



Claiming peaceful embodiment through yoga in the aftermath of trauma



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ABSTRACT

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

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1. Introduction

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

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

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

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

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

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

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

2. Method

2.1. Background on phenomenology

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

2.2. Data collection

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

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

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

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

2.3. Data analysis

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

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