice.gc.ca/eng/rp-pr/jr/jf-pf/2017/may02.html>

- Government of Canada. (2018). *Family violence: How big is the problem in Canada?* Public Health Agency of Canada. Retrieved from: <https://www.canada.ca/en/public-health/services/health-promotion/stop-family-violence/problem-canada.html>
- Grant, T., Noggle, J. J., Park, C. L., Vago, D. R., & Wilson, A. (2014). Potential self-regulatory mechanisms for yoga for psychological health. *Frontiers in Human Neuroscience*, 8(770). doi: 10.3389/fnhum.2014.00770
- Gulden, A. W., & Jennings, L. (2016). How yoga helps heal interpersonal trauma: Perspectives and themes from 11 interpersonal trauma survivors. *International Journal of Yoga Therapy*, 26(1), 21-31. doi: 10.17761/1531-2054-26.1.21.
- Grossman, P. (2020, September). What is ashtanga yoga, and what are the benefits? *Openfit*. Retrieved from <https://www.openfit.com/what-is-ashtanga-yoga>
- Hanley, A. W., Peterson, G. W., Canto, A. L., & Garland, E. L. (2015). The relationship between mindfulness and posttraumatic growth with respect to contemplative practice engagement. *Mindfulness*, 6, 654-662. doi:10.1007/s12671-014-0302-6
- Hunt, M., Al-Braiki, F., Dailey, S., Russell, R., & Simon, K. (2008). Mindfulness training, yoga, or both? Dismantling the active components of a mindfulness-based stress reduction intervention. *Mindfulness*, 9, 512-520.
- Johnson, H. (2012). Limits of a criminal justice response: Trends in police and court processing of sexual assault. In E. A. Sheehy (Eds.), *Sexual assault in Canada: Law, legal practice and women's activism*. (613-634). Ottawa: University of Ottawa Press.
- Junewicz, A., Kleinert, K. J., Dubler, N. N., & Caplan, A. (2017). Victimization and vulnerability: A study of incarceration, interpersonal trauma, and patient-physician trust. *Psychiatric Quarterly*, 88, 459-472. doi: 10.1007/s11126-016-9463-x

- Justice, L., Brems, C., & Ehlers, K. (2018). Bridging Body and Mind: Considerations for Trauma-Informed Yoga. *International Journal of Yoga Therapy, 28*(1), 39–50.
<https://doi.org/10.17761/2018-00017R2>
- Kirmayer, L. J., Gone, J. P., & Moses, J. (2014). Rethinking historical trauma. *Transcultural Psychiatry, 51*(3), 299-319. doi: 10.1177/1363461514536358
- LaChiusa, I. C. (2016). The transformation of Ashtanga yoga: Implicit memory, dreams, and consciousness for survivors of complex trauma. *Neuroquantology, 14*, 255-271. doi: 10.14704/NQ.2016.14.2.941
- Leary, M. R., Tate, E. B., Adams, C. E., Allen, A. B., & Hancock, J. (2007). Self-compassion and reactions to unpleasant self-relevant events: The implications of treating oneself kindly. *Journal of Personality and Social Psychology, 92*, 887–904.
- Lee, D. A., Scragg, P., & Turner, S. (2001). The role of shame and guilt in traumatic events: A clinical model of shame-based and guilt-based PTSD. *British Journal of Medical Psychology, 74*(4), 451–466.
- Leonard, K. A., Ellis, R. A., & Orcutt, H. K. (2020). Experiential avoidance as a mediator in the relationship between shame and posttraumatic stress disorder: The effect of gender. *Psychological Trauma: Theory, Research, Practice, and Policy, 12*(6), 651-658. doi: <http://dx.doi.org/10.1037/tra0000601>
- Logan, T. K., Walker, R., Cole, J., & Leukefeld, C. (2002). Victimization and substance abuse among women: Contributing factors, interventions, and implications. *Review of General Psychology, 6*(4), 325-397.

- Medford, N., Sierra, M., Baker, B., & David, A. S. (2005). Understanding and treating depersonalization disorder. *Advances in Psychiatric Treatment, 11*, 92-100. Retrieved from: <http://apt.rcpsych.org/>
- National Institute of Justice. (2008). *Most victims know their attacker*. Retrieved from: <https://www.nij.gov/topics/crime/rape-sexual-violence/campus/pages/know-attacker.aspx>
- Neff, K. D. (2003). The development and validation of a scale to measure self-compassion, self and identity. *Self and Identity, 18*(3), 223-250. doi: 10.1080/15298860309027
- Nguyen-Feng, V. N., Hodgdon, H., Emerson, D., Silverberg, R., & Clark, C. J. (2020, August 27). Moderators of treatment efficacy in a randomized controlled trial of trauma-Sensitive yoga as an adjunctive treatment for posttraumatic stress disorder. *Psychological Trauma: Theory, Research, Practice, and Policy*. Advance online publication. <http://dx.doi.org/10.1037/tra0000963>
- Nguyen-Feng, V. N., Clark, C. J., & Butler, M. E. (2018). Yoga as an intervention for psychological symptoms following trauma: A systematic review and quantitative synthesis. *Psychological Services*. Advance online publication. <http://dx.doi.org/10.1037/ser0000191>
- Nietlisbach, G., & Maercker, A. (2009). Social cognition and interpersonal impairments in trauma survivors with PTSD. *Journal of Aggression, Maltreatment & Trauma, 18*(4), 382-402. doi: 10.1080/10926770902881489
- Nolan, C. R. (2016). Bending without breaking: A narrative review of trauma-sensitive yoga for women with PTSD. *Complementary Therapies in Clinical Practice, 24*, 32-40.

Ogden, P., Minton, K., & Pain, C. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy (Norton series on interpersonal neurobiology)*. WW Norton & Company.

Olf, M. (2012). Bonding after trauma: On the role of social support and the oxytocin system in traumatic stress. *European Journal of Psychotraumatology*, 3(1), 1-11. doi: 10.3402/ejpt.v3i0.18597

Op den Kelder, R., Van den Akker, A. L., Geurts, H. M., Lindauer, R. J. L., & Overbeek, G. (2018). Executive functions in trauma exposed youth: a meta-analysis. *European Journal of Pharmacology*, 9(1), 1450595. doi: 10.1080/20008198.2018.1450595

Perepelkin, J., Antunes, K., Boechler, L., Remillard, A. J., & Mildenerger, L. (2019). Providing mindfulness meditation for patients with depression and anxiety in a community pharmacy: A pilot study. *Journal of the American Pharmacists Association*, 59, 258-264. <https://doi.org/10.1016/j.japh.2018.10.017>

Platt, M. G., & Freyd, J. J. (2015). Betray my trust, shame on me: Shame, dissociation, fear, and betrayal trauma. *Psychological Trauma: Theory, Research, Practice, and Policy*, 7(4), 398-404.

Raio, C. M., Orederu, T. A., Palazzolo, L., Shurick, A. A., & Phelps, E. A. (2013). Cognitive emotion regulation fails the stress test. *Proceedings of the National Academy of Sciences of the United States of America*, 110(37), 15139–15144. <https://doi.org/10.1073/pnas.1305706110>

- Redford, L., Corral, S., Bradley, C., Fisher, H., Basset, C., Howat, N., & Collishaw, S. (2011). Child abuse and neglect in the UK today. Retrieved from http://www.crin.org/en/docs/1323_child_abuse_neglect_research_PDF_wdf84181_original.pdf
- Reichenberg, L. W. (2014). *DSM-5 essentials; The savvy clinician's guide to the changes in criteria*. John Wiley & Sons.
- Rhodes, A. M. (2015). Claiming peaceful embodiment through yoga in the aftermath of trauma. *Complementary Therapies in Clinical Practice, 21*, 247-256. doi: <http://dx.doi.org/10.1016/j.ctcp.2015.09.004>
- Ross, A., Friedmann, E., Bevans, M., & Thomas, S. (2013). National survey of yoga practitioners: Mental and physical health benefits. *Complimentary Therapies in Medicine, 12*(4), 313-323. doi: <https://doi.org/10.1016/j.ctim.2013.04.001>
- Sack, M., Boroske-Leiner, K., & Lahmann, C. (2010). Association of nonsexual and sexual traumatizations with body image and psychosomatic symptoms in psychosomatic outpatients. *General Hospital Psychiatry, 32*, 315-320. doi: [10.1016/j.genhosppsych.2010.01.002](http://dx.doi.org/10.1016/j.genhosppsych.2010.01.002)
- Scheffers, M., Hoek, M., Bosscher, R. J., van Duijn, M. A. J., Schoevers, R. A., & van Busschbach, J. T. (2017). Negative body experience in women with early childhood trauma: associations with trauma severity and dissociation. *European Journal of Psychotraumatology, 8*(1), 1-9. doi: [10.1080/20008198.2017.1322892](https://doi.org/10.1080/20008198.2017.1322892)
- Scoglio, A. A. J., Rudat, D. A., Garvert, D., Jarmolowski, M., Jackson, C., & Herman, J. L. (2018). Self-compassion and responses to trauma: The role of emotion regulation. *Journal of Interpersonal Trauma, 33*(13), 2016-2036. doi: [10.1177/0886260515622296](https://doi.org/10.1177/0886260515622296)

- Shearer, A., Hunt, M., Chowdhury, M., & Nicol, L. (2016). Effects of a brief mindfulness meditation intervention on student stress and heart rate variability. *International Journal of Stress Management*, 23(2), 232-254.
- Shenk, C. E., Putnam, F. W., & Noll, J. G. (2012). Experiential avoidance and the relationship between child maltreatment and PTSD symptoms: Preliminary evidence. *Child Abuse & Neglect*, 36, 118–126. <http://dx.doi.org/10.1016/j.chiabu.2011.09.012>
- Shenton, A. K. (2004). Strategies for Ensuring Trustworthiness in Qualitative Research Projects. *Education for Information*, 22, 63-75. <https://doi.org/10.3233/EFI-2004-22201>
- Sierra, M. (2009). *Depersonalization: A new look at a neglected syndrome*. Cambridge: Cambridge University Press.
- Simeon, D., Guralnik, O., Schmeidler, J., Sirof, B., & Knutelska, M. (2001). The role of childhood interpersonal trauma in depersonalization disorder. *American Journal of Psychiatry*, 158(7), 1027-1033. doi:10.1176/appi.ajp.158.7.1027
- Smith, J., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method, and research*. Sage.
- Statistics Canada. (2015). *Section 2: Intimate partner violence, 2013: Ottawa-Gatineau*, Catalogue no. 85-002-X. Retrieved from: <https://www150.statcan.gc.ca/n1/pub/85-002-x/2014001/article/14114/section02-eng.htm>
- Statistics Canada. (2018). *Police reported sexual assaults in Canada before and after#MeToo 2016 and 2017: Ottawa-Gatineau*, Catalogue no. 85-002-X. Retrieved from: <https://www150.statcan.gc.ca/n1/pub/85-002-x/2018001/article/54979-eng.htm>
- Statistics Canada. (2018). *Victims of police-reported violent crime in Canada: National, provincial, territorial fact sheets, 2016: Ottawa – Gatineau*, Catalogue no. 85-002-X,

[Table 1.3]. Retrieved from: <https://www150.statcan.gc.ca/n1/pub/85-002-x/2018001/article/54960/s1-eng.htm>

Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, 15(1), 1-18, Retrieved September 27, 2020, from <http://www.jstor.org/stable/20447194>

Van der Kolk, B. A. (2006). Clinical implications of neuroscience research in PTSD. *Annals of the New York Academy of Sciences*, 1071, 277–293.
<https://doi.org/10.1196/annals.1364.022>

Van der Kolk, B.A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin Books.

Van der Kolk, B. A., Stone, L., West, J., Rhodes, A., Emerson, D., Suvak, M., & Spinazzola, J. (2014). Yoga as an adjunctive treatment for posttraumatic stress disorder: A randomized controlled trial. *Journal of Clinical Psychiatry*, 75(6), 559-565.
[doi:10.4088/JCP.13m08561](https://doi.org/10.4088/JCP.13m08561)

Van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. The Althouse Press.

Wampold, B. E. (2015). How important are the common factors in psychotherapy? An update. *World Psychiatry*, 14, 270-277. [doi: 10.1002/wps.20238](https://doi.org/10.1002/wps.20238)

World Health Organization. (2019). Violence against women. Retrieved from: <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>

World Health Organization. (2019). *Youth violence*. Retrieved from: <https://www.who.int/news-room/fact-sheets/detail/youth-violence>

Wuerch, M. A., Zorn, K. G., Juschka, D., & Hampton, M. R. (2019). Responding to intimate partner violence: Challenges faced among service providers in northern communities.

Journal of Interpersonal Violence, 34(4), 691-711.

Youth Crime Fact Sheet. (2007). *Youth crime*. Retrieved from:

<http://www.domesticviolenceinfo.ca/upload/documents/2007-youthcrime.pdf>

Appendix A- Electronic Recruitment Poster

****If you choose to share this poster online, please disable comments sections in order to prevent potential participants from identifying themselves online, and from being identified by others by being “tagged”. Confidentiality is the utmost priority to the researchers of this study.****

Has your yoga practice fostered healing from interpersonal trauma?

I am a Masters Student in the School & Counselling Psychology program at the University of Saskatchewan, currently conducting research to understand how the self is experienced following post traumatic growth fostered through regular yoga practice. I am seeking volunteers to participate in a confidential, 90 minute interview. Participants will be gifted a water bottle.

In order to participate, volunteers must:

- Be at least 18 years of age
- be English speaking and able to fully consent to your involvement
- have experienced at least one incident of what the World Health Organization would describe as interpersonal trauma. This includes physical, sexual, emotional or psychological abuse enacted by somebody known or by a stranger, and may have been experienced at any point across the lifespan (and includes experiences of childhood neglect).
- be comfortable providing basic, demographic information about yourself and the type of interpersonal trauma that you endured
- have regularly practiced yoga (at least once a week) for a period of at least three months within the last five years
- hold the belief that your yoga practice fostered significant growth in relationship with the self and with others, as well as in life philosophy, that would not have been prompted in the absence of the traumatic event.
- not be in a present state of crisis
- Must be available for interview in either Saskatoon, Edmonton, Calgary or Vancouver

If you are interested in learning more about this study, please contact Tessa at tlw320@usask.ca

Has your yoga practice fostered healing from interpersonal trauma?

I am a Masters Student in the School & Counselling Psychology program at the University of Saskatchewan, currently conducting research to understand how the self is experienced following post traumatic growth fostered through regular yoga practice. I am seeking volunteers to participate in a confidential, 90 minute interview. Participants will be gifted a water bottle.

In order to participate, volunteers must:

- Be at least 18 years of age
- be English speaking and able to fully consent to your involvement
- have experienced at least one incident of what the World Health Organization would describe as interpersonal trauma. This includes physical, sexual, emotional or psychological abuse enacted by somebody known or by a stranger, and may have been experienced at any point across the lifespan (and includes experiences of childhood neglect)
- be comfortable providing basic, demographic information about yourself and the type of interpersonal trauma that you endured
- have regularly practiced yoga (at least once a week) for a period of at least three months within the last five years
- hold the belief that your yoga practice fostered significant growth in relationship with the self and with others, as well as in life philosophy, that would not have been prompted in the absence of the traumatic event.
- not be in a present state of crisis
- Must be available for interview in either Saskatoon, Edmonton, Calgary or Vancouver

[Item]

[Contact Info]

[Item]

[Contact Info]

[Item]

[Contact Info]

[Item]

[Contact Info]

[Item]

[Contact Info]

[Item]

[Contact Info]

[Item]

[Contact Info]

[Item]

[Contact Info]

[Item]

[Contact Info]

[Item]

[Contact Info]

[Item]

[Contact Info]

[Item]

[Contact Info]

[Item]

[Contact Info]

[Item]

[Contact Info]



UNIVERSITY OF
SASKATCHEWAN

CONSENT FORM

Researchers

Student Researcher

Tessa Winslow
M. Ed. Graduate Student
Department of Education Psychology
& Special Education
University of Saskatchewan
Email: yogigrowth@gmail.com

Supervisor

Dr. Stephanie Martin
Registered Doctoral Psychologist
Graduate Chair
Department of Education Psychology
& Special Education
University of Saskatchewan
Phone: (306) 966- 5259
Email: stephanie.martin@usask.ca

Purpose and Objective

You are invited to take part in a research study entitled: *How Survivors of Interpersonal Trauma Experience the Self Following Regular Yoga Practice*. Preliminary research has shown yoga to be successful in regulating the nervous system, reducing PTSD symptomology and fostering post traumatic growth in those that have experienced interpersonal trauma. Post traumatic growth is a term used to signify significant growth in relationship with the self and with others, as well as in life philosophy, that would not have been prompted in the absence of a traumatic event. The purpose of this study is to explore how the self is experienced following post traumatic growth fostered through regular yoga practice. The researcher aims to contribute to yoga and trauma research by emphasizing the holistic experiences of interpersonal trauma survivors during moments of growth and evolution.

Participation and Procedures

For this study, we are looking for individuals over the age of 18 who have experienced interpersonal trauma, and feel that they fostered significant post traumatic growth through their yoga practice. Interested individuals will participate in one pre-screening interview and one audio recorded, semi-structured interview that will last approximately 90 minutes in duration. The pre-screening interview will include questions pertaining to the inclusionary criteria of the study (presence of post traumatic growth, regularity of yoga practice, type(s) of interpersonal trauma endured, and demographic questions). The 90 minute, semi structured interview will be

conducted and recorded by the student researcher. Interviews will take place in a public setting that affords privacy (private room within University, library, community space or rented office space), and will be audio recorded using a password protected computer. At the end of the interview, the researcher will ask participants if they shared anything that they would like removed from the record. Additionally, after the researcher has transcribed the data, participants will be provided with the option of reviewing the transcript of their interview. At this point, they can withdraw any comments they wish to not be included in the data.

Please feel free to ask any questions regarding the procedures and goals of the study or your role.

Potential Benefits

While there are no explicit benefits of participating, there is a possibility that some participants may develop a deeper understanding of the role that yoga practice has played in their lives and have an opportunity to reflect on this experience. In addition, participants will be contributing to greater knowledge and insight into the experiences of interpersonal trauma survivors that have fostered post traumatic growth through regular yoga practice.

Compensation

Participants will be provided with a water bottle upon completing the semi structured interview.

Potential Risks

There are no known or anticipated physical risks associated with this study, however, engaging in dialogue about post traumatic growth might prompt uncomfortable emotions that participants might want to process further with a mental health provider. In the event that you would like to further discuss your feelings regarding topics discussed in the study, mental health services offered for free or on a sliding price scale are listed below:

Family Services Saskatoon (sliding scale): (306) 244-0127

Catholic Family Services (sliding scale): (306) 244-7773

Saskatoon Crisis Intervention Service (24 hour crisis line, free service): (306) 933-6200

Saskatoon Sexual Assault & Information Centre (24 hour crisis line, free service):
(306) 244-2224

You have the right to refuse any question and to withdraw from the study at any time. This will result in no penalty to you or anyone else. The researchers will only ask you to withdraw if it becomes evident that you are in a current state of crisis.

Storage of the Data

Audio recorded interviews and transcriptions of such will be stored by the student researcher's supervisor on a secure OneDrive account. Remote access to the audio recorded interviews and transcriptions will be provided to the student researcher while they work with this data. Hard copy data with identifying information (the consent forms) will be stored under double lock and key (locked filing cabinet within a locked space) within the supervisor's office space at the University of Saskatchewan. The supervisor will store all data for a minimum of five years, as this is standard practice within the field. After five years, the data will be destroyed beyond recovery.

Confidentiality

The data from this study will be used as a part of the student researcher's thesis and possibly to produce a manuscript to be published in a journal and/or at a conference. However, your identity will be kept confidential. Although direct quotations from the interviews may be reported, you will be asked to choose a pseudonym (made up name) and all identifying information (i.e. name, school, address, etc.) will be removed from the report. Only the research team will review the original audio recordings and transcripts. Identifying information will not be discussed outside of the research team.

It is important to also note that there are certain information that the researchers are obligated to report to relevant authorities (i.e. child abuse, intent to harm self or others). Other than those limitations, there are no other circumstances where the researcher would not keep identifying information confidential.

Right to Withdraw

Participation in this study is entirely voluntary. You have the right to only answer questions you feel comfortable with, and you have the right to request that recording devices be turned off at any point of the interview without providing a reason. You also have the right to withdraw from the study without providing a reason within one month of participating. If you choose to withdraw your participation, there will not be any penalty to you or to anybody else, and all data that you contributed will be immediately destroyed.

Additionally, you have the option to review the transcript of your interview before it is analyzed and incorporated into a formal document. If you choose to do so, the transcript of your interview

will be emailed to you so that you may have information from your interview deleted or modified if you so choose.

Would you like your transcript emailed to you so that you may review it before it is analyzed?

_____ yes _____ no

**If you choose to review your transcript, please inform the student researcher whether you approve the contents of the transcript at your soonest convenience, but no longer than a week after it has been emailed to you. If you disapprove any of the data in your transcript, please indicate such by highlighting sections that they would like removed, and bolding text that you have made changes to, and then return it to the student researcher via email.*

Questions

Please feel free to contact the researcher(s) using the information at the top of page 1 should you have any questions or concerns at any time.

This research project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office ethics.office@usask.ca (306) 966-2975. Out of town participants may call toll free (888) 966-2975.

You may contact the research team to find the results of the study or request a copy of the published manuscript.

Consent:

Verbal consent was obtained from _____ during the pre-screening interview.
(name of participant)

(Name of Student researcher)

(Date)

(Signature of Student researcher)

I have read and understood the description provided. I consent to participate in this research project and am aware that I can withdraw at anytime, within a month of participating, without providing a reason. A copy of this consent form has been given to me for my records.

(Name of Participant)

(Date)

(Signature of Participant)

(Signature of Researcher)



UNIVERSITY OF
SASKATCHEWAN

CONSENT FORM

Researchers

Student Researcher

Tessa Winslow
M. Ed. Graduate Student
Department of Education Psychology
& Special Education
University of Saskatchewan
Email: yogigrowth@gmail.com

Supervisor

Dr. Stephanie Martin
Registered Doctoral Psychologist
Graduate Chair
Department of Education Psychology
& Special Education
University of Saskatchewan
Phone: (306) 966- 5259
Email: stephanie.martin@usask.ca

Purpose and Objective

You are invited to take part in a research study entitled: *How Survivors of Interpersonal Trauma Experience the Self Following Regular Yoga Practice*. Preliminary research has shown yoga to be successful in regulating the nervous system, reducing PTSD symptomology and fostering post traumatic growth in those that have experienced interpersonal trauma. Post traumatic growth is a term used to signify significant growth in relationship with the self and with others, as well as in life philosophy, that would not have been prompted in the absence of a traumatic event. The purpose of this study is to explore how the self is experienced following post traumatic growth fostered through regular yoga practice. The researcher aims to contribute to yoga and trauma research by emphasizing the holistic experiences of interpersonal trauma survivors during moments of growth and evolution.

Participation and Procedures

For this study, we are looking for individuals over the age of 18 who have experienced interpersonal trauma, and feel that they fostered significant post traumatic growth through their yoga practice. Interested individuals will participate in one pre-screening interview and one audio recorded, semi-structured interview that will last approximately 90 minutes in duration. The pre-screening interview will include questions pertaining to the inclusionary criteria of the study (presence of post traumatic growth, regularity of yoga practice, type(s) of interpersonal

trauma endured, and demographic questions). The 90 minute, semi structured interview will be conducted and recorded by the student researcher. Interviews will take place in a public setting that affords privacy (private room within University, library, community space or rented office space), and will be audio recorded using a password protected computer. At the end of the interview, the researcher will ask participants if they shared anything that they would like removed from the record. Additionally, after the researcher has transcribed the data, participants will be provided with the option of reviewing the transcript of their interview. At this point, they can withdraw any comments they wish to not be included in the data.

Please feel free to ask any questions regarding the procedures and goals of the study or your role.

Potential Benefits

While there are no explicit benefits of participating, there is a possibility that some participants may develop a deeper understanding of the role that yoga practice has played in their lives and have an opportunity to reflect on this experience. In addition, participants will be contributing to greater knowledge and insight into the experiences of interpersonal trauma survivors that have fostered post traumatic growth through regular yoga practice.

Compensation

Participants will be provided with a water bottle upon completing the semi structured interview.

Potential Risks

There are no known or anticipated physical risks associated with this study, however, engaging in dialogue about post traumatic growth might prompt uncomfortable emotions that participants might want to process further with a mental health provider. In the event that you require immediate access to mental health services, there are a number of crisis/distress lines listed below. In addition, mental health services offered for free or on a sliding price scale are listed at the end of this consent form.

Distress Line Numbers:

Greater Vancouver: (604) 872-3311

Toll free- Lower Mainland and Sunshine Coast: 1-866-661-3311

BC Wide: 1-800-SUICIDE

Online Distress Services: www.youthinbc.com, www.crisiscentrechat.ca

Seniors' Distress Line: (604) 872-1234

You have the right to refuse any question and to withdraw from the study at any time. This will result in no penalty to you or anyone else. The researchers will only ask you to withdraw if it becomes evident that you are in a current state of crisis.

Storage of the Data

Audio recorded interviews and transcriptions of such will be stored by the student researcher's supervisor on a secure OneDrive account. Remote access to the audio recorded interviews and transcriptions will be provided to the student researcher while they work with this data. Hard copy data with identifying information (the consent forms) will be stored under double lock and key (locked filing cabinet within a locked space) within the supervisor's office space at the University of Saskatchewan. The supervisor will store all data for a minimum of five years, as this is standard practice within the field. After five years, the data will be destroyed beyond recovery.

Confidentiality

The data from this study will be used as a part of the student researcher's thesis and possibly to produce a manuscript to be published in a journal and/or at a conference. However, your identity will be kept confidential. Although direct quotations from the interviews may be reported, you will be asked to choose a pseudonym (made up name) and all identifying information (i.e. name, school, address, etc.) will be removed from the report. Only the research team will review the original audio recordings and transcripts. Identifying information will not be discussed outside of the research team.

It is important to also note that there are certain information that the researchers are obligated to report to relevant authorities (i.e. child abuse, intent to harm self or others). Other than those limitations, there are no other circumstances where the researcher would not keep identifying information confidential.

Right to Withdraw

Participation in this study is entirely voluntary. You have the right to only answer questions you feel comfortable with, and you have the right to request that recording devices be turned off at any point of the interview without providing a reason. You also have the right to withdraw from the study without providing a reason within one month of participating. If you choose to

withdraw your participation, there will not be any penalty to you or to anybody else, and all data that you contributed will be immediately destroyed.

Additionally, you have the option to review the transcript of your interview before it is analyzed and incorporated into a formal document. If you choose to do so, the transcript of your interview will be emailed to you so that you may have information from your interview deleted or modified if you so choose.

Would you like your transcript emailed to you so that you may review it before it is analyzed?

_____ yes _____ no

**If you choose to review your transcript, please inform the student researcher whether you approve the contents of the transcript at your soonest convenience, but no longer than a week after it has been emailed to you. If you disapprove any of the data in your transcript, please indicate such by highlighting sections that they would like removed, and bolding text that you have made changes to, and then return it to the student researcher.*

Questions

Please feel free to contact the researcher(s) using the information at the top of page 1 should you have any questions or concerns at any time.

This research project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office ethics.office@usask.ca (306) 966-2975. Out of town participants may call toll free (888) 966-2975.

You may contact the research team to find the results of the study or request a copy of the published manuscript.

Consent:

Verbal consent was obtained from _____ during the pre-screening interview.
(name of participant)

(Name of Student researcher)

(Date)

(Signature of Student researcher)

I have read and understood the description provided. I consent to participate in this research project and am aware that I can withdraw at anytime, within a month of participating, without providing a reason. A copy of this consent form has been given to me for my records.

(Name of Participant)

(Date)

(Signature of Participant)

(Signature of Researcher)

Reduced-Cost Counselling Options in Vancouver

(Provided by <https://willowtreecounselling.ca/wp-content/themes/willowtree/reduced-costcounselling.pdf>)

A resource list of lower-cost, sliding-scale and free counselling services in Metro Vancouver. Updated quarterly. In order to control the size of this list, counselling listings are focused primarily on those within the city of Vancouver. Listings are categorized; categories, however, are not exclusive and are not intended to be limiting in terms of service provided or population served.

General Counselling

Family Services of Greater Vancouver, Counselling Program - 604-874-2938

www.fsgv.ca/find-the-support-you-need/counselling/

Counselling fees based on household income. Master's-level therapists. Program has a dedicated intake worker who can also refer to other counselling services or groups.

Offices in Vancouver, Richmond, Burnaby, New Westminster and Surrey.

Family Services of the North Shore - 604-988-5281

<http://www.familyservices.bc.ca>

Professional counselling for residents of the North Shore. Sliding Scale.

Oak Counselling - 604-266-5611

<http://oakcounselling.org/>

Reduced fee. Secular counselling services provided at the Vancouver Unitarian Centre by supervised volunteers with Master's degrees in psychology or psychology-related fields. Individual, couples and family counselling.

Adler Centre - Counselling Clinic - 604-742-1818

<http://www.adlercentre.ca/clinic.html>

Sliding scale individual and couples counselling. Counselling provided by counselling psychology graduate students at the Adler Centre, supervised by an experienced clinician.

Scarfe Counselling - UBC - 604-827-1523

<http://ecps.educ.ubc.ca/counselling-centres/scarfe-free-counselling-clinic/>

Free. Counselling provided by counselling psychology graduate students, supervised by a psychologist. Clinic runs from September to April.

UBC Psychology Clinic - 604-822-3005

<http://clinic.psych.ubc.ca/>

Counselling services provided by doctoral student interns, supervised by registered psychologists. \$10-\$40 per hour.

New Westminster UBC Counselling Centre - 604-525-6651

<http://ecps.educ.ubc.ca/clinical-instructional-resources/new-westminster-ubccounselling-centre/>

Free counselling for the general public by counselling psychology graduate students, supervised by a psychologist.

Simon Fraser University - Counselling Clinics

Surrey Clinic - 604-587-7320 - [http://www.sfu.ca/education/centres-offices/sfu-](http://www.sfu.ca/education/centres-offices/sfu-surreycounselling-centre.html)

[surreycounselling-centre.html](http://www.sfu.ca/education/centres-offices/sfu-surreycounselling-centre.html)

Burnaby Clinical Psychology Centre - 778-782-4720 - <https://www.sfu.ca/psychology/clinical-psychology-centre.html>

Counselling for adults, children and youth provided by supervised graduate students in counselling psychology. Services at the Surrey clinic are free and at the Burnaby clinic are offered on a sliding scale.

Canadian Mental Health Association: North and West Vancouver Branch

Brief Counselling Service - 604-987-6959

<https://northwestvancouver.cmha.bc.ca/programs-services/counselling/>

Up to 12 sessions of counselling for North Shore residents without open ICBC, WCB or other insurance carrier claims. Counselling provided by intern (\$25-\$50) or registered clinical counsellor (\$50-\$75).

Living Systems Counselling - 604-926-5496

<http://livingsystems.ca/counselling/our-approach/>

Individual, couple and family counselling using Bowen Family Systems Therapy. Lowercost counselling provided by supervised interns.

ProChoices Community Therapy Clinic <http://prochoices.ca>

By-donation (\$20.00 min) feminist counselling services provided by supervised master's-level and intern narrative therapists.

Moving Forward Family Services - 778-321-3054

<https://movingforwardfamilyservices.com>

Free and pay-by-donation counselling for individuals and families. Offices in Surrey and South Vancouver. Graduate-level counsellors and counselling interns.

Neighbourhood Houses of BC

<http://www.anhbc.org/index.php>

Some Metro Vancouver neighbourhood houses offer free or low-cost counselling, often provided by student counselling interns. The link above has a list of neighbourhood houses; contact the one in your area to enquire about availability.

LGBTQ+

Heath Initiative for Men (HIM) - 604-488-1001 ext. 230

<https://checkhimout.ca/gay-mens-health/mental-health/counselling-support/>

Brief professional counselling (8 sessions) is available to gay, bisexual and other men who have sex with men either by donation equivalent to hourly wage. Vancouver, New Westminster, Surrey, Abbotsford.

Qmunity - Free Counselling Program - 604-684-5307 ext.100

<https://qmunity.ca/get-support/counselling/>

Counselling for members of the LGBTQ+ communities. Waitlist capped at 20 counselling requests. May call weekly for updates.

Catherine White Holman Wellness Centre - 604-442-4352

<http://www.cwhwc.com/services/counselling-resources/>

Drop-in professional counselling for trans and gender-diverse people. Call or check <http://www.cwhwc.com/upcoming-clinics/> to find out when the next counselling clinic is being held.

Trauma

VISAC - Family Services of Greater Vancouver - 604-874-2938

<https://fsgv.ca/visac/>

Professional counselling for adults and children dealing with the effects of childhood

trauma and/or sexual abuse.

VAST - 604-255-1881 or Toll Free: 1-866-393-3133

<http://vast-vancouver.ca/#>

Trauma-focused psychological counselling for refugees in one-on-one and group settings. Services provided in over a dozen languages.

Healthy Connections: You and Your Baby Program - Family Services of Greater Vancouver - 604-874-2938

<https://fsgv.ca/healthy-connections/>

Professional counselling for pregnant women with a history of trauma that holds the potential of affecting their parenting. Program is intended to begin as early in the pregnancy as possible until the first 3 years of the child's life.

Residential Historical Abuse Program - 604-875-4255

<http://vch.eduhealth.ca/PDFs/CE/CE.851.S49.pdf>

Free counselling for those who were sexually abused while under the care of the province (foster care, group homes, etc.)

Crime Victims Assistance Program - Victim Link BC 1-800-563-0808 (available 24/7)

<http://www2.gov.bc.ca/gov/content/justice/criminal-justice/bcs-criminal-justice-system/ifyou-are-a-victim-of-a-crime/victim-of-crime/financial-assistance-benefits>

Funded counselling for victims of crime, their immediate family members and witnesses. Contact for eligibility.

Battered Women's Support Services - 604-687-1867

<https://www.bwss.org/support/programs/counselling/>

Counselling and support services for any woman who has been abused in an intimate relationship as well as women survivors of childhood sexual abuse, adult sexual assault and Indigenous residential school survivors.

WAVAW Rape Crisis Centre - 604-255-6228

<https://www.wavaw.ca/counselling/>

Individual counselling and group support for cis and trans women, Two-Spirit, trans and/or non-binary people who have experienced sexual assault

Indigenous

First Nations Health Authority - 1-800-317-7878 (Toll Free)

<http://www.fnha.ca/benefits/mental-health>

Mental health provider list: <http://www.fnha.ca/Documents/FNHA-First-Nations-Health-Benefits-Mental-Health-Provider-List.pdf>

Provides coverage to access mental health providers, including counsellors, social workers, and psychologists. FNHB covers three mental health programs: Short-Term Crisis Intervention, Indian Residential School Resolution Health Support Program, and the Missing and Murdered Indigenous Women and Girls - Health Support Services.

Addictions

Addictions Services, Vancouver Coastal Health - 604-675-3710

<http://www.vch.ca/your-care/mental-health-substance-use/substance-use-services>

Substance use assessment, counselling and treatment planning for individuals, couples and families. Group counselling also available. Free.

BC Responsible and Problem Gambling Program - 1-888-795-6111 (available 24/7)

<https://www.bcresponsiblegambling.ca/getting-help/find-counsellor>

Free professional, multilingual counselling for any British Columbian struggling with their

own or their family member's gambling. Counsellors have a minimum of a Master's degree in a counselling-related discipline.

Mental Health

Vancouver Coastal Mental Health - Vancouver Hospital - 604-675-3710

<http://www.vch.ca/your-care/mental-health-substance-use/mental-health-outpatientservices>

Group therapy for depression, anxiety, stress. Individual mental health assessments.

Referral through your family doctor, or via a walk-in clinic.

SAFER - Vancouver Coastal Health - 604-675-3700

<http://phc.eduhealth.ca/PDFs/GV/GV.150.S128.pdf>

For Vancouver residents, provides counselling for individuals age 19 and over who have made a suicide attempt, are currently suicidal, or have suicidal thoughts; also offers support and education for people who are concerned about the risk of suicide in a significant other or bereaved by a suicide death.

Kelty's Key Online Therapy - Vancouver Coastal Health - 604-675-3700

<https://www.keltyskey.com/>

Free, cognitive-behavioural online therapy for qualifying Vancouver residents.

Registered online clients are assigned an online psychotherapist for time-limited

sessions. The general public may also access the online courses in a self-help capacity

(without therapist assistance).

Bounce Back Program - Canadian Mental Health Association - 1-866-639-0522

<http://www.cmha.bc.ca/programs-services/bounce-back/>

Telephone coaching for people with mild-moderate depression with or without

accompanying anxiety. Coaching available in English, Cantonese, French and Punjabi.

Family doctor's referral required to access this program. Free.

Mood Disorders Association of BC - 604-873-0103 ext. 2

Counselling and Wellness Centre

<http://www.mdabc.net/counselling-and-wellness-centre-mdabc>

Individual therapy with certified counsellor (\$85-\$95 an hour) or intern (\$50 hour). Group therapy also available.

Multilingual

SUCCESS - Individual and Family Counselling - 604-408-7266 or 604-684-1628

<http://www.successbc.ca/eng/services/family-youth/counselling-service/611-individual-and-family-counselling>

Counselling offered in Mandarin, Cantonese, Korean and English with a focus on

helping new immigrants of Chinese and other ethnic origins. Play and art therapy also available.

MOSAIC - Stopping The Violence Family Counselling - 604-254-9626 (Ask for the Stopping the Violence Counsellor and/or the Women's Support Worker).

<https://www.mosaicbc.org/services/counselling/stopping-the-violence/>

Free, confidential counselling support and multicultural outreach services for women who have experienced, or are at risk of, abuse, threats, or violence in an intimate relationship, sexual assault or childhood abuse. 1:1 counselling and group support.

Services available in English, Punjabi and Hindi.

Youth

Broadway Youth Resource Centre - City University Community Counselling Clinic

604-709-5729

Offers counselling and support services in the areas of youth and family, anger management, and sexual orientation/gender identity issues. Counselling provided by supervised interns completing their Master's of Counselling Degree. Free.

Surrey Youth Resources Centre, Community Counselling Clinic 604-592-6200
<http://pcrs.ca/our-services/community-counselling/>

Free counselling for Surrey residents provided by graduate student interns for individuals, youth and families (must be have a child or youth in the family to access services)

Faith-Based/Religious

Jewish Family Services - 604-637-3309

<http://jfsa.ca/counselling/>

Sliding scale counselling to the Jewish and non-Jewish community. Regular program \$50-\$105; low-cost program: \$10-\$20).

Linkage Family Counselling - Chinese Christian Mission - 604-629-2266

http://www.en.ccmanada.org/?page_id=2327

Reduced-cost Christian counselling by interns (\$40) and professional counsellors (\$70) available in English, Cantonese and Mandarin. Individual, couples and family counselling. Offices in Burnaby and Richmond.

For non-life-threatening mental health or addictions concerns, contact the **Access and Assessment Centre (AAC)** at VGH, available 7:30am-11pm, 7 days a week. Phone, drop-in and outreach support available for Vancouver residents.

604-675-3700

<http://www.vch.ca/your-care/mental-health-substance-use/vancouver-accessassessment-centre>

Joseph & Rosalie Segal & Family Health Centre: 803 West 12th Avenue Vancouver
1-800-SUICIDE, BC-wide, 24/7.

Health Link BC - Nurse Line - 24/7 - **Phone: 8-1-1 or 7-1-1 (hearing impaired)**

<https://www.healthlinkbc.ca/nursing-services>

First Nations and Inuit Hope for Wellness Help Line and On-line Counselling Service - Toll Free: **1-855-242-3310**

Hope for Wellness Chat Line: www.hopeforwellness.ca

Immediate mental health counselling and crisis intervention to all Indigenous people across Canada.

KUU-US Indigenous Crisis Line (24/7) Toll Free: 1-800-588-8717

Adult/Elder: 250-723-4050 Child/Youth: 250-723-2040

WAVAW 24-7 Rape Crisis Line - 604-255-6344 | 1-877-392-7583



CONSENT FORM

Researchers

Student Researcher

Tessa Winslow
M. Ed. Graduate Student
Department of Education Psychology
& Special Education
University of Saskatchewan
Email: yogigrowth@gmail.com

Supervisor

Dr. Stephanie Martin
Registered Doctoral Psychologist
Graduate Chair
Department of Education Psychology
& Special Education
University of Saskatchewan
Phone: (306) 966- 5259
Email: stephanie.martin@usask.ca

Purpose and Objective

You are invited to take part in a research study entitled: *How Survivors of Interpersonal Trauma Experience the Self Following Regular Yoga Practice*. Preliminary research has shown yoga to be successful in regulating the nervous system, reducing PTSD symptomology and fostering post traumatic growth in those that have experienced interpersonal trauma. Post traumatic growth is a term used to signify significant growth in relationship with the self and with others, as well as in life philosophy, that would not have been prompted in the absence of a traumatic event. The purpose of this study is to explore how the self is experienced following post traumatic growth fostered through regular yoga practice. The researcher aims to contribute to yoga and trauma research by emphasizing the holistic experiences of interpersonal trauma survivors during moments of growth and evolution.

Participation and Procedures

For this study, we are looking for individuals over the age of 18 who have experienced interpersonal trauma, and feel that they fostered significant post traumatic growth through their yoga practice. Interested individuals will participate in one pre-screening interview and one audio recorded, semi-structured interview that will last approximately 90 minutes in duration. The pre-screening interview will include questions pertaining to the inclusionary criteria of the study (presence of post traumatic growth, regularity of yoga practice, type(s) of interpersonal

trauma endured, and demographic questions). The 90 minute, semi structured interview will be conducted and recorded by the student researcher. Interviews will take place in a public setting that affords privacy (private room within University, library, community space or rented office space), and will be audio recorded using a password protected computer. At the end of the interview, the researcher will ask participants if they shared anything that they would like removed from the record. Additionally, after the researcher has transcribed the data, participants will be provided with the option of reviewing the transcript of their interview. At this point, they can withdraw any comments they wish to not be included in the data.

Please feel free to ask any questions regarding the procedures and goals of the study or your role.

Potential Benefits

While there are no explicit benefits of participating, there is a possibility that some participants may develop a deeper understanding of the role that yoga practice has played in their lives and have an opportunity to reflect on this experience. In addition, participants will be contributing to greater knowledge and insight into the experiences of interpersonal trauma survivors that have fostered post traumatic growth through regular yoga practice.

Compensation

Participants will be provided with a water bottle upon completing the semi structured interview.

Potential Risks

There are no known or anticipated physical risks associated with this study, however, engaging in dialogue about post traumatic growth might prompt uncomfortable emotions that participants might want to process further with a mental health provider. In the event that you would like to further discuss your feelings regarding topics discussed in the study, mental health services offered for free or on a sliding price scale are listed below:

Momentum Walk in Counselling: (780) 757-0900

Community Counselling Centre: (780) 482-3711

Cornerstone Counselling Centre: (780) 482-6215

You have the right to refuse any question and to withdraw from the study at any time. This will result in no penalty to you or anyone else. The researchers will only ask you to withdraw if it becomes evident that you are in a current state of crisis.

Storage of the Data

Audio recorded interviews and transcriptions of such will be stored by the student researcher's supervisor on a secure OneDrive account. Remote access to the audio recorded interviews and transcriptions will be provided to the student researcher while they work with this data. Hard copy data with identifying information (the consent forms) will be stored under double lock and key (locked filing cabinet within a locked space) within the supervisor's office space at the University of Saskatchewan. The supervisor will store all data for a minimum of five years, as this is standard practice within the field. After five years, the data will be destroyed beyond recovery.

Confidentiality

The data from this study will be used as a part of the student researcher's thesis and possibly to produce a manuscript to be published in a journal and/or at a conference. However, your identity will be kept confidential. Although direct quotations from the interviews may be reported, you will be asked to choose a pseudonym (made up name) and all identifying information (i.e. name, school, address, etc.) will be removed from the report. Only the research team will review the original audio recordings and transcripts. Identifying information will not be discussed outside of the research team.

It is important to also note that there are certain information that the researchers are obligated to report to relevant authorities (i.e. child abuse, intent to harm self or others). Other than those limitations, there are no other circumstances where the researcher would not keep identifying information confidential.

Right to Withdraw

Participation in this study is entirely voluntary. You have the right to only answer questions you feel comfortable with, and you have the right to request that recording devices be turned off at any point of the interview without providing a reason. You also have the right to withdraw from the study without providing a reason within one month of participating. If you choose to withdraw your participation, there will not be any penalty to you or to anybody else, and all data that you contributed will be immediately destroyed.

Additionally, you have the option to review the transcript of your interview before it is analyzed and incorporated into a formal document. If you choose to do so, the transcript of your interview

will be emailed to you so that you may have information from your interview deleted or modified if you so choose.

Would you like your transcript emailed to you so that you may review it before it is analyzed?

_____ yes _____ no

**If you choose to review your transcript, please inform the student researcher whether you approve the contents of the transcript at your soonest convenience, but no longer than a week after it has been emailed to you. If you disapprove any of the data in your transcript, please indicate such by highlighting sections that they would like removed, and bolding text that you have made changes to, and then return it to the student researcher.*

Questions

Please feel free to contact the researcher(s) using the information at the top of page 1 should you have any questions or concerns at any time.

This research project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office ethics.office@usask.ca (306) 966-2975. Out of town participants may call toll free (888) 966-2975.

You may contact the research team to find the results of the study or request a copy of the published manuscript.

Consent:

Verbal consent was obtained from _____ during the pre-screening interview.
(name of participant)

(Name of Student researcher)

(Date)

(Signature of Student researcher)

I have read and understood the description provided. I consent to participate in this research project and am aware that I can withdraw at anytime, within a month of participating, without providing a reason. A copy of this consent form has been given to me for my records.

(Name of Participant)

(Date)

(Signature of Participant)

(Signature of Researcher)



CONSENT FORM

Researchers

Student Researcher

Tessa Winslow
M. Ed. Graduate Student
Department of Education Psychology
& Special Education
University of Saskatchewan
Email: yogigrowth@gmail.com

Supervisor

Dr. Stephanie Martin
Registered Doctoral Psychologist
Graduate Chair
Department of Education
Psychology & Special Education
University of Saskatchewan
Phone: (306) 966- 5259
Email: stephanie.martin@usask.ca

Purpose and Objective

You are invited to take part in a research study entitled: *How Survivors of Interpersonal Trauma Experience the Self Following Regular Yoga Practice*. Preliminary research has shown yoga to be successful in regulating the nervous system, reducing PTSD symptomology and fostering post traumatic growth in those that have experienced interpersonal trauma. Post traumatic growth is a term used to signify significant growth in relationship with the self and with others, as well as in life philosophy, that would not have been prompted in the absence of a traumatic event. The purpose of this study is to explore how the self is experienced following post traumatic growth fostered through regular yoga practice. The researcher aims to contribute to yoga and trauma research by emphasizing the holistic experiences of interpersonal trauma survivors during moments of growth and evolution.

Participation and Procedures

For this study, we are looking for individuals over the age of 18 who have experienced interpersonal trauma, and feel that they fostered significant post traumatic growth through their yoga practice. Interested individuals will participate in one pre-screening interview and one audio recorded, semi-structured interview that will last approximately 90 minutes in duration. The pre-screening interview will include questions pertaining to the inclusionary criteria of the study (presence of post traumatic growth, regularity of yoga practice, type(s) of interpersonal

trauma endured, and demographic questions). The 90 minute, semi structured interview will be conducted and recorded by the student researcher. Interviews will take place in a public setting that affords privacy (private room within University, library, community space or rented office space), and will be audio recorded using a password protected computer. At the end of the interview, the researcher will ask participants if they shared anything that they would like removed from the record. Additionally, after the researcher has transcribed the data, participants will be provided with the option of reviewing the transcript of their interview. At this point, they can withdraw any comments they wish to not be included in the data.

Please feel free to ask any questions regarding the procedures and goals of the study or your role.

Potential Benefits

While there are no explicit benefits of participating, there is a possibility that some participants may develop a deeper understanding of the role that yoga practice has played in their lives and have an opportunity to reflect on this experience. In addition, participants will be contributing to greater knowledge and insight into the experiences of interpersonal trauma survivors that have fostered post traumatic growth through regular yoga practice.

Compensation

Participants will be provided with a water bottle upon completing the semi structured interview.

Potential Risks

There are no known or anticipated physical risks associated with this study, however, engaging in dialogue about post traumatic growth might prompt uncomfortable emotions that participants might want to process further with a mental health provider. In the event that you would like to further discuss your feelings regarding topics discussed in the study, mental health services offered for free or on a sliding price scale are listed below:

Distress Centre: 403-266-HELP (4357)
Calgary Counselling Centre: 403-691-5991
Living Well Counselling: 403-695-7911
Insight Counselling & Therapy Centre: 403-210-0334
Catholic Family Service: 403-233-2360

You have the right to refuse any question and to withdraw from the study at any time. This will result in no penalty to you or anyone else. The researchers will only ask you to withdraw if it becomes evident that you are in a current state of crisis.

Storage of the Data

Audio recorded interviews and transcriptions of such will be stored by the student researcher's supervisor on a secure OneDrive account. Remote access to the audio recorded interviews and transcriptions will be provided to the student researcher while they work with this data. Hard copy data with identifying information (the consent forms) will be stored under double lock and key (locked filing cabinet within a locked space) within the supervisor's office space at the University of Saskatchewan. The supervisor will store all data for a minimum of five years, as this is standard practice within the field. After five years, the data will be destroyed beyond recovery.

Confidentiality

The data from this study will be used as a part of the student researcher's thesis and possibly to produce a manuscript to be published in a journal and/or at a conference. However, your identity will be kept confidential. Although direct quotations from the interviews may be reported, you will be asked to choose a pseudonym (made up name) and all identifying information (i.e. name, school, address, etc.) will be removed from the report. Only the research team will review the original audio recordings and transcripts. Identifying information will not be discussed outside of the research team.

It is important to also note that there are certain information that the researchers are obligated to report to relevant authorities (i.e. child abuse, intent to harm self or others). Other than those limitations, there are no other circumstances where the researcher would not keep identifying information confidential.

Right to Withdraw

Participation in this study is entirely voluntary. You have the right to only answer questions you feel comfortable with, and you have the right to request that recording devices be turned off at any point of the interview without providing a reason. You also have the right to withdraw from the study without providing a reason within one month of participating. If you choose to withdraw your participation, there will not be any penalty to you or to anybody else, and all data that you contributed will be immediately destroyed.

Additionally, you have the option to review the transcript of your interview before it is analyzed and incorporated into a formal document. If you choose to do so, the transcript of your interview will be emailed to you so that you may have information from your interview deleted or modified if you so choose.

Would you like your transcript emailed to you so that you may review it before it is analyzed?

_____ yes _____ no

**If you choose to review your transcript, please inform the student researcher whether you approve the contents of the transcript at your soonest convenience, but no longer than a week after it has been emailed to you. If you disapprove any of the data in your transcript, please indicate such by highlighting sections that they would like removed, and bolding text that you have made changes to, and then return it to the student researcher.*

Questions

Please feel free to contact the researcher(s) using the information at the top of page 1 should you have any questions or concerns at any time.

This research project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office ethics.office@usask.ca (306) 966-2975. Out of town participants may call toll free (888) 966-2975.

You may contact the research team to find the results of the study or request a copy of the published manuscript.

Consent:

Verbal consent was obtained from _____ during the pre-screening interview.
(name of participant)

(Name of Student researcher)

(Date)

(Signature of Student researcher)

I have read and understood the description provided. I consent to participate in this research project and am aware that I can withdraw at anytime, within a month of participating, without providing a reason. A copy of this consent form has been given to me for my records.

(Name of Participant)

(Date)

(Signature of Participant)

(Signature of Researcher)

Appendix D – Pre-screening Interview and Demographic Information

Thank you for expressing interest in the research project. The purpose of this study is to explore how the self is experienced following post traumatic growth fostered by regular yoga practice. My aim is to further understanding of the therapeutic benefits of practicing yoga within the context of recovering from traumatic events. By doing so, I will be completing the thesis requirement of the program I am enrolled in: School and Counselling Psychology at the University of Saskatchewan. Before we proceed with the interview, I'd like to take this opportunity to draw your attention to some of the information that was provided to you in the consent form that I emailed to you.

This interview is confidential, and if you are interviewed during the next phase of the study, the information that you provide then will be kept confidential as well. In order to protect your identity, a pseudonym would be used while quoting you and discussing the themes of your interviews within the final document. However, there are some limits to confidentiality. If you disclose to me, at any point, that there is an elderly person or a child in the community that is being abused, or is in imminent risk of being abused, I will have to report that to the authorities. Similarly, if you express intent to harm yourself or others, I will have to report that as well. I would also like to draw your attention to the 'Right to Withdraw' section of consent form. If at any stage of this interview, or the next interview, you decide that you would no longer like to be included in the study, please let me know, and there will be absolutely no consequence to you or to my research. All information collected up to such point will be destroyed. You also have the right to refuse answering questions that you prefer not to.

1. Do have any questions about the consent form that was emailed to you, or about anything that I just said?
2. Do you consent to your involvement in the present research study?
3. I want to be sure that all participants are safe right now. That is why I require that you are over the age of 18, and that you are not currently in a state of crisis. Are you 18 years or older?
4. Are you currently in a state of crisis?
5. We'll start by discussing your history of practicing yoga. Within the last five years, were there any periods that you practiced at least once a week, for a period of at least three months?
6. How often do you presently practice yoga?
7. Have you endured interpersonal trauma such as physical abuse, sexual abuse, emotional abuse, psychological abuse or neglect?
→ Among those categories, which would you classify your experience(s) as: physical abuse, sexual abuse, emotional abuse, psychological abuse or neglect?

→ Were you a child or an adult at the time of such abuse?
→ (If not yet evidenced by previous answers): Was the perpetrator a stranger or known to you?

8. One of the concepts that this study incorporates is referred to as post traumatic growth. Post traumatic growth is defined as significant growth in relationship with the self and with others, as well as in life philosophy, that would not have been prompted in the absence of the traumatic event. Do you feel as though you have experienced post traumatic growth?
9. Do you feel as though such growth was fostered through your yoga practice? If so, can you briefly describe?
10. How often were you practicing when you experienced such growth?
11. Would you like to further discuss the growth that you experienced through your yoga practice, and the impact that it had on your experience of yourself, during a 90 minute, audio recorded interview?
12. Next, I'll collect some basic demographic information, which will be presented under your pseudonym within my thesis as well as possible publications within academic journals. How old are you?
13. How long was/is your practice?
14. What type of yoga did you/do you practice?
15. What is your gender identity?
16. Would you like to pick your pseudonym? If so, what would you like it to be?

conversation about scheduling the semi-structured open ended interview will take place

17. Do you have any final questions about this study or your involvement in it?

Appendix E- Semi-structured Interview Schedule

1. This interview will take approximately 90 minutes to complete. The first part of the interview will focus on your history of practicing yoga and the changes that you experienced through your practice. How did you begin practicing yoga? (Possible prompts: When did you start practicing? What prompted you to start practicing yoga? How did it become a more integrated part of your life? What was your initial impression of yoga? How did that impression evolve?)
2. As we discussed during our initial interview over the phone, post traumatic growth is a term used to signify significant growth in relationship with the self and with others, as well as in life philosophy, that would not have been prompted in the absence of the traumatic event. How did you experience the post traumatic growth that you fostered through your yoga practice? (Possible prompts: In what ways was yoga therapeutic to you? In what ways did your yoga practice shift your perception of yourself? Did your evolved relationship with yourself have any effects on your self care? If so, please describe. In what ways did your yoga practice shift your perception of others? Please describe.)
3. For some, post traumatic growth includes an evolution of spirituality in a way that is experienced as healing. Did you experience a change in your spirituality as a result of your yoga practice? If so, in what ways were these spiritual changes healing to you?
4. The next portion of the interview will focus more specifically on your experience of your 'self' following regular yoga practice. What does the term 'self' mean to you?
5. How did your experience of self change through your practice?
Sub-questions:
 - How has the way you experience your body changed through your yoga practice? (Possible prompts: Did your yoga practice effect the level of safety of that you experienced in your body? If so, please describe. How did your yoga practice effect the way that you experience your emotions?)
 - How has your experience of physical spaces changed through your yoga practice? (Possible prompts: Are there specific spaces that feel different to you now? Please describe what that is like for you.)
 - How has your sense of time changed through your yoga practice? (Possible prompts: Are there specific contexts or situations that time feels different to you now? If so, please describe. What is that like for you?)
 - How has the way that you experience your relationships changed through your yoga practice? (Possible prompts: Has your relationship with yourself changed? Have any of your personal relationships changed? Have your relationships with acquaintances in the community changed? How did yoga foster these changes?)
6. The last part of the interview will focus on your ongoing relationship with yoga, and there will be an opportunity at the very end to add information that you would like to

share. What role does yoga currently play in your life? (Possible Prompts: How do you imagine yoga practice figuring into your future?)

7. So far we've discussed (insert general paraphrase of the content of the interview). Is there anything else that you would like to share about your experience of self and transformation related to yoga practice?