

TRAUMA CENTER TRAUMA-SENSITIVE YOGA (TC-TSY) PEER SUPPORT GROUPS:
AN ADJUNCT MODALITY IN A FEMINIST APPROACH TO TRAUMA TREATMENT
FOR SURVIVORS OF SEXUAL VIOLENCE

A dissertation presented to
the Faculty of Saybrook University
in partial fulfillment of the requirements for the degree of
Doctor of Philosophy (Ph.D.) in Mind–Body Medicine

by

Rowan Silverberg

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Doctor of Philosophy in Mind–Body Medicine

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Abstract

TRAUMA CENTER TRAUMA-SENSITIVE YOGA (TC-TSY) PEER SUPPORT GROUPS:
AN ADJUNCT MODALITY IN A FEMINIST APPROACH TO TRAUMA TREATMENT
FOR FEMALE SURVIVORS OF SEXUAL VIOLENCE

Rowan Silverberg

Saybrook University

In the United States, nearly 20% of women have been raped during their lifetimes and 43.9% of women have endured other forms of sexual violence (Centers for Disease Control [CDC], 2011). Clinical treatment for survivors of sexual violence began to be developed in the 1980s based on treatment models utilized with Vietnam veterans affected by PTSD (Herman, 1997). Prior to this time, survivors received support through advocacy and grassroots activist approaches (Maier, 2011). This research includes a historical perspective of clinical and advocacy approaches to working with sexual violence survivors. Mindfulness and yoga practices applied in trauma recovery are reviewed. Neuroscientific findings relevant to clinical treatment of PTSD and complex trauma are presented alongside feminist criticism of the medicalization of trauma (Burstow, 2005; Tseris, 2013, 2015). Theoretical foundations include trauma theory (Herman, 1997), feminist therapy theory (Brown, 1994, 2004), Black feminist thought (P. H. Collins, 2009), and critical postmodernism (Fawcett, 2009; Howe, 1994; Tseris, 2013, 2015). Embodied researcher reflexivity was used methodologically and epistemologically.

This narrative doctoral dissertation explores the subjective experiences of women who participated in a 12-week Trauma Center Trauma-Sensitive Yoga (TC-TSY) peer support group for sexual violence survivors utilizing a feminist approach to trauma treatment at a rape crisis center. Participants were recruited from TC-TSY peer support groups in 2016. Initial interviews were conducted 4 to 6 weeks after the group's conclusion, and a second interview took place 7 to 8 months later. Final meetings occurred 23 to 31 months after the first interview.

Participants experienced reductions in trauma symptoms, enhanced connection between mind and body, increased tolerance for present-centered awareness, heightened capacity for self-regulation, and improved relationships with self and others. Many of these changes were sustained 23 to 31 months after the initial interview.

Findings indicate the critical importance of establishing safe relational contexts in which survivors can develop self-acceptance, awareness of interoceptive experience, a self-defined viewpoint (Collins, 2009), and the ability to make autonomous choices in healing processes. Future research may explore the efficacy of TC-TSY peer support groups with men, transgender individuals, and mixed-gender groups.

Dedication

For all survivors:

May we be grounded in and connected to the truth of our own embodied experiences and the inherent wisdom of our hearts and minds.

May all beings, in all places, be free from suffering and the causes of suffering.

It is my hope that this research will in some way contribute to empowerment and self-determination for all.

Acknowledgments

Yoga has been central to my life since a book by Indra Devi fell off the shelf of my elementary school library and landed in my hands. The study and practice of music, dance, and martial arts also helped me to access and channel the energy, creativity, and power of embodied experience in both individual and group settings. Essential to the development of a self-defined viewpoint, connection with embodied experience is at the heart of every struggle for liberation, self-determination, and social justice.

I would like to begin by expressing my gratitude to the women who were willing to share stories of their experiences in the yoga support groups. Without their voices, this research would not have been possible. I appreciate each participant's insights and hope that I have told their stories in ways that were useful for them. I am continually inspired by their courage and wisdom.

Many decades ago, I had the good fortune to meet activist, scholar, and author Barbara Smith, who taught me that activists never work alone. I am grateful to all the rape crisis center therapists and staff who collaborated with me to make trauma-sensitive yoga peer support groups available to survivors. The active support and participation of this dedicated community turned an idea into reality.

When I contemplated pursuing a graduate degree, I was fortunate to have discovered Saybrook University's College of Integrative Medicine and Health Sciences. At Saybrook, I was able to dig deep into the research literature on yoga and mindfulness practices. I was also encouraged to grow in self-awareness as I practiced the mind-body skills that were the subject of my investigation. I am deeply grateful to my dissertation chair, Dr. Stephanie Lindsay. Stephanie has been a mentor and kindred spirit who guided me through the long process of

conducting this research with unwavering encouragement. Always inviting me to speak from my heart and think outside the box, Stephanie consistently walked her talk, accompanying me as I explored the complexity of human experience in relation to embodiment and trauma healing.

I am thankful to my dissertation committee. Dr. Selene Vega was a consistent presence from the beginning of my time at Saybrook. A movement therapist and psychologist, Selene thoughtfully and gracefully inspired me to integrate theory and practice. As narrative research methodologist, Dr. Connie Corley invited me to embrace complexity and steer clear of my inclination to put what I was learning in neat little boxes. Connie supported me to tell this story with my own authentic voice.

I am also grateful to Dr. Devi Curtis for her mentorship from my very first day at Saybrook. With her never-ending supply of insightful questions that sometimes shook me to the bone, Devi challenged me to listen to my intuition as well as my intellect. As editor of this dissertation, Monika Landenhamer shared her expertise with kindness and acuity. I am thankful for the wise feedback and aesthetic sensibility that Monika consistently contributed to this research.

In 2013, I learned about an innovative approach to trauma-sensitive yoga that had been developed at the Trauma Center of Justice Resource Institute. In 2014, after attending a workshop at Kripalu Center for Yoga and Health led by David Emerson, I decided to pursue certification as a TC-TSY facilitator. I am deeply grateful to Dave for his integrity and consistent commitment to teaching and working with survivors in ways that are empowering. During my TC-TSY training, I met Abby Tassel, a fierce advocate in the fight to eliminate sexual and gender-based violence. I thank Abby for helping me critically examine the

medicalization of trauma and investigate how working with individual survivors of sexual and gender-based violence can contribute to liberation for all.

Finally, I want to express my deep gratitude to my family and friends for their enthusiastic support of this research. Special thanks my mother, Bea Silverberg, for her early work with survivors of gender-based violence; to my brother, Mark Silverberg, for his commitment to social justice; to my son, Nehemiah Stark, for his dedicated work with refugees and his vision of a world filled with open-hearted joy; and to my best friend and companion, Rick Wehrmann, for his steadfast encouragement and care, and for helping me to delight in life's goodness even as I explored the painful complexity of healing from trauma.

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CHAPTER 1: INTRODUCTION

As of 2011, in the United States, nearly 20% of women have been raped during their lifetime and 43.9% of women have endured other forms of sexual violence (Centers for Disease Control [CDC], 2011). According to a report issued by the White House Council on Women and Girls (WHCWG, 2014), nearly 22 million women or one-fifth of the female U.S. population, have been raped during their lives. Although women of diverse races are victims of this violent crime, some populations appear to be at higher risk. WHCWG (2014) stated that rape has been reported among 33.5% of multiracial women, 27% of American Indians and Alaskan Natives, 22% of Black women, 19% of White women, and 15% of Hispanic women.

Further, it has been estimated that one in three adult women in the United States has been raped, stalked, or physically assaulted by an intimate partner during her lifespan (Black et al., 2010; Clark et al., 2014). The overwhelming majority, or almost 98%, of perpetrators of these violent crimes are male. Girls and young women are particularly vulnerable targets of assault. Nearly 50% of female survivors were raped prior to age 18, and roughly one-fifth of female students have experienced sexual assault while in college. In most cases, victims of sexual violence are familiar with their attackers (Cleveland Rape Crisis Center [CRCC], 2015b; WHCWG, 2014). According to the CDC (2011), “Severe physical violence by an intimate partner (including acts such as being hit with something hard, being kicked or beaten, or being burned on purpose) was experienced by an estimated 22.3% of women [living in the United States]” (para. 7).

Origins of the Movement to End Sexual and Gender-Based Violence in the United States

The movement to end sexual and gender-based violence in the United States is inextricably linked to the feminist movement (Kemp & Brandwein, 2010). Commonly described

as having occurred in three “waves,” the *first wave* of the feminist movement formally began in the mid-19th century at the 1848 Seneca Falls Convention where 300 women and men gathered to foster women’s social and political equality. Spawned in the context of industrial development and the anti-slavery movement, this first wave of feminism in the United States was aligned with abolitionism and influenced by liberal and socialist political movements. The momentum generated by this first wave of feminism led to the establishment of women’s suffrage in 1920 (Rampton, 2015).

The *second wave* of feminism in the United States refers to the period from the late 1960s to the 1990s, when sociopolitical aspects of women’s oppression such as gender-based violence, employment and wage inequality, and sexual and reproductive rights (Kemp & Brandwein, 2010) were addressed. This second wave occurred in the context of the anti-war and civil rights movements. Although activists during feminism’s first wave were predominantly White and middle-class, the second wave included a wider circle of voices, with women of color and from then-developing nations joining the movement. Awareness of the relationship of intersecting oppressions based on race, gender, and class provided a theoretical foundation for the increasingly radical activism of this period (Rampton, 2015).

Beginning in the mid-1990s, the *third wave* of feminism was marked by an increasingly diverse presence of women insisting that their voices be heard and their views be respected. Women of color, previously marginalized within the second wave of the feminist movement, rose to the forefront as prominent leaders during the third phase of feminist thought and action (Kemp & Brandwein, 2010). Since feminism’s first wave, tensions regarding vision, strategy, and leadership have existed in the movement due to the following contradictions: (a) women share common struggles based on gender, (b) White women have resisted relinquishing their

privileged racial (and sometimes class) status within the U.S. sociopolitical system, and (c) Black women have historically infused the feminist movement with powerful energy to resist oppression and move toward liberation (Davis, 1981).

The rape crisis and the feminist movements are both deeply rooted in the historical struggle of African American women against racist and gender-based oppression. When slavery existed, raping of female slaves by White men occurred frequently and was legal. Following the end of slavery, sexual and physical violence became tools to maintain a state of terror in Black communities (Greensite, 2009).

During the period of Reconstruction, there was widespread rape of Black women by White mobs along with the destruction of homes and places of worship. Lynching of Black men and raping of Black women were common practices of the Ku Klux Klan, which originated in Tennessee in 1866. The Klan propagated the fear that all White women could be possible victims of rape by Black men. False accusations of rape were often used as justification for lynching. According to the law at that time, rape was regarded as a capital offense only in the case of a Black man who was convicted of raping a White woman. Rape of a Black woman was not regarded as a criminal offense (Greensite, 2009).

In the wake of the U.S. Civil War, amid deep sociopolitical and racial tensions that remained unresolved, a shooting incident occurred in May 1866 in Memphis, Tennessee. Members of a Black militia, formerly part of the Union Army, and White policeman were involved in this altercation, which sparked a massive attack by Whites on Memphis's Black community. Three days of fighting ensued in which 46 Black men, women, and children were killed and over 80 injured. Numerous Black women were gang-raped by mobs of White men.

Twelve Black schools, four churches, and countless homes were burned. One White man was injured (Lerner, 1972).

After three days, federal troops were summoned to quell the violence. A three-man committee was created by the U.S. House of Representatives to investigate the violence that took place during this riot. Survivors of this horrific event may have been the first women to speak publicly about rape in their testimony before Congress (Lerner, 1972). Early initiatives by African American women to organize against rape were tied to anti-lynching campaigns that took place later in the period of Reconstruction during the 1870s (Greensite, 2009; Lerner, 1972).

While action to confront violence against women continued in the form of individual resistance, organized efforts to end gender-based violence did not make a resurgence until the late 1960s in conjunction with widespread social activism related to the civil rights and anti-war movements (Greensite, 2009). Until this time, domestic violence was not considered a criminal assault but was viewed instead as a civil concern. Crisis intervention by police typically led to a referral to a social or psychiatric agency and family court where only civil procedures were followed. The perpetrator was never subjected to the more stringent penalties that would have resulted if he had been charged in criminal court with assaulting a stranger. Offenses of a criminal nature were systematically reduced to issues of individual or social pathology (Dobash & Dobash, 2002). Due to lobbying efforts by women's movement activists, marital rape began to be considered a crime by the mid-1970s. By 1993, marital rape had been declared a crime in all 50 U.S. states (Greensite, 2009).

During the second feminist wave in the 1970s, interaction between the grassroots movement to end sexual and gender-based violence and the U.S. sociopolitical and legislative

systems began to increase. In the mid-1970s, four women of color—Inez Garcia, Joan Little, Yvonne Wanrow, and Dessie Woods—were imprisoned for killing the men who had raped and assaulted them. These events stimulated national mobilization among individuals and political organizations that had not previously focused on violence against women (Greensite, 2009).

Garcia, charged with murdering a man who had participated in her rape in Soledad, California was convicted of second-degree murder in 1974, but acquitted at her 1977 retrial (Feulner, 2014). Little, the only female in an otherwise male prison located in North Carolina was raped by her jailer and, after killing him in self-defense, was initially charged with first-degree murder but also later acquitted (Davis, 2002). In an eloquent commentary on Little's case, Davis (2002) illuminated the connections between gender-based violence and oppression based on race and class:

The conviction rate for rape is the lowest of all violent crimes, regardless of the victim's ethnic group. Only in those instances where the accused rapist is black and the alleged victim is white can a long prison term or death penalty be anticipated. From 1930 to 1967, 455 men were executed as a result of rape convictions: 405 of them were black, 48 of them were white, and two were of other ethnic groups. This means that almost 90 percent of all rape executions during this period involved black men.

Courts have established the pattern of either acquitting or not trying the majority of white men who are charged with rape. In New York, for instance, in 1967, 30 percent of all felony indictments ended in convictions, but in only 13 percent of all rape indictments were there convictions.

There must be a reason behind this social and judicial encouragement given to rape. This reason, in turn, must be related to the social and political function of male supremacy in general.

The oppression of women is a vital and integral component of a larger network of oppression, which claims as its foremost victims black people, Chicanos, Puerto Ricans, Asians, Indians, and all poor and working-class people. Just as class exploitation, racism, and imperialist subjugation of peoples abroad serve to nourish this larger system and keep it functioning, so male supremacy is likewise essential to its smooth operation. The larger system, of course, is monopoly capitalism and its overall driving motive is profit. (paras. 29–32)

Davis (2002) raised complex, critical questions regarding the relationship of gender-based violence to racism and classism and ways these intersecting oppressions function within the U.S. socioeconomic system.

Formation of Rape Crisis Centers and Domestic Violence Shelters

In the early to mid-1970s, participants in the U.S. women's movement took action to address sexual and gender-based violence in a variety of ways including: (a) forming rape crisis centers and domestic violence shelters (at that time, more commonly called "battered women's shelters"); (b) initiating community education efforts; (c) organizing for legal reforms to give survivors increased rights and protection; and (d) starting consciousness raising groups where women could articulate their truths in a safe, supportive context (Maier, 2011). During this period, rape crisis centers and domestic violence shelters were grassroots organizations, staffed by volunteers, and run as collectives that were not hierarchical, bureaucratic, or elitist in nature (Maier, 2011; Martin, 2005). Direct services were offered to survivors including hotline counseling and accompaniment to hospitals, courtrooms, and police stations. Participants in this initial phase of the movement to end violence against women generally viewed themselves as political activists who pressed for systemic reforms and confronted perpetrators but were not interested in collaboration with mainstream patriarchal institutions such as police departments, hospitals, social service departments, and the courts (Maier, 2011).

By 1975, a report from the U.S. Department of Justice (DoJ) noted that 136 rape crisis centers and anti-rape task forces existed within the United States (Martin, 2005). In 1978, the National Coalition Against Domestic Violence (St. Martha's Hall, 2015) was founded in Washington, DC, during the hearings of the U.S. Commission on Civil Rights. The goal of the National Coalition Against Domestic Violence was to cultivate women's individual and

collective power in order to end gender-based violence. This organization was established to address domestic violence within the home, socially pervasive violence, and causal factors that contribute to ongoing violence against women and children. As the movement to end violence against women expanded, activists successfully lobbied and received support from the federal government. The National Institute of Law Enforcement and Criminal Justice and the Center for Women's Policy Studies began to conduct research on the issue of rape (Indiana Coalition Against Domestic Violence [ICADV], 1999).

By 1979, at least one rape crisis center existed in each state, over 250 shelters for battered women had been established, and the National Coalition Against Sexual Assault was formed (ICADV, 1999). Both houses of Congress held hearings on domestic violence in 1979 and 1980, which included testimony by members of social service organizations, law enforcement, domestic violence shelters, religious organizations, and state and federal officials. Between 1978 and 1980, several millions of dollars were spent by the Law Enforcement Assistance Administration to fund pilot projects that offered services to survivors and improved processes within the criminal justice system (Zeitlin, 1983).

In 1979, the Interdepartmental Committee on Domestic Violence was created by the Carter administration, which included representatives of 10 federal agencies. The U.S. Department of Health and Human Services established an Office on Domestic Violence in order to coordinate services and research. Only one year later, the Domestic Violence Prevention and Services Act of 1980 failed to be enacted following the election of Ronald Reagan and the threat of a Republican filibuster during the Senate hearing of the conference report related to this Act. In conjunction with the defunding of the Office on Domestic Violence, there were substantial reductions in funding for related state and community programs that made services available to

families in need (Zeitlin, 1983). Despite these setbacks, by 1983, over 700 shelters existed in the United States that provided services to 91,000 women and 131,000 children (ICADV, 1999).

Increased Collaboration With Mainstream Institutions

In the 1980s and 1990s, as the movement's original founders became weary from years of social and political struggle, new leadership was receptive to receiving financial support from local, state, and federal government sources and law enforcement agencies. The priorities of these organizations did not align with the social change agenda of the original grassroots movement (Maier, 2011). As volunteers' stamina diminished and the financial requirements of a sustained effort became apparent, rape crisis centers were faced with the choice of shutting down or compromising with the agendas of established institutions (Maier, 2011). According to Martin (2005), "Tensions between a legal-justice system trying to maintain the status quo and a women's movement organization trying to change the 'system' prompted some activists to drop out or refuse to go along with the move" (p. 97). Centers that compromised and formed alliances with mainstream organizations were confronted with conflicts that arose from institutional priorities and processes that were antithetical to those of activists (Martin, 2005).

Despite progress that had been made, the problem of widespread gender-based violence persisted. At a press conference held on January 3, 1989, sponsored by the American College of Obstetricians and Gynecologists, C. Everett Koop, Surgeon General of the U.S. Public Health Service, issued a warning that the number one public health risk facing adult women in America was violence (St. Martha's Hall, 2015). Koop (1989) addressed this grave threat and asserted,

The American people [must be informed about] the epidemic of violence that infects over a million homes every year. . . . [Adult women] are a population at risk, I am sorry to report. . . . As many as 15 million adult women have been victims of battering, rape, and other forms of physical and sexual assault. Each year, a million more women are added to that total. (paras. 6, 9)

While goals such as educating law enforcement and medical providers about survivor needs were accomplished, the overarching vision of ending women's oppression and exploitation was compromised. Traditional political activism such as "protesting the treatment of rape victims by society and the criminal justice, legal, and medical systems; fighting for the elimination of rape; and advocating for legal changes in state and federal statutes" (Maier, 2011, p. 1396) decreased due to funder-imposed requirements to collaborate in prescribed ways with mainstream organizations such as police, hospitals, schools, community groups, child advocacy programs, victims' service units through the district attorney, and state coalitions, and task forces on rape (Maier, 2011).

Professionalization of Rape Crisis Centers and Domestic Violence Shelters

As traditional political activism was replaced by education and community outreach efforts, rape crisis and domestic violence centers became professionalized (Maier, 2011). These organizations began employing psychotherapists and clinical social workers to provide individual and group therapy to women who had experienced rape, sexual assault, and domestic violence (Maier, 2011).

According to feminist psychologist L. S. Brown (1994), rape crisis centers and domestic violence shelters that were initiated as part of a broader social activist movement to oppose the oppression of women were transformed in a relatively short period into places where clients could gain access to treatment by mental health professionals. L. S. Brown (1994) asserted, "Feminism appears to have been good for therapy . . . while no one could make similar statements about feminism improving the health of other patriarchal structures such as marriage or academia. It is unclear as yet whether therapy is good for feminism (p. 32).

The understanding that *all* women are affected by oppression and exploitation within a patriarchal socioeconomic system became far less prevalent (Davis, 1981; hooks, 2015). Within many organizations created to support survivors and eliminate gender-based violence, survivors turned into clients and grassroots collectives transformed into increasingly bureaucratic organizations run by boards and paid executive staff members (Maier, 2011).

Legislation Regarding Gender-Based Violence

Within the United States, legislation aimed at reforming laws regarding rape was first introduced in the mid-1970s, and by the mid-1980s legal reforms had been initiated in every state of the union (Herman, 1997). On the federal level, the Violence Against Women Act (VAWA) was passed as a component of the Violent Crime Control and Law Enforcement Act of 1994 and was again authorized by the Victims of Trafficking and Violence Protection Act of 2000. This legislation affirmed the status of domestic violence as a critical social problem. Created to rectify inadequate responses to domestic violence by law enforcement and criminal justice systems, VAWA supported police to assume the role of peacekeepers and mediators when possible and encouraged arrests when necessary (C. C. Collins, 2005).

Coordination of services including law enforcement, the justice system, and shelters was supported by VAWA. In addition, VAWA included funding for prevention and education programs, temporary housing services, and a national domestic violence hotline. Special populations such as immigrants and rural residents received specific protection due to their unique challenges in obtaining needed services (C. C. Collins, 2005).

The VAWA has been criticized for its focus on the criminal status of domestic violence perpetrators (C. C. Collins, 2005). Research investigations of this policy have pointed out that diverse approaches to the problem of domestic violence can be characterized by their relative

emphasis on compassion or control. C. C. Collins (2005) pointed out, “The control side of the argument posits that violent men need to be controlled by the state, while advocates of compassion propose that perpetrators need help to curb their violence” (p. 9). Ultimately, an effective response may call for both compassion and control in order to protect survivors and simultaneously address the underlying social causes of domestic violence.

Although the feminist movement lobbied for stricter policies regarding criminal penalties for perpetrators and stronger enforcement of existing laws regarding domestic violence, researchers (Buzawa & Buzawa, 1993; Sherman et al., 1992) have determined that arrest is not the sole predictor of perpetrator recidivism. Recidivism may vary based on the perpetrator’s racial or ethnic background, socioeconomic class, employment status, and level of education (C. C. Collins, 2005). Sparks (1997) argued that emphasizing the criminal status of domestic violence reinforces law enforcement’s status as a vehicle for social control. By relying on police in this way, communities may disregard their collective responsibility to respond to domestic violence as a widespread social and systemic issue rather than as a matter of private concern (Sparks, 1997).

Advocacy and Clinical Frameworks

Originally, all work to end gender-based violence was characterized as advocacy and grassroots activism (Maier, 2011; Pence, 2001). During the late 1960s and early 1970s in the United States, women began to give voice to their experiences of rape in the setting of consciousness-raising groups. Similar to veterans’ rap groups, women’s consciousness-raising groups shared common values of intimacy, confidentiality, and authenticity. This setting created a safe context that enabled women to transcend silence, shame, and denial and speak truthfully about their life experiences (Herman, 1997):

Though the methods of consciousness-raising were analogous to those of psychotherapy, their purpose was to effect social rather than individual change. A feminist understanding of sexual assault empowered victims to breach the barriers of privacy, to support one another, and to take collective action. (p. 29)

Eventually, the truths articulated in the private circles of consciousness-raising groups found their way into social awareness. An initial public “speakout” on rape was held by the New York Radical Feminists in 1971, and in 1976 the first International Tribunal on Crimes Against Women took place in Brussels. Consciousness of gender-based violence as a sociopolitical issue increased and, concurrently, awareness of the psychological consequences of trauma exposure began to emerge. Clinical approaches to addressing the trauma of gender-based violence developed alongside psychological treatment of survivors of the Vietnam War (Herman, 1997).

Distinctions exist within contrasting approaches, which can broadly be characterized as advocacy and clinical frameworks, used by organizations that support survivors of gender-based violence. These different approaches to addressing the problem of gender-based violence are rooted in divergent views regarding (a) fundamental causes of violence against women, (b) most effective strategies to eliminate gender-based violence, (c) impacts of gender-based violence on survivors, and (d) essential components that contribute to survivor healing (Maier, 2011; Pence, 2001). At the same time, many activities are common to all organizations that seek to address the problem of gender-based violence including prevention-oriented work with individuals and systems (education, outreach, and professional trainings) and direct assistance to survivors (hotline counseling, accompaniment to hospitals, police stations, and legal proceedings; CRCC, 2015a; Maier, 2011; Praxis International, 2010; WISE, 2015).

Oppression-Informed and Trauma-Informed Approaches

Advocacy, which is dedicated to the elimination of gender-based violence, and trauma-informed approaches share important elements. These include (a) prioritizing survivors’ needs,

(b) establishing mutuality in relationships, and (c) honoring survivor empowerment and autonomy. Historically, although advocates had developed ways of interacting with survivors that bolstered women's wellbeing and self-determination, care had been taken to avoid establishing clear ties to the field of clinical mental health treatment (Dasgupta, 2016).

Considering the growing incorporation of trauma-informed approaches into work with survivors of gender-based violence, those who are committed to identifying and addressing underlying causes of gender-based violence have found it important to determine the potential impacts of this trend. Do trauma-informed approaches enhance advocacy aimed at ending gender-based violence or divert attention and resources away from the fundamental goal of transforming social, cultural, political, and legal institutions that foster gender-based violence (Dasgupta, 2016)? Although most individuals who support trauma-informed approaches recognize the need for social change, the main goal of these approaches is to facilitate healing for individuals who have been devastated by exposure to trauma.

The primary objective of oppression-informed approaches is the elimination of gender-based violence. Proponents of oppression-informed approaches recognize that gender-based violence is connected to other forms of oppression rooted in social differences such as race, ethnicity, class, sexual preference, and disability. Dasgupta (2016) asserted,

The main focus of oppression-informed advocacy is to link women's experiences of violence to its causes: historic and systemic gender oppression at every level of society. While it supports individual victim's empowerment and provides care for survivors' recovery from abuse, its objective is one of social change; that is, highlighting the causes and sources of violence and working to shift cultural norms to end patriarchy and render violence against women unacceptable in society. (pp. 20–21)

In alignment with this objective, advocacy is, in addition to supporting individual recovery and empowerment, designed to increase awareness of the broad spectrum of legal, financial, political, and social inequities that women face (Dasgupta, 2016).

Gilfus (1999), active in the anti-violence against women movement since the mid-1970s, assessed positive and negative aspects of the use of trauma theory to gain insight into women's experiences of gender-based violence. Gilfus (1999) offered her critique as "a social activist, a social work practitioner, a researcher, a teacher, and a survivor interested in using the skills, knowledge, and power of all those roles to help women end the violence" (pp. 1238–1239). According to Gilfus (1999), the trauma-informed approach appeared to be effective for individuals and groups working to support survivors of sexual violence and domestic abuse. On the positive side, this approach (a) is not characterized by victim-blaming, in contrast to the traditional psychoanalytical model's position, which located the underlying cause within individual women; (b) fosters recognition of the enduring consequences of exposure to gender-based violence; and (c) presents a path to recovery from the lasting effects of trauma and the development of treatment interventions that provide relief for survivors.

Negative aspects of the trauma-informed approach include (a) medicalization of trauma and perception of individuals' response to trauma as psychopathology; (b) focus on the vulnerability of survivors rather than their inherent resilience; and (c) decontextualization, which blocks clear perception of underlying causes. The trauma-informed model may have made it possible for the problem of gender-based violence to become widely regarded as a severe and widespread problem. However, while a trauma-related diagnosis may enable survivors to receive medical care, it can also stigmatize victims of gender-based violence as mentally ill. Finally, a trauma-related diagnosis does not foster consciousness of ways that the sociocultural context actually perpetrates gender-based violence (Gilfus, 1999).

Advocacy Framework

Since its inception in the early 1970s, the movement to end violence against women in the United States sought to address effects of gender-based violence that were experienced by individual women and simultaneously stimulate systemic change to eliminate underlying socioeconomic and political causes of gender-based violence. One way of meeting immediate and long-term survivor needs is *advocacy*, which is defined as “actively working with [a survivor] and on a survivor’s behalf to change problematic policies, practices, and conditions” (Sullivan, 2012, p. 4). Advocacy has been a fundamental activity of the movement to end violence against women during every stage of its development (Allen, Bybee, & Sullivan, 2004; Maier, 2011). Sullivan (2012) noted that there is a dearth of evaluative research on advocacy interventions and pointed out that recognition of the efficacy of advocacy interventions has generally been derived from practice-based, anecdotal evidence.

Advocates assist survivors to interact in fruitful ways with community systems in order to obtain needed services and resources. In addition, advocates take action to support marginalized individuals or groups that have been exposed to unjust treatment (Allen et al., 2004; Sullivan, 2012). Advocacy includes efforts to (a) alter existing conditions, practices, and policies that are detrimental to individuals or groups; (b) initiate action in the face of unjust treatment of marginalized individuals or groups; (c) facilitate increased access to resources for marginalized individuals or groups; and (d) offer emotional support and appropriate referrals. While some advocates address multiple areas with survivors, others may provide support in relation to a specific formal domain (housing, welfare, the justice system) or an informal network of support such as survivors’ family and friends (Sullivan, 2012).

Approaches to advocacy may range from *case-level advocacy*, which is focused on increasing access to resources for individuals and families, to *cause-level advocacy*, which seeks to achieve systemic change (Goodman, Glenn, Bohlig, Banyard, & Borges, 2009). Case-level advocates assist survivors to identify needs and strategize practical ways to achieve short and long-term life goals. Activities of case-level advocates may include empowering survivors to (a) locate safe housing; (b) interact with community social service departments, law enforcement, healthcare, and legal systems, and (c) find employment (Goodman et al., 2009).

Two examples of feminist approaches to advocacy include Feminist Relational Advocacy (FRA; Goodman et al., 2009) and survivor-defined advocacy (Allen et al., 2004; Davies, Lyon, Monti-Catania, 1998; Nichols, 2011). Within both of these approaches, survivors are regarded as the experts about their own life decisions. Advocates are committed to acknowledging survivors' strengths and capabilities and cultivating survivor empowerment. FRA evolved within the context of feminist, multicultural, and community-based approaches to psychology. In this particular advocacy model, advocates are also trained counselors and purposefully attend to the balance of survivors' emotional and practical needs (Goodman et al., 2009).

Cause-level advocacy may include activities such as engaging with local criminal justice agencies, training for law enforcement agencies, and lobbying legislative bodies (McDermott & Garofalo, 2014). Systemic or cause-level advocacy approaches are demonstrated by Praxis International (2010), a nonprofit organization dedicated to research, education, and social change efforts to eliminate gender-based violence and the Coordinated Community Response to domestic violence, piloted in Duluth, Minnesota (Shepard & Pence, 1999).

Clinical Framework

The evolution of the clinical approach to treatment of survivors of gender-based violence is linked to the history of combat veterans who were exposed to trauma during the Vietnam War (Herman, 1997). Returning veterans created an organization called Vietnam Veterans Against the War. Forming rap groups in which they shared personal stories of the horrors they had endured, these men also reached out to their communities in order to raise collective social awareness about the war.

The second wave of the feminist movement gained inspiration and momentum from the civil rights and anti-war movements. Women, noticing that they shared common ground with veterans, were inspired to form consciousness-raising groups. By participating in these groups, women were able to share their own traumatic experiences and raise public awareness about the pervasive nature of violence against women (Herman, 1997).

Alongside the activism, advocacy, and consciousness-raising groups of the late 1960s and early 1970s, women involved in the field of clinical research initiated scientific investigations of the consequences of sexual violence. In 1975, due to pressure from the American women's movement, the National Institute of Mental Health (NIMH) created a center dedicated to study the effects of sexual assault. Women, who up until this time had been the objects of psychological inquiry, began to explore, on their own terms, the mental health impacts of gender-based violence (Herman, 1997). According to Herman (1997),

In contrast to the usual research norms, most of the "principal investigators" funded by the center [established by NIMH to research sexual assault] were women. Feminist investigators labored close to their subjects. They repudiated emotional detachment as a measure of the value of scientific investigation and frankly honored their emotional connection with their informants . . . long and intimate personal interviews became once again a source of knowledge. (p. 30)

These feminist investigators challenged the male-dominated Western approach to epistemology, in which emotions were regarded with suspicion and aversion (Jaggar, 1989). In Western science, knowledge has been presented as objective truth, untainted by personal emotions and values, which are assumed to distort research outcomes (Jaggar, 1989). Feminist theorists (Bordo, 1987; Flax, 1983; Jaggar, 1989; Lloyd, 1984; Rose, 1983) challenged the status quo of Western epistemology by asserting the inextricable connection between emotion and cognition and affirming the essential role of emotions in the construction of knowledge.

Establishment of posttraumatic stress disorder (PTSD) diagnosis. The diagnosis of PTSD was officially included in the third edition of the American Psychiatric Association's (APA, 1980) *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) due to the lobbying efforts of American veterans and the experiences of clinicians who were treating male veterans of the Vietnam War. In this initial version of the PTSD diagnosis, contextual factors describing the specific circumstances of trauma exposure were not considered. Criteria for this diagnosis were based on (a) the experience of overwhelming threat to personal safety as perceived by the survivor, or (b) bearing witness to another in life-threatening circumstances (Burstow, 2005). Acceptance of the PTSD diagnosis paved the way for trauma survivors to receive appropriate mental health services and for researchers to begin investigating effective treatment strategies (Emerson, 2015).

Clinicians working with survivors of gender-based violence began to realize, however, that the PTSD diagnosis did not adequately describe their clients' symptoms nor facilitate insight into strategies to support healing. According to Emerson (2015), consideration of the contextual factors that were responsible for symptoms was absent. This prevented the development of effective treatment strategies (Emerson, 2015). For example, an individual who survived one car

accident may qualify for a PTSD diagnosis, but her symptoms differed significantly from those of patients who experienced repeated relational abuse or survived prolonged torture. Herman (1997) observed that individuals who were exposed to trauma in situations where they were essentially held in captivity experienced particular symptoms that did not conform to the criteria for the PTSD diagnosis in *DSM-III*, including self-injurious behavior, amnesia regarding traumatic events, shame, excessive rumination about the perpetrator, distortions in the capacity for meaning-making, and compromised capacity for self-protection.

Controversy over chronic posttraumatic stress disorder (CPTSD) diagnosis. A new diagnosis, CPTSD, was proposed that more succinctly described the symptoms of long-term trauma survivors and provided insight into processes that might facilitate healing (Herman, 1997). This diagnosis carried with it far-reaching sociopolitical consequences because systemic forms of oppression including racism, classism, and sexism were clearly implicated as originating causal factors of CPTSD. The APA has consistently rejected the diagnosis of CPTSD. According to psychiatrist and researcher van der Kolk (2014):

With [the publication of the] *DSM-5*, psychiatry firmly regressed to early-nineteenth century medical practice. Despite the fact that we know the origin of many of the problems it identifies, its “diagnoses” describe surface phenomena [Disruptive Mood Regulation Disorder, Non-suicidal Self Injury, Intermittent Explosive Disorder, Dysregulated Social Engagement Disorder, and Disruptive Impulse Control Disorder] that completely ignore the underlying causes. . . . In a statement released in June 2011, the British Psychological Society complained to the APA that the sources of psychological suffering in the *DSM-5* were identified “as located within individuals” and overlooked the “undeniable social causation” of many such problems. . . . Why are relationships or social conditions left out? (p. 165)

The NIMH, which funds the vast majority of psychiatric research in America, opposed the *DSM-5* from a different perspective (van der Kolk, 2014). Objecting to the *DSM*'s focus on symptoms as the criteria on which diagnoses are based, NIMH (n.d.) chose to fund research based on Research Domain Criteria (RDoC), which supplant diagnostic classifications.

Examples of RDoC categories include: (a) Negative Valence Systems, which refers to psychophysiological networks that regulate responses to aversive conditions such as fear and anxiety; and (b) Arousal/Regulatory Systems, which refers to psychophysiological networks that contribute to homeostatic regulation of functions such as sleep, appetite, and metabolism (NIMH, n.d.). Although these systems may be disturbed in a variety of individuals across diagnostic categories, this method of symptom classification ignores underlying contextual causes such as trauma exposure, which fundamentally disrupts the human requirement for safe, social collaboration (van der Kolk, 2014).

In an approach that is similar to that of the *DSM-5*, the RDoC system regards mental illnesses as brain disorders that are determined by neuroscientific measures. This reductionist model is problematic because (a) what can be seen in the brain is not necessarily indicative of what is occurring in the mind; and (b) brain function is influenced by sociocultural context (Slaby, 2010). According to van der Kolk (2014), humans have basic psychological needs for social relationships that create a sense of safety. Mental health problems may stem from the inability to experience attunement or engagement with other people. Since the dominant survival strategy of humans is social bonding, the breakdown of this capacity is fundamental to most types of psychological suffering (van der Kolk, 2014).

Critique of the medicalization of trauma. Critics of the mainstream medical system's reductionist paradigm of trauma treatment have voiced strong concerns that this approach does not address the fundamental causes of trauma exposure. Symptoms such as numbing, avoidance, and hyperarousal may be viewed not simply as evidence of a mental health disorder but as the most effective coping strategies available to a survivor who is faced with a persistent threat. Under the current approach, the PTSD diagnosis assumes that biological or psychological

dysfunction is at the root of prolonged manifestation of symptoms. This paradigm obscures the origin of symptoms, which lie in contextual sociopolitical causes (L. S. Brown, 2004; Burstow, 2005).

Contributions from the field of neuroscience, which may support valuable insight into physiological consequences of trauma exposure, have been used to justify a reductionist and determinist method of trauma treatment (Slaby, 2010; Tseris, 2015). Since the oppressive nature of traumagenic social relationships has been ignored within this approach, coping strategies have been misidentified as evidence of physiological and psychological dysfunction. As a result, survivors are essentially blamed for their symptoms. This approach has justified therapeutic interventions including psychopharmaceutical interventions that do not address the underlying source of the problem, which is external to the survivor (Burstow, 2005; Slaby, 2010). Certain coping strategies, such as avoidance or dissociation, may be understood as best available solutions for survivors who find themselves in relentlessly challenging circumstances (Burstow, 2005; Tseris, 2015). However, trauma survivors often continue to struggle with trauma symptoms even when the precipitating cause no longer poses a threat.

Risks of Collaborating With Patriarchal Institutions

Walby (1990) succinctly defined patriarchy as “a system of social structures and practices in which men dominate, oppress, and exploit women” (p. 214). During the period of time in which the women’s movement transitioned from predominantly grassroots activism to increased integration into mainstream systems and organizations, feminist essayist and poet Adrienne Rich (1979) asserted that it was essential for women to exercise discernment when operating within the domain of patriarchal institutions. Rich (1979) focused her critical gaze on universities, an

arena in which women had come to know all too well the risks and rewards of participating in settings that exemplify and perpetuate male dominance. She cautioned,

Women entering the professions must bring with them the education—unofficial, unpaid for, unvalued by society—of their female experience, if they are not to become part of the dehumanizing forces of competition, money lust, the lure of personal fame and individual aggrandizement, and of “unreal loyalties.” . . . We must choose what we will accept and what we will reject of institutions already structured and defined by patriarchal values. (Rich, 1979, p. 133)

Professionalization of grassroots women’s organizations, originally established to eliminate women’s oppression and gender-based violence, and the subsequent integration of these organizations into mainstream patriarchal institutions, created contradictions that paralleled many of the challenges posed by women’s entrance into the male-centered domain of the university. Maier (2011) conducted a comprehensive study of the evolution of six rape crisis centers that had experienced the transition from grassroots activism to professionalization. In her research, Maier found that the provision of direct support to rape survivors has replaced traditional forms of activism such as lobbying for legislative change and political protests.

Although viable connections with diverse community organizations may be helpful in certain ways to survivors of gender-based violence, it is essential to recognize that when advocates collaborate with community systems, they are less likely to challenge those systems, even if their activities may at times perpetuate revictimization of survivors (Pence, 2001). Institutional agendas of funders have significantly influenced the goals, strategies, and activities of programs designed to prevent gender-based violence (Maier, 2011). Townsend and Campbell (2007) investigated ways that funders have had an impact on rape prevention programs and discovered that competition for scarce resources caused organizations to conform to the norms and priorities of funding sources, even if those norms and priorities are misaligned with or opposed to community values and needs.

Virginia Woolf (1938/1966) astutely posed questions that from my perspective continue to be meaningful for women who are motivated to end women's oppression and gender-based violence. Although Woolf (1938/1966) was speaking in reference to the academic milieu, her words are relevant in relation to women's presence within the context of other patriarchal institutions:

For we have to ask ourselves, here and now, do we wish to join that procession, or don't we? On what terms shall we join that process? Above all, where is it leading us, this procession of educated men? . . . Let us never cease from thinking—what is this “civilization” in which we find ourselves? What are these ceremonies and why should we take part in them? What are these professions and why should we make money out of them? Where in short is it leading us, the procession of the sons of educated men? (pp. 62–63)

In a similar tone, Omolade (1994) described the marginalization of Black women's experiences within the patriarchal institution of academia:

I am a product of an intellectual tradition, which until twenty-five years ago did not exist within the academy. Like patchwork in a quilt, it is a tradition gathered from meaningful bits and pieces. My tradition has no name, because it embraces more than womanism, Blackness, or African studies, although those terms will do for now. (p. ix)

Feminists, seeking to eliminate the underlying causes of gender-based violence, often end up collaborating with mainstream institutions. Because feminists are outsiders in relation to these institutions, however, feminist priorities generally remain unaddressed within the domain of processes and policies, and feminist values are not upheld. As a result, social relationships endure that disempower and victimize women (Martin, 2005).

Over the past four decades, gender-based violence has come to be perceived as a vital social policy and human rights issue (Htun & Weldon, 2012). Htun and Weldon (2012) evaluated underlying mechanisms that stimulated the development of comprehensive social policies aimed at diminishing violence against women (VAW) in 70 different countries. According to Htun and Weldon (2012),

Using an original dataset of social movements and VAW policies in 70 countries over four decades, we show that feminist mobilization in civil society—not intra-legislative political phenomena such as leftist parties or women in government or economic factors like national wealth—accounts for variation in policy development. In addition, we demonstrate that autonomous movements produce an enduring impact on VAW policy through the institutionalization of feminist ideas in international norms. (p. 548)

In light of Htun and Weldon's (2012) evidence, those who support the elimination of individual and systemic violence against women must become increasingly concerned when organizations that advocate on behalf of survivors are forced to compromise in ways that diminish the vital activism of an empowered women's movement.

Statement of the Problem

Gender-based violence is a widespread and persistent problem within the United States (Black et al., 2010; CDC, 2011; Clark et al., 2014; CRCC, 2015b; WHCWG, 2014). Support for meeting immediate and long-term survivor needs is typically available from organizations that operate within two frameworks sharing certain common ideologies, strategies, and practice. They also differ, however, in important ways. These two frameworks can be referred to as the advocacy model and the clinical model. The advocacy model originated as an oppression-informed approach and was later influenced by the trauma-informed approach. Some proponents of the advocacy model rejected the perspective of trauma-informed paradigms (Dasgupta, 2016). The clinical model evolved with extensive influence of the trauma-informed paradigm (L. S. Brown, 2004; Herman, 1997).

Within the advocacy model, advocates actively partner with survivors to (a) obtain needed community services and resources; (b) address problematic institutional policies and practices; and (c) address unjust treatment of marginalized individuals or groups (Allen et al., 2004; Sullivan, 2012). Advocacy has been an essential component of the movement to end gender-based violence since its inception (Allen et al., 2004; Maier, 2011). Advocates may work

on the level of individual cases or may interact with systems on behalf of survivors (Goodman et al., 2009).

The clinical model of working with survivors of gender-based violence developed in conjunction with trauma treatment for combat veterans of the Vietnam War (Herman, 1997). Seminal work on the theory and practice of trauma treatment was developed by Herman (1997) within the sociopolitical context of the feminist movement. The purpose of feminist trauma treatment is to support the empowerment and autonomy of survivors and facilitate their awareness of underlying social causes of trauma exposure (L. S. Brown, 2004; Herman, 1997; Tseris, 2013).

Survivors and clinicians have recognized certain commonalities between survivors' and veterans' experiences of trauma; at the same time, specific differences exist in the experiences of members of these two groups (Herman, 1997). For example, one important distinction between survivors of sexual and gender-based violence and traumatized veterans is that many survivors had histories of longstanding trauma that began in childhood and were initiated by people who were perceived as caregivers. Because of this difference, these two groups are faced with certain divergent therapeutic challenges and needs that still are not adequately recognized by the community of mental health providers and regulatory organizations (Herman, 1997; van der Kolk, 2014).

In 1975, due to pressure from the women's movement within the United States, the NIMH formed a center committed to scientific investigation of sexual assault. Since then, there has been a great deal of research on the topic of trauma treatment and the consequences of traumatic exposure. Although trauma theory has always been linked to feminism and the need to understand and eliminate sociopolitical causes that account for the vast majority of traumatic

exposure (Herman, 1997), trauma treatment within a biomedical paradigm has evolved to include approaches that disregard contextual factors (L. S. Brown, 2004; Burstow, 2005; Herman, 1997; Tseris, 2015).

The movement to end gender-based violence and meet immediate and long-term survivor needs began in the late 1960s and early 1970s as a collective grassroots effort to challenge patriarchal norms and institutions that were based on the oppression of women. In the decades that followed, rape crisis centers and domestic violence shelters began to receive funding from sources that required professionalization and the development of hierarchical structures that were characteristic of patriarchal institutions (Maier, 2011). This change has broadly affected ways that organizations interact with survivors and collaborate with local organizations such as law enforcement, social services, and the justice system (Maier, 2011; Martin, 2005).

Narratives of providers who work within advocacy and clinical frameworks may reveal differences and similarities regarding theoretical foundations, underlying assumptions, ideology, rhetoric, strategies, and practices. These differences and similarities may influence outcomes of interactions with survivors. To date, no research investigations have been identified that explore similarities and differences in the narratives of providers of direct service to survivors within feminist advocacy and clinical frameworks.

Theoretical Framework

The theoretical framework for this dissertation is grounded in feminist theory (L. S. Brown, 1994; Gilligan, 1982; hooks, 2015; Jaggar, 1989; Lerner, 1993; Miller, 1976; Perkins, 1991). Related bodies of thought, which developed alongside feminist theory and feminism as a political movement, were also essential components of the theoretical paradigm for this study. These theoretical domains include (a) trauma theory (Herman, 1997); (b) feminist psychology

(L. S. Brown, 1994, 2004; Burstow, 2005; Gilligan, 1982; Herman, 1997; Miller, 1976); (c) Black feminist thought (P. H. Collins, 2009), and (d) critical postmodernism (Fawcett, 2009; Howe, 1994; Tseris, 2015).

Feminism was defined succinctly by hooks (2015):

Feminism is the struggle to end sexist oppression. Its aim is not to benefit solely any specific group of women, any particular race or class of women. It does not privilege women over men. It has the power to transform in a meaningful way all our lives. (p. 28)

Discussions regarding contemporary feminism generally presuppose that feminist theory was intentionally constructed from a fixed basic grouping of assumptions and principles. In reality, however, the feminist movement that began in the late 1960s manifested in a variety of contexts among a wide range of women who were, in general, not aware of each other's presence. As a result, there was no cohesive body of feminist theory or ideology that served to unify diverse women who actively rebelled against sexist oppression (hooks, 2015).

L. S. Brown (1994) agreed that feminism did not emerge as a unified political movement or body of theory. Feminist theory and political strategy have been characterized by tension between common and varied visions, ideologies, and operational strategies. Shared themes that have been voiced by diverse feminists include: (a) personal experiences of women have validity, value, and political significance; and (b) gender status and power relations are critically important to understanding and assessing human relationships on both individual and collective levels (L. S. Brown, 1994).

One of the main differences in approaches to feminist ideology and political action can be seen in the contrast between radical and reformist models. Reformist models seek to improve women's status within existing social institutions such as the workplace, justice system, organized religion, and the family. Radical models of feminism are critical of the fundamentally oppressive nature of these institutions; therefore, radical feminists endeavor to create change in

order to eliminate oppression based not only on gender but also on other intersecting oppressions such as race, class, physical ability, and sexual orientation (L. S. Brown, 1994). Understanding how the advocacy and clinical approaches may be considered either reformist or radical was critically important in this study.

Feminist approaches to psychology, developed in the 1970s, emphasized relationships rather than individual identity as the foundation of women's experience, morality, and self-expression (Robb, 2006). In contrast to the Freudian view that had dominated psychology until the 1970s, Miller (1976) and Gilligan (1982) viewed women's tendencies toward relational and empathic ways of being as positive characteristics rather than as deficiencies. Both Miller (1976) and Gilligan (1982) explored the way relationships between dominant and subordinate social groups impacted the psychological states and behavior of individuals.

Gilligan's (1982) method of analysis focused on identifying the underlying assumptions and hidden power relationships that were present at that time within the domain of psychological research. Overt inquiry into a researcher's identity and sociocultural context enabled the embodied, emotional self that spoke from behind the veil of scientific objectivity to be revealed. By analyzing research in this way, Gilligan's readers were able to look beyond the objective knowledge claims of researchers to see how findings may function to support or undermine existing power relations in society. This mode of conducting research enabled women to break free of psychological theories that pathologized and undermined their ways of being in the world and processes of knowledge construction (Robb, 2006).

Trauma theory (Herman, 1997) provides an explanation of (a) the phenomenon of trauma, (b) the intrapsychic consequences of experiencing traumatic events, and (c) the stages involved in recovery from trauma. Trauma theory sheds light on the sociopolitical causes and

intrapsychic consequences of trauma exposure and proposes a pathway to healing. According to trauma theory, trauma can be understood as an experience of being overwhelmed by forces that engender a state of helplessness and immobilization. Although trauma may be generated by diverse causes, within the framework of trauma theory, the process of recovery is composed of common elements including creating safety, reassembling the trauma events through narrative, and reestablishing the social bonds between survivor and community (Herman, 1997). Feminist theory (L. S. Brown, 1994; Gilligan, 1982; hooks, 2015; Jaggar, 1989; Lerner, 1993; Miller, 1976; Perkins, 1991), a cornerstone of trauma theory, provides an analysis of the social causes that underlie gender-based violence and suggests strategies for rectifying the ongoing oppression and exploitation of women.

Black feminist thought (P. H. Collins, 2009) is a practical ideology that illuminates a path toward empowerment and justice for all members of marginalized social groups who experience oppression. The primary aim of Black feminist thought is to wage a skillful struggle against the specific domination and exploitation that is experienced by Black women within the United States and to foster an understanding of how intersecting oppressions based on gender, race, ethnicity, and class are linked. From the viewpoint of Black feminist thought (P. H. Collins, 2009), unique challenges and common struggles of all social justice movements are recognized. Black feminist thought acknowledges the evolving dialectical relationship between theory and practice and recognizes that ideology is fundamentally rooted in subjective experience. Within the framework of Black feminist thought, individuals with diverse experiences, viewpoints, and interpretations of their experiences are empowered to share common struggles for social justice (P. H. Collins, 2009).

A critical postmodernist perspective (Fawcett, 2009; Howe, 1994; Tseris, 2015) is characterized by an epistemological view that acknowledges multiple truths and valid ways to make meaning of life experience. The lens of critical postmodernism enabled the researcher to gain insight into the dynamic complexity of human experience. In alignment with feminist theory, critical postmodernism is specifically attuned to the way cultural perceptions of reality by dominant groups in society may be presented as objective truth, thereby obscuring alternate views (Fawcett, 2009; Howe, 1994). The perspective of critical postmodernism supports an analysis of how underlying assumptions and theoretical constructs of the advocacy and clinical approaches may reinforce values and priorities of dominant social groups and consequently impact the way in which survivor narratives may be articulated or heard.

Feminist Theory and Epistemology

The collective resistance of women to sexist oppression, first referred to as the women's liberation movement, later came to be called the feminist movement. During the late 1960s, feminist theory evolved from the experiential foundation of diverse women's participation in feminist political movement (hooks, 2015). According to hooks (2015), "Feminist struggle takes place anytime anywhere any female resists sexism, sexist exploitation, and oppression. Feminist movement happens when groups of people come together with an organized strategy to take action to eliminate patriarchy" (p. xii). Originally, feminist theory served as an instrument that empowered women to critically investigate traditional gender roles and envision alternate possible realities (hooks, 2015).

The contribution of the body and emotions in knowledge construction. Feminist epistemology is rooted in embodiment and emotional experience (Bordo, 1987; Flax, 1983; Jaggar, 1989; Lloyd, 1984; Rose, 1983). From the perspective of Western philosophy and

science, emotions, in contrast to reason, have been regarded as a liability in the pursuit of knowledge. Reason, traditionally associated with male domains of thought, culture, universality, and public life has been presented as oppositional and superior to emotions. The capacity for embodied emotional experience has been associated with female domains of physicality, nature, specificity, private life, and irrationality. While the forces of reason may at times harness the motivating power of emotion, reason is clearly seen to have the upper hand in the development of Western philosophical thought and scientific methodology (Jaggar, 1989).

The modern tradition of rationality, rooted in British empiricism and later positivism, sought to extract scientific knowledge from raw sensory data by regimes of empirical testing, which counterbalanced the apparently distortional forces exerted by individual researchers' idiosyncratic values and labile emotions. Positivist approaches have endeavored to differentiate and isolate sensory experience, cognitive interpretations of sense perceptions, and emotions (Jaggar, 1989). However, recent neuroscientific investigations of the nature of emotion, cognition, and sensory data have revealed dynamic and complex ways that attitudes, assumptions, and sociocultural contexts influence perceptions of physical states, processes, and behavior (Mehling et al., 2012).

The tendency within Western epistemology to view emotions in a suspicious, aversive manner has served to reflect and reinforce the pervasive tendency within male-dominated Western culture to distrust the body and suppress or deny the existence of emotions (Jaggar, 1989). Knowledge, cultivated within the context of Western science, is typically portrayed as objective, universal truth, unpolluted by subjective elements such as emotions and values, which may potentially distort the findings of individual researchers. Denial or lack of emotional awareness does not imply, however, that emotions are not present (Jaggar, 1989).

Bidden or unbidden, recognized or unacknowledged, emotions are intrinsic to the human process of meaning-making and exert an enduring impact on perception, cognition, and behavior (Polkinghorne, 1988). Jaggar (1989) and other feminist theorists (Bordo, 1987; Flax, 1983; Lloyd, 1984; Rose, 1983) challenged the status quo of Western epistemology by suggesting that emotions, fundamentally linked to cognitions, play an essential role in the pursuit of knowledge. By transcending “the artificial split between emotion and thought” (Jaggar, 1989, p. 156), the essential contribution of emotional experience to the construction of knowledge may be more clearly recognized.

Emotions reflect values and priorities, which are always present, whether articulated or unnamed. Within the domain of scientific research, it can be assumed that values that are not overtly defined are in alignment with prevailing sociocultural norms and supportive of the existing power structure (Jaggar, 1989). The vantage point from which so-called objective truth is believed to be visible inevitably reveals the perspective of the dominant social group, which in Western society is white, male, and socioeconomically advantaged. All other vantage points are assumed (by the dominant group) to be subjective, particular, and inherently incapable of contributing to the quest for universal knowledge.

Jaggar (1989) argued,

It is an axiom of feminist theory. . . . that all generalizations about “people” are suspect. The divisions in our society are so deep, particularly the divisions of race, class, and gender, that many feminist theorists would claim that talk about people in general is ideologically dangerous because such talk obscures the fact that no one is simply a person but instead is constituted fundamentally by race, class, and gender. . . . [These factors] shape every aspect of our lives, and our emotional constitution is not excluded. Recognizing this helps us to see more clearly the political functions of the myth of the dispassionate investigator. (p. 163)

The illusion of objectivity supports dominant groups’ claim to superior knowledge that is only possible when the voices and views of oppressed groups are silenced. Women, who are

culturally identified as emotional, subjective, and irrational (as opposed to logical, objective, and rational), are particularly vulnerable to this type of epistemological marginalization. “In our present social context, therefore, the ideal of the dispassionate investigator is a classist, racist, and especially masculinist myth” (Jaggar, 1989, p. 165). Ideas that are presented as objective truth, in hindsight, can be apprehended as socially constructed views that are influenced by specific values and arise from particular life experiences defined by race, gender, and class (Jaggar, 1989).

Reflexivity and the relational nature of feminist research. Feminist theorists and researchers have asserted that reflexivity is central to a feminist approach to research and methodology (Clough, 1992; Fonow & Cook, 1991). Feminist researchers use reflexivity not only to heighten awareness of power relationships inherent in the research process but also to conduct research in a manner that is distinct from traditionally male-centered epistemological approaches (Pillow, 2003). In a feminist approach to research, Pillow (2003) raised the following vital questions:

How can one be a non-exploitative researcher? How does one produce research that is useful and empowering to women? How do we make research that is linked with political action? How would our research practices be different if we were reflexive at each step of the research process (i.e., from forming our research questions, gaining access, conducting interviews, to analyzing data)? (pp. 178–179)

Reflexivity can be used to cultivate a reciprocal relationship with research subjects by listening empathically and finding ways to minimize the inherent power imbalances between researcher and participants. This is described by Pillow (2003) as “doing research ‘with,’ instead of ‘on’” (p. 179). The aim of this application of reflexivity is to dismantle the researcher’s assumed authority in the process of data collection and analysis (Pillow, 2003). By acknowledging emotional experience, which may be revealed by physical sensations, thoughts,

and images, the researcher is empowered to deconstruct the illusion of the privileged objective view and stand in a particular moment, bound by time and space, alongside the participant.

Historically, qualitative researchers have attended to embodied aspects of participant experience while ignoring the impact of their own subjectivity. Although many qualitative investigators in the fields of health and social sciences have recognized the influence of their own thoughts, memories, and present perspective on findings, they rarely have attended to ways that their own embodiment affects research (Sandelowski, 2002). Acknowledgment of embodiment on a theoretical level is quite distinct from the actual practice of embodied researcher reflexivity (Sharma, Reimer-Kirkham, & Cochrane, 2009).

Recognition of the critical role that embodied experience plays in knowledge construction has initiated a shift in the way qualitative research is conducted. This change has been characterized as a divergence from objective, positivist stances in favor of emphasizing unique qualities of interactions between researchers and participants (Sharma et al., 2009). Sharma et al. (2009) called for an “epistemology of embodiment” (p. 1643) based on (a) heightened awareness of researchers’ sensory and emotional experience, (b) exploration of how somatic experience may support insight into both researchers and participants, (c) recognition of the intersubjective nature of nonverbal communication and the shared construction of knowledge, (d) the complex nature of identity including both researchers and participants, and (e) the impact of cultural diversity on both researchers and participants. Acknowledgment of the researcher’s unique viewpoint allows the complex, relational, evolving nature of knowledge to be revealed (Gilligan, 1982).

Trauma Theory

Herman (1997) began her seminal work, *Trauma and Recovery*, with an acknowledgment that feminist theory played a foundational and critical role in the genesis of her approach to trauma: “This book owes its existence to the women’s liberation movement. Its intellectual mainspring is a collective feminist project of reinventing the basic concepts of normal development and abnormal psychology, in both men and women” (p. ix). While there have been other approaches to understanding the human experience of trauma, including Freud’s investigation of shell-shocked survivors of the First World War, Herman’s body of work on this topic is considered seminal and has exerted a profound impact on subsequent theoretical work within this domain (Stocks, 2007).

Herman (1997) presented a model for understanding the consequences of exposure to trauma and outlined fundamental stages in the healing process. According to Herman, trauma survivors are linked in particular ways by the shared essential nature of their experiences. Survivors of gender-based violence, veterans who had endured combat, political prisoners, and survivors of concentration camps all endured horrors that required a common pathway to healing. Herman postulated that the process of recovery from trauma includes (a) the establishment of safety; (b) remembrance of the trauma narrative and mourning; and (c) restoration of the bond between the trauma survivor, her community, and ordinary life experiences. Cautioning readers that this sequence should not be interpreted too literally, Herman pointed out that these stages of healing provided a sense of simple order and balance to psychological processes that are essentially complex and chaotic. At each stage of healing, effective treatment must address biological, psychological, and relational dimensions of the survivor’s recovery (Herman, 1997).

In relation to survivors of systemic oppression such as gender-based violence, Herman (1997) recognized the critical importance of addressing root causes rather than simply attending to symptom reduction. This theoretical model seems to be most obviously applicable in clinical treatment, but it has also heavily influenced advocacy work with survivors. Herman stated:

The core experiences of psychological trauma are disempowerment and disconnection from others. Recovery, therefore, is based upon the empowerment of the survivor and the creation of new connections. . . . No intervention that takes power away from the survivor can possibly foster recovery, no matter how much it appears to be in her immediate best interest. (p. 133)

The awareness that a survivor will be negatively impacted by any intervention that diminishes her sense of power and agency has exerted a profound impact on both advocacy and clinical approaches to healing (Emerson, 2015; Goodman et al., 2009; Nichols, 2011; Sullivan, 2012).

Trauma theory has gained credibility due to recent advances in the field of neuroscience (van der Kolk, 2006). Anatomical and functional changes that may occur due to traumatic exposure, particularly during childhood, appear to generate an overwhelming predisposition to chronic diseases (Felitti et al., 1998). Research on the deleterious consequences of exposure to trauma has given credence to the critical importance of interventions that mitigate exposure and cultivate resilience (Anda et al., 2006; Felitti et al., 1998).

Trauma theory, from its inception, has been linked to activism (Herman, 1997) and has sought to understand and address underlying contextual causes of trauma. However, the field of trauma treatment has diverged from this socially conscious, activist orientation due to the influence of biomedical reductionism and determinist approaches (Tseris, 2013). According to Tseris (2013), “Trauma theory, guided by feminist values, challenges the conventions of traditional mental health interventions with women by questioning the assertion that the assessment and diagnosis of clients are the cornerstones of effective work” (p. 153).

The generalization of trauma to include near-universal aspects of human experience including grief, loss, and accidents obscures the ways that widespread oppression systematically impacts marginalized individuals and groups. Tseris (2013) stated:

This far-reaching definition of trauma reflects the cultural importance of the notion of trauma to contemporary Western societies and its use as an organizing concept or master narrative for understanding human experience. . . . In this way, trauma is conceptualized as covering a range of frightening or unpleasant events, many of which are qualitatively different from the trauma of gender-based violence. (p. 157)

It is essential to counterbalance biomedical evidence with knowledge gained from the social sciences and from narratives of survivors. Even in the absence of neuroscientific evidence, it is clear that the effects of enduring exposure to trauma are harmful, not only for the brain but also for the hearts, minds, and souls of survivors (Tseris, 2013). These consequences of traumatic life experiences must be addressed by widespread sociopolitical change as well as within the domain of healthcare.

Feminist Therapy Theory

Herman (1997) developed her approach to trauma recovery from a feminist perspective; therefore, her trauma theory and feminist therapy theory are inextricably linked. The diagnosis of PTSD originally appeared in 1980 due to the efforts of therapists who worked with two groups of individuals: (a) mostly male veterans of the Vietnam war; and (b) female survivors of gender-based violence including domestic violence, sexual assault, childhood abuse, and workplace harassment. According to L. S. Brown (2004), “Feminist theory moved the locus of the problem of interpersonal violence from its historical location in the victim’s personality to the misogyny of the culture expressed through the actions of perpetrators of violence” (p. 464).

A feminist approach to trauma treatment is “highly theory driven in that the therapist’s theoretical framework and epistemology in approaching the treatment process, rather than any specific techniques, are what are considered essential to making practice feminist” (L. S. Brown,

2004, p. 464). Feminist therapy is integrative, utilizes diverse therapeutic techniques, and recognizes that an important goal of treatment is the development of a *feminist consciousness* (L. S. Brown, 2004). Feminist consciousness is defined as the recognition that one's personal experience of suffering does not arise from individual pathology but instead from the ways in which one has been systematically marginalized, exploited, rendered invisible, and silenced as a result of belonging to a nondominant sociocultural group (Lerner, 1993). A feminist approach to trauma treatment seeks to acknowledge and rectify the way that the public, political reality of oppression manifests as private, unique suffering in the lives of individuals (L. S. Brown, 1994).

When viewed through the lens of feminism, a fundamental risk posed by therapy is the inclination to turn sociopolitical realities and their consequences into intrapsychic constructs (L. S. Brown, 1994). Under these circumstances, the results of oppressive social relationships are understood to be indicative of individual pathologies. As a consequence, members of marginalized groups tend to be labeled as mentally dysfunctional. Feminist therapy does not generate psychotherapeutic constructs from political realities; instead, it promotes the identification of originating social causes of putative mental health disorders (L. S. Brown, 1994; Perkins, 1991).

A cornerstone of feminist therapy is an acknowledgment that the seemingly private and personal therapeutic relationship exists within a sociopolitical context. Feminist therapy, therefore, aims to strengthen both therapists' and clients' abilities to resist oppression and effect transformation within personal, emotional, social, and political domains. Based on the assumption that the client is the expert and ultimate authority regarding her own life, feminist therapy establishes a setting in which the client is empowered to recognize and fully inhabit her autonomy and self-determination. The creation of an egalitarian relationship between client and

therapist is central to feminist therapy, and the strengths and capabilities of each client are acknowledged (L. S. Brown, 2004; Herman, 1997).

By focusing on strengths, feminist therapists view clients with a fresh perspective and resist making assumptions regarding putative effects of traumatic experiences (Tseris, 2013). Symptoms are viewed as coping strategies that reveal clients' attempts to manage intolerable affects and cognitions arising from precipitating traumatic events rather than as evidence of individual psychopathology. Strategies employed in feminist therapy may include psychodynamic approaches, cognitive reframing, eye movement desensitization reprocessing, pharmacotherapy, somatic approaches, prolonged exposure therapy, or other techniques that are appropriate in trauma treatment. The aim of therapy is not simply diminution of symptoms; the sense of relatedness with other trauma survivors, development of client autonomy and competence, and awareness of the way in which individual experience occurs within a social context are all prioritized within a feminist paradigm (L. S. Brown, 2004).

In L. S. Brown's (2004) view, there is an ethical imperative for feminist therapists to participate in social justice movements aimed at ending all forms of oppression and engage in political action specifically directed toward the elimination of gender-based violence. It is not sufficient to make one's living by helping individual survivors heal from the personal effects of traumatic experiences; rather, the originating causes must be effectively addressed in order to eradicate sexual and gender-based violence (L. S. Brown, 2004). By contributing to political activism aimed at ending ongoing social injustices, therapists' actions lend credibility to their ideological commitment to improve women's lives. Trauma treatment does not alter the reality that survivors still currently inhabit a world that is fundamentally dangerous for women (Tseris,

2015). These dangers may be greatly multiplied depending on an individual woman's socioeconomic status and racial or ethnic background (WHCWG, 2014).

Black Feminist Thought

P. H. Collins (2009) analyzed the nature of African American women's oppression within the greater context of institutionalized violence in the United States. According to P. H. Collins (2009),

The overarching purpose of U.S. Black feminist thought is . . . to resist oppression, both its practices and the ideas that justify it. As a critical social theory, Black feminist thought aims to empower African-American women within the context of social injustice sustained by intersecting oppressions. Since Black women cannot be fully empowered unless intersecting oppressions themselves are eliminated, Black feminist thought supports broad principles of social justice that transcend U.S. Black women's particular needs. (pp. 25–26)

Although its fundamental components overlap with other bodies of knowledge, the uniqueness of U.S. Black feminist thought is rooted in the convergence of particular features. Fundamental assumptions of Black feminist thought include the notion that empowerment of African American women will only be possible when the intersecting oppressions, based on race and class, are eliminated. There is an inherent connection between Black feminism and broader social justice movements including the movement to end gender-based violence (P. H. Collins, 2009).

Within Black feminist thought, the dynamic relationship between experience and ideology is acknowledged. This belief rests on the foundational assumption that what one thinks is shaped by what one does in the world. Despite the reality that each individual woman experiences racism, classism, and sexism in unique ways, there may also be a shared recognition of the existence and impact of these intersecting oppressions. This collective awareness resists reductionism and is accepting of diverse views: “Black *women's* collective standpoint does exist, one characterized by the tensions that accrue to different responses to common challenges”

(P. H. Collins, 2009, p. 31). Narrative research offers insight into the unique processes of interpretation and action generated by individuals (Polkinghorne, 1988) in response to shared struggles.

The feminist approach to epistemology described by Jaggar (1989) is in alignment with P. H. Collins's (2009) view that recognizes the dynamic relationship between experience and ideology. From the perspective of Black feminist thought, it is assumed that knowledge and cognition are rooted in one's worldly experience, which is simultaneously characterized by physical, emotional, mental, relational, and behavioral dimensions. Individual experience has both a collective, shared aspect and particular, unique qualities. Within the framework of Black feminist thought, the collective aspects of experience can be recognized, while simultaneously sustaining awareness and acceptance of diversity. By remembering that human experience is simultaneously unique and shared, researchers can acknowledge the complex nature of individual realities and avoid the propensity toward oversimplification and reductionism (P. H. Collins, 2009; Tseris, 2015).

According to P. H. Collins (2009), Black feminism is primarily a mode of action as opposed to an ideological stance: "Rather than raising consciousness, Black feminist thought affirms, rearticulates, and provides a vehicle for expressing in public a consciousness that quite often already exists" (p. 36). It is possible for the actions of individuals who are not Black or female to exemplify the underlying principles of Black feminist thought. P. H. Collins (2009) asserted that African American women intellectuals have unique and essential contributions to make to the evolution of Black feminist thought. The intellectual tradition of African American women has historically been characterized by the coalescence of theoretical work and activism; African American women intellectuals simultaneously develop critical analyses of how

intersecting oppressions of race and gender operate in Black women's lives and work to promote social justice.

P. H. Collins (2009) recognized the "tradition of using everyday actions and experiences in our theoretical work" (p. 37) and the fundamental importance of African American women's self-definition and self-determination. Actions that have the effect of challenging intersecting oppressions of race, sex, and class are inherently empowering for members of oppressed and marginalized groups. Concurrently identifying common elements of Black women's experiences and developing the ability to manage divergent viewpoints and internal dissent are important challenges for African American women intellectuals. Autonomy of African American women is viewed as the basis for effective coalitions with other groups working for social justice (P. H. Collins, 2009).

Black feminist thought is assumed to be dynamic and in a constant state of evolution. As the reality of social conditions changes (employment conditions, housing, or family relationships), Black feminists believe that analysis and ideology must also evolve to integrate emerging truths. The struggles of African American women are assumed to be fundamentally linked to broad movements dedicated to human rights, empowerment, and social justice. Black feminism is informed by the humanistic perspective of the basic connectedness of all life and the ultimate indivisibility of diverse sociopolitical efforts directed toward liberation. The distinguishing characteristics of Black feminism work synergistically to support the fundamental purpose of U.S. Black feminist thought, which is resistance to all acts of oppression and the ideological foundations of an oppressive social order (P. H. Collins, 2009).

Black feminist thought is deeply relevant to the evolving body of theory and practice that concerns work with survivors of gender-based violence. Violence against women is rooted in

women's oppression. There is a long history of racist violence within the United States that has been not only tolerated but encouraged by the dominant, White male culture. This has also been true regarding violence against women of all races, but particularly women of color.

The social construction of human beings as property legitimated and routinized violence against members of both these oppressed groups. Despite the growing acknowledgment that domestic violence is unacceptable within the microcosm of the family unit, P. H. Collins (2009) asserted that this particular manifestation of violence has not been traced to its pervasive systemic origin, which in her view is inextricably linked to racial oppression. According to P. H. Collins (2009), those who wish to see the elimination of gender-based violence must consider that this will only occur within a context that is free of racist violence.

Organizations that seek to eliminate violence against women and empower survivors must possess a dynamic approach to ideology that is capable of illuminating the common source of violence against groups based on race, class, and gender (P. H. Collins, 2009). In a similar manner, Herman (1997) argued:

Fifty years ago, Virginia Woolf (1938) wrote that "the public and private worlds are inseparably connected . . . the tyrannies and servilities of one are the tyrannies and servilities of the other" (p. 47). It is now apparent also that the traumas of one are the traumas of the other. . . . Recognizing the commonality of affliction may even make it possible at times to transcend the immense gulf that separates the public sphere of war and politics—the world of men—and the private sphere of domestic life—the world of women. . . . Will these insights be lost once again? . . . Without the context of a political movement, it has never been possible to advance the study of psychological trauma. (p. 32)

Another shared element of Black feminism and feminist work with survivors of gender-based violence is the recognition that survivors must heal on their own terms and direct the course of their own healing. This is essential in both advocacy and clinical approaches because the fundamental means and ends of all feminist work with survivors is empowerment and self-determination (L. S. Brown, 2004; Goodman et al., 2009; Nichols, 2011). Understanding that

unity and diversity coexist in survivor experiences is vital, particularly in clinical contexts that are vulnerable to the determinist and reductionist biomedical narratives (Tseris, 2015).

Constructs such as “diagnoses” and “symptoms” must be seen in light of how they function in practice and serve to perpetuate existing power relations within the dominant culture (L. S. Brown, 2004; Burstow, 2005; Tseris, 2015). Black feminist thought supports an overarching critical perspective of how ideology and practices that characterize advocacy and clinical work with survivors may serve to support or undermine the autonomy and empowerment of survivors.

Critical Postmodernism

Broadly speaking, postmodernism is characterized by the epistemological view that there are multiple truths or valid ways to interpret life experience (Fawcett, 2009; Howe, 1994). This approach can pave the way for an apathetic stance in the face of injustices. If there is no ultimate truth or meaning, why bother working to uphold cherished values and visions of a better society? The lens of critical postmodernism offers a way to understand the continuously evolving complexity of human experience with particular attunement to the impact that socioeconomic dominance exerts on cultural perceptions of reality and truth (Fawcett, 2009; Tseris, 2013, 2015).

Because it is based on the acknowledgment of power relations and the impact of power differentials on human beings, critical postmodernism is an important theoretical paradigm for individuals who work with oppressed and marginalized groups (Howe, 1994). According to Howe (1994), “Truth is partial, not due to a disrespectful attitude toward meaning-making, but because that which comes to be understood as knowledge is rarely constructed by our clients (p. 522). In the context of a male-dominant culture, patriarchal epistemologies permeate all modes of thought and discourse, and come to be uncritically accepted as objective truths. A theoretical framework that is well-suited to narrative research with survivors of gender-based

violence, critical postmodernism facilitates insight into women's complex and unique modes of interpretation that do not necessarily conform to the dominant culture's epistemological processes.

When attempting to understand the origins of traumatic experience and the multilayered impacts of trauma on human beings, it is vitally important to resist the tendency to oversimplify complex individual narratives and force them to conform to categories that have been established by the dominant culture. Critical postmodernism is an epistemological approach that explores the subtleties and tensions that exist among diverse perspectives and experiences (Fawcett, 2009). For example, while the perspective of the clinical approach to trauma treatment may recognize women's experiences of gender-based violence, the rhetoric of this approach may also undeservedly place the responsibility for symptom management and recovery on survivors (Tseris, 2015). The rhetoric of the clinical model may also obscure ways in which phenomena that have been labeled "symptoms" can be understood as effective coping strategies in the face of unbearable situations (Burstow, 2005) and ways that resilience and "symptoms" may arise simultaneously.

Purpose and Significance of the Study

The purpose of this dissertation study was to gain insight into the narratives of seven women who participated in TC-TSY peer support groups within the context of clinical treatment at a rape crisis center. These narratives were considered within the historical context that gave rise to two approaches for supporting survivors of sexual and gender-based violence—advocacy and clinical treatment. Within this historical period (the late 1970s and early 1980s), the PTSD diagnosis became formalized, and psychological treatment for survivors of gender-based violence began to develop.

Slaby (2010) addressed the critical importance of attending to ways that theoretical constructs and foundational beliefs may influence ultimate outcomes and argued:

Scientific classifications have the power to “make up” people. . . . Science, medicine, education, and other areas of social practice and policy have, to some extent, the capacity to “create” kinds of people. Not by magic, but by establishing classifications that interact with the people so classified and their respective surroundings. (pp. 399–400)

By learning about the experiences of participants in TC-TSY peer support groups, I intended to gain insight into the impact of this intervention on these individuals. Consideration of this intervention within the broad context of a feminist approach to clinical treatment provided greater understanding of the relationship between individual healing and social change aimed at eliminating root causes of gender-based violence.

Personal Statement

Re-vision—the act of looking back, of seeing with fresh eyes, of entering an old text from a new critical direction—is for women more than a chapter in cultural history: it is an act of survival. Until we understand the assumptions in which we are drenched we cannot know ourselves. And this drive to self-knowledge, for women, is more than a search for identity: It is part of our refusal of the self-destructiveness of male-dominated society.

—Adrienne Rich, *On Lies, Secrets, and Silence*, 1979

By looking back, we gain the capacity to weave new patterns of meaning from the countless strands of our life experiences. Immersed in the present or focused on the future, it is difficult or impossible to apprehend how each thread may contribute to the evolving fabric of one’s life. These reflections are offered with the hope that insight into experiences that have influenced my voice and perspective will add depth and color as readers engage with this research. Crafting this statement has given me an opportunity to redefine and reaffirm my dedication to feminist activism, which is sorely needed at this time in the United States and the global community. It is my wish that this collection of survivor narratives will speak not only to

your intellect but also to your heart, and in some small, or perhaps not so small, way make a difference in your own life.

My Family and Early Years: Activism, Yoga, and Nature

The roots of my interest in embodied approaches to healing from sexual and gender-based violence and my commitment to the liberation of women from oppression extend deep into the ground of my childhood. Born in 1956, I spent the first four years of my life in rural northwestern Ohio. In my earliest memory, I am four years old. Standing on top of a woodpile near my family's home, I feel the freshness of the autumn air, the peace of the early morning. I see a horse across the road; head lowered as he quietly eats grass in an apple orchard. I feel so happy to be alive and excited about the possibility of a new day. This enduring, embodied sense of joy and vibrant enthusiasm has stayed with me over these many years, despite the sorrows and challenges that have also marked my life.

My parents both grew up during the Great Depression. My father, raised in Cleveland, Ohio, dropped out of high school in 1932 and was hired to work in a grocery store in order to earn much-needed income for the household. Later, he became a union glazier, a meat salesman, and eventually a meat buyer for a local chain of food stores. A talented amateur violinist, charismatic and intuitive, my father was the youngest son of a family of five boys and one girl. His parents were poor immigrants from the Jewish ghetto in Poland, who arrived in the United States in 1912.

My mother was the younger of two daughters raised in a middle-class, Orthodox Jewish home in Akron, Ohio. My maternal grandmother's family was from Budapest, Hungary; my grandfather emigrated alone, at the age of 14, from a region in the former Austro-Hungarian Empire that is now western Ukraine. Rejecting the spoken and unspoken expectations of both

her family and community, my mother graduated from the University of Akron and went on to complete a master's degree in history, graduating with honors from the University of Chicago. Desiring to pursue a Ph.D., she was discouraged by the chairman of the department, who advised her to "go home and raise children."

Instead, my mother moved to Washington, DC, during World War II, initially finding employment as a federal clerk. Fighting the odds, she became one of a small group of women to attain a position as a researcher in the Office of Economic Warfare. My mother went on to spend two years working with the United Nations Relief and Rehabilitation Agency (UNRRA) in the former Yugoslavia after the war. Returning home to the United States, she became an organizer for the Progressive Party, in support of its effort to elect Henry Wallace. After Truman defeated Wallace in the 1948 election, my mother made her way back to northeastern Ohio and a few years later married my father, whom she had met a decade before.

In 1960, my family moved to Cleveland. Along with my three sisters and one brother, I was raised in an atmosphere characterized by a deep commitment to social justice, thanks to my mother's activism and my father's willing support. I have vivid, enduring memories of the powerful collective energy of Civil Rights marches in Cleveland and massive popular demonstrations against the Vietnam War in our nation's capitol. After the U.S. invasion of Cambodia in 1970, my mother handed me a stack of black cloth armbands, along with the instruction to hand them out to my junior high classmates, to indicate our protest. On another occasion, I borrowed slides from the Women's International League for Peace and Freedom (WILPF), of which my mother was the local chapter president, and gave a presentation to my 10th grade biology class on the devastating effects of the herbicide, Agent Orange, on the population and ecology of Vietnam. To be honest, there were times I wished for a "normal

mother,” but simultaneously—maybe, at that time, secretly—I was proud of her dedicated activism.

Within my family, a high value was placed on participating in political movements that sought to engender peace, freedom, and self-determination. My daily experience of home life, however, presented circumstances that contradicted these principles. When my older sister was eight, she was molested by an acquaintance of my father. Shortly afterwards, my sister began to act out the abuse with me—I was three years old at the time. The inappropriate touch and absence of healthy boundaries in relation to my body, sexuality, and emotional life continued for many years. I felt doubly unsafe at home due to the physical dominance of my father. Fearing the corporal punishment that would inevitably result from fighting with my sister, which incited my father’s rage, I—like so many survivors—learned to keep my mouth shut and simply numb out. It was not until I was almost 30 that I began to realize that anything out of the ordinary had happened to me.

Although my mother was a courageous fighter in the wider world, within the confines of our home, she—like Gilligan’s (2002) strong mother—took on the traditional role of “initiating me into being a woman in patriarchy . . . [which inevitably included supporting] my father’s injunction against seeing and speaking” (p. 125). Throughout my girlhood and adolescence, I learned to suppress my truths and bury my emotions. It was a long struggle to emerge from this state of dissociation and gradually regain my inherent capacity to trust myself—to feel what I feel, know what I know, and speak from a place of connection to my own experience.

Much to my good fortune, I discovered yoga at the age of nine when the book, *Yoga for Americans* (Devi, 1959), practically fell off the school library shelf into my hands. Although I had learned to become frozen and silent in order to cope with my sister’s violations, avoid my

father's wrath, and endure my mother's subsequent rationalization of his violence, through yoga I was able to connect to something inside me that was alive and true. That year I also started playing the flute, which helped to sustain me by inviting me to breathe deeply and express the emotions I could not articulate in words. Up in my room, doing the simple movement and breathing sequences presented in the book, playing my flute, I experienced a sense of grace and freedom that was paralleled only by the feeling of expansiveness and peace I felt in the natural world. These inner experiences became and have remained somatic touchstones, reminding me of the way to joy.

Late Teens and 20s: Farm, Feminist Community, Music, Martial Arts, and Recovery

Fast forward to my late teens and 20s: I became a wanderer. After completing my first year at Swarthmore College near Philadelphia, I found myself on the road with my boyfriend, hitchhiking out to eastern Washington State to live on an 80-acre organic farm, situated in the Huckleberry Mountains, north of Spokane. As I leapt beyond the boundaries of my family's fears and expectations, I experienced an exhilarating sense of freedom in the flow of my daily life. Growing healthy food, caring for animals, living communally with a group of fellow adventurers dedicated to living in the moment, I became more consistently aware of my body, my emotions, the rhythm and harmony of my inner life.

Here I experienced a different kind of activism than that which I had previously known: activism that was rooted in the aspiration to live in accordance with one's values, not just fight for them. There were certainly ways that we fell short of the mark, but we were moving in the right direction. We wanted to be true to ourselves, free, and support each other in community. Two of our neighbors who lived just over the hill taught yoga, somewhat of an anomaly at that time, and it was here I first practiced yoga with others. My teacher, Gail, had been married to a

neighbor—one of the three couples that lived just down the road from us. She had left her husband for Annette, a talented photographer. I couldn't help but notice how free and happy Gail and Annette were with each other and, on a very visceral level, I sensed the power of strong female bonds to produce liberation and joy.

After a year of living on the farm, I was ready to move on from my relationship and move back to the city. I returned to Philadelphia with a sturdier sense of confidence, clarity about my own priorities, and a keen awareness of my need for community. Becoming deeply involved in the women's movement, I joined with others to promote women's health concerns and fight back against misogynistic violence. I worked for an advocacy organization called Women's Health Concerns Committee and participated in local Take Back the Night marches and national demonstrations in support of the Equal Rights Amendment (ERA). Sadly, the ERA has not yet achieved ratification and incorporation into the Constitution.

At that time, the women's movement was heavily influenced by radical lesbian feminism. My comrades and I found inspiration in the works of writers and poets such as Mary Daly, Angela Davis, Andrea Dworkin, Audre Lorde, Robin Morgan, Adrienne Rich, Barbara Smith, and Alice Walker. As activists, we sought not only legislative and institutional change, but liberation in *every* aspect of our lives. We strove to understand how power relations in a sexist, classist, racist, and heterosexist society affected our personal lives in diverse domains including embodiment, emotions, and sexuality.

In 1978, I joined the Anna Crusis Women's Choir, a group of gay and straight women committed to making music as a way to support personal transformation and social justice. We sang to raise awareness about oppression based on race, gender, class, and sexual preference. We sang to inspire ourselves to transgress the boundaries that limited us within the male-

dominated sociopolitical order. Within this remarkable crucible, I found another embodied approach to healing and liberation that was inextricably linked to collective empowerment. In 1979, I came out, having fallen in love with a brilliant singer and guitarist I met in Anna Crusis. I will never forget how, when questioned about the predominance of lesbians in the choir, one of the choir members summed it up succinctly: “We keep bringin’ the straight women in, but they keep turnin’ on us!”

I decided to return to school and was admitted with a full scholarship to Temple University’s College of Music. I minored in dance, and was exposed to many opportunities for self-expression, not generally radical, but always within the context of community. After graduating from music school, I was weary from the stress of city life. I had a desire to live somewhere where human society was surrounded by nature, instead of nature—public parks—being contained within an urban center. I decided to move to the town of Ithaca in upstate New York because of its natural beauty, strong women’s and LGB (it was not yet called “LGBT” or “queer”) community, and the creative atmosphere fostered by local artists. Ithaca seemed to me to be a happy medium between the farm and Philadelphia: not as remote as the farm, not as congested as Philly.

In Ithaca, I worked as a freelance musician and music teacher and participated in feminist theatre projects, including the performance of civil disobedience at the nearby Women’s Encampment at the Seneca Army Depot. I began to study karate with a woman who was a highly accomplished local teacher. Formal sequences of movements called *katas* came easily to me but sparring with a partner sent me into a dissociative fog. For many months, it was almost impossible for me to assert myself in this way. Learning to take action to protect myself physically was an essential part of reclaiming my power.

Many of my friends in Ithaca were members of 12-step groups: Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). As I listened to them describe the previous tendencies they had toward “medicating their feelings” with drugs and alcohol, I had a sinking suspicion that I, too, had firmly entrenched patterns of avoidance and ways of numbing myself. I came to realize that I had an addictive relationship with food, which had started when I was about six years old. As I developed an awareness of the ways I used food to “medicate my feelings,” I became more conscious of past circumstances that had led me to reject and repress my own emotions. I hated going to Overeaters Anonymous (OA) meetings at first, because I thought that they were far less cool than AA and NA meetings! Nevertheless, I persisted and experienced the lifting of long-held, heavy burdens as I articulated truths about which I had been silent for so many years.

My Mother’s Work: Shelter for Survivors of Domestic Violence

In the early to mid-1980s, my mother, formerly a parent advocate for the Head Start program in Cleveland and later in a small town in rural Northeastern Ohio, had become involved in finding emergency housing for survivors of domestic violence. It had become evident, over time, that a majority of the Head Start mothers had suffered sexual or gender-based violence. An organizing committee comprised of six members of the Head Start staff was formed, inspired by the shared vision of establishing a local domestic violence shelter.

The contradiction did not escape my awareness—I knew that my mother had always been a more capable fighter and effective advocate outside rather than inside our own family circle. Nevertheless, I respected her work deeply and took great interest in learning about the steps taken to establish the shelter as a grassroots organization. Many survivors later became staff members and made substantial contributions to the daily functioning of the shelter.

By the late 1980s, however, the shelter gradually became “professionalized,” not unlike many women’s organizations described by Maier (2011) in her study, which detailed the compromises made by rape crisis centers that sought funding from city, state, and federal sources and private donors. I sympathized with the sense of loss described by my mother and the shelter founders as survivors came to be referred to as “clients.” Empowering conversations held around the kitchen table were not considered to be as valuable as therapy sessions. Loyal staff members’ roles became marginalized in deference to psychotherapists and clinical social workers whose academic qualifications rendered the real-life experiences of former victims of abuse less meaningful in the eyes of the shelter’s Board of Directors and funders.

This turn of events has endured in my memory as an injustice that demands to be addressed. To be clear, I believe that survivors can benefit from treatment by mental health professionals. Contributions from professionals, however, must not undermine the vital importance of peer support. The sequence of circumstances that occurred at the shelter established by my mother and the circle of founding organizers, combined with my personal experiences of abuse and subsequent reclamation of my power, were important factors that provided inspiration and motivation to conduct this research.

Return to Cleveland: Yoga, Massage Therapy, and Motherhood

After my mother relocated to Cleveland in the late 1980s, she continued to work as a legal advocate for survivors of domestic violence. By the end of 1989, I had also moved back, after leaving Ithaca and spending one year as a resident staff member at Kripalu Center for Yoga and Health in Massachusetts. Upon my return, I became one of Cleveland’s first yoga instructors. I wanted to offer yoga classes in the workplace in addition to the community in

order to provide opportunities for people to integrate yogic principles and practices into their workday.

Due to an odd sequence of coincidences, I connected with the manager of wellness programming at Progressive Casualty Insurance Corporation and began teaching classes for employees in the fall of 1991. I was four months pregnant when I taught my first yoga class at Progressive and in 1992, gave birth to my son, Nehemiah. Now 25, Nehemiah has continued to carry on the family tradition of activism as a documentary filmmaker, writer, and musician.

In 1990, I enrolled in a program to study massage therapy, which is regulated by the Ohio State Medical Board. Following my graduation and licensure, I was invited to join the staff of an onsite primary care center for employees at Progressive. Riding the early wave of interest in corporate wellness, Progressive was one of the first large companies to take an active interest in a preventive approach to employee health. In addition to providing yoga instruction, I created a prevention-oriented massage therapy program, inspired by the seminal work of Kabat-Zinn (1990) at the University of Massachusetts Medical Center and by my experiences at Kripalu. As of 2017, this program has expanded to include eight therapists in four corporate campuses nationally.

After more than two decades of working in the clinic at Progressive and developing seminars for employees on topics related to stress management, mindfulness, and empowerment, I decided to pursue graduate studies in order to delve more deeply into the evidence-based research on yoga and mindfulness that had been done in the past 30 years. I chose Saybrook University's College of Integrative Medicine and Health Sciences (CIMHS) due to the college's high standards of academic excellence and dedication to integrating self-care and self-awareness practices into the curriculum—in other words, a clear commitment to “walk their talk.”

In 2014, I began working as a volunteer at the CRCC. I had a desire to serve as an ally to survivors of sexual violence; I was also motivated by the vision of eventually integrating yoga into peer support groups at CRCC. For a year, I took calls on the 24-hour crisis hotline and was a “face-to-face” advocate, which included accompanying survivors of sexual assault to hospital emergency rooms and police stations. Concurrently, I enrolled in a training program at the Trauma Center in Brookline, Massachusetts, in order to become certified as a Trauma Center trauma-sensitive yoga facilitator (TC-TSY-F). TC-TSY is an empirically validated approach to using yoga in the context of trauma treatment that was developed by Bessel van der Kolk, a well-known psychiatrist and neuroscientist, and David Emerson, an experienced yoga teacher with a deep commitment to working with trauma survivors. This intensive course prepared me to begin to co-facilitate support groups at CRCC.

CRCC, like the shelter my mother founded, also began as a grassroots organization. In the decades that followed since CRCC’s inception in 1974, it has become professionalized, offering individual and group therapy to survivors. At the same time, CRCC maintains a strong commitment to community education and activism for social change. Within CRCC, there is a keen awareness of the need to transform the sociocultural context that gives rise to sexual and gender-based violence while, at the same time, providing effective support to individual survivors.

Conclusion

To be sure, my own growth over these many years has not followed a consistent path. Although I have experienced many setbacks into silence and self-doubt along the way, I have come to recognize the feeling of being true to myself—of speaking with my own voice. When I

veer too far from center, I am increasingly able to find my way back, to follow my own North Star.

When I initially wrote this personal statement in January 2017, massive women's demonstrations were taking place around the world to protest the Trump agenda, which continues to threaten the health, safety, and reproductive freedom of millions of women. Returning to my story 11 months later, we are witnessing women speaking out against sexual assault and harassment in unprecedented ways, forcing the firing or resignation of scores of men in high-profile positions. Exploring how TC-TSY peer support groups may support women to cultivate self-defined viewpoints, which are rooted in the truth of their embodied experiences, was the underlying purpose of this research.

Research Question

In this doctoral research study, the following research question was addressed: How do members of a 12-week TC-TSY peer support group for survivors of sexual and gender-based violence describe their experiences of participation in the group and the impact of these experiences in their lives? Findings were explored from an evolving, historical perspective in relation to the trauma-informed, clinical context in which the TC-TSY peer support group was offered. By conducting this dissertation study, I intended to contribute to the growing body of research on effective and empowering ways to work with survivors of sexual and gender-based violence.

Research Design

This investigation utilized narrative research methodology. Data consisted of semistructured interviews with seven women who participated in TC-TSY peer support groups as an adjunct to clinical treatment at a rape crisis center. Archival data were used including: (a)

initial interviews with participants, which were conducted following completion of the 12-week peer support group; and (b) second interviews, which were conducted approximately seven to eight months after the conclusion of the peer support group. After drafts of data analysis were prepared for participants to review, a third meeting took place. Participants had the opportunity to offer feedback on the analysis and answer additional questions.

Assumptions and Biases

Several assumptions were fundamental to this research. First, it was assumed that healing from sexual and gender-based violence is possible. There may be diverse ways to approach recovery from trauma that are related to each survivor's unique needs and the context in which healing occurs. It is my belief that healing is inextricably connected to the dynamic relationship that exists between personal empowerment and a supportive social context. Regarding sociocultural context, I assume that struggles against sexual and gender-based violence are linked to broader social justice movements that oppose racism, classism, and all forms of oppression and exploitation.

It was expected that, within the confines of this study, participants in TC-TSY peer support groups were capable of reflecting on their experiences in the group and were able to articulate narratives that illuminate the meaning they make of their experiences. It was assumed that by sharing their narratives, group participants may have experienced greater self-awareness and positive social engagement. Finally, I continue to believe that it is possible to envision a world in which all forms of oppression and exploitation no longer exist. It is, therefore, worthwhile to take practical steps which can lead to transformation of that vision into reality.

CHAPTER 2: REVIEW OF THE LITERATURE

In order to understand the narratives of individuals who participated in TC-TSY peer support groups, this literature review sheds light on the broad spectrum of clinical and advocacy approaches for working with survivors of trauma. Interventions based on advocacy (a) preceded clinical approaches aimed at supporting survivors of gender-based violence, and (b) influenced principles and strategies of clinical interventions (Dasgupta, 2016). In this review, however, literature from the field of clinical psychotherapy is presented prior to review of literature related to the field of advocacy because TC-TSY was developed as an adjunct to clinical treatment.

Feminist approaches to clinical trauma treatment for survivors were presented and the development of feminist consciousness within a therapeutic context was considered. Feminist critiques of trauma treatment were explored in order to discern (a) problematic aspects of the PTSD diagnosis in clinical treatment of survivors of gender-based violence including ways in which the PTSD diagnosis does not take multicultural factors into account, and (b) how the medicalization of trauma may serve to obscure underlying sociopolitical origins of trauma exposure. Research investigations into the advocacy framework include (a) case-level or individual advocacy; and (b) cause-level advocacy, which addresses the needs of survivors on the level of systems and institutions. In this study, the nature of survivor–clinician and survivor–advocate relationships is also considered.

Clinical Framework

From the perspective of a clinical framework, survivors of sexual and gender-based violence have experienced traumatic events and, as a result, may suffer from a spectrum of predictable psychological consequences. Clinicians have identified diverse psychological conditions that may occur in the wake of trauma. These mental states may be related to the

nature of traumatic exposure ranging from a single overwhelming and unbearable event to sustained, repetitive abuse (Herman, 1997). Feminists have criticized mental health system treatment guidelines, which require providers to evaluate and diagnose the putative disorders of survivors without clearly identifying and addressing underlying sociocultural causes (L. S. Brown, 2004; Burstow, 2005; Tseris, 2013, 2015; Wasco, 2003).

According to Herman (1997), trauma-related disorders share many essential characteristics. As a result, recovery from trauma generally follows a predictable pattern. The basic stages of healing include the establishment of safety, reconstruction of the trauma narrative from the vantage point of the present, and restoration of the relationship between survivors and their communities. Since all experiences of psychological trauma are characterized by victimization, disempowerment, and isolation, the foundation of trauma recovery is based on empowerment and establishment of connections with others (Herman, 1997). Elements of healthy relationships “include the basic capacities for trust, autonomy, initiative, competence, identity, and intimacy” (Herman, 1997, p. 133).

Posttraumatic Stress Disorder (PTSD)

As a consequence of experiencing the trauma of sexual and gender-based violence, over 33% of survivors of rape, sexual assault, and interpersonal violence have developed PTSD (van der Kolk, 2014). PTSD, previously regarded as an anxiety disorder, has been reclassified as a trauma- and stressor-related disorder (APA, 2013). In contrast to the previous edition of this manual, the criteria for diagnosis in *DSM-5* are based on clear identification of the nature of the traumatic event. There is specific inclusion of sexual assault as well as interactions with police officers or other first responders as having the potential to initiate PTSD.

The four categories of diagnostic symptom clusters for PTSD include (a) re-experiencing, (b) negative cognitions and affect, (c) avoidance, and (d) difficulty regulating arousal level. A PTSD dissociative subtype is also described in which survivors of trauma either feel a sense of detachment from their own mental function or experience the world in a dreamlike, unreal, or distorted manner (APA, 2013). PTSD in individuals who have experienced sexual assault is often associated with increased presence of comorbidities such as anxiety, depression, and substance abuse and physiological conditions such as cardiovascular disease, obesity, and chronic pain (CRCC, 2015b; van der Kolk et al., 2014). Trauma survivors find regulating affect and behavior challenging due to their susceptibility to hyperarousal, intrusive traumatic memories, emotional numbing, dissociation, and alexithymia, which refers to difficulty in experiencing, expressing, and describing emotions (van der Kolk et al., 2014).

Developmental Trauma Disorder

Exposure to traumatic events at any time in one's life has been shown to result in a broad range of deleterious mental and physical health conditions (APA, 2013; Spinazzola, Rhodes, Emerson, Earle, & Monroe, 2011; van der Kolk, 2006). However, the negative health effects of traumatic experiences at a young age appear to be even more far-reaching. In child and adolescent populations, it may be difficult or impossible to apply diagnostic criteria for PTSD, which are based on symptoms that commonly present in adult populations. Developmental trauma disorder (DTD) is a classification that refers to the following cluster of symptoms: (a) emotional and physiological dysregulation and dissociation, (b) problems with regulation of attention and behavior, and (c) challenges in the domains of self-esteem and social relationships.

This diagnosis, proposed by van der Kolk and colleagues (2009), has not yet been incorporated into the *DSM-5*. Advocates of formalization of DTD's diagnostic criteria assert that

the PTSD diagnosis does not offer a comprehensive description of the psychological consequences of exposure to ongoing traumatic experiences in childhood (Schmid, Petermann, & Fegert, 2013). According to van der Kolk et al. (2009),

The recognition of the profound difference between adult onset PTSD and the clinical effects of interpersonal violence on children, as well as the need to develop effective treatments for these children, were the principal reasons for the establishment of the National Child Traumatic Stress Network in 2001. Less than eight years later it has become evident that the current diagnostic classification system is inadequate for the tens of thousands of traumatized children receiving psychiatric care for trauma-related difficulties. (p. 1)

Diagnosis of symptoms rooted in a history of developmental trauma is often difficult among young people who communicate in actions more than in words. Chronic activation of neurobiological systems geared to survival can result in behavioral problems, personality disorders, dysfunctional eating patterns, substance abuse, or self-harming behaviors. These outward manifestations of trauma-related psychopathologies are common ways that traumatized youth demonstrate a felt sense that the world is unsafe. If the underlying cause of symptoms is not acknowledged, treatment itself may be retraumatizing, such as restraining or isolating youth who have self-regulatory deficits such as hyperarousal and poor impulse control (Spinazzola et al., 2011).

Psychological and physiological symptoms that are rooted in childhood experiences of trauma and neglect are often complicated by a variety of developmental and psychosocial risk factors. Social and physical environments characterized by poverty, unstable or unsafe living conditions, and caregiver abuse and/or neglect contribute to psychopathological symptoms related to dysfunctional self-regulation of affect and behavior. These behaviors may not satisfy the diagnostic criteria of PTSD; yet, they may persist into adulthood. It has been demonstrated that in cases of childhood abuse, symptom severity is inversely correlated with the age at which the traumatic events occurred (Felitti et al., 1998). As a result, individuals who are exposed to

trauma at a very young age have been found to experience increased incidence of deleterious physical and mental health effects (Schmid et al., 2013).

The seminal Adverse Childhood Experiences study undertaken by Felitti et al. (1998) documented the correlation between disease and health risk behaviors among adults with (a) childhood experiences of physical, sexual, or emotional abuse; (b) childhood experiences of neglect; or (c) dysfunctional relationships with adult caregivers. In this large investigation, 9,508 adults, who had participated in a standard medical evaluation at a sizeable health maintenance organization, were surveyed to determine the frequency of adverse childhood experiences and the relationship between these experiences and current health status. According to Felitti et al. (1998),

Persons who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had 4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempt; a 2- to 4-fold increase in smoking, poor self-rated health, ≥ 50 sexual intercourse partners, and sexually transmitted disease; and a 1.4- to 1.6-fold increase in physical inactivity and severe obesity. The number of categories of adverse childhood exposures showed a graded relationship to the presence of adult diseases including ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease. The seven categories of adverse childhood experiences were strongly interrelated and persons with multiple categories of childhood exposure were likely to have multiple health risk factors later in life. (p. 245)

Individuals who are affected by both PTSD and DTD experience a range of common symptoms including hyperarousal, intrusive memories, deficits in emotional awareness, emotional numbing, dissociation, alexithymia, and difficulties with emotional and behavioral self-regulation. This group of people is vulnerable to a wide variety of comorbidities, and vulnerability appears to increase when trauma onset has occurred at a young age (Felitti et al., 1998; Spinazzola et al., 2011; van der Kolk, 2006).

Hyperarousal, Dissociation, and Alexithymia in Trauma Survivors

Literature from the field of neuroscience was reviewed in order to gain insight into physiological processes that may contribute to the persistence or amelioration of PTSD symptoms. In an analysis of neuroimaging research regarding the relationship between subjective experience, autonomic activity, and patterns of neural response in adults with chronic PTSD, Lanius, Bluhm, Lanius, and Pain (2006) confirmed hypotheses that there are two main types of trauma responses, which simultaneously affect subjective experience, psychophysiology, and neurobiology. In approximately 70% of chronic PTSD patients, response to symptom provocation was primarily marked by hyperarousal including intrusive memories, emotional flooding, and significant autonomic activation (elevated heart rate, blood pressure, and skin conductance). In the remaining 30% of individuals, symptom provocation elicited a response referred to as dissociation, characterized by depersonalization or emotional numbing, which was often unaccompanied by autonomic response.

Hyperarousal. Important areas of the brain that are associated with hyperarousal responses include the anterior cingulate cortex (ACC), medial prefrontal cortex (mPFC), amygdala, and thalamus. The ACC is a pivotal component of neural networks that “orchestrate the autonomic, neuroendocrine, and behavioral expression of emotion . . . the representation of subjective experience [and] the integration of bodily responses to behavioral demands” (Lanius et al., 2006, p. 718). Research on the correlation between emotional awareness and activity in the ACC during interventions designed to induce emotional reaction indicated that the ACC may also be involved in the interoceptive experience of emotion.

Due to the central role the ACC appears to play in the experience and expression of emotion, impairment in ACC function may result in dysregulated emotional states such as

intrusive memories and hyperarousal. The ACC has also been found to make important contributions to cognition, in domains such as monitoring of performance and working memory. Based on research with PTSD patients that contrasts ACC activity, performance monitoring, and working memory in neutral situations compared to situations with trauma cuing, it has been hypothesized that cognitive impairment in PTSD patients is impacted by deficits in emotional awareness and emotional processing (Lanius et al., 2006).

Another area of the brain associated with the hyperarousal response is the medial prefrontal cortex (mPFC). The mPFC appears to be involved in memory retrieval as well as temporal segregation, the capacity to differentiate memories that are currently relevant from memories that are not. Other putative functions of the mPFC may be stimulus processing in relation to self; suppression, during stress, of the hypothalamic-pituitary-adrenal axis; and modulation or inhibition of the limbic system including the elimination of conditioned fear responses (Lanius et al., 2006).

Typically, the mPFC supports executive functions such as observation, prediction, and decision-making. In contrast, the limbic system is associated with more primitive responses such as “fight or flight,” which focus on securing immediate survival needs. The ability to reflect calmly on external and internal stimuli (e.g., cognitions, emotions, and sensations) and to respond thoughtfully is central to the practice of mindfulness, self-regulation, and the formulation of adaptive responses. In individuals who lack the capacity for self-regulation, activation of the amygdala—a key area of the limbic system responsible for quick response to survival threats—overpowers the mPFC. Strong emotions such as fear, grief, and rage stimulate activation of subcortical neural networks and diminish the regulatory capacity of the cortex, specifically the mPFC (van der Kolk, 2014).

The thalamus, through which all information produced by sensory stimuli (with the exception of olfactory stimulation) passes prior to being directed to the cerebral cortex, is believed to mediate the relationship between arousal and attention. Elevated arousal, which occurs during trauma, may interfere with the ability of the thalamus to process sensory stimuli during daily life. Hyperarousal may also impair the ability of trauma survivors to effectively process traumatic memories.

According to Lanius et al. (2006), lack of interaction between the thalamus and cerebral cortex “may underlie flashback experiences or primary dissociation [also referred to as hyperarousal, and result in] an inability to integrate the totality of what is happening into personal memory and identity; thus, these memories remain isolated from ordinary consciousness” (p. 720). If sensory components of traumatic experiences remain segregated from verbal, narrative memory, they may persist as flashbacks that exist outside the context of nontraumatic, temporal memory sequencing. Flashbacks and reliving of trauma occur in a primarily nonverbal manner and are characterized by potent images, sounds, smells, and kinesthetic sensations, which rekindle responses to the traumatic event. In summary, hyperarousal in response to trauma triggers is marked by particular neural processes, which occur in concert within (a) the autonomic and central nervous system, and (b) the domain of subjective experience (Lanius et al., 2006; van der Kolk et al., 2006).

Dissociation. Although hyperarousal is the predominant response to trauma triggers, dissociation, defined as depersonalization, derealization, and a sense of being markedly detached from one’s body and one’s emotions occurs in approximately 30% of individuals affected by PTSD. Dissociation may occur episodically in response to specific triggers; it may also manifest

as a chronic condition. Dissociation is distinguished by particular patterns of brain activity in PTSD patients when compared to control subjects (Lanius et al., 2006).

In response to trauma triggers, patients with dissociative PTSD responses showed increased activation in the following regions: superior and middle temporal gyri, inferior frontal gyrus, occipital lobe, parietal lobe, medial frontal gyrus, mPFC, and anterior cingulate gyrus and decreased activity in areas of the brain associated with emotional response, such as the insula. These findings are consistent with neuroimaging investigations of patients with dissociative disorder unrelated to PTSD as well as in subjects with pharmacologically (THC) induced depersonalization.

In contrast to PTSD patients who consistently experienced increased heart rate with a hyperarousal response, dissociative subjects had diverse responses in this domain ranging from a decrease, no change, to an increase in heart rate. This type of variation in autonomic response in individuals with a dissociative response to trauma triggers was found to be consistent with other research investigations of the autonomic responses of PTSD patients (Lanius et al., 2006). In a model that links developmental trauma with psychopathology based on current findings in the fields of psychoanalysis, developmental psychology, and affective neuroscience, Schimmenti and Caretti (2016) identify dissociation as a critical factor in understanding mental health conditions that are rooted in traumatic childhood experiences. According to these researchers, traumatic experiences, characterized as simultaneously overwhelming and unbearable,

[Appear to] initiate maladaptive psychological and biological pathways in the individual's life, for on both an emotional and cognitive level, it is too much for a child to tolerate. . . . Dissociation may paradoxically protect the traumatized child from a fragmentation of self through multiple disconnections in the self, occurring at both mental and bodily levels. (p. 1)

It has been postulated that the trauma responses of infants may be characterized by a sequential presentation of hyperarousal and dissociation. In the face of an overwhelming

traumatic experience, the child may functionally diminish the effects of excessive external stimulation by modulating internal autonomic response. Alteration of internal state, which occurs in the transition from hyperarousal to dissociation is mediated by the dorsal vagal complex of the parasympathetic nervous system and results in energy conservation, also referred to as death feigning. This autonomic response may lead to decreases in blood pressure, heart rate, and metabolic activity in the presence of increased circulation of adrenaline, which is characteristic of a chronic stress response (Lanius et al., 2006).

Alexithymia. According to Schimmenti and Caretti (2016), alexithymia is defined as the chronically compromised ability to recognize and describe one's feelings. Alexithymia is characterized by a deficit in the capacity to be aware of and identify somatic states. Individuals who are affected by alexithymia appear to experience diminished activation of neural networks associated with interoception, particularly the insula and ACC, when compared with controls unaffected by this condition (Herbert, Herbert, & Pollatos, 2011).

Assessment of alexithymia is most frequently conducted with the 20-item Toronto Alexithymia Scale (TAS-20; Bagby, Parker, & Taylor, 1994). This self-report questionnaire includes three scales that measure three main aspects of alexithymia including difficulties identifying feelings (DIF), difficulties describing feelings (DDF), and externally oriented thinking (EOT). Alexithymia is characterized as a compromised ability to be aware of, regulate, and cognitively process emotions. It has been hypothesized that alexithymia is associated with diminished consciousness of emotions, paralleled by decreased activity in the ACC and insula during emotional arousal. Variations in individual levels of emotional awareness have been linked to variations in the ability to be conscious of interoceptive experience (Herbert et al., 2011).

In a quantitative study of 155 German college students (67 male, 88 female), Herbert et al. (2011) investigated the relationship between alexithymia and interoceptive awareness, which was evaluated by a heartbeat perception task. Criteria for exclusion consisted of past or present somatic, neurological, or psychiatric illness, substance abuse, and current use of medication. Electrocardiogram (ECG) measurements were recorded during the heartbeat perception task, which was carried out in accordance with Schandry's (1981) Mental Tracking Method; this consisted of four perception intervals (25, 35, 45, 55 seconds), which were separated by a resting period of 30 seconds. Participants were asked to count their heartbeats and this subjective data was compared to ECG results. Results of this study indicated that interoceptive awareness was negatively correlated with DIF and DDF, the aspects of alexithymia that reflect diminished emotional awareness, as well as the cognitive component of alexithymia, EOT. These researchers determined that interoceptive awareness was significantly predictive of all aspects of alexithymia (DIF, DDF, EOT). Gender differences were discovered in the EOT component of alexithymia; the relationship between EOT and interoceptive awareness in men was more highly correlated than in women, possibly due to the sociocultural conditioning for men to direct attention outwardly and mute emotional reactivity (Herbert et al., 2011).

Social Cognitive and Affective Neuroscience

The field of social cognitive and affective neuroscience (SCAN) aims to deepen insight into the dynamic interactions between neural processes and cognitive, emotional, and social dimensions of mind and behavior. SCAN is rooted in the perspective that a comprehensive understanding of human neurophysiology cannot exist without integrating affective and relational elements that impact biological processes and systems. From the perspective of SCAN, impairments that result from traumatic experiences are characterized by deficiencies in

two important domains of human functioning: *emotional awareness* and *emotional regulation*.

According to Lanius, Bluhm, and Frewen (2011),

Emotional awareness refers to the capacity to be aware of and describe emotions in oneself and others and involves the ability to reflect on internal affective experience. As emotional awareness enables increased self-reflection and regulation of affective states, it is often considered a ‘cornerstone’ of emotion regulation. (p. 333)

The SCAN theoretical paradigm asserts that conceptual and embodied emotional awareness are two related components of this construct. *Embodied emotional awareness* arises from present-moment sensory experience (interoception); *conceptual emotional awareness* consists of the capacity to recognize, interpret, and make choices regarding the embodied aspect of emotional experiences (Lanius et al., 2011). Conceptual emotional awareness, which is characterized by rationality and logic, serves to explain and facilitate comprehensive understanding of embodied aspects of emotional experience.

Brain areas active in these dual processes include the ventromedial and dorsomedial PFC, which have been linked to reflective, self-referential awareness, and the insula, associated with interoceptive awareness of embodied states and autonomic regulation. Another important brain area in this domain is the anterior cingulate cortex (ACC), linked to assessment of the importance of emotional stimuli, autonomic regulation in relation to emotional stimuli, regulation of attention and cognition, and integration of experience on cognitive and emotional levels (Lanius et al., 2011).

Interoceptive Awareness

Diverse disciplines such as medicine, psychology, neuroscience, psychophysiology, and anthropology make use of the terms *interoception* and *interoceptive awareness*. Since key areas of research, particularly within the domain of trauma treatment, are now investigating the dynamic relationship between psychological processes, physiological functions, and anatomical

structures, it is critical to clearly identify the meaning of these constructs. Interoceptive awareness has broadly been defined as “the conscious perception of sensations from inside the body that create the sense of the physiological condition of the body, such as heart beat, respiration, satiety, and the autonomic nervous system sensations related to emotions” (Mehling et al., 2012, p. 2). Awareness of bodily cues is central to diverse theories regarding emotions. According to Damasio (2010), viscerosensory states, which are represented in somatosensory neural networks in the brain, influence emotional states that in turn affect cognition and behavior.

Adaptive and maladaptive aspects of body awareness. Within the domain of clinical treatment for conditions such as chronic pain, obesity, and PTSD, opposing views have been held regarding the utility of body awareness in the healing process. Awareness of the body has historically been associated with anxiety, rumination, and somatization and has generally been perceived to have a negative affect on the capacity for flexible adaptation (Mehling et al., 2009; Mehling et al., 2012). More recently, body awareness has come to be viewed as putatively beneficial for physical and mental health. The ability to sense physiological reactions is increasingly being viewed as helpful for individuals with a wide spectrum of medical conditions that impact both body and mind. This type of body awareness, believed to have a positive effect on physical and mental health, is commonly referred to as “mindfulness, nonjudgmental acceptance, and a sense of self grounded in experiencing physical sensations in the present moment, sometimes summarized as a sense of embodiment” (Mehling et al., 2012, p. 2).

The main distinction between these two contradictory views of the value of body awareness can be characterized in this way: Body awareness is regarded as maladaptive and detrimental when it is accompanied by rumination; body awareness is viewed as adaptive and

beneficial when it is rooted in direct present moment sensory experience, facilitated by attentional regulation and marked by the absence of rumination (Mehling et al., 2012). Neuroimaging research by Farb et al. (2007) provided evidence of distinct neural networks that are associated with these two forms of self-reference. The sense of a temporal self, which exists in historical time, referred to as narrative focus (NF) activates different functional neural networks than the sense of self that is linked to present-moment awareness, referred to as experiential focus (EF). Habitual automatic coupling of these two neural pathways (most prominently the right insula, believed to play a leading role in neural processing of interoceptive cues, and mPFC) appears to result in generation of narrative regarding present-moment sensory experience. Exploring differences in novices and experienced practitioners of mindfulness, Farb et al. (2007) found that individuals trained in mindfulness practices exhibited less habitual coupling of EF and NF than novices; the presence of mindfulness, therefore, may determine whether body awareness is adaptive or maladaptive (Mehling et al., 2012).

Neuroscientific findings on interoceptive awareness. Research has confirmed that interoceptive awareness is associated with emotional awareness, regulation of affect, capacity for decision-making, and support for one's sense of identity (Herbert et al., 2011; Mehling et al., 2012; Schimmenti & Caretti, 2016). In neuroscientific studies, interoceptive awareness was associated with activity in the anterior insular cortex, the anterior cingulate cortex (ACC), the ventromedial and dorsolateral PFC and the somatosensory cortices (Herbert et al., 2011, p. 1150). Activation of this area of the brain appears to offer a multidimensional representation of the condition of the body as a whole including internal experiences of emotions and pain. Schimmenti and Caretti (2016) have observed that adverse childhood experiences that include neglect or abuse may produce damage to “[the] network of cortical and subcortical interactions

that produces the ability to organize self-states” (p. 6). Individual variation in interoceptive capacity has been associated with cortical density of the right anterior insula; longitudinal effects of the practice of mindfulness-based stress reduction include increases in right anterior insula cortical thickness (Mehling et al., 2012).

Interoception as a psychobiological process. An individual’s capacity for interoception is plastic and can be influenced by actions, beliefs, and memories. According to Mehling et al. (2012), “interoceptive awareness is a product of conscious perception, and as such is a psychobiological process that is modified by complex bidirectional interactive evaluative functions, which are influenced by appraisal, beliefs, past experience, expectations, and contexts” (p. 2). Acknowledging the ways that belief, meaning, personal experience, and sociocultural context may contribute to the complex phenomenon of body awareness, Mehling et al. proposed this reformulation of the definition of body awareness, which includes psychophysiological and neuroscientific perspectives and incorporates additional dimensions of perception that are both cognitive and behavioral:

[Interoceptive awareness is] the sensory awareness that originates from the body’s physiological states, processes (including pain and emotions), and actions (including movement), and functions as an interactive process that includes a person’s appraisal and is shaped by attitudes, beliefs, and experience in their social and cultural context. (p. 2)

Measuring body awareness. Although heightened interoceptive awareness may have great value in the domain of clinical treatment for a variety of health conditions, there has been a dearth of available means to measure individual capabilities in this domain. In the absence of the ability to measure this construct, it is impossible to determine whether (a) interventions that purport to increase interoception actually do so, and (b) changes in interoceptive awareness can be linked with specific clinical results (Mehling et al., 2012). Mehling et al. (2009) reviewed 39 self-report instruments that have been used to measure the proprioceptive and interoceptive

aspects of body awareness. Of the instruments that were screened, 12 were subjected to psychometric evaluation. Research revealed that available self-report instruments neglected to address critical components of the construct of body awareness and failed to distinguish between adaptive and maladaptive aspects of body awareness.

In order to rectify this situation, a self-report measure, based on diverse components of interoceptive awareness, was developed in a mixed methods research process by Mehling et al. (2012). Two rounds of feedback from focus groups that included both leading experienced instructors of therapeutic modalities relevant to interoception (e.g., mindfulness meditation, yoga, Tai Chi, Somatic Experiencing) and patients who studied with these instructors were integrated into the final version of the Multidimensional Assessment of Interoceptive Awareness (MAIA). This 32-item scale measures eight essential domains of interoceptive awareness including awareness of physical sensations, quality and intensity of attention, capacity for attentional control, mode of attention (judging, analyzing, ruminating, nonjudgmental), attitude (worrying, catastrophizing vs. trusting), and mind-body integration (emotional awareness and overall sense of self as embodied).

Standard Psychosocial and Pharmacotherapeutic Treatments for Trauma Disorders

Most evidence-based PTSD treatments address cognitive domains such as processing of traumatic memories, construction of coherent narratives, and cognitive reframing in order to manage prominent symptoms such as intrusive memories, emotional hyperarousal, avoidance, and numbing. In spite of growing awareness that disorders related to traumatic stress affect body and mind simultaneously, standard treatment approaches do not acknowledge the importance of working with the physical body in recovery (Spinazzola et al., 2011; van der Kolk, 2014). In

addition, there is a dearth of research focused on identifying interventions that support personal development and posttraumatic growth, which extend beyond symptom reduction (West, 2011).

Although diverse types of psychosocial and pharmacotherapeutic approaches appear to be partially effective in treating PTSD, many who receive these types of therapies remain symptomatic and often do not complete treatment (van der Kolk et al., 2014). Recent research on the efficacy of prolonged exposure treatment in psychotherapy revealed that PTSD symptoms persisted for 59% of participants after 12 weeks; that percentage increased to 78% at a 6-month follow-up assessment (Schnurr et al., 2007). Individuals whose symptoms are rooted in histories of developmental trauma may receive a diagnosis such as bipolar disorder, attention deficit hyperactivity disorder (ADHD), conduct disorder, phobic anxiety, reactive attachment disorder, and separation anxiety, and treatment often does not address underlying traumatic causes (van der Kolk et al., 2009).

According to the Institute of Medicine (IOM, 2008), in a review of 90 randomized clinical trials including 53 studies on psychotherapeutic treatment and 37 pharmacotherapy investigations, there was insufficient evidence to determine effective treatment modalities for PTSD, described by the IOM (2008) as a serious physical and mental health condition. Psychosocial treatment modalities cited in this review included eye movement desensitization and reprocessing, cognitive restructuring, group psychotherapy, and coping skills training. Treatments based on pharmacotherapy included anticonvulsants (benzodiazepines), antipsychotics (olanzapine and risperidone), alpha-adrenergic blockers (prazosin), and antidepressants including monoamine oxidase inhibitors (MAOIs: phenelzine and brofaromine), selective serotonin reuptake inhibitors (SSRIs), and other antidepressant medications (IOM, 2008).

Individuals whose symptoms are rooted in developmental trauma may not receive a diagnosis that addresses the fundamental causes of dysfunction. In a survey of 1,699 children being treated for trauma by facilities affiliated with the National Child Traumatic Stress Network, over 78% had histories of chronic exposure to traumatic experiences; yet, less than 25% satisfied the diagnostic criteria for PTSD. For these individuals, since originating causes of symptoms are not addressed in treatment, symptoms often continue to persist (van der Kolk et al., 2009).

Feminist Critique of PTSD Diagnosis and Medicalization of Trauma

Feminist critics have argued that trauma treatment has been incorporated into the mainstream medical system without addressing underlying sociocultural causes of traumatic exposure (L. S. Brown, 2004; Burstow, 2005; Tseris, 2013, 2015; Wasco, 2003). Symptoms such as numbing, avoidance, and hyperarousal may be viewed as the most effective coping strategies available to a survivor who is faced with an enduring threat that is not imminently expected to diminish. Instead, under the current system of psychiatric diagnosis, symptoms are viewed as indications of mental health dysfunction (Burstow, 2005):

Vietnam veterans and feminists wanted a disorder that would demonstrate the profound harm done by certain types of events, situations, and conditions. What they got instead was a diagnosis with implicit meanings and implications that subvert the very validation that it appears to offer. (Burstow, 2005, p. 442)

Problematic meanings and implications of the PTSD diagnosis identified by Burstow (2005) include assumptions that (a) biological or psychological dysfunction (or both) are the main causes of lingering traumatic symptoms; (b) symptoms will be expected to be resolved in individuals 1 month following exposure to traumatic events such as childhood sexual abuse, rape, or the horrors of war, unless they are suffering from biological or psychological dysfunction; and (c) in cases where symptoms have not resolved one month after traumatic

exposure, the origin of biological or psychological dysfunction does not lie with the precipitating traumatic event. As a result, “more and more people who are oppressed [are allowed] to be declared ‘mentally disordered’” (Burstow, 2005, p. 443).

Critics have expressed concerns about the reduction of oppressive, disempowering social relationships to objective diagnostic criteria, which are increasingly being explained on the basis of neuroscientific evidence. Slaby (2010), observing the way contemporary neuroscience functions within the capitalist economy and its broader sociocultural context, posed an important question: “How is neuroscience institutionally and politically entangled with powerful agents such as pharmaceutical companies, funding agencies, policy makers, etc.?” (p. 399). Tseris (2015) pointed out the dangers of using neuroscientific data and rhetoric in a reductionist manner and stressed the importance of developing abilities to engage with complexity when working with survivors of gender-based violence. According to Tseris, trauma therapists need to see beyond the rigid boundaries of diagnostic criteria, which portray psychological conditions as intrapsychic disorders. In this way, trauma therapists will be able to bring greater clarity to their understanding of the relational contexts that engender survivors’ experiences and narratives.

In contrast, Wasco (2003) asserted that the trauma response model and PTSD diagnosis have facilitated useful insight into survivor experiences. The PTSD diagnosis offered a scientific framework for understanding a range of trauma responses that were not linked to blaming the survivor for her distress. A growing body of research on clinical treatment of trauma has been helpful in developing a wide range of treatment approaches. At the same time, others observed that multicultural factors have been overlooked in the development of the PTSD diagnosis. Central aspects of trauma theory, such as the notion that trauma shatters assumptions about the

world being a safe, just, and orderly place, are clearly not applicable to members of oppressed and marginalized groups (Gilfus, 1999).

Associated symptoms of PTSD may not adequately reflect the full spectrum of reactions to pain expressed by women of diverse ethnic and cultural backgrounds. For example, in research with Salvadoran women refugees, although Jenkins (1999) observed classic trauma responses such as increased arousal (irritability, difficulty concentrating) and intrusive re-experiencing (nightmares), numbness and avoidance were very rarely present. According to Woods and Campbell (1993), “the most prominent and consistently found responses to battering—depression, low self-esteem, self-blame, and stress-related physical symptoms—are not the hallmark symptoms of PTSD, nor are they best explained by the original PTSD theoretical framework” (p. 180). Therapeutic approaches that highlight deficits ultimately stigmatize survivors and obscure inherent resilience. While many survivors may describe classic textbook symptoms, it is critical that therapists listen for the fundamentally complex and nuanced realities of individual women’s narratives, which bear witness to enduring sources of strength that exist concurrently with traumatic experiences (Tseris, 2015; Wasco, 2003).

Trauma and the Embodied Experience of Oppression

Concurring with Burstow (2005) and L. S. Brown (1994, 2004), Chiang (2017), Johnson (2014), and Leighton (2018a, 2018b) asserted that PTSD symptoms are not necessarily indications of intrapsychic disorder. Alternatively, symptoms of PTSD such as hypervigilance and dissociation can be understood as the best available options for coping with violence, abuse, and neglect. Although traumatic exposure sometimes occurs blatantly in specific moments, it also manifests within oppressive sociocultural contexts as *microaggressions*, defined as “subtle, verbal and nonverbal behaviors that communicate derogatory or dismissing messages toward

oppressed groups” (Leighton, 2018a, p. 19). Microaggressions may exist within the sphere of interpersonal relationships, influencing interactions between individuals. They are also established and perpetuated by institutions and systems that create and enforce oppressive laws, policies, and social practices.

Recognizing that humans experience oppression as trauma, Johnson (2014, 2018) developed Embodied Social Justice, an integrative model for (a) understanding the somatic nature of oppression; and (b) approaching diversity and anti-oppression work in an embodied, experiential manner. Intended for use by educators, social workers, and therapists, Johnson’s paradigm is grounded in evidence-based research in diverse fields including traumatology (Levine, 1997; van der Kolk, 1994, 2014), educational activism (Friere, 2000; hooks, 2014), experiential learning (Boud, 1985; Kolb, 1984), and somatics (Hanna, 1970; Merleau-Ponty, 1945/1962). Because the body is the origin of social knowledge, humans learn and practice within the domain of daily embodied experience patterns of dominance and submission that reinforce established norms of social status and privilege. Using diverse experiential exercises that facilitate heightened awareness of kinesthetic experiences and the personal significance of those experiences, Johnson’s approach is designed to help individuals and groups become conscious of the embodied experience of oppression and subsequently experiment with more empowering alternatives.

Leighton (2018b) adapted Caldwell’s (2002, 2016) somatic approach to healing, Moving Cycle (MC), to facilitate posttraumatic growth and resilience for survivors of traumatic oppression within a group context. Rooted in the field of dance and movement therapy, Caldwell’s model was initially developed in the 1980s. Although Caldwell (2016) designed this

approach for application with individuals, she articulated the hope that it would be adapted by others for application in group settings.

MC is based on the recognition that movement imbued with consciousness and intention facilitates healing processes within physiological, psychological, and relational domains. The four stages of the MC practice outlined by Caldwell (2016) are awareness, owning, appreciation, and action. By attuning and responding to autonomic signals, which arise in response to internal and external stimuli, individuals are able to move toward states of greater coherence and well-being (Caldwell, 2016). Leighton's (2018b) work uses the MC model to support survivors of traumatic oppression to develop awareness of the way microaggressions take root in embodied patterns of movement. As awareness increases, there is a corresponding rise in the potential for developing more adaptive patterns of embodied action.

According to Chiang (2017), people who belong to marginalized social groups experience micro- and macroaggressions that lead to *disembodiment*, described as a state of disconnection from somatic experience. Chiang (2017) explored the way specific practices (mindfulness, breathing, and an approach to hatha yoga influenced by martial arts) that were presented in a group setting and offered by an instructor who was sensitive to the impact of microaggressions impacted somatic awareness and personal and social empowerment for members of nondominant social groups (people of color, women, or LGBTQ). Research findings highlighted the (a) importance of establishing a safe, nonjudgmental relational context in which participants were able to cultivate increased self-awareness and experiment with new ways of being in the world; (b) critical, ongoing role of self-acceptance in processes related to personal empowerment and self-care; (c) value of shared, authentic experience in the sense that the teacher is also an individual who is learning and growing; and (d) way self-acceptance and

personal empowerment support the ability to engage with others in nourishing ways. As members of oppressed groups become aware of ways that microaggressions impact embodiment, possibilities arise for new ways of being, feeling, and moving in the world.

Feminist Paradigms of Trauma Treatment

Herman (1997) asserted that when traumatic events such as physical and sexual abuse occur in the lives of women they are generally experienced within the context of intimate relationships. Effective treatment must therefore address the resulting sense of isolation and sabotaged capacity for secure attachment. Symptoms that commonly occur in women following this type of traumatic exposure include compromised capacity for self-regulation of affect and behavior, difficulties in interpersonal relationships, and changes in perceived identity. Key stages of healing in therapy for survivors of trauma include: (a) establishment of safety within the therapeutic relationship; (b) recovery and mourning; and (c) establishment of healthy, nourishing relationships (Herman, 1997). Tseris (2013) pointed out Herman's acknowledgment that therapy occurs within a broader sociocultural setting and stated:

Although Herman outlined the symptoms that are frequently present in individuals following trauma, she stated that trauma therapy must occur within the context of a broad social movement that would focus on the patriarchal assumptions that allow for women's ongoing exposure to trauma. In this way, Herman moved beyond symptoms to explore the ways in which individual women may be empowered and groups and societies may be equipped to challenge gender inequality. (p. 155)

L. S. Brown (2004) asserted that feminist approaches to trauma therapy draw from diverse traditions and techniques of psychological treatment but still share a common theoretical and epistemological perspective. Fundamentally, the goal of feminist therapy is to support the development of feminist consciousness, defined as the growing understanding that a woman's suffering is not rooted in her own individual failings but instead in the systematic marginalization she experiences due to intersecting oppressions based on race, gender,

socioeconomic status, or sexual preference (L. S. Brown, 2004). When a woman is assaulted by her male partner, when a person of color is harassed and subsequently loses her job, a feminist therapist will see each specific traumatic incident as having occurred within a context in which particular susceptibility to violation exists based on prejudice and unjust cultural assessments of value. The impact of each specific trauma exposure is directly related to the impact of previous experiences of being devalued, rendered invisible, and silenced as a member of a nondominant group within society (L. S. Brown, 2004).

Within a feminist treatment framework, there exist a guiding intention and aspiration to diminish the inherent power imbalance between therapist and client. Clients are viewed as possessing ultimate expertise and authority regarding their own lives. The inherent resilience and competence of each client is acknowledged and affirmed, and posttraumatic symptoms are understood as efforts to manage fundamentally unbearable circumstances rather than as individual pathologies (L. S. Brown, 1994; Herman, 1997).

From a feminist perspective, psychological symptoms are considered to be strategies for self-care in the sense that they indicate the survivor's attempt to remain in relationship with an intimate partner or caregiver who is a perpetrator. For example, emotional numbing and dissociation may have served as effective coping mechanisms for a survivor of childhood sexual abuse whose perpetrator was a close family member. Survivors of gender-based violence are challenged to manage intensely negative affective states such as fear, rage, and disgust while endeavoring to sustain relationships with individuals whose actions evoke those emotions and upon whom the survivor may depend (L. S. Brown, 2004).

Feminist psychotherapy is recognized as a unique relationship that is capable of influencing processes of healing and transformation, yet simultaneously exists within a sociopolitical context that undermines survivor empowerment. L. S. Brown (2004) stated,

The feminist paradigm posits that individual change is impeded or difficult when societal and environmental changes do not also occur. Consequently, understanding the continuing effects of a traumagenic environment on the trauma recovery process . . . [is] a crucial component of feminist trauma treatment. (p. 465)

Within a feminist treatment paradigm, past experiences that have occurred within sociopolitical contexts of institutionalized oppression are considered to heavily impact outcomes. As a result, feminist therapy is oriented to support strategies for directly or indirectly engaging with the environment in empowering ways. For example, a parent of a child who has been murdered may take action to diminish violence in the community, or a domestic violence survivor may choose to enroll in school, a decision that the perpetrator may have criticized or forbidden (L. S. Brown, 2004).

Importance of Survivor Narratives in Feminist Therapy

The rape crisis movement of the 1970s and early 1980s provided diverse contexts such as consciousness-raising groups, public speakouts, and scholarly research within which women could break their silences and share previously unspoken stories of experiences of gender-based violence. Herman (1997) described the central importance of empathic listening to survivor narratives in the early stages of research with survivors of gender-based violence. Operating outside the customary norms for scientific investigations at that time, researchers bore witness to the previously unspoken truths of women's lives:

Most of the "principal investigators" funded by the center [established by NIMH to research sexual assault] were women. Feminist investigators labored close to their subjects. They repudiated emotional detachment as a measure of the value of scientific investigation and frankly honored their emotional connection with their informants . . . long and intimate personal interviews became once again a source of knowledge. (Herman, 1997, p. 30)

According to L. S. Brown (2004), feminist therapy aims to empower survivors and strengthen their ability to be grounded in the reality of their own life experiences. Rich (1979) pointed out how lies, including silences, ultimately marginalize and isolate women:

In speaking of lies, we come inevitably to the subject of truth. There is nothing simple or easy about this idea. There is no “the truth,” “a truth”—truth is not one thing, or even a system. It is an increasing complexity . . . This is why the effort to speak honestly is so important. Lies are usually attempts to make everything simpler—for the liar—than it really is, or ought to be . . . The unconscious wants truth, as the body does. (pp. 187–188)

The development of feminist consciousness results in the trauma survivor’s empowerment, characterized by her growing sense of autonomy, faith in her self-defined viewpoint, and a perception of herself as the expert regarding her own life (L. S. Brown, 2004).

Tseris (2013) pointed out that social workers providing feminist therapy to trauma survivors are involved in processes that are intimately connected with cultivating two vital abilities: generation of meaning and recognition of what is significant. For trauma survivors, the quest for meaning is of the utmost importance because they have been deprived of the fundamental human need to experience safety and dignity. Trauma therapists who seek to support survivor empowerment must be prepared for women to articulate their own narratives in their own unique ways. This inevitably involves relinquishing simplistic assessments and cultivating a willingness to engage with complex uncertainties (Tseris, 2013).

This orientation, which honors survivors’ self-defined standpoints, is diametrically opposed to reductionism and allows for the possibility of authentic relationship and mutual understanding. Critical postmodernism (Fawcett, 2009) and Black feminist thought (P. H. Collins, 2009) are theoretical frameworks that support genuine human relationships in which each individual’s inherent uniqueness is honored. Critical postmodernism is characterized by an epistemological approach capable of exploring the nuances and contradictions that exist in narratives of individuals who are members of nondominant social groups (Fawcett, 2009). This

capacity is essential to any ideology that supports liberation from oppression. As P. H. Collins (2009) pointed out, members of oppressed groups are silenced, and their perspectives are suppressed because self-defined viewpoints engender resistance. By honoring the complex nature of survivors' life narratives, researchers align with resistance to oversimplified generalizations that conform to the dominant culture's limiting perspective (Fawcett, 2009).

Need for Feminist Therapists to Participate in Social Justice Movements

Feminist therapists of conscience are called upon to be active in social justice movements that are dedicated to the cessation of all forms of oppression in general and, specifically, the elimination of gender-based violence. It is unethical to garner income from supporting individual survivors to heal from the effects of trauma exposure without taking action to address originating causes. By participating in the movement to end gender-based violence on sociopolitical and legislative levels, therapists will contribute to the ultimate eradication of the need for clinical treatment for trauma exposure caused by social injustices (L. S. Brown, 2004).

Political activism directed toward ending persistent social injustices demonstrates, in practice, the ideological commitment of therapists to contribute to the improvement of women's lives. Trauma treatment in and of itself does not transform the sociopolitical reality that survivors still live in a world that presents grave dangers for women. These dangers may be vastly augmented by an individual woman's race, ethnicity, and socioeconomic status (Tseris, 2015).

Characteristics of the Therapeutic Relationship in Feminist Trauma Treatment

Although Herman (1997) pointed out that the therapeutic relationship is "by no means the only or even the best relationship in which recovery is fostered" (p. 134), many individuals who experience suffering in the wake of trauma seek the assistance of mental health professionals to

support their recovery. Depending on the provider's orientation, treatment for trauma-related disorders may range from psychosocial and pharmacotherapeutic approaches (IOM, 2008; van der Kolk et al., 2014) to somatic approaches including the Hakomi method, sensorimotor psychotherapy, somatic experiencing, and trauma-sensitive yoga (Emerson, 2015; van der Kolk et al., 2014).

Herman (1997) stated that within the context of trauma treatment the relationship between therapist and client is unique in multiple ways. The fundamental purpose of the therapeutic relationship is to facilitate the client's healing and empowerment. In order to support this goal, the therapist shares her wisdom and expertise for the client's ultimate benefit.

Another distinctive aspect of a feminist therapeutic relationship is the therapist's commitment to rectify the power imbalance that exists between therapist and client. The therapist supports the patient's autonomy, her expertise in relation to her own life, and does not seek to direct the client's decision-making processes (L. S. Brown, 1994, 2004; Herman, 1997). At the same time, feminist therapists are not morally neutral concerning the suffering of their clients. A feminist therapist maintains awareness of the contextual as opposed to intrapsychic origin of trauma exposure and the grave injustice created by social acceptance of violent crimes against women. The shared experience of gender oppression gives rise to recognition of the fundamental solidarity that exists between therapists and clients (Herman, 1997).

Present-Centered Group Therapy for Trauma Survivors

According to L. S. Brown (2004), "Feminist therapy is an integrative, technically eclectic approach to treatment" (p. 464). Present-centered therapy (PCT; Foy, Unger, & Wattenberg, 2004; Frost, Laska, & Wampold, 2014; van der Kolk, 2014) appears to be in alignment with the priorities of feminist paradigms of trauma treatment in a variety of ways. In contrast to trauma-

focused therapies such as prolonged exposure therapy, cognitive processing therapy, stress inoculation therapy, and trauma-focused cognitive behavioral therapy, PCT focuses on cultivating client strengths, self-efficacy, empowerment, and decision-making skills. In group settings, PCT may also support an enhanced sense of relatedness and positive social engagement (Frost et al., 2014). Foy and colleagues (2004) evaluated the efficacy of group therapy models of PCT and found evidence of improvements in the domains of anxiety, depression, and self-esteem.

In a meta-analysis of five comparisons between trauma-focused therapies and PCT, Frost et al. (2014) found that in all five trials, outcomes of PCT were on par with evidence-based, trauma-focused therapies as reflected by primary measures, which included the standard Clinician-Administered PTSD Scale (CAPS), the PTSD Checklist (PCL), and other secondary measures. Participants in both group and individual treatment interventions included military veterans and survivors of childhood sexual abuse. Importantly, the dropout rate for PCT was significantly lower than the rate for trauma-focused therapies. This is consistent with other research comparing PCT with trauma-focused therapies. Frost et al. (2014) stated:

Perhaps the focus on present difficulties rather than the trauma is more tolerable to patients. If so, PCT has a considerable advantage relative to other treatments . . . Because patients seem to tolerate PCT better than other treatments and PCT appears to be as effective as other evidence-based treatments, PCT should be considered a first-line treatment for PTSD. (p. 5)

Mindfulness and Yoga in Trauma Treatment

Thus far, a review of relevant literature indicates that traumatic experiences and PTSD symptomatology have been linked with low levels of interoceptive and emotional awareness. Deficits in these areas have been shown to coincide with challenges in the capacity for self-regulation. There is a growing body of evidence demonstrating that mindfulness and yoga practices appear to support heightened interoceptive capacity, emotional awareness, and

regulation of attention and affect (K. W. Brown & Ryan, 2003; Kabat-Zinn, 2003; Silverberg, 2014).

Mindfulness. Kabat-Zinn (2003), whose seminal research on the efficacy of mindfulness and yoga in the treatment of a wide range of physiological and psychological health disorders, defined mindfulness as “the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally, to the unfolding of experience moment by moment” (p. 145). Coholic (2011) addressed aspects of mindfulness that concern attitude and relationships: “Mindfulness was developed as a holistic teaching whose purpose was to relieve human suffering, to increase compassion and loving-kindness among its practitioners . . . [and to cultivate] appreciation for the fullness of each of life’s moments” (p. 303).

Mindfulness has been shown to support heightened attunement to one’s immediate experience, particularly regarding the internal domains of sensation, emotion, cognition, and intention (K. W. Brown & Ryan, 2003). Effective treatment for trauma survivors strengthens the ability to navigate intense emotions and maintain present-centered awareness (van der Kolk, 2006, 2014). According to van der Kolk et al. (2014),

The successful extinction of conditioned fear responses, thought to be critical for the resolution of PTSD, requires being able to manage intense emotions and to keep one’s attention focused on conditioned stimuli, i.e., sensory input emanating from the environment or from within the organism. (p. e1)

Mindfulness practices, during which the practitioner’s physical body is immobile (seated meditation), may not be appropriate for trauma survivors who are challenged to tolerate heightened levels of sensation and emotion. Individuals who have a history of exposure to trauma appear to experience greater benefits of mindfulness practice when it is guided by an instructor who encourages a sustained focus on physical sensations along with physical movement and modulation of arousal levels, which may be accomplished through particular

breathing techniques (van der Kolk et al., 2014). As Spinazzola et al. (2011) pointed out, “Many trauma survivors require incorporation of some form of somatically oriented therapy to attain a sense of safety and mastery over bodies that have become highly dysregulated as a result of chronic trauma exposure and adaptation” (p. 431).

Yoga. The term *yoga* is derived from the Sanskrit word for union. Yoga is an ancient system of practices that is oriented to skillfully support human beings to achieve integration, peace, and harmony in mental, physical, and spiritual domains. Broadly speaking, within the yoga tradition there are diverse approaches to achieving this goal. For example, *karma yoga* is oriented toward achieving integration through service to others, and *jnana yoga* is focused on deepening philosophical insight and knowledge (Rhodes, 2014). Being one of the top 10 types of complementary health practices (van der Kolk, 2014), it has been estimated that 6.9% of U.S. adults, or 15.8 million people, practice yoga in the United States (Macy, 2008).

Hatha yoga. *Hatha yoga* is a comprehensive approach to cultivating physical and mental health that consists of particular sequences of physical movements and sustained positions (*asanas*), breathing exercises (*pranayama*), and mindfulness practices (*dharana*) including concentration, characterized by focused attention, and meditation (*dhyana*), characterized by broad awareness or open monitoring (Ainsworth, Eddershaw, Meron, Baldwin, & Garner, 2013). Within the hatha yoga tradition, as instructed by a wide range of teachers, there are also diverse ways to engage with postures, breathing techniques, concentration, and meditation practices. For instance, variations can be found among different styles of hatha yoga in relation to specific components of practice such as the level of recommended exertion, speed and sequence of postures, and preferred breathing techniques (Rhodes, 2014). Diverse approaches to hatha yoga practice also exist in relation to the level of prioritization placed on (a) conformity to the

teacher's viewpoint, preferences, and an externally oriented approach to performance of poses; or (b) each student's attunement to her own viewpoint, preferences, and internal sense of how she would like to engage with postures, breathing techniques, and mindfulness practices (Emerson, 2015).

The practice of hatha yoga includes mindful awareness of sensory experiences while performing (a) physical movements intended to balance strength and flexibility, and (b) breathing practices designed to modulate arousal and focus nonjudgmental attention on the present moment. Concentration and meditation techniques facilitate attunement to the internal environment, or interoception. The cultivation of interoceptive awareness (van der Kolk, 2006) is a necessary condition for accurate recognition of conditioned fear responses that are commonly experienced by individuals affected by PTSD and DTD (van der Kolk et al., 2014). Positive results have been observed in scientific investigations of the efficacy of yoga for diminishing symptoms of psychological conditions such as anxiety, depression, and acute stress (Clark et al., 2014; van der Kolk et al., 2014) and increasing feelings of competence and the capacity for emotional regulation (Clark et al., 2014).

In the second section of a 3-part doctoral dissertation, Rhodes (2014) conducted the first meta-analysis to examine the efficacy of hatha yoga in relation to trauma survivors' symptoms of PTSD, depression, and anxiety. Inclusion criteria for this meta-analysis required that the yoga intervention consist of asana (postures), pranayama (breathing techniques), and dharana (mindfulness practices). Additionally, in order to be eligible, the studies were required to (a) focus on hatha yoga as a treatment for adult survivors of trauma exposure; and (b) report quantitative results, which related to psychiatric symptoms of PTSD, anxiety, and/or depression; and (c) be printed in the English language. Ten studies, eight published and two unpublished,

with an aggregate total of 311 participants, met inclusion criteria and were reviewed including van der Kolk et al.'s (2014) randomized controlled trial, which investigated the efficacy of TC-TSY in the treatment of chronic PTSD. This specific study will be discussed in more detail later in this literature review.

Findings of this meta-analysis indicated that hatha yoga appears to have promise in clinical treatment of trauma survivors who struggle with symptoms of PTSD, anxiety, and depression. Rhodes (2014), however, cautioned readers in relation to interpretation of these results, due to the small aggregate sample size ($n = 311$) and the dearth of randomized controlled trials within this domain. According to this study, yoga was most effective in treatment of anxiety symptoms (.88). In relation to PTSD (.46) and depression symptoms (.33), the impact was less pronounced. Concerning individual studies related to symptoms of PTSD, only results from van der Kolk et al.'s (2014) randomized controlled trial revealed a significant standardized mean difference between the experimental and control groups.

Kundalini Yoga in the tradition of Yogi Bhajan. According to Nahai (2012), *Kundalini Yoga* in the tradition of Yogi Bhajan (3HO Foundation, 2019) weaves meditation, sound (*mantra*), philosophy, physical exercises (*kriyas*), breathing exercises (*pranayama*), and relaxation (*yoga nidra*) into an integrated practice. Group classes and individual Kundalini Yoga practices follow a sequence that is invariably composed of these fundamental elements. Yogi Bhajan began teaching in the United States in 1969 with the intention of supporting each human being to cultivate three essential qualities: happiness, health, and holiness (3HO Foundation, 2019).

In qualitative phenomenological research, Nahai (2012) investigated the impact of Kundalini yoga practice, according to the teachings of Yogi Bhajan, on 12 individuals who had

been exposed to diverse types of trauma. Prior to their experiences with Kundalini yoga, participants in this study experienced challenges in a variety of domains, including (a) self-awareness (somatic and emotional), (b) self-acceptance, (c) self-regulation, and (d) the ability to connect with others in positive ways. Findings of this research highlighted posttraumatic growth in these areas: (a) increased somatic and emotional awareness, (b) increased acceptance of self and others, (c) heightened ability to tolerate difficult emotional states, (d) increased confidence and capacity for self-regulation, (e) increased sense of agency and ability to take effective action, and (f) heightened ability to connect with others in nourishing ways.

Trauma Center Trauma-Sensitive Yoga (TC-TSY). TC-TSY is an evidence-based, present-centered, adjunct modality in clinical treatment for complex trauma and complex PTSD that was developed at the Trauma Center in Brookline, Massachusetts. The theoretical framework of TC-TSY includes trauma theory, contemporary neuroscience, and attachment theory (Emerson, 2015). Pilot studies of the TC-TSY model were completed between 2003 and 2006. In 2017, TC-TSY became the first yoga program to be included as an evidence-based intervention for the treatment of psychological trauma (Substance Abuse and Mental Health Administration, 2017).

TC-TSY adapts the presentation and practice of hatha yoga in particular ways to adjust to the needs of the client participants. Foundational elements of TC-TSY practice include mindfulness, or experiencing the present moment nonjudgmentally, increasing the capacity for interoception, making choices, and taking effective action based on interoceptive awareness. Modifications to the standard yoga practice include (a) omission of suggestive language that may be triggering to trauma survivors (“yoga poses” are referred to as “forms”; class participants may be invited to “experiment,” rather than “play” with movement options; participants are always

encouraged to come out of a particular position according to their choice); (b) elimination of hands-on adjustments; and (c) diminishing emphasis on posture intensity (Clark et al., 2014; Emerson, 2015). TC-TSY aligns with a feminist therapeutic approach in these ways: TC-TSY (a) focuses on survivor strengths in the present, (b) empowers survivors to make choices based on internal rather than external stimuli, (c) supports the survivor to be completely in charge of decisions related to her body, and (d) includes a relational component in which the TC-TSY teacher is committed to sharing power and acknowledging that the survivor is the expert in relation to her own body (Emerson, 2015).

Research investigations of TC-TSY. Since its inception in 2002, research has taken place regarding the efficacy of TC-TSY as an adjunct intervention for PTSD and complex developmental trauma. Spinazzola et al. (2011) conducted a qualitative case vignette study to explore the use of TC-TSY with traumatized youth in residential school settings for young people, age 12–21, with acute emotional and behavioral issues. Findings of this research revealed that TC-TSY provided structured opportunities for participants to practice skills that support healthy attachment, competence, and development of self-regulation skills. One case vignette described a 17-year-old individual with a history of severe childhood trauma who had been expelled from school for violent behavior. While initially uncertain if he wanted to participate in TC-TSY practice, this individual was able, in the course of TC-TSY practice, to become more aware of his body and emotions, learn to take action to influence his arousal level, and ultimately “explore the notion of what it meant to feel ‘strong on the inside’ and to entertain alternatives to violence in response to the experience of being wronged by another” (Spinazzola et al., 2011, p. 440). Key elements of the TC-TSY practice that contributed to its effectiveness with the individuals in this research study included:

Use of invitational language; emphasis on personal experimentation, choice, curiosity, and self-care; individually tailored selection of postures, pacing, and challenge level; repetition of specific postures and forms to build incremental mastery; application of yoga elements (breathing, meditation, postures) as primary vehicles of self-control and self-regulation (affective, somatic, behavioral, cognitive); and provision of contained opportunities for social learning, attunement and modeling, co-regulation, and peer support. (Spinazzola, 2011, p. 441)

Clark et al. (2014) conducted a study to explore the feasibility of integrating TC-TSY into group therapy for women who have experienced intimate partner violence and had symptoms of depression, anxiety, and PTSD. Although the TC-TSY protocol was originally created by Emerson and van der Kolk as a stand-alone class to be conducted at an alternate time from individual or group psychotherapy, in this research investigation a traditional group therapy intervention was compared to group therapy plus 30–40 minutes of TC-TSY. Length of group meeting times was comparable (experimental group: $n = 9$, met for ca. 2 hours and 15 minutes; control group: $n = 8$ met for ca. 2 hours); both groups met weekly for 12 weeks. Availability sampling was used to select participants for each group. The psychotherapeutic portion of both groups included psychoeducation and opportunities for individuals to interact with each other and share and reflect on their traumatic experiences. Upon conclusion of this research, it was determined that the TC-TSY intervention was feasible based on recruitment and retention rates and absence of any reports of physical or emotional harm. Participants stated in self-report questionnaires that they found the study meaningful on a personal level and felt that outcomes would be of use to other trauma survivors.

After the initial TC-TSY pilot study in 2002 and the feasibility study conducted by Clark et al. (2014), a randomized controlled trial investigating the efficacy of TC-TSY in trauma treatment was the first of its kind to be funded by the National Institutes of Health (van der Kolk et al., 2014). This research showed that a 10-week, weekly yoga practice significantly reduced PTSD symptoms in a population of chronic, treatment-resistant women compared to a supportive

therapy group (van der Kolk et al., 2014). Effect sizes in this research study were on par with psychotherapeutic and pharmacotherapeutic PTSD treatments that have been widely investigated. Criteria for inclusion in this study included lack of treatment responsiveness, defined as having had three years or more of previous psychosocial therapy aimed at reducing PTSD symptoms.

TC-TSY was well tolerated in contrast to prolonged exposure therapy, a common approach to trauma treatment, known to have a high dropout rate and frequent residual symptoms (van der Kolk, 2014). At the end of the 10-week intervention, 52% of the participants in the TC-TSY group no longer met the criteria for PTSD in comparison to 21% in the control group. Both groups showed significant reduction in PTSD symptoms in the first half of the treatment protocol, but these improvements were only maintained in the TC-TSY group.

According to van der Kolk et al. (2014),

Yoga significantly reduced PTSD symptomatology, with effect sizes comparable to well-researched psychotherapeutic and psychopharmacologic approaches. Yoga may improve the functioning of traumatized individuals by helping them to tolerate physical and sensory experiences associated with fear and helplessness and to increase emotional awareness and affect tolerance. (p. e1)

The third section of Rhodes's (2014) 3-part dissertation was a qualitative study, which used a hermeneutic phenomenological method to gain insight into the experiences of 39 adult women with complex trauma histories in relation to TC-TSY practice. The potential impact of this yoga practice on processes related to healing was also explored. The women who participated in this portion of Rhodes's (2014) research were also participants in van der Kolk et al.'s (2014) randomized controlled trial beginning in 2008 and concluding in 2011. The long-term follow-up assessment, during which data were collected for this study, took place approximately one and a half years after the initial TC-TSY intervention.

According to Rhodes (2014),

The core meaning of participants' experience of healing through yoga was claiming peaceful embodiment. This was an ongoing process that occurred 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 and peace in their bodies and minds. (p. 117)

Additional themes in this research included increased present-oriented, positive experiences related to embodiment, yoga as an effective strategy for addressing trauma triggers and stress, heightened capacity for self-care and increased ability to experience intimacy, on emotional and physical levels. Participants found that by practicing yoga more frequently, they experienced greater benefits.

Advocacy Framework

In a review of evidence-based practice conducted on behalf of the National Resource Center on Domestic Violence, Sullivan (2012) defined advocacy as “actively working with [a survivor] and on a survivor’s behalf to change problematic policies, practices, and conditions” (p. 4). Advocacy has consistently been a foundational element of the movement to eliminate gender-based violence (Allen et al., 2004; Maier, 2011). According to Davies et al. (1998), an advocate is “anyone who responds directly to help abused women in an institutional context” (p. 2). This broad definition includes diverse ways of conducting advocacy and also summarizes its basic purpose, which is to assist survivors as they engage constructively with available community systems and services in order to access necessary resources. Within an advocacy paradigm, the emphasis is not intrapsychic but rather based on practical relationships the survivor has with the world around her. It is vital that advocacy is flexible and individualized in order to address clients’ needs effectively and in an empowering manner (Allen et al., 2004).

Advocacy includes efforts to (a) alter existing conditions, practices, and policies that are detrimental to individuals or groups; (b) take action to ameliorate unjust treatment of marginalized individuals or groups; (c) facilitate increased access to resources for marginalized

individuals or groups; and (d) offer emotional support and appropriate referrals. While some advocates address multiple areas with survivors, others may provide support in relation to a specific institutional domain (housing, welfare, or the justice system) or a social network of support such as survivors' families and friends (Sullivan, 2012).

Approaches to advocacy work range from *case-level advocacy*, which concentrates on increasing access to resources for individuals and families, to *cause-level advocacy*, which endeavors to achieve systemic change that will benefit marginalized groups (Goodman et al., 2009). Case-level advocates support survivors to determine immediate priorities and strategize methods to accomplish short- and long-term life goals. Securing safe housing, interacting with social service, law enforcement and legal systems, and finding employment are some of the ways in which advocates help survivors to take effective action to meet their needs (Goodman et al., 2009). Feminist Relational Advocacy (FRA; Goodman et al., 2009) and survivor-defined advocacy (Allen et al., 2004; Davies et al., 1998; Nichols, 2011) are two examples of feminist approaches to advocacy work. In these approaches, survivors are viewed as the experts regarding their own lives and advocates are committed to recognizing survivors' strengths and capabilities.

Cause-level advocacy may include activities such as engaging with local criminal justice agencies, training for law enforcement agencies, and lobbying legislative bodies (McDermott & Garofalo, 2014). Sullivan (2012) noted that there is relatively little evaluative research on both case and cause-level advocacy interventions and observed that efficacy of interventions has generally been assessed by means of practice-based or anecdotal evidence.

Survivor-Defined Advocacy

According to Nichols (2011), survivor-defined advocacy, which is also referred to as feminist, woman-centered, survivor-driven, or woman-defined (Davies et al., 1998), is based on the following beliefs: (a) survivors are capable of making their own choices and decisions, and (b) individual survivor needs must be considered in the advocacy process. Within this approach, advocates may explain or clarify diverse options and offer information in order to support survivors in an informed decision-making process. Building on the work of Shepard and Pence (1999), Nichols (2011) stated, “In feminist models, advocates work to avoid controlling behaviors that parallel the control experienced in abusive relationships and to not take part in victim-blaming practices” (p. 115). Similarly, Davies et al. (1998) described woman-defined advocacy as an approach that is grounded in the client’s assessment of her own evolving needs and aims. The advocate may contribute information, insight, and support but the client is clearly driving the process and is viewed as the expert within the advocacy relationship.

Allen and colleagues (2004) conducted research with 278 survivors of domestic violence who had recently left a shelter program. Approximately half of the survivors took part in a comprehensive advocacy intervention that was composed of five distinct stages: assessing, implementing, monitoring, re-implementing, and terminating. The remaining participants formed the control group.

From the inception of the 10-week intervention, each participant assumed leadership of her own process. Initially, the participant stated her goals for the advocacy process and identified needs, goals, and existing resources. Advocates and participants worked together to brainstorm ways to harness community resources in order to formulate effective strategies for creating positive change. In the monitoring phase, advocate and participant evaluated the

success of the process and began another round of strategizing and implementation, if necessary. By the seventh week, the separation process began, with the intention that the participant would have, to some degree, internalized this process for taking effective action in relation to her needs and goals.

Results of this study showed that this comprehensive advocacy intervention increased women's competency in relation to help-seeking behaviors over time. Key research findings demonstrated that (a) survivors of interpersonal violence are in need of support from diverse community resources; (b) survivors' needs are unique, not uniform, and most often include more than one domain (housing, education, employment, legal, childcare, financial, and healthcare); (c) it is critical for women to be actively involved in the identification and prioritization of their own needs; and (d) flexible, comprehensive advocacy interventions that are tailored to address individual needs heighten the extent to which survivors take initiative to procure the resources they need (Allen et al., 2004). This intervention increased participants' capacities to assess challenges, make decisions, and take effective action to address personal needs among a group of survivors when compared with controls. Protocol in this study did not include clinical treatment by mental health providers.

Feminist Relational Advocacy (FRA)

FRA is an advocacy paradigm that evolved from feminist, community, and multicultural psychology. Within this model, survivor, referred to as "partner," and advocate collaborate in diverse ways that transcend ecological strata (intrapersonal, interpersonal, family, or system) and types of support (emotional and practical). Broad goals of FRA are to address partners' acute challenges (potential eviction, unemployment, benefits loss, illness, or parenting) and offer support to accomplish immediate and long-term goals (Goodman et al., 2009).

Goodman and colleagues (2009) outlined the fundamental elements of FRA. Within this approach, it is critical that the survivor's priorities be given primary importance. The advocate's role is to support the survivor to accomplish her own self-identified goals. Authenticity in the survivor-advocate relationship is essential and rooted in the recognition that each survivor is the expert regarding her own life. This model stresses the importance of listening to survivors' narratives, integrating practical and emotional support, and recognizing oppression based on gender, race, and socioeconomic status as the underlying cause of survivors' emotional distress (Goodman et al., 2009).

In a qualitative study, Goodman et al. (2009) explored the application of FRA with low-income women affected by depression. Since FRA evolved from psychological approaches, advocates were also trained counselors and therefore able to address partners' emotional and practical needs. Participants were seven low-income women who self-identified as struggling with symptoms of depression and had worked with an FRA advocate from one to two years. According to the participants, advocates provided vital support to face a range of interrelated practical and emotional challenges related to housing, health insurance, transportation, access to utilities and resources, childcare, skill acquisition, communication with family members, and the ongoing challenge of feelings of depression and hopelessness. Participants described their experiences with FRA as being supportive of increased self-esteem and self-efficacy, along with improved coping strategies and enhanced decision-making skills.

Systems-Level Advocacy

Praxis International is a nonprofit organization founded in 1996 dedicated to research, education, and social change efforts aimed at the elimination of gender-based violence. Praxis International (2010) collaborates with intervention agencies and advocacy organizations on local,

state, and national levels to identify and address relevant survivor needs that are currently not met by institutions. According to Praxis International (2010), the advocacy framework is based on core activities including (a) establishing connections with survivors on individual and group levels, (b) understanding survivor needs and priorities, (c) collaborating with survivors to create effective strategies for addressing challenges and deficits, and (d) taking direct action to accomplish survivor-defined goals. Although the fields of psychology, law, and social work influenced the advocacy approach, advocacy is unique in that it is based on the recognition that survivor needs, priorities, and capabilities are centrally important, and survivors are always considered to be experts regarding to their own lives (Praxis International, 2010).

Pence (2001) described a systems-level advocacy approach to coordinating community responses to domestic violence in Duluth, Minnesota during the 1980s. In the first community-wide approach to intervention within the United States, representatives from law enforcement, courts, and social service agencies met with advocates to draft a comprehensive, multi-agency policy aimed at improving protection for domestic violence survivors. By focusing on institutional work routines, procedures, and policies that resulted in inadequate attention to the women's safety, this collaborative project raised awareness of how each step in the process of a survivor seeking support is an opportunity to either prioritize or potentially compromise her safety.

This approach became a national model known as Coordinated Community Response (Shepard & Pence, 1999). Over the years, however, the contribution of advocates to the improvement of processes and practices aimed at supporting survivors diminished considerably due to marginalization within mainstream institutions such as the legal and law enforcement systems. Evaluation of community response was being assessed based on increased perpetrator

arrests and convictions and levels of bureaucratic efficiency, rather than survivors' needs for respect, autonomy, and safety (Pence, 2001).

To remedy the marginalization and exclusion of those advocating for the rights and protection of survivors of gender-based violence, Pence (2001) stressed the importance of (a) including survivors in every level of decision-making so that policies and actions are in alignment with the needs of actual survivors; (b) strengthening alliances with diverse community groups oriented toward anti-violence work; (c) fortifying grassroots community activism and linking the movement to end violence against women to other oppressed groups that are subjected to violence; and (d) minimizing dependence on institutions that marginalize and subjugate women, thereby diminishing tendencies to compromise feminist values and priorities. For example, this type of violation of feminist ethics occurs when advocates who are employed by the prosecutor's office pressure survivors to testify in civil and criminal proceedings. Similarly, advocacy groups that receive substantial funding from the U.S. DoJ are unlikely to speak out against institutional injustices such as the heightened vulnerability of immigrant and undocumented women to intimate partner abuse caused by the U.S. DoJ's laws, policies, and practices related to immigration (Pence, 2001).

In order to minimize the marginalization and exclusion of survivors, Pence (2001) called for community programs that advocate on behalf of survivors of gender-based violence to be independent from the judicial and law enforcement systems. This recommended separation clarifies the differences between individuals who are involved in the management of survivors' participation in legal proceedings and those who are dedicated to fulfilling the needs and aspirations of survivors of abuse. Pence (2001) asserted,

Today, we are miles away from where we started. Although we are weaker in some ways, we are stronger in others. We have established a foundation of important

legislation, we enjoy more resources and a more diverse leadership, we have more experience, we have a more sophisticated understanding of how institutions affect our lives, and we have greater access to inner chambers of power. Nevertheless, we must actively pursue an agenda of reclamation if we are to continue to be a force of liberation for women who are battered. . . . Our role is never to help the legal system manage cases or women's lives—it is to continue to make women's real experiences visible and to make women's safety a goal of legal intervention and the responsibility of the community. (p. 340)

In order to reflect on changes that have occurred in domestic violence activism since the 1980s, group discussions were held in Duluth, Minnesota, organized by Pence and other community activists who support survivors of gender-based violence. Participants included seven experienced advocates from the Duluth community such as advocates from the Domestic Abuse Intervention Program, the Women's Coalition, and various other transitional shelter programs. Prominent challenges identified were: (a) narrower delineation of responsibilities including tension between advocating for women and being employed by an institution; (b) increased negativity in community attitudes toward the shelter, which may discourage women from seeking support and services; (c) an increased number of women who are not receptive to the range of services advocates are able to provide; (d) mixed feelings about the risks, benefits, and unintended consequences of criminal justice reform such as increased prosecution of perpetrators, requiring women to testify against their will, and prosecution of women when they act in self-defense; and (e) lack of a common connection and purpose between newer and more seasoned advocates.

Mixed views regarding the relative merits of individual versus institutional advocacy were voiced at that time. Concerns regarding advocates who worked with individuals in domestic violence shelters and courts emerged. These individuals often focused so much of their energy on individual survivor needs and community intervention programs that they were unable

to promote institutional changes effectively that would ultimately benefit survivors (Shepard, 1999).

Characteristics of the Advocacy Relationship

Advocacy has been a key component of the movement to end gender-based violence in the United States from its inception. In the early days of this movement, there were no requirements for professional training, and advocates clearly stood outside networks of patriarchal institutions including the legal, law enforcement, social services, and healthcare systems (Pence, 2001). As years passed, the advocate's role has evolved and now includes a broad spectrum of potential relational characteristics with survivors.

Summarizing the evolution of advocacy, Pence (2001) observed that the fundamental connection between activism and advocacy has diminished. Initially, many advocates were themselves survivors. The term "advocate" was used to designate a particular role characterized by social activism, which was aimed at changing institutional responses to the problem of domestic violence. It was not intended to be a term used to differentiate survivors from advocates or describe a particular level of professional training.

Like activists in all of the progressive social movements of the 1960s, we sought a paradigm shift. We wanted practitioners in agencies that battered women needed for protection to refrain from finding fault with the victims and instead to understand and eliminate the social facilitators of this violence. We wanted to train the eye of scrutiny away from a woman's so-called "healthy" response to being beaten, on to both the abuser and the institutional practices that failed to help women. (Pence, 2001, pp. 329–330)

Programs, originally developed with strong agendas for social change, eventually were integrated into mainstream institutions and the original solidarity that existed between advocates and survivors eroded (Pence, 2001).

This historical perspective highlights the complexity inherent in current relationships between advocates and survivors. Pence (2001) asserted that advocates who are employed by

and loyal to systems such as social service and law enforcement agencies are not able to wholeheartedly advocate on behalf of survivors. Obstacles within this domain include fear of negative consequences that may arise from (a) the maintenance of complete confidentiality in all interactions with survivors, and (b) the willingness of advocates to openly criticize institutional processes that compromise the safety and integrity of survivors (Pence, 2001).

McDermott and Garofalo (2014) conducted research on negative experiences related to interactions between survivors and advocates. These included (a) arrest by law enforcement that is contrary to the victim's preference; (b) no-drop or victimless prosecution, which occurs when a survivor does not cooperate with prosecution because she does not wish for the perpetrator to be convicted; (c) undesired intrusions into the lives of survivors by the criminal justice system such as unrequested victim safety checks, unwanted evidence collection, encouragement for survivors to alter their stories to enhance the prosecution's case; (d) follow-up advocacy that has not been requested by the survivor; and (e) advice and counseling that is offered to survivors in a way that suggests that the professional knows what is in the survivor's best interest more than the survivor herself. Pence (2001) pointed out that institutionalized advocacy places the advocate in a position of having to divide her allegiance between the institution she works for and the survivor. It is inevitable that the survivor-advocate relationship will be negatively impacted by this conflict of interest (Pence, 2001).

Summary

Feminist approaches to providing support to survivors of gender-based violence can be broadly characterized as having an advocacy or clinical orientation. Within feminist paradigms of clinical trauma treatment, survivors are supported to become increasingly cognizant of the impact of contextual factors on their ongoing suffering. As survivors realize that their distress is

rooted not in personal deficiencies but arises from ways they have been marginalized, invalidated, and silenced due to their nondominant sociocultural status, they are able to release habitual patterns of shame and self-blame (L. S. Brown, 2004). The establishment of equality within the therapeutic relationship is of paramount importance in feminist trauma treatment (Herman, 1997; L. S. Brown, 2004; Burstow, 2005; Tseris, 2013, 2015; Wasco, 2003).

A growing body of research on clinical treatment of trauma has been helpful in the development of a wide range of treatment approaches (Wasco, 2003). The PTSD diagnosis has been criticized for not fully addressing symptoms and root causes of survivors of gender-based violence (L. S. Brown, 2004; Burstow, 2005; van der Kolk et al., 2009; Woods & Campbell, 1993). At the same time, it has presented a scientific framework for developing insight into a variety of trauma responses that are not associated with survivor blame (Gilfus, 1999).

Recent neuroscience research investigations of the neurobiological processes affected by trauma-related disorders has indicated the potential importance of strengthening interoceptive neural pathways in order to address the root causes of symptoms for trauma survivors (Lanius et al., 2006, 2011; van der Kolk, 2006, 2014). In contrast to trauma-focused therapies such as prolonged exposure therapy, cognitive processing therapy, stress inoculation therapy, and trauma-focused cognitive behavioral therapy, PCT (Foy et al., 2004; Frost et al., 2014; van der Kolk, 2014) is congruous with both feminist approaches to trauma treatment and neuroscientific findings. PCT emphasizes client strengths and supports increased self-awareness, self-efficacy, empowerment, and decision-making skills. In group settings, PCT may also foster an enhanced sense of relatedness and positive social engagement (Frost et al., 2014).

Literature related to traumatic experiences and PTSD symptomatology indicates a connection between low levels of interoception, emotional awareness, and capacity for self-

regulation. Evidence suggests that mindfulness and hatha yoga practices may support heightened interoceptive capacity, emotional awareness, and regulation of attention and affect (K. W. Brown & Ryan, 2003; Kabat-Zinn, 2003; Silverberg, 2014). Hatha yoga has been found to be an effective tool that supports (a) amelioration of symptoms related to anxiety, depression, and acute stress (Clark et al., 2014; van der Kolk et al., 2014); (b) heightened feelings of competence; and (c) increased capacity for emotional regulation (Clark et al., 2014). Similarly, Kundalini Yoga in the tradition of Yoga Bhajan was found by Nahai (2012) to promote posttraumatic growth in these areas: (a) increased somatic and emotional awareness, (b) increased acceptance of self and others, (c) heightened ability to tolerate difficult emotional states, (d) increased confidence and capacity for self-regulation, (e) increased sense of agency and ability to take effective action, and (f) heightened ability to connect with others in nourishing ways.

TC-TSY is an evidence-based, present-centered treatment for complex trauma and complex PTSD. A body-based approach, the theoretical framework of TC-TSY was heavily influenced by Herman's (1997) trauma theory, contemporary neuroscience, and attachment theory (Emerson, 2015). There is a growing body of evidence that TC-TSY is a promising adjunct intervention in trauma treatment (Clark et al., 2014; Emerson, 2015; Spinazzola et al., 2011; van der Kolk et al., 2014; West, 2014). TC-TSY offers trauma survivors opportunities to strengthen interoceptive awareness, which appears to support increased emotional awareness and capacity for self-regulation that are necessary for sustained resolution of trauma-related symptoms. In 2017, TC-TSY became the first yoga program to be included as an evidence-based intervention for the treatment of psychological trauma (Substance Abuse and Mental Health Administration, 2017).

TC-TSY aligns with feminist models of trauma treatment in the following ways: TC-TSY (a) centers on survivor strengths in the present, (b) empowers survivors to make decisions based on internal rather than external factors, (c) supports survivors to be entirely in control of decisions related to their bodies, and (d) includes a relational component because the TC-TSY teacher is committed to sharing power and considering survivors as experts in relation to their own bodies (Emerson, 2015).

In a qualitative descriptive study of participant experiences of TC-TSY, West (2011) reported heightened feelings of gratitude, compassion, social connectedness, self-acceptance, centeredness, and personal empowerment. Rhodes (2014) conducted a qualitative study using a hermeneutic phenomenological method to gain insight into the experiences of adult women with complex trauma histories in relation to TC-TSY practice. Central themes in this research included the positive impact of yoga in relation to well-being and peace in body and mind, and improved connections, sense of ownership, and control in relation to bodies, emotions, and thoughts. Additionally, Rhodes (2014) noted that participants found yoga to be an effective strategy for addressing trauma triggers and stress. Yoga practice heightened capacity for self-care and increased participants' ability to experience intimacy, on emotional and physical levels. Participants found that increased frequency of yoga practice yielded greater benefits.

Feminist critics of contemporary neuroscience and the medicalization of trauma have expressed objections to the way that trauma treatment has been incorporated into the mainstream medical system without addressing underlying sociocultural causes. Symptoms such as numbing, avoidance, and hyperarousal may be understood as the most effective coping mechanisms available to survivors rather than being reduced to evidence of mental health dysfunction (L. S. Brown, 2004; Burstow, 2005; Chiang, 2017; Johnson, 2014; Leighton, 2018a,

2018b; Tseris, 2013, 2015; Wasco, 2003). Although traumatic exposure sometimes occurs blatantly in specific moments, trauma also manifests within oppressive sociocultural contexts in the form of microaggressions, which may exist within the sphere of interpersonal relationships, influencing interactions between individuals. They are also established and perpetuated by institutions and systems that create and enforce oppressive laws, policies and social practices.

Critics have also argued that multicultural factors have been overlooked in the development of the PTSD diagnosis. Symptoms of PTSD may not fully describe the complete range of reactions to trauma demonstrated by women of various ethnic and cultural backgrounds (Jenkins, 1999), and the clinical framework may encourage providers to overlook the inherent, human complexity of individual survivors (Tseris, 2015). Fundamental aspects of trauma theory such as the concept that trauma shatters assumptions about the world being a safe, just, and orderly place are not relevant to members of oppressed and marginalized groups (Gilfus, 1999; Wasco, 2003).

Within the advocacy model, assistance may be offered on individual (Allen et al., 2004; Davies et al., 1998; Goodman et al., 2009; Sullivan, 2012) or systems levels (McDermott & Garofalo, 2014; Pence, 2001; Praxis International, 2010; Shepard & Pence, 1999). The fundamental focus of advocacy approaches is to help survivors as they constructively interact with community services and institutions in order to gain access to needed resources (Allen et al., 2004; Maier, 2011, Sullivan, 2012). Broad aims of individual advocacy are to empower survivors to address current challenges and accomplish immediate and long-term goals (Allen et al., 2004; Davies et al., 1998; Goodman et al., 2009; Nichols, 2011; Sullivan, 2012). Systems or cause-level advocates interface with agencies and institutions on local, state, and national levels to identify survivor needs that are not adequately being met (Praxis International, 2010).

Feminist approaches to advocacy and clinical treatment both share the goals of survivor empowerment and recognition of sociocultural context as the originating cause of traumatic exposure. Within a feminist paradigm, both advocates and clinicians seek to establish equality in relationships with survivors and strive for empowering interactions. The survivor is consistently viewed as the expert regarding her own life. It is essential for feminist therapists and advocates to be attuned to the complexity of unique survivor narratives and honor their choices (Allen et al., 2004; L. S. Brown, 2004; Burstow, 2005; Goodman et al., 2009; Herman, 1997; Nichols, 2011) in every aspect of their work.

CHAPTER 3: METHOD

Narrative research methodology belongs to a category of qualitative approaches to research broadly defined by Corbin and Strauss (2008) as “a process of examining and interpreting data in order to elicit meaning, gain understanding, and develop empirical knowledge” (p. 1). Qualitative research methodology is distinct from quantitative methodology, which is predominantly used in the natural sciences. Quantitative research describes and explains the world through a logical mathematical paradigm (Murray, 2003). The primary focus of qualitative research is not quantifiable objective data but the determination of significant relationships that can be understood and interpreted. In contrast to quantitative approaches, qualitative research explores the subjective domain of human life and seeks to deepen insight into the diverse ways people create meaning from their experiences and interactions (Kvale, 1996; Silverberg, 2014).

Narrative Research

Narrative research is rooted in the recognition that humans are relational beings who experience and view life through stories (Polkinghorne, 1988). Narrative methodology is a way of conducting qualitative research that enables researchers to learn about and understand subjective aspects of human existence and experience by engaging with participants in the shared creation of narratives (Squire, 2013). Narratives may include depictions of characters and events in historical time as well as phenomena and occurrences in imaginary realms (Smith & Sparkes, 2009). Language and story are essential constructs that enable humans to generate meaning from raw elements provided by experiences. Researchers who endeavor to facilitate insight into human experience, motivation, and behavior effectively must therefore consider the influential role of narratives in these domains (Josselson, 2011).

According to Elliott (2005), narratives include three essential characteristics. They are (a) chronological, (b) meaningful, and (c) social. The *chronological* nature of narratives is evidenced by the way events within them are temporally sequenced; narratives are inherently *meaningful* because they describe the way discrete events relate to the larger perspective of one's life; and, narratives are *social* because they are told in a specific context for a particular audience. Although these fundamental elements may be explored separately, they are intimately connected and ultimately inseparable (Elliott, 2005).

Narrative researchers elicit and explore individual and sociocultural narratives as they manifest in time (Smith, 2010). Since human existence unfolds in the context of time and space, narratives of human experiences and their significance are invariably characterized by the recognition of life's transitory and impermanent nature (Polkinghorne, 1988; Silverberg, 2014). Narratives, which are themselves subject to change, are known to transform and evolve significantly as they are retold and reinterpreted by both the original storyteller and the listener (Andrews, 2013). The same story is never told twice (Andrews, 2013) because the significance attributed to events and experiences evolves in relation to subsequent life experiences (Riessman, 2008).

First-Order and Second-Order Narratives

Within the domain of narrative research, a useful distinction may be made between first-order and second-order narratives (Carr, 1997). First-order narratives are defined as stories that people tell about events and experiences in their own lives. The events and experiences that generate first-order narratives may occur informally in interactions with family and friends or in a more formal setting (during a job interview, police investigation, or psychotherapeutic interaction). First-order narratives are intimately linked with the creation and maintenance of

individual or group identity. Second-order narratives, in contrast, are stories generated by researchers in order to make sense of individual and social narratives and behavior (Elliott, 2005).

Narrative analysis consists of researchers' second-order narratives, which are generated as respondents' first-order narratives are considered and reinterpreted. By engaging with narrative research, readers are able to gain insight into the meaning researchers make of participants' narratives (Elliott, 2005). Although narrative research is rooted in an epistemology that acknowledges the relative and multilayered nature of truth, narrative researchers may still maintain diverse views regarding the possible existence of a fundamentally objective reality (Josselson, 2011). It is generally assumed, however, that narratives possess multiple layers of subjectivity and are shaped by both the narrator's intentions and her interactions with the researcher (Ezzy, 2002; Riessman, 1993, 2008). Narratives are not inherently factual and do not necessarily take place in the same temporal order as their "actual" occurrence. By listening to and reflexively engaging with narratives, researchers are able to learn about the diverse ways people order and understand their experiences (Josselson, 2011).

Narratives Link External Events and Internal Experience

Narratives may be described as frameworks that order events in time and space, thereby making it possible for individuals to construct and tell stories. Narrative research offers the opportunity to gain insight into the inner significance of storied external actions and events as they are listened to, felt, interpreted by the researcher, and reinterpreted by the reader.

Characters within narratives engage in action in specific locations in the external world and conjointly experience internal subjective states such as thoughts, emotions, desires, and intentions (Polkinghorne, 1988). Narrative research reveals the connection between external

actions and events and internal subjective states as seen from the perspective of participants in first-order narratives and are subsequently viewed and retold as second-order narratives from the researcher's viewpoint (Carr, 1997).

Since humans use narrative to generate and establish meaning, narratives exert a profound impact on human motivation, cognition, and behavior (Polkinghorne, 1988). Humans use narrative in the construction of identity, the vehicle by which self-awareness and awareness of the world is made possible (Murray, 2003). Narratives affect the way an individual interacts with the world, shape individual development and behavior, and influence sociocultural beliefs and personal values (Silverberg, 2014; Smith & Sparkes, 2009). Narratives make it possible for humans not only to understand past events but also to imagine and plan activity in the present and for the future. In this capacity, narratives offer a coherent framework that supports identity in the past and present and serves to bridge the gap between current reality and future possibilities (Silverberg, 2014; Smith, 2010).

Personal and Sociocultural Nature of Narratives

Experience, which occurs through the interpretive filter of narrative, can be viewed as simultaneously personal and social. The dual nature of experience, which is both unique and shared, arises from the way that collective sociocultural narratives influence individual narrative construction (Andrews, Day Sclater, Squire, & Tamboukou, 2004; Silverberg, 2014). Although stories may exist as expressions of a specific individual's unique perspective, they are situated simultaneously within a more expansive cultural context. As a result, the predominant narratives of a specific society or culture exert a powerful impact on individual experiences and narratives (Smith & Sparkes, 2009).

By illuminating sociocultural narratives as they manifest in the stories of individuals, narrative research has the potential to make contextual influences more explicit and conscious (Andrews et al., 2004). Shedding light on the way sociocultural narratives influence individual narrative construction may support the generation of “self-defined standpoints [that can] stimulate resistance” (P. H. Collins, 2009, p. 33). This type of autonomously generated narrative is characterized by divergence from dominant sociocultural representation of reality. Developing the capacity to recognize prevailing sociocultural narratives, which are generally portrayed as objective truths, and identify how these narratives differ from narratives of marginalized, nondominant sociocultural groups is fundamental to both feminist and critical postmodernist epistemologies (L. S. Brown, 2004; Fawcett, 2009; Tseris, 2013, 2015).

Rationale for Use of Narrative Methodology

Narratives have played a central role in research with survivors of gender-based violence. Herman (1997) described how women who conducted early qualitative research with survivors rejected emotional detachment as a measure of scientific validity and instead honored their emotional bonds with informants. During feminism’s second wave, sharing personal stories of violence and abuse occurred within other contexts such as consciousness-raising groups and public speakouts. “Breaking the silence” was a common theme in healing work with survivors during this period. Empowerment, an ultimate goal of feminist approaches to both advocacy and therapy, is rooted in autonomy and the perception of oneself as having ultimate authority in relation to the narratives of one’s own life (L. S. Brown, 2004).

Narratives and Causality

Narratives possess both temporal and meaningful characteristics. Therefore, they create a sense of causality, either stating clearly or implying the causal links that may exist among events.

Even in the absence of an overtly stated causal connection in a sequence of events, individuals reading or listening to a narrative are predisposed to infer the presence of causality (Elliott, 2005). Broadly speaking, survivor healing includes shifting the causal aspect of narrative from self-blame (“It’s my fault I was raped, because I dressed too provocatively,” or “I shouldn’t have stayed out so late; if I had come home earlier, I wouldn’t have been assaulted”) to a narrative of empowerment (“I did not deserve to be raped, regardless of what I wore or how late I stayed out. The reason I was raped is that I live in a society that tolerates and promotes violence against women.”) The goal of feminist therapy is to reveal the oppressive sociocultural system as the fundamental source of clients’ suffering. By expanding her awareness of women’s oppression within the patriarchy, the client is able to recognize and name this unjust power relationship and, therefore, become increasingly capable of generating resistance (L. S. Brown, 1994).

Causality is also a prominent concern in research that examines narratives describing diverse approaches to working with survivors, such as the advocacy and clinical models. Psychiatric diagnoses may serve to identify the source of survivors’ distress as internal and psychological (L. S. Brown, 1994; Burstow, 2005) rather than contextually rooted in a society that tolerates and promotes violence against women. This illusion obscures the underlying sociocultural causes of gender-based violence and perpetuates the persistent, grave challenges that arise in its wake (L. S. Brown, 1994).

Complexity of Survivor Narratives

Tseris (2015) pointed out that it is critically important to honor diversity of experience and interpretation in work with survivors. In order to foster social change, reductionism must be abandoned. This will facilitate an increased tolerance for complexity and uncertainty. The experience of gender-based violence is linked inextricably to the marginalization,

oversimplification, and invalidation of the unique truths of individual women. Feminist approaches to healing are, therefore, fundamentally linked to the survivor's increased capacity to generate meaning on her own terms and to affirm what she finds personally meaningful (Tseris, 2013, 2015).

Rich (1979) recognized and appreciated the dynamically interdependent relationship that exists between subjective truth and complexity:

An honorable human relationship—that is, one in which two people have the right to use the world “love”—is a process, delicate, violent, often terrifying to both persons involved, a process of refining the truths they can tell each other. It is important to do this because it breaks down human self-delusion and isolation. It is important to do this because in so doing we do justice to our own complexity. (p. 188)

Feminist approaches to healing work with survivors within both advocacy and clinical frameworks are oriented to establish relationships characterized by authenticity and equality (L. S. Brown, 2004; Herman, 1997; Tseris, 2013, 2015). Listening to narratives of participants' subjective experiences contributes to the construction of relationships that honor complexity and uniqueness while simultaneously remaining attuned to shared aspects of experience (P. H. Collins, 2009; Fawcett, 2009).

P. H. Collins (2009) asserted the importance of recognizing and attending to the dialectical tension that links individual experience and collective ideology. Looking through the lens of Black feminism, P. H. Collins argued,

On the one hand, all African-American women face similar challenges that result from living in a society that historically and routinely derogates women of African descent. Despite the fact that U.S. Black women face common challenges, this neither means that individual African-American women have all had the same experiences nor that we agree on the significance of our varying experiences. Thus, on the one hand, despite the common challenges confronting U.S. Black women as a group, diverse responses to these core themes characterize U.S. Black women's group knowledge or standpoint. (pp. 28–29)

In a similar manner, individuals who support survivors of gender-based violence may simultaneously face common challenges, which they respond to in unique ways. The framework of narrative methodology enabled me to consider unique qualities of individual participants' stories while also recognizing shared elements that were present in their narratives. Ultimately, this research contributes to a clearer understanding of (a) ways in which advocacy and clinical approaches might complement each other in healing work with survivors, and (b) how advocacy and clinical approaches may be vulnerable to perpetuating modes of thought and action that directly or indirectly perpetuate gender-based violence.

Narrative Research Design Overview

Within the framework of narrative methodology, the purpose of this research was to gain insight into the experiences and perspectives of seven women who participated in TC-TSY peer support groups as part of clinical treatment at an urban Midwestern U.S. rape crisis center. By engaging with stories of women who have participated in TC-TSY peer support groups, I expected to learn about the unique and shared ways that participation in these groups affected these individuals. This research investigation addressed the following question: How do members of a 12-week TC-TSY peer support group for survivors of gender-based violence describe their experiences of participation in the group and the impact of these experiences in their lives?

The overarching purpose of this investigation was to understand how respondents characterize their experiences related to engagement with the TC-TSY practice, which was offered in a peer support group setting. Narratives of seven individuals were analyzed in this study and explored within the historical context of the evolution of clinical and advocacy

paradigms. Participants were recruited from groups of individuals who participated in TC-TSY peer support groups, which were co-facilitated by the researcher.

Overview of Information Needed

In order to understand how women who were members of TC-TSY peer support groups described their experiences of participation in the group and the impact of these experiences in their lives, specific sources of evidence were utilized. Archival data for this study consisted of two narrative interviews per respondent, which focused on gathering perceptual information including descriptions and explanations of participant experiences related to their participation in the groups. Contextual information provided a description of the setting in which TC-TSY groups were offered. Demographic information such as participant age and gender are also included.

An initial interview was conducted 4 to 6 weeks after the group's conclusion, and a second interview took place 7 to 8 months later. A third meeting took place approximately 23 to 31 months after the first interview. During the third meeting, each participant was given the opportunity to review a draft of the analysis of her narrative and provide feedback. I was committed to each participant having input regarding how her experiences were represented.

Research Site and Sample

This research consisted of open-ended interviews with seven participants, aimed at gaining insight into the experiences and beliefs of survivors of gender-based violence who participated in TC-TSY peer support groups as an adjunct to clinical trauma treatment. TC-TSY peer support groups met for 12 consecutive weeks at a rape crisis center located in an urban area in the Midwestern United States. Archival data, which was gathered from May 2016 through July of 2017, was used. Following analysis based on archival data, I met a third time with each

participant to review a draft of her narrative. At this meeting, I read the narrative draft aloud, provided opportunities for participant feedback, and asked additional questions.

Convenience sampling, a type of purposive sampling, was used in the collection of archival data (Hays & Singh, 2012). Since the number of individuals who meet the criteria for the research study was small, this was the most appropriate method. Participants in this research study were recruited from the group of individuals who were members of TC-TSY peer support groups from February to May 2016. Participants were recruited by email, and the voluntary nature of participation was made clear to them. They were informed that they were free to withdraw from the study at any time and to choose not to respond to any specific question during interviews. After the overall purpose of the study was explained, all participants completed informed consent forms prior to the inception of the interview process.

Urban Rape Crisis Center in Midwestern United States

The overarching goal of this organization is the elimination of sexual violence. Its mission is to offer direct support to survivors of sexual violence, foster healing and prevention, and generate social change. Direct services, including individual therapy and support groups, are offered free of charge at this center by licensed mental health professionals and are available to any individual who desires to heal from the impact of sexual violence. Hospital and justice system advocates are available to survivors who wish to be accompanied to emergency rooms, police stations, or legal proceedings.

Efforts directed at social change include education and prevention work, professional trainings, and participation in a local Sexual Assault Response Team (SART). This organization serves individuals in a densely populated county, which consists of an area of over 1,000 square miles. In a conversation with members of the Midwestern Rape Crisis Center in July 2016, I

learned that the center had offered services to over 18,000 individuals in 2013. Counseling services are also available to survivors in two adjacent counties.

Founded in the early 1970s, the original activity of this rape crisis center consisted of hotline counseling, which was available a few hours each day, 5 days a week. In this early period, hotline volunteers raised funds to support the organization at community speaking engagements. By 1976, a grant made it possible to expand the hotline to a 24-hour service and to create four full-time staff positions. Recruitment and training of 75 volunteer advocates followed; volunteers were trained in hotline counseling, on-site emergency room counseling, face-to-face counseling for survivors and family members, and educational programs for the community.

In February 2016, this organization had a staff of over 50 individuals including executive staff, clinicians and interns, justice system advocates and support staff (who accompany survivors to hospitals, police stations, and legal proceedings), prevention and community education specialists, grant writers, and volunteer coordinators. At that time, over 75 volunteers each offered 12 to 24 hours of service per month. Volunteer activities included hotline counseling, educational presentations, and survivor accompaniment if a support specialist was not available.

TC-TSY Peer Support Groups

TC-TSY peer support groups were offered at an urban rape crisis center as an adjunct to clinical mental health treatment for PTSD. Groups were open to adult women survivors of sexual violence. Each session was co-led by a licensed psychotherapist and I, a certified TC-TSY facilitator. TC-TSY complements the present-centered approach used by therapists at the rape crisis center. The peer support groups were designed to help survivors (a) increase

awareness of their present moment embodied experiences, (b) develop the capacity to make autonomous choices regarding how they engaged with the yoga practice, and (c) reflect on their experiences of the yoga practice and share verbally in the group.

TC-TSY peer support groups met for 12 consecutive weeks, from February to May 2016. The support group series now occurs twice each year—once in autumn (September–December) and once in spring (February–May). Each session was 90 minutes in duration and took place in the rape crisis center’s group therapy meeting room. Support groups included five to seven members in addition to the two co-facilitators.

Potential participants were either referred to the groups by therapists who were employed by the rape crisis center, or they were self-referred. Individuals who referred themselves learned about the groups from the rape crisis center’s website or through word of mouth. Survivors who were interested in becoming support group members were required to have had previous experience with individual psychotherapeutic treatment. Some participants were seeing a therapist at the rape crisis center or in the local community during their tenure in the group.

Interviews

Each potential member met with both co-facilitators for an interview before the inception of the support group in order to determine whether participation would be recommended at this point in the survivor’s healing process. All candidates for the group were required to complete a mental health assessment. If an individual was not a current or past client of the rape crisis center, the therapist conducted a mental health assessment prior to the interview.

During the interview, the therapist and TC-TSY facilitator inquired about the individual’s motivation for joining the group and observed each potential member to see if she was able to engage in the reciprocal process of conversation. The therapist, TC-TSY facilitator, and

interviewee discussed the possibility that participation in group could diminish avoidant patterns of behavior and therefore evoke difficult emotions. The interviewers inquired about the interviewee's current coping strategies to ascertain whether there were sufficient resources available to address challenging emotional states that may arise during the course of the group.

Interviewers also asked potential participants about recent suicidal behavior, hospitalization, and drug or alcohol dependence. If an interviewee had recently experienced suicidal ideation or hospitalization for mental health issues, this group was not an appropriate option at that time. In the case of substance use, the individual was informed that it was not acceptable to attend group while under the influence of drugs or alcohol.

If it was determined by the therapist and the TC-TSY facilitator that the peer support group was suitable for this individual, practical details about the group were discussed. In cases where the group did not appear to be appropriate, other possible avenues of support were presented to the interviewee. Examples of alternatives were: (a) individual therapy; (b) a women's support group available only to survivors of sexual violence that did not include the yoga practice but emphasized psychoeducation, dialogue, and social connection; and (c) a grief support group.

Beginning of group sessions. TC-TSY peer support groups met on weekday evenings between 6:00 and 7:30 P.M. in the rape crisis center's group therapy room. Each group began with participants sitting in comfortable chairs which were arranged in a circle. At the initial group meeting, participants completed a liability release form for the yoga practice. Group guidelines (see Appendix A) were reviewed by participants, who took turns reading each item aloud. If a group member did not want to read aloud, she could choose to decline.

The session continued with a check-in, signaled by one group member lighting a candle and another member ringing a chime. During the check-in, participants shared briefly about how they felt as they were coming into the room that evening. At the initial meeting, members expressed their motivation for joining the group. All subsequent group meetings in the 12-week series began with a check-in, which occurred in the same manner. The first four sessions of the group included 15–25 minutes of psychoeducation, which occurred prior to the yoga practice. Psychoeducation was focused on providing information about: (a) common trauma symptoms; (b) hyperarousal, hypoarousal, and self-regulation; and (c) potentially effective coping strategies that may be useful to group members.

TC-TSY practice. The TC-TSY practice offered participants opportunities to engage in movement, pay attention to physical sensations that occurred as they moved, and make choices based on what they felt. In this approach to yoga, the focus is on the practitioner's internal experience rather than on the external form. The subjective experience of the participant was of primary importance. Instead of using the word "pose" or "posture," the word "form" was used, in order to avoid potential triggering for survivors who had been forced to pose for perpetrators of abuse.

The duration of practice was shorter in the initial four sessions (approximately 10–20 minutes) and longer in subsequent sessions (up to 45 minutes). Power was not centralized in the teacher. Rather than telling participants what to do, the TC-TSY facilitator used invitational language and provided group members with choices regarding movement options. For example, in the position known as Warrior 1, the facilitator began by offering options for foot placement:

If you like, you're welcome to explore a form called Warrior 1. You may already know how you would like to place your feet or you may want to check out a few possible choices. One possibility would be to place your feet closer together and then take them further apart. If you're changing the distance between your feet, you may notice that

there's a difference in the way it feels to you. In Warrior 1, you're welcome to place your feet at a distance that feels useful (or preferable) to you. There's no right or wrong about how far apart your feet are.

By offering instructions in this way, the TC-TSY facilitator provided group members with opportunities to experience conscious, present-moment perceptions of sensations from inside their bodies.

Participants were consistently reminded that they were free to make choices regarding how they engaged with the practice. The instructor frequently stated that it was always fine to "choose option #3," defined as whatever else a participant wanted to do as long as it was not distracting to the group. Unlike many yoga classes, there were no hands-on adjustments, and eyes could be open or closed. The participants were regarded by the instructor as the experts regarding their own bodies and their preferences. There was no value placed on group members challenging themselves in terms of developing strength or flexibility. In general, the yoga practice was slow-paced and was not physically strenuous. The level of physical challenge was adapted by the instructor to suit the interest and ability of group members.

The TC-TSY facilitator invited group members to select a yoga mat and take a blanket from the rape crisis center's supply area, which was in the group therapy room. Some participants brought their own mats from home. Individuals placed their mats in the area of the room that they preferred; mats were not arranged in formal rows. Most group members took their chairs out in the hall; some chose to use their chairs during the yoga session.

The practice began by inviting participants to notice where their bodies were making contact with the ground either visually or kinesthetically, if that type of sensory information was available. The TC-TSY facilitator acknowledged that it is normal for survivors to sometimes not notice feeling in their bodies. The group proceeded to explore choice-making in seated (Head to Knee, Bound Angle, Seated Forward Bend, Seated Spinal Twist) and standing forms (Mountain,

Warriors 1 and 2, Side Angle, Triangle, Chair, Eagle, and Tree). As group members became more familiar with the practice, other forms were introduced that began on hands and knees or in a prone position (Cat, Cow, Gate, Child, and Bridge). Alternative choices were always presented for participants who did not want to initiate movement from those positions.

Unlike many other approaches to yoga, there was minimal emphasis on breathing techniques in the TC-TSY practice. The most common guidance regarding breath was the invitation to notice that breath was moving. Participants were sometimes presented with a choice in relation to synchronizing their breath with their movements. Here is an example of this approach in Sun Breath, in which arms stretch overhead and then descend with palms together to the level of the sternum:

If you like, you're welcome to inhale as you stretch your arms up and exhale as you move your arms down. You may want to link your breath with the movement or you may want to breathe according to your own rhythm. You're welcome to notice what feels more useful to you.

The TC-TSY facilitator consistently used invitational language in order to remind group members that the way they wanted to move during the practice was under their control. Metaphorical language was avoided in order to facilitate the development of interoception. For example, an invitation to explore arm movement would not compare arms to wings or tree branches. Instead, participants were encouraged simply to notice what level of arm movement felt more useful or more preferable (arms slightly lifted, shoulder height, overhead). The facilitator avoided the use of descriptive adjectives in order to support individuals to experience the movements on their own terms. For example, movements were not characterized as powerful, soft, gentle, easy, or strong. By refraining from introducing a variety of adjectives into the verbal instruction, participants were free to experience and interpret the movements in their own unique ways.

The practice of physical yoga postures usually concludes with a period of relaxation, which is referred to in Sanskrit as *savasana*, or Corpse Pose. Here the body is supine, with legs slightly apart and arms by the side of the body, palms facing up. Yoga instructors typically encourage students to keep their eyes closed and allow their bodies to remain still for 5 to 15 minutes. Lights are generally turned off and the room is dark.

In contrast, the TC-TSY practice finished with Resting Form. In this position, group members could sit or lie down, according to their preference. At times, individuals chose alternative positions such as Child or simply sat cross-legged with their foreheads resting in open palms. Participants were offered the option to keep their eyes open, half-closed, or closed completely, according to preference. They were reminded that they were free to choose to continue to move their bodies or remain still. The room lighting was not altered during Resting Form, which lasted approximately one to three minutes.

At the conclusion of Resting Form, the TC-TSY facilitator rang a bell and offered participants the option to stretch. Most participants gradually found their way to a seated position. At that time, the yoga facilitator invited group members to notice any changes in the way they felt that may have occurred since the beginning of the yoga practice session. Participants were offered the option to place their hands together in front of the area of the heart, or to place one hand over the other in the center of the chest. Group members were welcomed to end their practice with an optional bow, and say the word, "Peace," together if that felt useful to them.

Conclusion of group sessions. Following the yoga practice, participants were invited to re-orient themselves by looking around the room and seeing what they noticed or found interesting. The group members and co-facilitators sat in a circle on the carpeted floor. Some

individuals sat on yoga blankets or wrapped the blankets around themselves. The therapist inquired whether participants wanted to share anything they noticed during the yoga practice.

Group members reflected aloud on challenging aspects of the practice (moments of anxiety, intrusive memories, trying to do everything perfectly) and satisfying aspects of the practice (feeling more peaceful, an enhanced sense of self-control, noticing increased ability to feel sensation, caring less about what other people thought of what they were doing).

Sometimes, individuals chose to share about things that were happening in their lives. Later in the group, participants often described ways that their support group experiences were influencing their daily lives.

At approximately 7:20 P.M., the group began to conclude with each participant giving voice to how she felt as she was leaving group. The session concluded with the ringing of the bell and the candle being extinguished. During the final meeting, participants reflected on what they were taking with them from the series of group sessions. Frequently, group members chose to exchange contact information in order to stay in touch in the weeks ahead.

Ethical Considerations and Informed Consent

Ethical research is conducted with a primary commitment to the principles of autonomy, non-maleficence, beneficence, justice, fidelity, and truth (Newman, Risch, & Kassam-Adams, 2006) regarding interactions with research participants. Researchers are obliged to minimize risk and maximize benefit for participants and any community members that may be impacted by the research investigation. In general, important ethical guidelines within the domain of research on traumatic experiences include (a) establishing a nonjudgmental and safe interview environment; (b) ensuring that support is available, if needed, post-interview; (c) screening potential respondents so that those who are most susceptible to being triggered or retraumatized by

research participation are protected from exposure to this risk; (d) practicing informed consent including ensuring that participation is wholly voluntary and informing respondents that they are free to withdraw from the research study at any time; (e) upholding confidentiality; and (f) minimizing dual relationships (Hays & Singh, 2012).

Researchers may minimize exposure to risk by explaining to potential respondents that, although the majority of individuals (even including those who may also find participation upsetting) report positive effects due to participation, a small number of people experience more emotional distress than expected. Informed consent procedures explicitly state that potential respondents may decide not to participate in the research project. Respondents who initially agree to participate may freely choose not to answer specific questions and/or may withdraw from interview participation at any time without suffering any negative consequences. These practices support autonomy, truth, and non-maleficence during recruitment and data collection. Due to the possibility that interviewing individuals who are trauma survivors may be emotionally charged, it is also recommended that researchers manage their own emotional distress by developing effective self-care practices and engaging in supervision in order to debrief and receive emotional support (Newman et al., 2006).

Scholarly investigation of the impact of sexual and gender-based violence was introduced into the literature in the 1970s and since that time there has been a tremendous expansion of research in this area. Researchers have recruited survivors in order to collect data, which may shed light on issues related to effective treatment and prevention of gender-based violence and its consequences. Simultaneously, concerns have been raised regarding the extent to which participation in research may result in additional survivor traumatization (McLain & Amar, 2013).

In a qualitative investigation of research participants who were survivors of child sexual abuse, McLain and Amar (2013) found that the overwhelming majority—with results ranging close to 95% in most studies reviewed—of respondents felt that their participation was a positive experience despite the fact that some (ranging from 20–35%) acknowledged that their participation resulted in unanticipated emotional distress. Over 90% of participants in all studies reviewed stated that they would be willing to engage in research participation at a future point in time. While minimizing harm and risk to research participants is fundamental to ethical research construction and implementation, McLain and Amar (2013) pointed out that “risks are also present in not doing this research as we run the risk of reinforcing societal avoidance of this topic and ultimately harm survivors” (p. 482).

This research investigation was not centered on survivors’ specific trauma exposure; instead, it focused on experiences survivors had within the context of TC-TSY peer support groups. The research process may have been beneficial for study participants because it provided an opportunity for participants to articulate, reflect on, and integrate experiences they had within peer support groups and the possible impact of those experiences on their daily lives. This investigation had the potential to support survivors’ sense of agency and empowerment because (a) their responses influenced the way subsequent TC-TSY peer support groups were conducted, and (b) research results may impact the broader field of trauma treatment.

Feminist Ethic of Care

A feminist ethic of care (Gilligan, 1995) arises from the capacity of caregivers to listen in ways that support the emergence of authentic self-expression (Gilligan, 1995, 2014). This type of listening empowers women to reclaim their voices and their integrity, in contrast to “psychological dissociation: a process of inner division that makes it possible for a woman not to

know what she knows, not to think what she thinks, not to feel what she feels” (Gilligan, 1995, p. 123). Empathetic listening sets the foundation for safety and trust, which are essential to contexts that facilitate healing from trauma (Herman, 1997).

Noddings (2003) argued, “human affect [is] at the heart of ethicality” (p. 3). A practical approach to ethics is not simply a matter of objective logic. Ethical behavior, which emanates from the inherent human capacity for caring and empathy (Gilligan, 2014), is fundamentally rooted in embodied emotional experience (Gilligan, 2014; Noddings, 2003).

Saybrook Institutional Review Board

Permission to conduct interviews for this narrative study was granted by Saybrook University’s Institutional Review Board (IRB) on May 6, 2016. All IRB procedures were adhered to in every phase of this research. In accordance with the process of informed consent, all respondents were informed that their interview participation was strictly voluntary. I personally transcribed all interviews. All material related to the interviews, including transcripts and audio files, will be stored in password-protected files for 7 years. Any identifying factors were removed from the interview transcripts. Complete anonymity is not possible within this model of research because, inevitably, I was aware of the identity of participants (Hays & Singh, 2012). No personal information was contained in the data presentation or analysis.

Methods and Procedures of Data Collection

The episodic interview (Murray, 2003), which elicits in-depth narrative accounts of an individual’s experience of a particular topic, was used as a method of inquiry in this research. This type of interview has a narrower scope than a life-course interview; yet, it is not highly structured. The interviewer’s role in the episodic interview was to invite the participants to give

voice to, and elaborate on, their personal experiences regarding a specific subject (Murray, 2003). Interviews were audio recorded.

Following the completion of the first two interviews and transcriptions, which are referred to as archival data, I conducted an optional third interview with each respondent in order to more fully explore emerging themes and clarify narrative content. All seven participants chose to meet individually with me to review their narrative drafts. During this final session, each participant was offered a chance to (a) read or hear a draft of her narrative, which I read aloud; and (b) comment on the draft in order to provide feedback on how her life experiences and views were portrayed. All three meetings with participants were audio recorded.

Interview questions (see Appendix B) were developed based on the protocol of Rhodes (2014) in her qualitative exploration of the contribution of yoga to female trauma survivors' healing and posttraumatic growth. All material discussed and recorded remained confidential. Each participant had the opportunity to choose a pseudonym. Participant names and identifying factors do not appear in publication.

During data collection and transcription, I maintained a reflexive journal detailing thoughts, emotions, images, and physiological responses to each narrative conversation. Notes were written immediately before and after each interview in order to capture self-reflective thoughts. I personally transcribed all interviews in order to contemplate the unique structure and thematic content of each narrative interaction more deeply. Transcription took place as soon as possible after the completion of the interview in order to include, as accurately as possible, observations regarding nontextual elements in the narrative data. Field notes and memos supplemented the reflexive journal (Hays & Singh, 2012).

In this study, I referred to accessing somatic awareness, in conjunction with attendant cognitions, emotions, and images, during the process of data analysis as *embodied researcher reflexivity*. Brooks (2010) described a process called *embodied transcription* that is used to highlight nontextual elements of interviews and emphasize the way that narratives may be consciously experienced in the physical body. In order to perform embodied transcription, Brooks (2010) recommended attending to multiple sensory and expressive channels to cultivate a felt sense of each respondent's words. Ways of accessing embodiment as a vehicle for knowledge production included (a) engaging auditory and interoceptive channels by maintaining awareness of body sensations while listening to the recorded interviews in contrast to simply listening to the literal meaning of the articulated words; (b) activating vocal channels by repeating the words used by the participant and observing body sensations, thoughts, and images during this process; and (c) interpreting interoceptive data in order to gain emotional awareness and thereby attune to the felt sense of the respondents' words.

Using color-coding to highlight written text, I explored the spectrum of emotional experiences that were evoked by participant narratives. By attending to the somatic and emotional dimensions of each conversation, as opposed to simply adopting a literal approach to the text, I gained a more robust understanding of the way in which second-order narratives are generated from first-order participant narratives (Brooks, 2010).

Data Analysis and Synthesis

Thematic analysis was based on the three-dimensional space approach described by Clandinin and Connelly (2000). Grounded in Dewey's (1938/1998) belief that experience is constructed of three primary elements, the three-dimensional space approach focuses on interaction, continuity, and situation in narrative analysis. *Interaction* is defined as the

dimension of human experience that is at once personal and social, *continuity* refers to the temporal dimension of human experience, and *situation* highlights the way experience unfolds in particular spatial locations (Clandinin & Connelly, 2000; Silverberg, 2014).

A three-dimensional space approach illuminated internal (including values, intentions, emotions, and thoughts) and external (including social and environmental contextual elements) aspects of individual experience, which occurred within the boundaries of time and space (Clandinin & Connelly, 2000; Ollerenshaw & Creswell, 2002; Silverberg, 2014). Interview questions that elicited details of events and interactions in the external world as well as respondents' subjective experiences of those events and interactions enabled the researcher to reinterpret narratives that described not only events in temporal sequence but the significance of those events to respondents (Ollerenshaw & Creswell, 2002; Silverberg, 2014).

By focusing on these three dimensions that are foundational to verbal narrative construction, a second-order analysis (Elliott, 2005) was rendered. This second-order analysis was organized according to common themes within the domains of the three-dimensional space approach (internal and external experience, time, and place), yet also aspired to honor the multilayered nature of experience. In a similar manner, first-order narratives (Elliott, 2005) created coherent, orienting structures that organized life events without oversimplification (Murray, 2003; Silverberg, 2014).

Categories of analysis were based on thematic domains outlined by the three-dimensional space approach (Clandinin & Connelly, 2000). Within the analytic process, care was taken to acknowledge complexity and subtleties in individual accounts in order to avoid generalization. Thematic analysis based on the three-dimensional space approach utilized the analytic tools of condensation and categorization of meaning (Kvale, 1996). Meaning condensation included

distillation of data into more succinct formulations in order to reveal the essence of each respondent's experience and perspective. Meaning categorization was used to facilitate the classification of concepts and themes, thereby enabling the researcher to recognize patterns and organize the data into broader and more specific categories. These processes facilitated construction of a provisional coding frame, which served to illuminate emergent themes (Barbour, 2008; Kvale, 1996; Silverberg, 2014). Although particular components were highlighted in individual narratives, I simultaneously considered each narrative as an integrated whole (Josselson, 2011; Silverberg, 2014).

Embodied Researcher Reflexivity

In qualitative research, reflexivity is generally utilized as a methodological tool to support legitimacy, validation, and a critical approach to research processes and modes of representation (Pillow, 2003). Since it is impossible to clearly distinguish one's vantage point from the subject being investigated, it is essential for the narrative researcher to reflect on ways that data collection and analysis may be influenced by her sense of self, past life experiences, values, and assumptions. Simultaneously, the researcher must recognize how the processes of data collection and analysis may also impact her evolving identity and perspective (Corbin & Strauss, 2008; Silverberg, 2014).

Engagement in reflexive practices sheds light on ways that researcher subjectivity influences the process of research. Pillow (2003) described reflexivity as consideration of this question: "How does who I am, who I have been, who I think I am, and how I feel affect data collection and analysis?" (p. 176). Data related to researcher reflexivity may range from cognitions, emotions, and images to physical sensations (Hydén, 2013).

The physical body is an organic structure that enables us to exist in the world (Merleau-Ponty, 1945/1962). *Embodiment* can be defined as “the experiential sense of living in and through our bodies” (Tolman, 2002, p. 50). Embodied researcher reflexivity, therefore, is concerned with the way the researcher’s multidimensional subjective experience affects and influences every phase of the research process, which is ultimately directed toward the generation of knowledge (Sharma et al., 2009).

Historically, social science research depended on presenting a view from an unnamed, supposedly universal, vantage point. This perspective was assumed to produce objective knowledge and entitled the researcher to a position of privilege within the academic milieu (McCarthy, 1994). According to Ellingson (2006), epistemology in Western culture has historically been based on the predominance of mental experience and, consequently, emotional embodied experience has been marginalized. Critical theory posed a challenge to this mode of inquiry and the entitlement it proffered by considering the way social scientific knowledge has been produced, how that knowledge has been applied in society, the people that have benefited from this epistemological approach, and the historical context in which it became dominant (McCarthy, 1994). Reflexivity serves as a check in the process of knowledge production, providing insight into how the generation of knowledge functions within social, cultural, and political contexts (Pillow, 2003).

Reflexivity can be distinguished from reflection by the presence of another; one can reflect on one’s individual experience but, in order to practice reflexivity, the presence of another subject aside from oneself is required. According to Chiseri-Strater (1996), “To be reflective does not demand an ‘other’ while to be reflexive demands both an other and some self-conscious awareness of the process of self-scrutiny” (p. 130). The process of reflexive self-scrutiny, which

takes place within a specific sociocultural context, heightens both the researcher's political consciousness and her awareness of self (Callaway, 1992).

Somatic Markers and Emotional Experience

Since the world is experienced and interpreted through the body (Merleau-Ponty, 1945/1962; Smith, 2007; Todres, 2007), attending to somatic and emotional experience during the process of data collection and analysis may reveal layers of meaning that are deeper or more nuanced than merely analyzing textual elements (Hydén, 2013). *Somatic markers* (Damasio, 1994, p. 174) are physiological events, often referred to as “gut feelings” (p. 173), which are produced by the interaction of emotions and physical sensations. Information provided by somatic markers appears to play a vital role in the construction of emotional experience (Fortune, 2009; Herbert et al., 2011).

Somatic awareness is produced by the intentional application of consciousness to physical experience (Fortune, 2009). Somatic awareness is similar to *interoceptive awareness*, defined as a psychobiological process, which is (a) a product of conscious perception of somatosensory stimuli; (b) influenced by the interactions of complex bidirectional evaluative functions; and (c) shaped by judgments, beliefs, assumptions, memory, expectations, and sociocultural contexts (Mehling et al., 2012). In contrast to the positivist view that mental and physical existence are fundamentally distinct, there is a growing recognition of the essential unity of body and mind in fields ranging from neuroscience to philosophy (Damasio, 1994; Fortune, 2009; Mehling et al., 2012). In order to access the epistemological power of emotional awareness (Jaggar, 1989), in this study, I attended to information provided by interoceptive awareness of somatic markers during processes of data collection and analysis.

Honoring Complexity in Narrative Analysis Through Restorying

Within the analytic process, it is critical to acknowledge complexity in individual narratives and minimize excessive generalization and reductionism (Tseris, 2015). In order to honor complexity, it is essential to recognize that the life experiences and narratives of both the participant and researcher do not necessarily lend themselves to tidy, well-ordered taxonomies. Pillow (2003) described this recognition as “uncomfortable reflexivity—a reflexivity that seeks to know while at the same time situates this knowing as tenuous . . . uncomfortable and uncontainable” (p. 188). Individual narratives were compared and reinterpreted in order to highlight shared and unique aspects of the data as well as contradictions and surprising elements (Barbour, 2008; Murray, 2003; Silverberg, 2014).

The researcher’s review and analysis of data ultimately led to reinterpretation, or *restorying*, which can also be understood as the generation of second-order narratives (Elliott, 2005). Ollerenshaw and Creswell (2002) described restorying as a method for reinterpreting collected narratives. Restorying enabled the researcher to identify central themes and plot elements and reconfigure them within a temporal context (Silverberg, 2014). In the analytic process of restorying, the researcher sustained awareness of diverse possibilities for interpretation that arose not only in the present but also continued to surface as data were reconsidered (Andrews, 2013). Data generated from procedures related to embodied researcher reflexivity was incorporated into restoried participant narratives.

Although multiple possibilities for interpretation may be viewed as a weakness of narrative research, diverse ways to generate meaning from data can deepen and enrich appreciation of the complex nature of human experience. Some may find multiple interpretations objectionable, yet the possibility exists that there may be more than one “correct”

way to understand a single narrative; Kvale (1996) referred to this as a “legitimate plurality of interpretations” (p. 211). I endeavored to provide sufficient evidence of the analytic process in order for readers to be able to evaluate for themselves the trustworthiness of the particular interpretations presented in this study (Josselson, 2011; Kvale, 1996).

Issues of Trustworthiness

High standards of qualitative research are primarily regarded as issues of trustworthiness, which researchers create by thoughtfully attending to all aspects of data collection and analysis, particularly those concerned with the reinterpretation of participant narratives (Riessman, 1993, 2008). Since qualitative research is subjective, it cannot be assessed or measured in the same manner as quantitative research. In quantitative research, validity is the term used to denote findings that are credible and genuine. Valid quantitative research findings are produced by precise conformity to methodological criteria and regulations. Within this domain, internal validity refers to the likelihood of causality in the relationship between two variables without interposition from other influences or risks. External validity in quantitative research is defined as the extent to which the research sample, design, and results are generalizable to alternate samples or contexts (Hays & Singh, 2012).

Criteria such as validity, generalizability, and reliability are relevant within the domain of quantitative research that is conducted within a positivist or postpositivist epistemological paradigm, which is characterized by the notion that knowledge of objective truth can be acquired. The criteria used in quantitative investigations do not make sense when applied to narrative research that is conducted within a constructionist epistemological paradigm and based on the assumption that knowledge is created rather than acquired (Loh, 2013). In qualitative research, validity is referred to by a variety of terms including trustworthiness, credibility, value,

rigor, and authenticity. The trustworthiness of qualitative research is assessed on the basis of its believability and utility. Within this domain, researchers are challenged not only to identify reasons why their work is credible but also to discuss research limitations including ways in which findings may not be accurate or generalizable (Hays & Singh, 2012).

Consideration of trustworthiness in qualitative research ultimately centers on epistemological questions regarding the notion of truth. Narrative research is not concerned with factual information, but rather with the significance that individuals ascribe to their life experiences. Polkinghorne (2007) stated:

Storyed evidence is gathered not to determine if events actually happened but about the meaning experienced by people whether or not the events are accurately described. . . . Storyed texts serve as evidence for personal meaning, not for the factual occurrence of the events reported in the stories. (p. 479)

The purpose of narrative research is to gain insight into the way participants construct meaning and the influence specific settings and perspectives may exert on the generation of subjective knowledge (Polkinghorne, 2007). Despite epistemological and methodological differences in the domains of quantitative and qualitative research, it is still possible to establish criteria by which the quality of narrative research may be evaluated (Loh, 2013).

Multiple Interviews

Mishler (1990) suggested that multiple interviews with the same participant should be used to verify internal consistency. Andrews (2013) however pointed out that the same story is never told twice. Changes in narratives over time may therefore be considered as an indication of the participant's evolving processes of meaning-making rather than as inconsistencies in representations of their experiences.

In addition, variations in narratives over time may reveal ways that an individual is able to simultaneously hold multiple views on the same topic. Inconsistencies can be understood as

points of interest that may reveal underlying complexities in participant narratives and are not necessarily problematic. Participants may or may not be conscious of divergent or contradictory elements in their narratives over time (Loh, 2013). In this research, two interviews were held with each participant and, at a final meeting, each participant reviewed her narrative draft. I took note of how participants' narratives did or did not evolve over the course of time but did not prioritize consistency.

Member Checking

Member checking is a strategy for establishing trustworthiness in qualitative studies and also for ensuring that research is conducted in an ethical manner. Procedures related to member checking include participant, peer, and audience validation. Asking participants for validation regarding the accuracy of the researcher's interpretation of their narratives empowers them to influence the way they are represented. Participant validation also serves to keep researcher biases in check (Loh, 2013).

Participants and researchers may at times have contrasting perspectives regarding the meaning of participant narratives. Although the researcher is not required to agree with all criticism participants may offer, it is vital for the researcher to listen attentively to participant feedback and consider its meaningfulness (Loh, 2013). Ethical research is grounded in the recognition of how the investigator's viewpoint may be influenced by contextual factors such as race, gender, and socioeconomic status (Fawcett, 2009; Howe, 1994; Tseris, 2015). Participants in this research reviewed drafts of the researcher's second-order narratives and offered verbal or written feedback, which was subsequently used to modify the final analysis.

Peer validation consists of checking data analysis with peers who are involved in similar areas of research to determine if they are in agreement with the researcher's interpretation of

data. Audience validation refers to the engaging individuals who are potential readers of this study to offer their views on the researcher's interpretations. Relevant questions in this process included: Does the researcher's interpretation make sense? Do you consider the researcher's interpretation to be useful (Loh, 2013)? For this purpose, I solicited feedback from two individuals who work with survivors of sexual and gender-based violence, one within the advocacy paradigm and one within the clinical paradigm.

Verisimilitude

Narrative research that has the quality of verisimilitude is believable—it “rings true” (Loh, 2013, p. 9). If a study has verisimilitude, readers will experience a sense of resonance with participants' narratives. Verisimilitude arises from an empathic connection to the stories that are told; the stories are meaningful and readers can relate to them. Narrative research is considered to be valid when it possesses verisimilitude; a particular story or claim may be assessed as more or less believable and is generally not viewed as wholly valid or invalid (Polkinghorne, 2007).

The validity of qualitative research is determined by the extent to which its statements or knowledge claims are perceived as believable, based on the strength and soundness of its assertions (Polkinghorne, 2007). Member checking, especially peer and audience validation, are critical elements that contribute to verisimilitude (Loh, 2013). According to Polkinghorne (2007), “A statement or knowledge claim is not intrinsically valid; rather its validity is a function of intersubjective judgment. A statement's validity rests on a consensus within a community of speakers” (Polkinghorne, 2007, p. 474). In addition to member checking, the researcher used embodied researcher reflexivity to explore the somatic experience of verisimilitude.

Confirmability is another important criterion for establishing the verisimilitude of qualitative research that describes the extent to which findings accurately reflect the experiences

and interpretations of participants. Related to confirmability is the criterion of authenticity, which refers to the ability of findings to genuinely represent the experiences of participants based on the theoretical frameworks that were used (Hays & Singh, 2012). I supported confirmability and authenticity in the process of data collection by often restating what the participant said during the interview in order to ascertain that I grasped the participant's intended meaning. I also met with participants to review their narrative drafts to ensure that they felt they had been accurately represented.

Utility

In narrative research, utility concerns a study's ultimate usefulness in the field. According to Polkinghorne (2007), "Narrative researchers undertake their inquiries to have something to say to their readers about the human condition. Their efforts are not simply for their own private consumption" (p. 476). Consideration of utility answers the following questions: Does this research support solutions to problems? Is this research timely and relevant? Does this research contribute to setting the stage for other research to be carried out? Assessment of a study's utility may occur in retrospect as the value of the research is revealed over time (Riessman, 2008).

Eisner (1998) proposed three criteria by which a study's usefulness may be assessed. These factors determine the study's "instrumental utility" (p. 58) and are described as: (a) *comprehension*, defined as helping readers to gain insight into a situation or circumstances that may be difficult to understand; (b) *anticipation*, summarized as offering additional description and interpretation in order to help readers understand characters and situations more thoroughly; and (c) *guide map*, which engenders a sense of direction and orientation for the reader in order to more deeply understand characters and situations that are described in the research study.

Transferability

Transferability, also referred to as *naturalistic generalizability* (Hays & Singh, 2012), is another criterion for trustworthiness in qualitative research that is related to utility.

Transferability is supported when researchers offer in-depth descriptions of investigative protocol including sampling methods and contextual factors. Detailed information regarding the research process enables readers to determine whether findings are applicable and relevant to their own work settings (Hays & Singh, 2012).

Limitations and Delimitations of the Study

Limitations are inherent in all qualitative research. Since the sample size for this study was small and convenience sampling was used, findings may not be generalizable to the general population of female survivors of sexual violence and may be representative only of the individual participants. In this research study, the sample consisted of seven individuals who participated in TC-TSY peer support groups from February to May 2016 as part of clinical treatment at an urban rape crisis center in the Midwestern United States. There may be a much broader range of experiences among women who participate in this type of support group than those that were described in this dissertation.

Although I intended to collect vivid and complex narrative data from participants, it is possible that individual participants edited or withheld information during the interview process if they did not feel comfortable discussing particular aspects of their experiences. This circumstance may have been confounded by my dual role as TC-TSY facilitator and principal investigator in this study.

Summary

Historically, the movement to end sexual and gender-based violence has been linked to the emerging stories of survivors. Early investigations with trauma survivors who had experienced sexual violence were characterized by extensive personal interviews, which were legitimized by feminist researchers as valid sources of knowledge (Herman, 1997). Giving voice to one's personal truths, rather than striving for so-called objective truth, is regarded as a source of empowerment in feminist approaches to advocacy (Sullivan, 2012) and therapy (L. S. Brown, 2004). Honoring the survivor's ability to generate meaning on her own terms is regarded as critical in order to resist the marginalization and invalidation of women's authentic experience that is characteristic of societies that are based on women's oppression (Tseris, 2013, 2015).

The aim of narrative research is to explore how people construct meaning from their experiences and relationships (Kvale, 1996; Silverberg 2014). In order to understand human experience, motivation, cognition, and behavior, it is vital to consider the role of narrative in human life (Josselson, 2011; Polkinghorne, 1988). Narratives are fundamentally chronological, meaningful, and social (Elliott, 2005), and illuminate the ways people draw causal connections between external events and internal experiences (Clandinin & Connelly, 2000). Narrative research is a methodology that simultaneously illuminates the particular experiences of individuals and the collective experiences of groups (Smith & Sparkes, 2009). Shared sociocultural narratives may exert a strong influence on the narratives of both individuals and social groups (Andrews et al., 2004).

First-order narratives are defined as stories that people relate about their own life experiences; researchers' interpretations of first-order narratives are considered to be second-order narratives (Carr, 1997). Both first and second-order narratives are known to evolve over

time as they are told and reinterpreted (Andrews, 2013) because the significance ascribed to events and experiences changes in relation to subsequent life experiences (Riessman, 2008). It is essential for researchers to consider how their own vantage points may influence all processes of data collection and analysis (Corbin & Strauss, 2008; Silverberg, 2014) that establish the foundation for the generation of second-order narratives. Reflexive experiences of researchers pertain to thoughts, emotions, and physical sensations (Hydén, 2013). This research study used procedures of embodied researcher reflexivity in order to construct second-order narratives.

In this research, data analysis was based on Clandinin and Connelly's (2000) three-dimensional space approach, which is rooted in the view that experience is constructed of three primary elements described as *interaction*, *continuity*, and *situation*. The three-dimensional space approach enabled the researcher to explore the internal or subjective and external or social aspects of experience (interaction), the temporal aspects of experience (continuity), and the way place or context (situation) influences experience. The practice of embodied reflexivity enabled the researcher to attune to multiple dimensions of subjective experience that contribute to the generation of second-order narratives. Embodied researcher reflexivity is in alignment with a feminist approach to epistemology, which acknowledges that corporeal and emotional experiences contribute to the process of knowledge construction (Ellingson, 2006; Jaggar, 1989; McCarthy, 1994; Pillow, 2003).

Strategies for achieving trustworthiness and credibility in this research consisted of conducting multiple interviews (Mishler, 1990) and member checking, including participant, peer, and audience validation (Loh, 2013). Verisimilitude and utility (Eisner, 1998; Loh, 2013; Polkinghorne, 2007) were explored through member checking and also through procedures of embodied researcher reflexivity. Reflexive processes generated awareness of how the

researcher's perspective may have been shaped by contextual factors such as race, gender, and socioeconomic status and past personal experiences (Fawcett, 2009; Howe, 1994; Tseris, 2015).

I recognized that narratives change over time in response to participants' evolving reflective and interpretive processes and the influence of subsequent life events (Andrews, 2013).

In conclusion, this exploration of the narratives of members of TC-TSY peer support groups was conducted in order to gain deeper insight into ways that this intervention may be a useful adjunct to clinical treatment for survivors of sexual and gender-based violence. It is my hope that this study will contribute to expanded awareness of how to work more effectively with survivors of sexual and gender-based violence and navigate complex processes related to healing and empowerment. This research was conducted with consistent awareness that survivor healing and empowerment can only be accomplished within the context of a political movement aimed at the elimination of underlying causes of sexual and gender-based violence and the establishment of a more just and humane social order.

CHAPTER 4: FINDINGS

Seven individual participant narratives are presented in this chapter. These narratives were constructed from research data according to the processes outlined in Chapter 3. Although each participant told her unique story, all seven narratives share a common format in this presentation of the findings. Each participant reviewed and approved a final copy of her narrative draft after revisions were made based on data collected at the concluding meeting with the researcher. Within each segment, narratives are presented in the order of the final interview meetings, which occurred between May 2018 and January 2019.

Initial paragraphs chronicle: (a) the period of time of participation in the yoga peer support group, (b) month and year of the second interview, and (c) month and year during which the researcher and participant met to review a draft of her narrative. Each participant's age and a brief characterization of herself were included, along with a portrayal of her motivation for joining the group and a description of the yoga practice. Participants in this study included individuals of African American and European descent. At the time they joined the support group, participants' ages ranged from 24 to 61.

The evolution of each respondent's experience of the yoga practice and the group dynamic was explored in detail. These sections are followed here by a depiction of the group's impact on each participant's trauma symptoms, relationship with her emotions, sense of identity, and relationships with others. Subsequently, topics unique to each participant were considered and a concluding summary is presented.

All interviews took place at the agency where the TC-TSY peer support group was conducted and were guided by the list of sample interview questions outlined in Appendix B. Although all of the interviews covered many common topics, due to their open-ended nature,

each conversation that took place was also unique. The narratives are diverse in length, texture, and complexity based on the way each participant related the story of her experience in the group.

Rosalita's Narrative

Rosalita was the only individual in this research study who participated in two 12-week TC-TSY peer support groups. Our initial interview occurred in June 2016, one month after the conclusion of the first group. The second interview took place in January 2017, one month following the end of her second group. A final meeting took place in May 2018, during which Rosalita reviewed a draft of her narrative and offered feedback.

When Rosalita initially participated in the first group, she was 50 years old. She described herself as “empathetic, trustworthy, and quirky.” When I asked what she meant by “quirky,” Rosalita replied that she often has a unique viewpoint and characterized herself as having a childlike appreciation for wonder, particularly in relation to nature and animals. During our interviews, Rosalita described: (a) her motivation to participate in the group; (b) the yoga practice that took place during the support group meetings; (c) the evolution of her approach to practicing yoga in relation to her sense of embodied awareness, intentional choice, boundaries, empowerment, and connection; (d) how the yoga support group experience changed over time in relation to her growing sense of connection to other group members, diminution of self-criticism, and decrease in her sense of isolation; and (e) ways in which the group experience impacted Rosalita's trauma symptoms, relationship with her emotions, sense of identity, and relationships with others.

Motivation to Participate

Rosalita was initially drawn to join the peer support group because she had struggled for over 20 years with the aftermath of sexual violence. In Rosalita's view, the trauma she experienced had compromised her sense of identity and limited her ability to grow as an individual. Rosalita sensed the possibility that being a member of the group might help her to become free from limitations that exposure to trauma had imposed on her. She believed that participation in the peer support group might also help her begin to cultivate greater peace in her life.

During our first interview Rosalita described her motivation for participating in the peer support group:

I [wanted to join the group] because it had been . . . so many years that I hadn't dealt with [the trauma] . . . I never went to therapy until now and I was willing to try anything that would help. Really anything, because I was so stuck, and I wanted to feel . . . more freedom. I felt stuck [in the sense that the trauma] defined me as a person. In my mind, yoga always meant being peaceful. And I thought, "Wow, wouldn't that feel nice, to feel peaceful?" That's how I interpreted it.

Aware of the persistent sense of isolation she had experienced since the trauma, Rosalita also imagined that the group might be a place where she could find common ground and connection with other women who were also survivors of sexual violence.

I never had that group setting where anybody could relate to me. I had never experienced [a sense of connection to a group] and I wanted that sort of affirmation . . . knowing somebody felt the same way.

In summary, Rosalita was motivated to become a member of the initial TC-TSY peer support group due to the combination of possible outcomes of participation: (a) freedom from limitations that trauma had imposed on her, (b) a heightened sense of inner peace, and (c) the opportunity to connect with other women who shared similar struggles.

Description of the TC-TSY Practice

During our first interview, I asked Rosalita how she would describe the TC-TSY practice to people with no prior knowledge of this approach to yoga. Rosalita replied that each form or yoga posture was presented as an opportunity for her to heighten attunement to present-moment internal experience in order to clarify her preferences.

[The yoga practice isn't really] a traditional yoga class . . . it's more about using the poses in order to find what is comfortable for you . . . you become more aware of your senses, and [learn] how your body reacts to different situations . . . Because . . . generally you don't pay attention to your body and this makes you more aware. And you can utilize that self-awareness in any situation.

In our second interview, Rosalita elaborated on the way acceptance complemented awareness in the yoga practice:

In a strange way, it's like accepting yourself . . . like, "Okay, that's how I feel and it's okay. It's okay if you're overwhelmed, it's okay if you feel good about it. It's all okay." So, you just feel . . . *whole*, more like a whole person, instead of pieces and parts. . . it's funny, no matter what kind of day I had, I left here feeling . . . more whole. Like there was something missing and the yoga practice filled it up.

Evolution of Rosalita's Yoga Practice

For Rosalita, the yoga practice occurred within a safe group context. This sense of safety enabled her to attune to herself on physical and emotional levels and make choices based on what she felt. Over time, Rosalita's yoga practice (a) facilitated the development of embodied awareness, (b) supported cultivation of self-regulatory skills and the capacity to influence her internal experiences and her relationships with others, and (c) provided opportunities to negotiate her ability to assert boundaries and also connect with others.

Rosalita experienced a relationship between (a) heightened capacity for self-awareness and intentional choice about how she moved her body and breathed; (b) increased ability to influence physical, mental, and emotional states; and (c) heightened sense of meaningful connection to others. Growth in these areas empowered Rosalita to exercise a wider range of

options regarding her attentional focus and her behavior. Rosalita made conscious choices that affected both her physical actions—what she did—and the quality of her present-moment experience—how she felt. Rosalita observed that these experiences fostered a more robust sense of agency and empowerment.

Embodied awareness, intentional choice, and the development of agency. Within the TC-TSY practice, Rosalita experimented with noticing what she was feeling in her body and making behavioral decisions based on her embodied experience. In this excerpt from our first interview, Rosalita described how she honored her personal boundaries by choosing to either stop doing particular movements or diminish their intensity. Seeking clarification about the way Rosalita decided how to engage with the yoga forms (pursuing a more or less intense experience of stretching or strengthening), I inquired about her process for making choices within this domain. Rosalita responded:

It's almost like you know your limitations. Sometimes it would become really overwhelming and I wasn't about to stay there . . . It's like, I know what's comfortable for me *right now* and this isn't it.

Rosalita noted that at the beginning of the peer support group, she tended to judge herself from an external perspective. As the group progressed, however, she developed the ability to make choices based on her internal experience and what felt right to her in the moment.

It was a definite progression . . . initially, you're almost hesitant . . . you feel uncomfortable with yourself, you're judging yourself: "Oh my gosh, what's everybody else doing? Am I doing it right?" . . . I remember the time where [you invited us to notice] our feet on the ground and . . . I got very emotional because I only wanted one foot on the ground. I didn't *want* the other foot on the ground.

At our May 2018 meeting, Rosalita provided additional insight into her experience of not wanting to feel both feet on the ground.

At that time, I didn't want to be part of the world. Whenever I felt physically and emotionally uncomfortable, I would distance myself . . . I almost felt as if I wasn't on the

ground, I was up there watching myself. So, if something happened that made me feel uncomfortable, I would block it out, and I would literally take myself to a different place.

When I'm experiencing dissociation, I feel completely disconnected with earth. I feel more comfortable not being a part of the world. I go into a different dimension where I don't feel [physically and emotionally], and I am not associated at all with what is happening. I disappear. For example, when I couldn't put both feet on the ground during an exercise it was because it gave me the sensation of being completely on earth's ground and I always wanted at least one foot off the ground, so I was partly in "my place, my world." [When I do this] it's more than a distraction, it is literally [a way to] remove myself from the world.

As the group progressed, Rosalita's tolerance for staying present increased:

It evolved each time to where I became more comfortable . . . and more secure, to the point where [I inwardly experienced] . . . "No! This *is* what I want to do. This *is* how I feel."

Self-regulation and sense of connection to the world. During our first interview, Rosalita depicted her process for making decisions about the way she attended to herself and took action within the domains of body movement and breathing patterns. With increasing frequency, Rosalita's choices led to self-regulation. In this excerpt, Rosalita described being able to shift from a state of tension to a more relaxed state through (a) self-awareness, and (b) intentional alteration of the rhythm and depth of her breathing.

[The yoga practice] brings me back to earth. You know, I'm so out there . . . I can drive somewhere and not even know where I was, how I got there, or where I'm going . . . I am always so tense . . . [the group helped me] learn to relax. That's *huge* for me. And now I catch myself . . . like, "Rosalita, *you know you are tense! You're not breathing!* You need to relax."

In our second interview, Rosalita elaborated on the way she experienced the process of self-regulation:

I think with yoga, getting in touch with yourself and how your body reacts . . . I feel like now I have more control over myself . . . I always catch myself not breathing . . . when I'm aware of it, I do the breathing [I learned in class] and it's amazing, like, "Oh, wow, now I don't feel that tense feeling. I feel more relaxed." It's like I'm always on this automatic, always tense feeling. But when I focus on my breathing, it makes a huge difference.

I focus on taking really full breaths. [Sometimes] it . . . feels like my breaths stop right here (points to diaphragm area) instead of going way down into my stomach. So now I'm focusing on breathing all the way through . . . I'll take a few deep breaths and really concentrate on how that feels, instead of this rapid, almost panting [type of breath].

Rosalita described how she was able to create additional shifts in her somatic state by releasing the habit of clenching her muscles. Initiating this type of change imbued Rosalita with a greater sense of agency. She also noticed a heightened feeling of connection rather than isolation. For Rosalita, the combined sense of agency and relatedness was rooted in her growing ability to be aware of her body and to make choices based on what she was feeling.

Portraying events that occurred during the trip to our initial interview, Rosalita noted her tendency to contract the muscles in her hands while she drove. As she practiced self-observation, Rosalita remembered that she could exercise choice about how she moved her body and breathed. According to Rosalita, this process—self-awareness followed by making choices regarding her behavior—had the potential to influence her activation level and her sense of connection to the world.

In this excerpt, Rosalita described how she used a physical movement—relaxing her grip on the steering wheel—to influence her mental and emotional states. Rosalita noted that she did not modify her breathing and the quality of her movements in response to an actual or perceived external pressure. Instead, she was intrinsically motivated to make behavioral shifts which supported her to feel better physically and emotionally.

I'm able to calm myself more now. Even on the way here . . . I tend to drive like that wheel's going to go flying out of the car, my hands are just stuck on that wheel and I stopped and I'm like, "Okay . . . let go . . . sit back." And I would have never done that before. [Letting go of the habit of clenching] really . . . makes a difference in your mindset.

Wondering how Rosalita experienced the change in her mindset that was stimulated by relaxing her hands, I asked her about this. She replied,

I feel . . . like when I clench, it's almost like a barrier to keep everything and everyone out. But when I open up, I'm allowing the world in. As I was driving here, I was like, "Am I going to make it here on time?" All these thoughts were going through my head, and so I stopped and said, "Okay, you need to relax." I loosened up my hands, and that's when I noticed, "Oh my God, look at the trees! They didn't look like this last week." I noticed my surroundings much more. I became more aware. I tend to close off a lot.

I wanted to make sure I understood what Rosalita was saying about the connection between the physical adjustment of relaxing her hands and heightened awareness of her environment and asked her about this association.

R: When you relaxed your hands, it sounds like you were able to just notice, "Oh! There's a world around me!"

Ro: Exactly! It's . . . a choice, where I tell myself, "*You don't need to do that.* You feel much better if you don't do that!" I don't tell myself, "No, you shouldn't do that," but more of, "Okay, get where you need to be." My hands are always tense . . . I noticed that. So . . . now. . . I just kind of open them . . . (voice is higher and gentler) . . . like, no, this is the way it should feel. It just happens [spontaneously] . . . [and then] there are times where I will stop and think, "What am I doing with my body? Okay, you can loosen up a little bit there, you can shift a little there," just to feel better. I do, just like a spot-check.

The self-regulatory changes Rosalita described fostered greater confidence in her ability to influence her internal states and experience a sense of connection to the world around her. According to Rosalita, these changes were rooted in conscious decisions she made to observe and assess how she was living in her physical body. Rosalita's capacity for somatic awareness evolved in the context of the peer support group, in which she felt safe enough to begin to notice her body and to experiment with movement and breathing patterns.

Boundaries, empowerment, and connection. The process of making choices during the yoga practice included sensory awareness followed by acceptance and rejection of specific movement options. For Rosalita, finding that she could say, "No," and assert her personal boundaries was an important aspect of her growth in the peer support group. Setting boundaries contributed to Rosalita's sense of empowerment, self-worth, and connection to others. In our

first interview, I inquired about specific aspects of the yoga practice that Rosalita had found to be most useful. In reply, Rosalita described her experience of setting boundaries in relation to how high she lifted her arms.

Ro: For me . . . having the opportunity to say, “No,” was very useful . . . [For example, in relation to] raising my arms. I always kept them at shoulder level or lower . . . I just couldn’t raise my arms all the way up . . . I tried it several times. It was completely uncomfortable, I don’t know why. [The yoga practice] gave me a chance to see what felt right to me . . . and I had a choice. It’s like, “Okay, if it makes me feel uncomfortable, I don’t have to do it.”

R: I’m curious [about your perspective on this] . . . what if I had never offered that option to bring your arms over your head and everything felt okay to you? Do you think there was a value to having something offered as a possibility that just didn’t feel right for you?

Ro: Yes. Because, [saying], “No, that’s not comfortable. I’m going to get to where I’m comfortable,” [is] a way of speaking for yourself . . . [I learned that] I can say “No.”

Evolution of Rosalita’s Group Experience

In both interviews, Rosalita described ways that her experiences in the support group impacted her sense of safety and connection. When Rosalita joined the group, she had a pervasive sense of isolation. Over the course of the 12-week group, she found that there were many experiences she shared with others and she found that she became less self-critical. The discovery of common ground proved to be reassuring and inspiring for Rosalita.

Diminished self-criticism and sense of isolation. In our first interview, Rosalita reflected on ways that relationships with other group members contributed to her healing and posttraumatic growth. Within the safe group context, Rosalita was able to move toward healing from deeply entrenched patterns of isolation and self-abnegation. Other group members shared experiences that were similar to Rosalita’s; this helped her feel an expanded sense of trust, self-respect, empowerment, and connection.

One of the most significant things for me was relating to the other girls. I truly thought that I had ideas or thoughts that were exclusive to me and I thought that I possibly could

be a little bit crazy. Just having that affirmation that, “Oh my God, she feels the same way! And she thinks the same way!” That was *huge* for me.

[Without the peer support group setting] I don’t think [the yoga practice] would have had nearly the impact that it did . . . because you got to be with people who had experienced the same things . . . and they *understand*. Some of the things they would say actually became inspirational for me . . . just seeing them . . . *grow* . . . and become more comfortable . . . I felt like, “Wow . . . I can do that.” What inspired me was to see the difference in them and knowing that this *can* work if you work [at] it.

I asked if Rosalita could give a specific example of how another group member had inspired her.

Ro: Somebody who was very closed off in the very beginning . . . almost as if she didn’t want to be there *at all*. She ended up really sharing . . . she was more open, and she wanted to be there . . . feeling secure is what it was . . . feeling secure.

R: What do you think contributed to that feeling? What do you think helped people feel safe in that environment?

Ro: I think it was really being able to relate with each other and just knowing that you’re not unique . . . that there are others out there . . . (speaking slowly and emphatically) *that feel the same way* . . . I think we all shared how we kept a wall up because of a trust issue . . . and as we got to know each other more, we got to trust each other. All of us had been changed by an experience [of trauma] . . . sometimes I would think, “Okay, done deal! I should be over this, with how I feel and how I react.” But being able to relate to the other girls, it was like, “Oh my gosh, yes, she feels the same way, she has the same thoughts . . . I’m okay.”

Yoga practice enhanced quality of group connection. According to Rosalita, practicing yoga together complemented the verbal sharing that occurred among group members. Rosalita observed that the yoga practice supported participants to be more attuned to their experiences in the present moment. Because the yoga practice heightened awareness of their physical and emotional experiences, group members were able to be more open with each other. Rosalita also discussed the way yoga evoked a sense of wholeness, which subsequently led to a deeper feeling of being connected to the world. These excerpts were taken from our first interview:

The yoga practice was . . . like an icebreaker and helped us to sit down and talk . . . sometimes it brought up things that were really hard . . . things that you just didn't expect . . . but it made us more aware . . . I truly think if we hadn't done it, we wouldn't have felt so close. Each of us got more in tune with ourselves through doing the yoga and that actually added to being able to be open. If the practice wasn't there, I think just the talking would have been beneficial, but the yoga brought that . . . extra involvement, to make us more of a group.

There was the time when we had our arms raised [in Warrior 2] and you said, "You can even look behind you," and I was like, "Oh, that's my hand!" Of course, it's your hand! But sometimes you're so disconnected, that you don't see yourself as a whole. And when you acknowledge your feelings and you're actually feeling them, it only goes to show that you are human . . . Doing some of the moves, I felt like I was . . . literally connected and part of the world. It was like, "Oh yeah, my feet are down there!"

At times, the yoga practice evoked challenging emotions. Within the group, Rosalita was able to identify and express what she was feeling and receive acceptance and validation. This led to a greater feeling of trust, connection, and openness. Rosalita described this process in our first interview:

Doing the yoga brought up emotions and different feelings. Being able to describe those feelings [in an understanding environment] was so important . . . when you look around and you see heads nodding, you go, "Yeah! Okay!"

She reiterated the significance of acceptance and validation in our second interview:

I think the sharing had a lot to do with [the growth I experienced] because . . . just being validated and knowing that, "Oh my gosh, somebody else actually feels like that."

Impact on Trauma Symptoms

As a result of her exposure to sexual violence, Rosalita struggled with the primary trauma symptom of dissociation. She characterized dissociation as a sense of disappearing or being invisible. Dissociation prevented Rosalita from connecting with herself and others in meaningful ways. In our second interview, Rosalita reflected on factors that may have led to her tendency to dissociate and the role the group played in her healing process.

I think a lot of times, when we have feelings as women, they're just shoo-shooed away as if you shouldn't feel that way, or that they don't make sense. So, I never brought [things that bothered me] up to anybody . . . until somebody would mention something similar in

group, and I would think, “I’m not the only one!” [In group] you don’t have anybody stepping on how you feel . . . or [encouraging you to] stuff it.

I know [after the trauma] I pushed everything aside, because *I actually wasn’t believed* and so I thought, “Okay, let it go. Nobody believes you, so just . . . it didn’t happen.” Since everybody said that, technically, it [the sexual violence] was my fault, I took that on. In your own heart you know it wasn’t your fault, and you just feel the ugliness, so you just coop it up because they’ve already blamed you and they don’t understand . . . *There was nobody to go to* . . . there was nobody I could discuss it with or confide in, so it was almost like, “I’m not here. I can’t speak my mind, so I’m not here.”

Rosalita asserted that she dissociated less frequently as a result of participating in the support group and noticed a diminution in the sense of isolation she had experienced since her exposure to trauma. Rosalita observed changes in her capacity to remain attentive to what was happening in the moment instead of withdrawing. Concurrently, she discovered a heightened ability to voice her opinions, assert her boundaries, and influence her life circumstances. As a result, she was more able to connect with others.

In order to demonstrate what dissociation was like for her, Rosalita imagined how she might have engaged in our conversation before joining the TC-TSY group. This excerpt was taken from the first interview.

Ro: Prior to this group, I would have been like . . . look at that picture over there, I’m part of that picture . . . oh yeah, I would lose it . . . so it’s pretty wild.

R: The difference, you mean, between how you used to be and how you are now?

Ro: Yes. [Now I’m] more focused, like being in the moment! I’m here with you . . . we’re speaking . . . [I can remind myself to] stay here . . . and talk, and just relate, and connect. . . . [Now] I don’t dissociate as much. [Dissociating] was really my way of saying, “I’m invisible. I’m not here and you’re not there, so I don’t have to experience anything.”

In our second interview, Rosalita recalled an early group experience that demonstrated her reluctance to be grounded and present.

Then there was the time when [we were sitting in the chairs] and you invited us to notice that our feet were down on the ground and I thought, “For the life of me, I am *not* putting

that second foot down on the ground!” Because I was still not feeling ready to be completely here.

Rosalita observed new developments in the way she regulated her personal boundaries. Specific changes occurred in relation to: (a) conscious choices she made about what to allow and what to reject, and (b) the actions she took as a result of her decisions. In our first interview, Rosalita discussed the impact of her decision to say, “Yes,” to certain aspects of her life experience.

Now I’m learning to experience [life more fully]. Whether it’s pleasurable or not, it’s still something that’s new and, to me, it’s growing. I think the pleasurable is really more pleasurable than it was before. Because I’m more in tune, more allowing. I’m allowing the world in. I have a right to be here, I have a right to take care of myself. . . nobody’s going to judge, nobody’s going to say anything, it’s completely for me to move forward. Yeah.

This change in Rosalita’s tendency to dissociate was sustained 9 months following the conclusion of the group. In our second interview, Rosalita observed how exercising the ability to maintain present moment awareness, make choices, and assert her own views impacted her trauma symptoms.

This session, I really enjoyed it because it was almost like “me time.” It was like a getaway, where you’re not thinking about anything else, you’re just totally into yourself. And that was really cool about it because I didn’t feel that the first time. I loved the first group, but it was more like inching your way to getting to know yourself, whereas this time, I felt like I knew myself better. I felt comfortable . . . I felt more grounded than I did the first time.

The first time around, I was consumed over not being grounded. I didn’t realize to what extent I had done that [dissociated] until I came into the group . . . it was almost as if I was outside of my body, kind of watching but not really, because I was almost like non-existent. And now I feel like . . . “No, I do exist!” I feel more like . . . *I matter* . . . I feel more like the way I *should* feel! Not running away, not escaping, not feeling that I shouldn’t be here. Now I think, “No, you’re here for a reason, and *you matter*.”

Relationship With Emotions

In our first interview, Rosalita chronicled her growing understanding of how making choices about body movements and breathing patterns impacted her physical, mental, and

emotional states. She described the transition from “going through the motions” to being more comfortable with being aware of and actively engaging with her own embodiment. For Rosalita, this shift took place concurrently in body and mind and became more comfortable over time. I asked if she would like to comment on any other changes she observed during the course of the group meetings.

Ro: Yeah . . . initially the Warrior pose . . . at the beginning, I didn’t feel completely in it . . . and I was kind of . . . going through the motions. But as we went on, I actually felt *stronger*. And really, I could feel myself getting stronger . . . *not only in my mind but in my body*.

R: Do you think that if I would have said to you before you did the group . . . “You can make choices about . . . how you’re moving in your body and how you’re breathing . . . that would [change the quality of your] mental and emotional experience,” do you think you would have understood what I meant?

Ro: No, I would have wondered, “How does that work?”

I was curious about what might have helped Rosalita understand how shifts in her breathing patterns and body movement held the potential to evoke changes in her mental and emotional experience.

I think it was just a sense of acceptance. Initially it was like, “What are you talking about?” and then getting into the program and going through each segment, realizing that, “Oh my gosh, [the yoga practice] *did* make a difference!” Then [over time, paying attention to my body] . . . wasn’t uncomfortable anymore. At first, it was uncomfortable because I was just not used to sensing my body, but then it became more and more comfortable as time went on.

Rosalita noticed that certain movements were challenging at times because they evoked a sense of uneasiness. An example of this was lifting her arms up above shoulder height. Rosalita described physical aspects of the emotional unease she experienced and observed that, over the course of the group meetings, her tolerance for exploring these difficult states increased.

Rosalita did not force herself to endure discomfort. Instead, she learned to make choices regarding these kinds of challenging experiences. Sometimes Rosalita found that unpleasant

sensations diminished as she sustained a particular yoga form and she understood this as “letting go of those feelings.” At other times the uneasiness became more intense and she chose to modify the movements that engendered distress. Rosalita discussed this process in our second interview:

R: I’m curious about how you would characterize [what you experienced when] you would, for example, take your arms up higher . . . Would you say it was a physical discomfort or an emotional discomfort or both?

Ro: Emotional, definitely emotional.

R: You would take your arms up and it wasn’t like you would feel a pinch in your shoulder, it was more like . . . can you say a little more about that discomfort?

Ro: It was kind of like a sick to my stomach feeling. Like, “No, that does *not* feel good. It’s making me anxious.” Literally kind of sick to my stomach. There were a couple of times when I thought that I might pass out, so it was definitely emotional.

R: Okay, that was the discomfort that you were talking about: “I feel anxious, I feel sick to my stomach, I feel like I might pass out.” Then . . . you’d decide, “I don’t want to do this.” Later on [as the group progressed], it sounds like you started moving into, ‘Maybe I can stay with that.’

Ro: Mmm-hmm.

I was curious about what happened to the feelings of discomfort when Rosalita sustained a yoga form that evoked uneasiness and she explained her process for decision-making.

Sometimes actually the feelings would increase, so I would go back to where I was. And then there were other times when I would realize, “Oh, this isn’t so bad.” And I would feel like I was *letting go* of those feelings, because I was pushing through. But I wasn’t forcing myself, it was a gradual thing—because you never know until you try. And so that’s why I kept attempting it, and I did! I had a feeling of, “Oh, that had everything to do with me, not outside circumstances. It’s all about me.”

Rosalita discussed her perspective on the relationship between physical and emotional experience and her growing tolerance for challenging physical and emotional states. In our first interview, she described how she used to avoid attending to her embodied experience in order to

bypass experiencing difficult emotional states. I asked Rosalita whether she perceived the discomfort she sometimes experienced in the yoga practice as physical or emotional in nature.

Ro: Both! Because my body was always extremely tense and jittery . . . and I'd say that for a large portion of my life, I wasn't in the moment at all. And I'm not going to say I'm completely healed but [my participation in the group] really has taught me to be more in the moment . . . so it's physical *and* emotional. I'm more willing to feel emotions. I always . . . just kind of glided along in neutral . . . it's almost like . . . I didn't know how to be happy, but I didn't want to be sad. You know, just go on neutral . . . whereas now . . . if [an experience is] enjoyable, I'll enjoy it! Even if it's something that's difficult for me, I'm not going to bottle it up. I always used to stuff it. And now it's like, "You know, you have this feeling for a reason, and you *need* to express it and cope with it." Yeah! Instead of pushing it aside and pretending it's not there.

R: When you would "push something aside"—can you say something about how you would do that?

Ro: I would literally believe almost that it didn't happen . . . because your body reacts in a different way . . . it's almost hard to explain . . . if it was something negative, I would just *shut down and not feel*. Literally, I *would not feel emotion, not feel my body* . . . I wanted to not feel. And now, [this practice] has taught me that I do have emotions, nobody can say whether they're right or wrong, and *I can get through them*.

As she developed the capacity to feel and express her emotions, Rosalita was able to transcend the sense of limitation that followed her exposure to trauma. In our first interview, Rosalita used the image of "being in a shell" to describe her experience of stagnation and inability to evolve as an individual. Participation in the group supported Rosalita to discover a sense of freedom and fresh possibility.

I think it takes courage [to feel and express my emotions] . . . but for me it's more of a *release*, because I *do* want to grow. And I'm not going to grow if I don't feel. I am so tired of . . . oh my God, almost 20 years of being in a shell . . . and now I just feel like that shell's breaking . . . so I'm more free.

During our second interview, Rosalita discussed this process in greater detail. She highlighted the gradual evolution of her experience—initially not wanting to try certain movements and eventually becoming more willing to explore whether a particular form might be useful in any given moment. For Rosalita, knowing that she could "get through that

uncomfortable feeling” gave rise to a feeling of confidence. At the same time, she did not force herself to perform in a specific way and always reserved the right to back off.

In this example, Rosalita related the story of how she eventually chose to take her arms overhead. At first, Rosalita chose not to engage in movements that generated a feeling of unease. Over time, she became more curious about what might happen if she stepped into that uncharted territory: “I’ll try it and see where it goes.” Rosalita was in charge of both the pace and intensity of this exploration, which ultimately resulted in a sense of empowerment and liberation.

It was gradual. It was gradual . . . you know, the more we practiced, the more in tune you do get into yourself, into your body’s reactions. And the more you become more open to it . . . like initially I’d be like, “I do not like that, I am not even going there.” But this time around, I thought, “No, I’ll *try* it. Even though I don’t like it, I’ll try it and see where it goes.” . . . I felt more openness. And knowing that sometimes you can get through that uncomfortable feeling gives you a sense of . . . power. . . I don’t know why, but I had a hard time with anything lifting our arms. I had such a hard time with that. But then later in the sessions, I thought, “No, just try it.” And if it was still uncomfortable for me, no, I wouldn’t push myself. But I just kind of gradually went up and up and up, to a point where thought, “Oh, okay, this is what it really feels like! I’m not fighting it.” And now this is what it feels like, now do I like it or do I not like it? Because I wasn’t fighting it anymore.

I wanted to confirm that I understood what Rosalita was saying and asked her if she would elaborate about the way she made choices when she was feeling discomfort during the yoga practice.

Ro: Gradually I kept playing with it and I noticed—it was pretty bizarre at the end, there was a time where I did have my arms up and it was almost like, “Oooh . . . I *conquered* that!” . . . I felt like, “Okay, it’s uncomfortable, but you’re not going to control me, I’m going to control you.” Or to the point where I felt comfortable with it, but I thought, “No, I’m not stopping here, I’m going to keep trying because I am now more in control of my body.”

R: And what was that like for you?

Ro: Freeing . . . yeah, really freeing.

Sense of Identity

Prior to participating in the yoga support group, Rosalita felt that the trauma she had experienced affected her sense of identity. Rosalita described this during her first interview, when she discussed her motivation for joining the group.

I [wanted to join the group] because it had been . . . so many years that I hadn't dealt with [the trauma] . . . I never went to therapy until now and I was willing to try anything that would help. Really anything, because I was so stuck, and I wanted to feel . . . more freedom. I felt stuck [in the sense that the trauma] defined me as a person.

Over time, Rosalita developed a heightened awareness of her boundaries, which enabled her to take action on her own behalf. Rosalita's growing physical strength and attunement to her body was paralleled by her increased sense of self-worth, inner strength, and ability to define and assert her own boundaries.

[I began to have a clearer sense of] standing up for myself . . . I came in as somebody who didn't really know who they were . . . or didn't want to speak up, and it got to a point where I could say, "No, I'm deserving of this . . . and . . . I *can* do this." It *strengthened* me, really . . . not only physically, with the body. I'm more able to . . . hold my head up high and say, "No, *this* is the way it is! Don't tell *me* . . . I'm telling *you* how I feel."

Concurrently, Rosalita experienced an enhanced capacity for connecting with others. Although she had previously defined herself as a loner, Rosalita found that, because she was able to set boundaries, she was also more able to engage with others in satisfying ways. She described this process in our first interview:

I do [feel like I'm becoming more open]. It's even to the point where—I've always had a wall up. I've actually been getting closer with friends, being more open . . . and allowing them to get to know me . . . [In the past] I would just take whatever the person would have to say. And now, I say, "Either you stop that, or I'm leaving. I'm walking out that door." Really, [participating in the group] gave me more inner strength. Like I tell everybody, "I'm growing balls!" (both laugh)—*that's what I feel like!* It is a good feeling! Because I'm worth what I feel and what I have to say. I don't have to just take what you say and go crawl away with it. I can disagree.

Relationships With Others

In our first interview, Rosalita described changes she noticed in her relationships with people outside the support group. Before becoming a member of the group, Rosalita often found herself avoiding interactions with others. After participating in the group, Rosalita was able to recognize her preferences, assert her boundaries effectively, and experience a sense of closeness and connection that had not previously been accessible.

I was always a loner. I didn't want to be around people . . . just let me do my own thing and I'm okay. Now I'll even initiate, "Hey guys, let's go for coffee!" My relationships are . . . deeper than they used to be. Before, I would consider people acquaintances . . . but now I can truly call them friends. I've gotten to know them, and they've gotten to know me.

I wondered if Rosalita's relationships with people she knew outside the group had been influenced by her participation. Rosalita asserted that her experiences in the support groups had impacted the way she related to others and I asked what that was like for her.

I feel part of something . . . whereas before, I just existed, really. And now I feel like, "No! I'm part of their world and they're part of my world."

Within the group, Rosalita developed greater clarity about her desire to feel present and relaxed. In our second interview, Rosalita described her ability to make decisions and take action in order to influence her internal states. This process led to a sense of control and empowerment.

I feel more relaxed, and then I'm not on that defense mode . . . I'm actually more grounded [and] present when I'm focusing on my breathing . . . it's like, "Yes, you are here" . . . When I feel more relaxed, I also feel like I'm more in control. I can stop and say, "Wait a minute. I don't have to feel like that." I actually have control over changing it . . . I don't know why, but it makes me more grounded, because I'm more aware of my body. My body now . . . it's on earth because . . . you're part of it! Because you're breathing air! Otherwise you're out there (pointing to a place far away).

Establishing boundaries within the group had an impact on Rosalita's experiences outside the group. When she identified and expressed her limits, Rosalita simultaneously felt an enhanced sense of inner strength and an increased sense of openness and connection with others.

In our second interview, Rosalita discussed the way that having clear boundaries, which defined what she found acceptable and unacceptable, impacted her sense of self-worth and empowerment.

It [the way I feel about things] matters! If something is affecting me in a negative way, I feel like, no, I can stand up for myself. (softly) I would *never* do that before. No.

I reflected back to Rosalita my understanding that she was now taking action to assert her boundaries more frequently.

Definitely [I'm standing up for myself more often]. Even with work . . . it's appropriate, though, I'm not stomping my feet. I'll email the manager and say, "You know what? This is what I think." Whereas before, I would just accept whatever came my way, it's like, "I have nothing to do with it, it's just going to come my way." Now I feel like I have an *influence* . . . on what happens.

Summary

Rosalita's participation in two TC-TSY peer support groups provided her with opportunities to pay attention to her body and make conscious decisions about her physical movements and breathing patterns. The choices Rosalita made influenced her on physical, mental, and emotional levels. Rosalita noticed several areas of growth during the course of the group including (a) heightened comfort with paying attention to physical sensations; (b) increased self-acceptance; (c) increased ability to recognize preferences and set boundaries regarding her engagement with the yoga practice; (d) greater awareness of the relationship between physical and emotional states and her ability to use movement and breath to influence emotional states; (e) higher levels tolerance for challenging physical and emotional states; (f) a

growing sense of empowerment and freedom; and (g) an expanded sense of connection to people, both inside and outside of the support group.

A primary trauma symptom Rosalita struggled with was dissociation, which she described as the feeling of disappearing or being invisible. Dissociation prevented Rosalita from establishing relationships with herself and others. Rosalita noticed that she dissociated less frequently as a result of participating in the group. She felt less isolated and was more able to sustain present moment awareness instead of withdrawing.

The shift regarding Rosalita's tendency to dissociate was sustained 9 months following the conclusion of her first group. After experiencing the initial peer support group, Rosalita was more able to express her opinions, assert her boundaries, and take action to shape the circumstances of her life. As a result, she developed the ability to connect with others in meaningful ways. Her participation in the second group reinforced these skills.

Rosalita asserted that her connection with other group members contributed to her healing and posttraumatic growth. As group members shared experiences that were similar to Rosalita's, she felt accepted and validated. Consequently, Rosalita's sense of trust, self-respect, and empowerment expanded.

Because the support group helped participants become more attuned to what was happening for them in the present moment, physically and emotionally, Rosalita felt that the yoga practice complemented the verbal sharing that occurred among group members. As a result, participants were more open with each other. In Rosalita's experience, the yoga practice evoked a sense of inner wholeness, which subsequently facilitated an enhanced sense of connection to the world around her.

Rosalita also observed changes in relationships with individuals outside the support group. Prior to joining the group, Rosalita often avoided interactions with others. Participation in the group helped Rosalita develop the ability to identify and assert her boundaries and preferences. This allowed Rosalita to experience feelings of openness and connection that were previously unavailable to her.

Sage's Narrative

Sage participated in a TC-TSY peer support group from February to May of 2016. Our initial interview occurred in June 2016, one month after the conclusion of the group. The second interview took place eight months later, in February 2017. A final meeting took place in June 2018, during which Sage reviewed a draft of her narrative and offered feedback on what had been written.

Sage was 58 years old at the time she participated in the group. She characterized herself in the following manner: "I am frank but fair, joyful, irreverent, resilient, tough, and tender. A diamond in the rough, I am getting more and more polished every day." During our interviews, Sage described (a) her motivation to participate in the group; (b) the yoga practice that took place during the support group meetings; (c) the evolution of her approach to practicing yoga in relation to her sense of vulnerability, strength, choice-making, and spirituality; (d) how the group experience changed over time in relation to safety, trust, and connection; and (e) ways in which the group experience impacted Sage's trauma symptoms, relationship with her emotions, sense of identity, and relationships with others.

Motivation to Participate

Sage's daughter suggested that Sage give yoga a try because of its potential to have a positive impact on Sage, both physically and emotionally. For Sage, the primary motivational

focus for joining the peer support group was the opportunity to practice yoga rather than to share a group experience with others. In our first interview, Sage described her curiosity about yoga:

I liked the idea of yoga just to see the mind–body aspect of it . . . the yoga aspect was interesting to me because I’ve been in groups and I’ve done solo therapy, so this was just something different.

I wondered whether the supportive aspect of the group held any appeal for Sage. She responded,

No, I had been part of a group before . . . a couple groups . . . when I was in the [homeless] shelter there was a group of vets and we would get together with a counselor. And at [an alternate location], I was part of a group but that kind of fizzled out because people stopped coming and I just wound up going for individual counseling. So, since this [group was going to meet] for 12 weeks, I thought this would be a good introduction to yoga.

Sage stated that, at that time, she had neither an attraction nor an aversion to participating in a group. She reiterated that her main motivation for joining the support group was to experience a mind–body connection, which she believed would be fostered by the yoga practice.

Description of the TC-TSY Practice

Sage portrayed the yoga support group as a setting where women who are trauma survivors have an opportunity to share their challenges and practice yoga in a safe space in order to “make . . . that mind–body connection.” Sage stated that the yoga practice prioritized learning to feel her body and making choices within the domain of physical movement, based on what felt useful to her in the moment. She recalled her own process, during the initial group meeting, of considering options and taking action regarding the way she embodied Mountain form, a basic standing position. Reflecting on my invitation, at that session, to notice whether she preferred standing with her feet closer together or further apart, Sage remembered,

I stood . . . with a lot of space between my legs and I felt so vulnerable . . . then I closed the space up . . . and it’s like, “Okay, now I feel safe.”

As she reviewed a draft of her narrative during our meeting in June 2018, Sage was moved by how much she had grown in the past two years and commented, “God, I’ve come a long way.”

In contrast to her expectations, Sage observed that the TC-TSY approach was predominantly centered on awareness of internal experiences rather than on the performance of specific movements. Although the overt focus of this type of yoga was physical movement, engagement with the yoga practice affected Sage on emotional and spiritual levels.

For me, it’s not so much about what we do, it was more about how I *felt* while I was doing [it]. And that was interesting to me, because I would have thought, with yoga being a physical activity, that I would, “Oh, I feel it in my muscles,” but . . . I felt my heart and my soul.

Sage perceived the yoga practice as a catalyst for becoming free of habitual embodied patterns that existed on physical, mental, and emotional levels and obstructed healing.

Reflecting on this process during our first interview, Sage depicted the impact of practicing yoga.

[The yoga practice was] like dynamiting through this cold, dark place . . . It started off with dynamiting something and blowing a hole in whatever it was I was holding, which helped make it easier for me to deal with what was really going on inside and getting rid of that stuff . . . I can’t really explain what we do [during the yoga practice] because it was more about how I felt when I did it. And that was a surprise to me.

Visibly moved by her previous characterization of the yoga practice, I wondered what it was like for Sage to hear what she had said two years ago. Sage replied,

It feels like I’m listening to somebody else. And I think, at that point in time, I was somebody else . . . It was just after I had been housed, and I won’t say that I still had that homeless survivor mentality, but I think there were a lot of changes that were going on at that time with me having experienced homelessness, being housed, and then doing this [the yoga support group]. So, there were a lot of changes, and this . . . helped to ground me.

Later in our first interview, Sage elaborated on the way that the physical practice of yoga impacted her on mental and emotional levels. She used the metaphor of dynamite to describe the way practicing yoga broke through heavy layers of unconsciousness in order to shine the light of awareness on “a really dark subject.” As barriers were dissolved, Sage felt that her inner beauty,

which she likened to a diamond, became visible. From this place of deeper connection to herself, Sage was then able to perceive present moment reality with greater clarity, free from the influence of traumatic memories.

When I was talking about dynamiting . . . [I was] thinking like a coal miner [in a] diamond mine . . . there are still dangerous places . . . it's dark . . . and dangerous. But sometimes you have to dynamite through and at the end of the tunnel there's this light. That light might be really small. But as you claw your way through . . . break through . . . there's more light, less darkness. And it seemed like that's what the yoga was doing for me—it was providing light on a really dark subject. And when you shine a light on something, you can actually see. It's like, being in the dark, you think it's a bogeyman, you turn on the light, you see it's a stuffed animal.

Evolution of Sage's Yoga Practice

Sage's yoga practice began with a keen sense of physical and emotional vulnerability. Over time, she came to feel stronger and more resilient. By the conclusion of the group, Sage found that she was able to be simultaneously strong and vulnerable. Sage observed that the yoga practice affected her on a spiritual level, due to its focus on: (a) silence, which allowed her inner dialog to settle down, and (b) being, rather than doing.

Vulnerability, strength, and decision-making. During both interviews, Sage reflected on her experiences of how yoga practice affected her on physical and emotional levels. In the first few weeks of the group, Sage was keenly aware of feelings of vulnerability that were evoked by the yoga forms. Her experiences of vulnerability shifted to a growing sense of empowerment as the group progressed.

At the beginning, I felt so vulnerable . . . especially that first time, when we did the Mountain pose . . . I felt so vulnerable. And then by the next week, I knew I could try it, several times, and by the third week it was like, "I can do this!" Towards the middle [of the group, I thought], "Okay, I'm going to . . . hold that stretch as far and as long as I can."

Sage noticed that there was a relationship between physical and emotional tension and felt that movements she did in the yoga practice sometimes evoked feelings and images from the past.

I [became more aware of emotions and memories] that I was holding in, that I really didn't think that I was holding in . . . It was weird because all this time I was carrying this stuff and I never had explored . . . dealing with it this way. With every movement with the yoga, it stirred up memories . . . It's like [this happened] on a . . . molecular level, some of this stuff was still there.

In our first interview, Sage described the impact of the yoga practice on her physical strength and flexibility. She discovered that by increasing her level of exertion she came to feel stronger and more confident. By challenging herself, especially in standing forms, Sage developed greater stamina, stability, and ease of movement.

As the weeks progressed, I was getting up [from sitting on the floor] a lot faster than usual for me, and I also felt stronger . . . I noticed that [during] the first two [or] three weeks at least, when I was in poses, unless it was Mountain pose, my right leg was very weak. It was always shaky . . . the left leg, not so much so. And I found that, I don't want to say when I pushed myself, but when I went into the extreme poses . . . It was like my legs were strengthened and I was able to hold the pose a lot longer than I had initially.

Over the course of the group sessions, Sage noticed that she came to have a broader range of available options for movement:

[Warrior] was the pose I felt the initial vulnerability [in] but, by the end of the sessions, it's like, "I'm strong. I can stand as wide-legged as I want or as close together as I want."

Sage observed changes in her decision-making process in relation to how she engaged with the yoga practice. Over time, Sage developed an approach that enabled her to be flexible and exercise choice regarding the level of effort she brought to the practice. This approach was rooted in self-acceptance.

Toward the end, [I felt] like, I don't have to be afraid, I don't have to prove myself by keeping this stretch and going to the utmost degree . . . [I can] just do a little bit if I want to and do a lot if I feel like it . . . whatever works for me.

Although Sage recognized that the way she practiced yoga was always her choice, as the group progressed, she became more keenly aware of her autonomy within this domain.

[I saw that] pushing myself to the extreme made me stronger . . . but I was still able to pull back. I didn't have to go full tilt if I didn't want to. In the beginning . . . I didn't *not*

have a choice [in relation to the yoga practice] . . . but at the end, I was conscious that I *do* have a choice.

In our second interview, Sage reflected once again on the way her practice of yoga began by evoking feelings of vulnerability and evolved to foster both inner and outer strength. Sage noticed that the practice had helped with her chronic back pain and she affirmed her desire to continue to cultivate the physical strength and emotional resilience she experienced during the yoga practice.

[Yoga] influenced me in a positive way . . . even though I haven't kept up with it. But I have a problem with a pinched nerve in my back so periodically my right leg and my right foot will go numb. It really did not do that very much when I was doing the yoga . . . it made me more aware of how I move . . . and how I walk, how I sit . . .

I know that a couple of times, I've mentioned the Warrior pose . . . that was a big issue for me in the beginning. Because that first day I just felt so vulnerable . . . but as I did it more during the course of the program, it's like instead of feeling vulnerable, I felt stronger. I [still] feel stronger, just as I did . . . well, (laughs) *inside* I do, outside not so much! I feel that inner strength that I . . . did not have, or . . . I was unaware of it at the beginning . . . That [inner strength] has helped me, I think, to speak up and speak out . . . When I was doing the yoga poses even though it was only for a few minutes once a week, I wasn't having the back problems that I have. So, it's like, "Okay, Sage, this is telling you, you need to do this . . . strengthen outside as well as inside." But it's like, [in relation to] both issues [inner and outer strength] . . . the yoga poses made me aware of my vulnerability and they enabled me to become stronger.

Sage affirmed that her sense of inner strength was intimately related to a stronger connection with her voice. Curious to learn whether the growth that Sage experienced during the group had remained with her 9 months following the group's conclusion, I asked her about this, during our second interview. I was also interested to know if Sage had to make a conscious choice to express herself verbally, or if this behavior was now second nature for her.

R: Do you feel that what you got in that way [a sense of inner strength and connection to your voice] has stayed with you?

S: Yes. I do.

R: Do you have to *do* anything to make that be active or is it just something that you got that's just there now?

S: It's just there now.

At our final meeting, Sage confirmed that she had sustained growth that had occurred within this domain.

Spirituality. During our second interview, Sage commented on ways that the yoga practice affected her not only physically, mentally, and emotionally, but also within the spiritual domain.

I think that the whole experience of the . . . trauma [sensitive approach to] yoga touched me on a spiritual level. I had not been touched in that way and I think that was something that I needed to do. The intellectual, yeah, the emotional, yeah, but not the spiritual. And [the yoga practice] combined the spiritual with the physical.

I was intrigued by Sage's perspective because the TC-TSY approach, unlike many other styles of yoga I have studied and practiced, makes no overt references to spirituality. In order to learn more, I inquired about how Sage had experienced this dimension of yoga within the peer support group.

I think . . . the spiritual aspect of it for me came in because I'm too busy being busy. It could be a walking meditation . . . my mind is a million miles away. I'm not concentrating on my steps, I'm not concentrating on feeling one with my walk, I'm up there thinking, "Yeah, I got this, this, and this to do! How much longer do I have to walk?" Whereas [during the yoga practice], even though I was in a room full of people, I could close my eyes and be alone. And then open my eyes and still feel safe, even though there were other people there. So, for me, it was . . . a [combination of the] spiritual and the physical.

I came to understand that Sage accessed the spiritual dimension of yoga when she was deeply attuned to her internal sensory experience within the context of a safe group. In moments such as these, Sage's attention was focused inwardly, but she was still aware that she was not alone. For Sage, this type of experience was a source of empowerment.

The spiritual strength and the physical strength [are] tightly woven . . . I think a lot of it had to do with the being quiet. Even though you're in a roomful of people, when you close your eyes, you're by yourself. And you can focus on how you feel, focusing on your breath, how you feel as you're taking the breath, how you're feeling as you're going into the movement and coming out of the movement, feeling the mat, and whether or not

you feel grounded . . . I see now, it's . . . more than just the form, it was like I'm in Warrior mode. It's almost like I'm literally fighting for my life . . . and I'm winning.

During our last meeting, Sage was clearly moved as she reflected on how far she had come since the time of her participation in the support group. Sage commented, “When I think about it now . . . when you are in that situation, you *are* basically fighting for your life. You're fighting to get your life back.”

There was also an aspect of spirituality that, in Sage's view, was related to relinquishing a focus on worldly tasks—doing, thinking, planning—and shifting into the domain of being. The yoga practice emphasized cultivating interoceptive awareness within the context of physical actions; nonetheless, Sage experienced a sense of stillness even though her body was moving.

I think that the breathing, the exercising, allowing our minds to wander . . . not wander, but freeing our minds, [instead of] thinking . . . We're so busy being busy . . . allowing the noise around us to affect us negatively, instead of just sitting still and *being*. We're so busy *doing*. And it was . . . being still that helped me to hear . . . what is it? That still voice within?

Evolution of Sage's Group Experience

In our first interview, Sage reflected on changes in the group dynamic over time.

Recalling her wish for the group to be a place where participants were able to open up and share authentically with each other, Sage described how she took an active role to bring that desire to fruition.

Usually when I'm in a group of people I don't know, I will hold my tongue and let other people speak. But it seemed like in the first few weeks, nobody would open their mouth. So, I would say something ridiculous to make people laugh . . . and that started the ball rolling. I noticed that toward the end of our time together . . . I was not [always] the first one to speak, which was really good for me. It made me feel good that some of the ladies that [at first were] holding their heads down . . . sometimes you couldn't see their faces or their eyes . . . [by the end] they were sitting up, their eyes were open . . . they're speaking, they're laughing . . . that, to me, was so awesome because I could feel my growth . . . [and] I could feel the growth of everybody else. I don't know how they felt about it, but I could see everybody opening up. It was like we were all tight buds, and, at the end of the 12 weeks, we had opened up and we were just a . . . beautiful bouquet of . . . quirkiness!

In Sage's view, the group evolved to be a safe environment, in which participants could share with each other on a deep level. As a result, group members became stronger and more resilient.

That's what I think those 12 weeks did. It brought out what was really deep inside of us, because we were in a safe place to do that . . . When you're constantly in a safe place to do that and you have the support of people who will encourage you to do that, then you do get stronger over time.

Sage's experience of safety and trust, cultivated within the circle of group members, was a critical factor in the development of her resilience. Within that supportive context, she was able to experience vulnerability as strength rather than weakness.

When I think about that whole practice, everything goes back to that Warrior position. And when I think about it . . . most of my life, I felt like I was fighting a losing battle. And that Warrior stance, that was the connection, because it's like . . . *I am not alone in this!* Because the other ladies were there, and even though our experiences were different, we had all had that . . . experience [of sexual violence]. So, we were in a safe place . . . and I think that's part of it, feeling safe enough to be vulnerable, to open yourself up to being vulnerable . . . not being criticized because you *were* vulnerable . . . [but instead] encouraging yourself and others *to* open up more to that, because there's strength in being vulnerable. It's like that cracking that nut, cracking that shell, and the sweet stuff is in there, but you've got to get past that hard shell in order to get to it.

Sage sometimes referred to the combination of attunement to self in the yoga practice and deep sharing within the group as "dynamite blasts," which ultimately revealed the underlying strength and beauty of group members.

There was one member who mentioned something that was related to boundaries and she was all in a quandary . . . and [the group encouraged her]: "Don't let them get away with that! Take them to task!" . . . I think that was one of those [dynamite] blasts, "Okay, we're clearing out all of this stuff, you know? I am a diamond in the rough. We're getting past all this other stuff."

Reflecting on one particular group member's growth during the group, in our second interview, Sage recalled this image:

I can see her face . . . [I remember that] she *fought back*, and she said it surprised *her* because it wasn't what she would normally do.

According to Sage, the members of the support group often shared similar life experiences. At times, however, their experiences were divergent. In our second interview, Sage described how participants came to regard each other with empathy and encouragement.

[Sometimes I thought,] “Hmm, I haven’t experienced that,” but listening to [the other group members] talk it out, it was like, “Oh, okay, I can kind of understand.” . . . It was more [like a feeling of] empathy, wanting her and willing her to keep on going in the race . . . keep going towards the finish line, instead of just giving up and sitting on the side of the trail.

Sage portrayed the evolution of the group’s sense of connection over the course of the 12 weeks. She noted a growing sense of concern for each other along with increased vitality and empowerment.

I thought about, at the beginning, nobody would speak or anything like that, but, as the group went on, when we would leave at night, everybody was concerned: “Okay, where are you parked? . . . You going to be okay?” You know, that kind of stuff, even though we probably didn’t know any more about each other at the end than we did in the beginning . . . we had a connection . . . You felt the connection when people were missing because people tended to sit in the same places, it was like, “Oh, she’s not here! You know?” And as the group went on, people who sat like this (demonstrated guarded body posture) . . . towards the end, they’re sitting up. They’re not so closed off . . . and that was awesome! It’s like a flower that’s drooping, and then you give it some water, and it just . . . I think that’s what the yoga sessions were for me. It’s like . . . life-renewing water. It’s like it gave validation to the fact that, yeah, we had something horrific happen, but we can rise above it. It’s going to take some time, it’s going to take some work, but we can do it.

Impact on Trauma Symptoms

As a result of her traumatic experiences, Sage struggled with disturbing memories, thoughts, and images related to the past. Sage sometimes acted or felt as if the stressful experience was occurring again and became upset when she was reminded of prior trauma. Participating in the support group helped liberate Sage from reliving the past, particularly in relation to regulating the boundaries between herself and others.

In our first interview, Sage recalled the enduring consequences she experienced as a result of sexual violence. Sage described the challenges she faced because she did not have anyone to tell who was capable of listening, understanding, or offering support.

I had this trauma, nobody wanted to talk about it . . . so it took me, what, thirty-some odd years—and, thankfully then becoming homeless before I got the help that I needed and that’s when I realized, “Oh my God, I’m carrying this stuff from way back,” when I had no idea.

Later, during our second interview, Sage reflected on the bond that existed among group members due to their shared experiences of sexual violence. Sage addressed the persistent nature of trauma symptoms and the way they can so frequently dominate survivors’ lives.

I feel that I have a lot in common with other women because it really doesn’t matter . . . if somebody mugs you, they don’t care if you’re red, yellow, black, white, or brown, male or female, young or old . . . somebody took something from you. And . . . it’s been hard to get that part of me back, it’s (sigh) I want to say almost impossible. Because what was taken, really, you can’t get it back, you can only . . . cope is not the word I want to use, but that’s the first word that came to my mind . . . deal isn’t either, but it’s like . . . you won’t forget it, but you don’t want to dwell on it, you don’t want it to take over your life. And I think for a lot of us, it had taken over our lives . . . for myself, that’s like thirty-some odd years. I’ve been carrying a bunch of baggage, and I’m like, “This is craziness.”

Describing her sense of being locked in the past, Sage characterized this state as being “broken,” “a victim,” and “a prisoner.”

When you’re broken, and you focus on that, you’re in victim mode. . . you’re a prisoner. . . even though you weren’t the cause of what happened, you blame yourself for what happened, and so you’re in an emotional, psychological, [and] spiritual prison . . . When you are in victim mode, it’s like some part of you is stopped up . . . you have the ‘before that happened’ . . . [but] there is no “after” because everything is focused on what happened [during the trauma] . . . You’re not free to do other things because . . . all your energy and focus is on that . . . It’s something like, when you hold a grudge, it’s hard to be open to your blessings, because your hands are closed, so you can’t receive the blessings . . . When you’re focused on the hurt, and you’re not able to or you’re not trying to find some kind of way to heal from that, you’re blocked up. Everything that you do from then on, you’re reacting to something that happened a long time ago. And it’s like, “Why does this keep happening?” Because you haven’t dealt with . . . what happened before.

Participation in the yoga support group helped Sage become free of patterns of thought and behavior that perpetuated her trauma symptoms. Exploring the possibility that she could be at once strong and vulnerable helped Sage to express herself more authentically, assert her boundaries, and cultivate greater intimacy in certain relationships. This helped Sage live more fully in the present and live with an expanded sense of freedom and possibility.

Relationship With Emotions

Participating in the group had an impact on Sage's relationship with her emotions. In the past, Sage tended to be aware of her emotions, but she was reticent to freely discuss her feelings. For much of Sage's life, she didn't have anyone with whom it was safe to talk in an open manner.

I think I knew [what was going on for me emotionally] and just hesitated to speak because . . . I was raised to not challenge authority . . . You don't challenge your teachers, you don't challenge adults, you just don't do that . . . you hold your tongue because they know more . . . it started with that.

When Sage started seeing a therapist, she often felt self-conscious about emotional disclosure.

I knew [what I was feeling in the past] . . . but I had nobody to really talk to. It's one thing to talk to one person, like a counselor . . . [but] if you're . . . the only one talking, sometimes after the session is over, you're like, (whisper) "Oh! I shouldn't have talked about that!"

Sage compared voicing her emotions in the context of individual therapy to her experience of talking about her feelings with members of the support group. Within the group setting, Sage did not feel a sense of isolation; she was not the only one who was struggling with life challenges. Sage found safety and comfort in the acknowledgment within the support group, of shared life experiences.

When you talk to other people . . . somebody might [respond by saying], "Oh, yeah, uh-huh, I know what that's like." If other people are talking, chances are that at least one of them is talking about something that will stir your memory . . . or else you'll say something that might help them. But it's a sharing process and the thing is . . . [in the past], I knew I had these feelings [but] I did not feel I could talk. Since being in the

group, and even while I was in the group, I felt like, “Oh yeah, I’m going to talk. I’ve got other stuff to do!”

Sage discussed her previous reluctance to express her feelings due to concerns about the reactions of others:

Sometimes I think that when you say what you feel, and somebody really doesn’t agree, then you feel like a victim . . . or I have in the past.

In our first interview, Sage spoke about changes that had occurred in relation to this dynamic since she joined the support group.

I have been talking about my emotions a lot more . . . since I was in the group . . . talking with A. [her boyfriend], talking with a couple of female friends, talking with my daughter . . . I’ve been more open with people about how I feel about different things, especially A., and in relation to him. My daughter, I’ve talked with about some things . . . it’s made me less afraid. [In the past, I used to think,] “If he really knew what I was like, he might not like me.” [Now] I’m like this: “This is how it is. Stay or go! This is what I’m about! This is what I’m dealing with, you can love me or leave me, but this is what I’m going through. And I’m sharing this with you because I care about you and if you care about me, this is what I’m going to need help with. This is what I need from you. And this is what I’m willing to do.” I’ve never had problems with telling a guy to go take a flying leap but to be open about how I feel, what I’m going through and being concerned about their feelings, this is new for me.

During our second interview conversation, Sage confirmed that these changes had been sustained for 8 months, from June 2016 until February 2017.

Now it’s like, “You don’t agree? Fine, good. I’ve got work to do.” Don’t tell me what you think when you’re asking me how I feel. I’m telling you how I feel, and you don’t like it. You have the right to not like it, but you do *not* have the right to make me not like what I just said . . . Now I think because I’m learning to speak up for myself, I think that’s helping me with being an advocate for *others*.

I was curious to learn what it had been like for Sage to adopt novel ways of interacting with others that were characterized by greater openness and asked her about this topic. Sage replied, “It’s very freeing (laughs) . . . It’s very freeing.” During our May 2018 meeting, Sage commented on what it was like for her to contemplate how much she had grown in the last two years. Sage found that reviewing the narrative draft affirmed her sense of purpose and self-worth

and emboldened her to take advantage of new opportunities for leadership that were currently arising in her life.

Sense of Identity

Sage observed changes in her sense of identity over the course of the group sessions. Initially, Sage was acutely aware that she felt vulnerable during the yoga practice. As the weeks progressed, Sage noticed heightened feelings of physical and emotional resilience. Ultimately, Sage recognized that she was able to be simultaneously strong and vulnerable.

In our first interview, Sage described the progression of these changes.

I always felt better when I left at the end of the sessions because I noticed that I walked taller. And that was interesting to me. I guess I went from feeling like . . . I want to say, “a victim,” that was the first thing that was coming to my mind—feeling vulnerable to feeling strong . . . and [then] feeling strong enough to be vulnerable . . . What comes to my mind is that, at the beginning of the sessions, I felt like the pendulum was this way, and then in the middle it was that way because I was pushing myself, but, by the end, I had kind of leveled out.

Sage also discussed, during our first interview, the evolution of her sense of inner strength.

I think [there was a] change from that first session where I felt vulnerable, or like a victim, although I never thought of it as a victim . . . but when I felt vulnerable as opposed to later, when I felt . . . not superhuman but I felt like Wonder Woman . . . I think the only change was from vulnerability to inner strength . . . actually recognizing my inner strength.

In our second interview, Sage reflected on her sense of identification with the Warrior form:

Every time I see something that refers to the Warrior position, I’m like, “That’s *my* position! That’s *me!*”

For Sage, doing, seeing, or thinking about the Warrior form evoked a feeling of self-efficacy, tenacity, and resilience.

Sage acknowledged that, while she had previously viewed vulnerability as a weakness, she eventually came to recognize and appreciate the power that arises from being at once vulnerable and open. During our second interview, Sage reflected on this topic:

When you were asking the question about vulnerability, for a minute, the first thing that came to my mind was that vulnerable equals victim . . . [but] I think it takes strength. When you open yourself up to someone, you're allowing yourself to be vulnerable.

From Sage's perspective, openness was connected to letting go of "hiding her light under a bushel," and sharing herself with the world. Sage associated her growing inner strength with an evolving sense of liberation, which was literally connected to her ability to move freely in the world.

Doing the forms, I did feel weak [at the beginning]. I mean, I'm wobbling and everything . . . But as I practiced more and more, or as I got engaged in the practice more, I felt stronger. And the thing is, I think on some level, I was hiding my light under a bushel . . . And now that light is shining . . . and being part of that beautiful bouquet of quirkiness . . . With that inner strength comes a sort of freedom because you kind of break the shackles. You break the chains. I still feel like I've got things on my wrists, but I have more freedom of movement.

During our meeting to review her narrative draft, I wondered whether Sage was still aware of the existence of the restrictions she had described and inquired about this. Sage replied, "No, instead of shackles, I feel like they're bracelets now. They're bracelets, not shackles . . . they're something I choose to have."

Relationships With Others

In our first interview, Sage expressed her observation that being part of the support group had impacted her relationships with others. Sage noticed that she was experiencing increased closeness with particular individuals and more distance with others.

[Being part of the peer support group] affected my sense of connection . . . but it also affected my sense of disconnection as well. I'm connecting more with my father . . . A. [Sage's boyfriend] and I are connecting more. [In relation to my friends, I told you about] the disconnect with the one friend . . . I have a life away from her . . . I don't just sit and wait for her to ask me to go somewhere because I'm doing other things without her. So . . . I don't know if she senses the disconnect but that's because I'm not . . . staying inside the lines . . . that little box that she had put me in.

As we talked, I wondered if Sage thought that these shifts were related to being truer to herself in her interactions with people than she had been previously, and I inquired about this.

Yes . . . and [I'm] being more open with people that I had been kind of guarded with. I realize now that I thought I was being open but there was some guardedness and I can see that now.

Prior to joining the support group, Sage had difficulty with setting boundaries. She associated this dynamic with past experiences of trauma. After being part of the peer support group, Sage was more able to express herself clearly and assert her boundaries. Concurrently, Sage found that she was more capable of sustaining attention in the present, even when she experienced challenging or uncomfortable circumstances.

During our first interview, Sage reflected on changes in her ability to express herself authentically and set boundaries with others:

Before, [even with] all the other therapy that I've had, I've found it difficult to set boundaries . . . I think we had a [peer support group] session where we were talking about setting boundaries, and something happened . . . I don't know at what point in the sessions that it happened but I just [realized] . . . "I'm not taking this from this person anymore!" . . . Before, I'd feel it, but I never addressed the person who was . . . trying to demean me. I could do it if I were defending someone else but defending myself . . . it just wasn't something that I did. So, it's like . . . truth serum . . . my truth, I'm speaking my truth!

Sage commented, in our second interview, on the length of time it took for her to feel ready to express herself truthfully in a respectful manner. Initially, Sage described holding back from self-expression as "squelching," but she quickly caught herself and acknowledged that she had been silenced by others.

After years of squelching . . . being squelched . . . [it took a long time for me to] feel safe enough to say what I thought without being disrespectful. But that's where a lot of my problems came in because my creativity, my voice . . . I was always silent. It took me this long to get to this point.

Sage described a recent example of how she had taken effective action to assert her boundaries rather than react emotionally at work:

When [people at work] say something [I disagree with], I'm not pouncing but I'm addressing it right then. I'm very firm, I'm very clear, I'm rational, and I'm not

emotional: “Hey, this is what you’re doing, it’s not cool. Stop. I’ve told you before. Stop.”

In relation to experiences of kindness and joy in relationships, Sage also noticed growth following her participation in the support group. In our first interview, Sage compared certain habitual patterns of relating to others with ways that a stray dog that had been abused might behave.

I’m like a stray dog that has been beat so much that when any human comes around, even one that’s kind, they snap at them because they’re expecting a certain behavior. And I think I’m . . . not used to kindness. It’s been a long time since I’ve had that kindness.

Sage linked the development of her ability to be at once strong and vulnerable with enhanced clarity in relationships and enjoyment of connections with others. In our first interview, Sage described changes in her level of receptivity to kind and pleasant touch in the context of her relationship with her boyfriend:

He [Sage’s boyfriend] wouldn’t even touch me! He would go to reach for me and I would flinch . . . Now it’s like when he reaches for me and touches me very softly, I start laughing because it tickles! It’s not a flinch, but now he’s like, “Are you laughing at me?” It’s like, “No!” . . . You know, so there’s no flinching or anything like that, but I had to tell him, “When I laugh, I’m not laughing at you, I’m laughing because I’m enjoying the experience.”

Summary

For Sage, the yoga practice served as a catalyst for becoming free of embodied patterns that affected her on physical, mental, and emotional levels. These patterns had a negative effect on her self-worth and made it difficult to sustain awareness of the present. Sage compared the yoga practice to dynamite in the sense that it penetrated heavy layers of unconsciousness and enabled the light of awareness to shine through. As barriers to consciousness dissolved, Sage was able to be more fully cognizant of her inner beauty. She was able to experience greater clarity in the present moment, free from the distorting influence of traumatic memories.

During the first and second interviews, Sage reflected on changes in her response to the yoga practice. Her initial feelings of vulnerability transformed into a heightened sense of empowerment as the group progressed. Sage discovered that by exerting herself more she experienced relief from back pain and higher levels of physical strength and confidence. Sage observed a connection between her growing inner strength and the capacity to express herself verbally. In her second interview and the meeting to review her narrative draft, Sage affirmed that this growth had been sustained. Noticing a heightened sense of autonomy over the course of the 12 weeks, Sage exercised a broader range of choices in relation to challenging herself in the yoga forms or backing off from intensity.

During our second interview, Sage commented on ways that the yoga practice affected her within the domain of spirituality. For Sage, the spiritual dimension of her experience arose from being deeply attuned to her internal, sensory experience within the context of a safe group. Sage explained that, during the yoga practice, her awareness was focused inwardly; simultaneously, she recognized that she was not alone. For Sage, this type of experience was a source of empowerment. Another aspect of spirituality Sage described was related to letting go of attending to practical tasks, which Sage characterized as “doing,” and shifting into the domain of “being.” This shift allowed Sage to experience a sense of inner stillness even while her body was moving.

During all three interviews, Sage reflected on ways that the group evolved to become a safe environment in which participants shared with each other on a deep level. The strong connection between group members facilitated Sage’s development of strength and resilience. Within that supportive context, Sage was able to experience vulnerability as strength rather than weakness. Sage liked to refer to the combination of attunement to self in the yoga practice and

deep sharing within the group as “dynamite blasts,” which revealed the underlying strength and beauty of group members. Sage also noted increased levels of vitality and empowerment among group members, and a growing sense of concern for each other as the group progressed.

Due to her traumatic experiences, Sage was challenged by disturbing memories, thoughts, and images related to the past. Sage acknowledged, during all three interviews, the persistent nature of trauma symptoms and how they could so easily dominate the lives of survivors. Being part of the support group helped Sage address trauma symptoms and contributed to freeing her from reliving the past, particularly in relation to regulating the boundaries between herself and others.

Before participating in the support group, Sage found it challenging to assert her boundaries and she associated this difficulty with exposure to trauma. Sage felt that participating in the support group impacted the way she related to others in positive ways. Sage noticed that, since the group, she was experiencing increased openness and closeness with certain individuals and setting clearer boundaries with others.

In our first interview, Sage discussed changes in her ability to express herself authentically. Sage acknowledged, in our second interview, that it took many years for her to feel ready to give voice to her truths in a respectful manner. During our May 2018 meeting, Sage affirmed that her growth within this domain had been maintained. Sage also noticed an increase in her capacity to experience kindness and joy in relationships.

Sage discussed, in her first and second interviews, shifts in her sense of identity over the course of the group sessions. Initially, Sage noticed feelings of vulnerability during the yoga practice but as the weeks progressed, Sage experienced a heightened sense of physical and emotional resilience. Toward the end of the group, Sage realized that she was able to be both

strong and vulnerable. While Sage had previously viewed vulnerability as a weakness, she came to recognize and value the power that arises from being vulnerable and open. For Sage, her growing inner strength was associated with an evolving sense of liberation, which was connected to being able to move freely in the world.

Participating in the support group affected Sage's relationship with her emotions and she reflected on this topic in her first and second interview. Before joining the group, Sage tended to be cognizant of her emotions but was reluctant to openly share her feelings. For much of Sage's life, she did not have anyone with whom she felt safe. Sage expressed her emotions more freely in the support group than in individual therapy because she felt less isolated in her struggles and more comfortable with others who shared similar life experiences. Sage noticed that, during and after her experiences in the support group, she was less concerned with others' reactions when she expressed her feelings. This dynamic was sustained between our first and second interview and Sage felt that it was liberating to let go of obstacles to freely sharing her emotions with others. Sage acknowledged that she had grown even more within this domain at our final meeting. For Sage, reviewing the narrative draft was supportive of her sense of purpose and self-worth and provided her with energy to engage with new opportunities for leadership that were currently available in her life.

Arya's Narrative

Arya participated in a TC-TSY peer support group from February to May of 2016. Our initial interview occurred in June 2016, one month after the conclusion of group meetings. The second interview took place 7 months later, in January 2017. A final meeting took place in September 2018, during which Arya reviewed a draft of her narrative and offered feedback on what had been written.

Arya was 24 years old at the time she joined the yoga support group. She characterized herself as “determined, empathetic, feisty, and competitive.” During our interviews, Arya described (a) her motivation to participate in the group; (b) the yoga practice that took place during the support group meetings; (c) the evolution of her approach to practicing yoga in relation to attunement to self and others, self-trust, self-care, making choices, and her experience of being human; (d) how the group experience changed over time in relation to commitment, respect, safety, and connection; (e) ways in which the group experience impacted Arya’s trauma symptoms, relationship with her emotions, sense of identity, and relationships with others; and (f) her beliefs and experiences related to vulnerability, healing from trauma, and her connections with other survivors.

Motivation to Participate

Arya was referred to the TC-TSY peer support group by her therapist at the agency where the groups were conducted. Her earlier experiences in individual and group therapy were positive; therefore, Arya believed that joining the group would be beneficial for her. Arya did not bring any specific expectations to the group, nor did she have a clear image of what might happen at group meetings from week to week. Approximately six months before the yoga support group began, Arya had participated in a present-centered women’s support group that included (a) psychoeducation about common trauma symptoms and useful coping strategies, (b) time for reflection and sharing experiences, and (c) art therapy and journaling. A group yoga practice was not part of this intervention.

In our first interview, Arya described the factors that motivated her to participate in the TC-TSY peer support group:

I don’t think I had any expectations whatsoever because I had never thrown myself into something like that. The expectation was zero, not good, not bad. My motivation for

doing it was . . . I had just trusted the [name of agency] with my first group that I did, and I had a wonderful experience. I know this wouldn't have been recommended for me unless they thought it would be helpful . . . I had trust in the [suggestion to try the group] and so I went with it . . . [I thought of it like] an umbrella . . . this would be good for me. But then once we got into it, I discovered what I took from it. I never once had anxiety in any of the sessions but I definitely . . . a lot of things were like open-ended questions for me.

Arya was open to exploring what the group might be able to offer her and did not feel apprehensive about not having a clear sense of how the group experience might unfold. At our final meeting, Arya reflected on the level of courage and trust required to jump into this new situation. Arya appreciated herself for making the decision to join the group.

Looking back now, from a higher perspective . . . that was kind of a big deal, to be like, "All right, you said I should do it, so I'm going to do it!" So, it's cool, like, "Way to go, Arya, that was a good choice!"

Description of the TC-TSY Practice

Regarding the physical dimension of yoga, Arya characterized the practice as "basic yoga, [which] included slow movements, nothing very straining." According to Arya, the yoga practice fostered increased self-awareness, particularly in relation to her emotional states. There was no emphasis on conformity; instead, each member was encouraged to make movement choices on her own terms.

Arya felt that the yoga practice fostered new growth and healing, both for herself and for the group.

It's a therapeutic approach to becoming a little more introspective . . . but also amongst others . . . you're in this room with other survivors of sexual abuse or trauma and you're all practicing yoga but in a totally different way where you get to decide, you get to find your own path. And throughout the weeks, you build a foundation for yourself and with the group and you grow together and heal together. It's very slow and there's more thought than actual movement, but it is official yoga, it's not like we're just stretching in a circle.

I wondered how Arya might describe the difference between "official yoga" and "just stretching in a circle and asked about this at our last meeting.

Once I realized what yoga was for us, I really saw the difference. I didn't know what to expect . . . I guess the difference would be that we were all there for the same purpose: We were pushing our bodies—just a little bit—but we were really tuning in to how the movements made us feel. So, it's almost like we're exploring what we're feeling on an emotional level, whereas stretching is just like, "Okay, I'm going to get this soreness or stiffness out, and that's it." With the yoga, I was on a different emotional ride every time. I didn't know where I was going, every time I stepped into the room, but I liked where I ended up.

According to Arya, the yoga practice provided a distinct period of time in which it was safe to pay attention to what she was feeling on mental, emotional, and physical levels.

Evolution of Arya's Yoga Practice

Arya's yoga practice began with a sense of self-consciousness and sometimes she was distracted. She wondered if she was performing the forms correctly and was concerned about how she might appear to others. Over time, Arya was able to become more attuned to her embodied experience and trust herself to make choices based on her internal compass rather than the perceived preferences of others.

Attunement, self-trust, self-care, and feeling human. During our first interview, Arya discussed how her engagement with the yoga practice evolved over the course of the 12-week group. Arya observed a reduction in self-judgmental thoughts and heightened sense of self-attunement and openness, which ultimately led to her "feeling more human."

[In terms of] the changes in myself from day 1 to the last session, I saw a lot less judgment in myself and a lot more openness. [I started] listening to myself. Because, as I experienced the yoga . . . I went through an emotional thought process. We would get into certain movements or rhythmic breathing and it would kind of unlock an emotional door for me. From the first day, I was very closed off and very much like, "I should be doing this position like this," or "What is someone else doing?" and then throughout the [series of group sessions] it flowed to more like . . . just going with it.

Arya noticed that, as the group progressed, she tended to trust her internal compass more frequently. From Arya's perspective, this skill evolved as a result of having the chance to practice making choices about the way she moved her body, within a safe relational context. For

Arya, decreases in self-judgment and increases in self-attunement and self-trust were accompanied by a heightened sense of trust and connection among members of the support group. Arya described this reciprocal process in her first interview.

I went with what felt right . . . that's something that you solidified for us. And it wasn't at all . . . corny, "Trust your gut," or something like that . . . but it was really useful [that you gave us opportunities] to trust ourselves. I think that's what you were telling us to do without telling us. So, I learned a lot of trust, as I went through. And the same with the group . . . I never felt judged by them, but I felt more a part of something, more camaraderie and safety as we went through each week.

At our meeting to review her narrative draft, I asked Arya about the relationship between self-trust and trusting the other group members.

Trusting others in the room—first, in the yoga practice, and then to go around and emotionally share after [the yoga practice] . . . I think that dynamic we had . . . Yoga and then discussion, and sometimes we would extend the yoga or the discussion . . . I feel like that freedom created a really great foundation. I didn't feel judged and therefore I was able to let go of all those . . . not expectations, but rules within myself. Being in that setting where everyone was committed to the same thing made me trust myself. If they could trust themselves enough to be there . . . I found a lot of strength and power in that, which translated to trust for me. I felt respected by them and so I felt like returning the favor. I think that all coincides and weaves together a great big ball of trust.

Arya acknowledged that there were times when she would have liked the yoga practice to be longer. Occasionally, Arya sensed an awkwardness in the transition from the yoga practice to the group interaction. Arya was frequently the first one to speak within the group setting.

I will be honest, there were more times than not that I wished we could have done yoga longer. Because every time, we were like, "Okay, we're going to get back into the circle." And I was like, "That felt like two minutes!" It was so natural and easy. There were a lot of times I was like, (high pitched voice) "Ohhh . . . I don't want to do this [return to the group to share experiences of the yoga practice or daily life]!" But not in a disrespectful way, it was just that I was enjoying the yoga so much that I wished we could go longer. Most of the time, the transition was just about waiting for any emotion to bubble up. Because it's kind of like you just got done with relaxing and then we never really set an agenda or a topic to talk about. For me, it was like being respectful and waiting to hear, like if somebody needed to get something off of their chest about how they felt—good or bad—then I'm okay with waiting to hear that. But I feel like nine out of 10 times I would always talk first.

Prior to participating in the group, Arya usually stretched in the morning. After the conclusion of the 12-week support group, Arya continued to practice some of the movements she learned. She felt, however, that there was a qualitative difference between stretching and doing yoga. I was interested to learn about Arya's perception of the differences between how she stretched before and after her participation in the support group. I inquired about this in our second interview. Arya replied that she brought a higher level of awareness to her morning stretches now, not only in relation to the physical sensations that were engendered by moving but also in relation to her mental and emotional states.

As far as the exercises, there's that one, a specific yoga move that I do . . . Sun Breath. That's what I do every morning now. And I didn't know . . . there was a difference. I used to just stretch in the morning before I would go to work, to wake my body up. But now I think about what I'm doing, I . . . acknowledge my headspace. Those are practices that we did in the group that I still carry on.

At our last meeting, I was curious to learn if that still resonated for Arya. She replied,

I still do Sun Breath, every morning! And I do a 30-minute yoga practice twice a week, I've been doing it for three to four months now. There's something about [the yoga] . . . since I did the group . . . it's hard to explain. You can kind of lose yourself, mentally and emotionally, in a way that's vulnerable . . . I feel like I let my guard down by being part of the group and I've continued to do that. Yoga is a very vulnerable activity for me. It's one thing to go to a workout class, and I think it's totally a different experience to go to a yoga class. It helps you open up.

During our second interview, I was curious about what Arya might be missing from the group. Arya commented,

I'm wishing I had more . . . I'll just say . . . that was a routine we'd all gotten into. We all made the choice, every week, to make time for ourselves. So, I wish that I could do that more . . . every day, in my personal life. I wish I could do that more, to have no-strings-attached yoga with maybe discussion afterwards. I wish I had both . . . I really benefitted from everything you guys integrated into it. The emotional support . . . all the goals that we had set . . . and when we just did yoga for 40 minutes. That silence, that peaceful silence . . . I'm grateful for that.

At our final meeting, I inquired if Arya was still longing for some aspects of the group experience. She replied,

I definitely miss that sense of community . . . I think I have the physical side of what I got from group, but I miss the group . . . the sense of peacefulness and connection.

Arya described, during our second interview, the efforts she had made to access some of the resources for self-care she had cultivated during the group. She found that it was most effective to focus on self-care at the beginning of the day.

I'll be totally honest [being self-aware and practicing self-care] is definitely more prominent with a fresh mind. Because once I start during the day, I don't stop . . . My brain is just going a thousand miles an hour. I don't have the time to sit or think, I'm just, like, go, go, go, go! That's why I try to acknowledge any good or bad feelings in the morning because I know my day is just too busy and I won't give it the proper time that I actually need, so I just do it in the morning. And I try to decompress at the end of the day. That might not be all emotional, it might be physical, whatever it is . . . but I do try to take time—absolutely—every day when I wake up, and I try at night, but it's not always so easy . . . But that's progress compared to where I was before the group because I was just like a chicken with my head cut off, running all over the place, not thinking about anything . . . with no sense of where I was or what I was doing.

During our meeting to review her narrative draft, Arya observed that she was currently more inclined to engage in self-care practices more frequently at the end of the day. In addition to yoga, Arya had recently started journaling again.

I was curious to hear how Arya would characterize the difference between her behavior prior to the group experience and afterward within the domains of self-awareness and self-care. When I inquired about this, Arya replied,

I'm trying to think of a witty metaphor, but I can't think of one . . . This is going to sound really strange, but I feel more *human*. I don't know how else to put it. I feel more whole. Because I felt really empty . . . just procrastinating and pushing all my problems to the side. So now I just feel more normal . . . because I didn't know, or I was never taught how to deal with emotions before . . . So, after yoga, I felt more human, more normal.

When I read this quote to Arya at our final meeting, her words evoked powerful emotions. Arya described the experience of remembering what she had been like prior to participating in the support group.

I think being in the group gave me a sense of emotional confidence and emotional integrity. It makes me emotional to think about it . . . it does! To think about where I

was three years ago . . . it's like . . . I'm crying because I'm proud of myself. And it's not something that I say very often. So it's really a credit to how much work it takes to get here, emotionally. And it's crazy to hear myself say I felt like a chicken with my head cut off. I didn't feel like I had guidance . . . so it's just kind of cool to hit your stride in life emotionally and physically and financially . . . so this is a proud, happy cry. It's very astonishing how hard it is to get here, but how natural it feels when you continue to implement self-care. It's an ongoing process.

Making choices. Arya observed a shift in the way she approached yoga over the course of the 12-week group. Initially Arya focused on: (a) her external appearance and accurate performance of diverse yoga forms that were presented during the practice, or (b) distractions such as work or her relationship. Arya gradually became aware that other group members were not scrutinizing themselves or her, which enabled Arya to be less self-judgmental. As the group progressed, Arya developed the capacity to attune to her internal experience and approach yoga in a way that felt useful to her.

[Learning to trust myself] was a question mark because I didn't know what that meant yet for me . . . I was still focused on other people . . . or work, or my relationship, or something else. It's like I wasn't committed 110% . . . [Over time], I kind of stopped caring [how I looked in the yoga practice] . . . not that I stopped caring but I stopped being so judgmental of myself, because I heard that [the other group members] were not being judgmental—at all—of me or of themselves. They were allowing themselves to *be there* and do whatever they wanted to do. And in turn that made me kind of ease up and just go with it.

In our first interview, Arya identified a habitual pattern of neglecting to consider her own feelings when making decisions. It was not surprising that, during the first few weeks of the group, Arya found that it was difficult to determine her preferences when she was practicing yoga. By approaching the yoga practice in a consistent manner, Arya discovered that she gradually developed the ability to make choices based on her internal compass rather than on her perception of others' preferences.

At first, I couldn't really latch on to the idea of, "Do what feels right," [that you talked about when you led the yoga practice] . . . up to this point in my life, to be brutally honest, I kind of appeased other people or juggled other people and I put myself in the back. So, this was an opportunity where you were almost calling us out, like, "Do what

you want to do, make your own decision.” It was like a weird battle . . . the old me and the new me looking at each other saying, “What are we going to do here?” And it formed into me saying, “Today I felt comfortable with doing *this*.” And then next week, “Okay, today I feel comfortable with doing this *and* this.” And then I just built off that. So, it was just like . . . a smooth transition . . . learning to trust myself.

At our meeting to review her narrative draft, I wondered what it was like for Arya to hear the words she had spoken over two years ago and asked her about this.

I think that is 100% true. And I just cried about [the way I used to] appease others. So, I admire, and I appreciate that I was able to move into a state where I could decide. Because . . . trauma or not, I don’t think everybody is born with perfect intuition or the ability to understanding themselves and make decisions. I did not have that ability before the group . . . at all. I remember feeling confident in trusting myself at the end of the group.

During our first interview, Arya described how experiences she had during yoga practice deepened her capacity to pay attention to what she was feeling in daily life and to take her feelings and preferences into account when she made decisions regarding her actions. Access to information about her physical and emotional states enabled Arya to make more positive choices regarding self-care.

For example, last week I worked a 12-hour day to get ready for the Fourth of July and so it was very stressful. It was so stressful I didn’t eat all day long. That’s a bad habit—when I’m stressed out, I don’t eat and that’s horrible for you. By the time I got home, and I turned work off, I’m hungry and I’m tired. Two out of the four—they call it “HALT”—hungry, angry, lonely, tired—I was at 50% and it’s not going to end well if you’re coming home to someone . . . I got into a fight with my girlfriend . . . not a fight, just bickering over . . . stupid stuff.

Whereas this week I worked 12-hour days and it was [about] 4 o’clock . . . I was sweating and feeling awful and I was like, “Wait! Hold on! What do I need?” So, I ate food . . . I took 10 minutes for myself, I sat outside, and was just breathing some fresh air and then I came home, and everything was fine . . . and I noticed that! I was reflecting on that the other day. Three months ago, I wouldn’t have been able to do that. I would have just kept overriding, not eating, getting upset, being stressed out, allowing stress to overtake normal daily functions. And now . . . I can at least identify when I’m about to do it.

When Arya attended to her personal needs, she felt better physically, emotionally, and mentally. I was curious to learn whether this new awareness inspired Arya's motivation to engage more frequently in behaviors that promoted self-care.

R: It sounds like as you feel better, on lots of levels, you have more motivation to tune into what you need moment-to-moment and take care of yourself, is that right?

A: Yeah. But I think that I bring that back to yoga. I gained that skill—it feels like a skill, because it's been so hard to do my entire life. I gained that skill from this group and the [ability to make a choice] of, like, I *don't* have to kill myself to make other people happy at work, I can take 10 minutes to drink some water, and breathe, and eat, it's not the end of the world. I can do it. It's fine. And it makes me feel better.

At her meeting to review her narrative draft, Arya reflected on the importance of self-care and affirmed her continued growth within this domain. Arya asserted the value of attuning to her embodied states and reiterated that she had learned to pay attention to internal cues through the yoga practice. Arya observed the intimate link between sensory and emotional self-awareness.

I used to be in a dark place all the time because of what I experienced. I felt like I was lost in the dark all the time . . . I'm so much more in tune with myself now. I think supporting yourself starts with checking in with yourself. Because you can't really support what you don't understand. So, I've done a lot of work with those two things: It's okay to not be okay, and how I react appropriately to that . . . if I'm not okay, what am I going to do to be okay? What am I going to do to understand and be sensitive to myself? I'm allowed to have bad days, that's part of life. This is hard to say but I think I used to feel that I didn't deserve to be in a good space, with what I had gone through. You kind of victimize yourself, thinking, "You're going to be stuck here for a really long time. You'll never get out of it."

But through emotional intelligence and maturity, you grow out of a lot of it, and when it does happen, you know how to handle it. I really attribute that to the group sessions, the yoga part of it. I really had no understanding of checking in with myself . . . understanding my thoughts and feelings. And not just emotional feelings—things like, "My stomach hurts! I'm hungry!"—basic body functions, like if I was in pain, or uncomfortable, or sore . . . I never thought about that stuff before the group. The yoga practice really made me understand that physical activity and your emotional state are very much linked. It's not like you're just doing one.

Evolution of Arya's Group Experience

In our first interview, Arya described how the commitment and trust that developed over time in the group influenced her growth. Arya felt that participants' shared trauma history was a critical factor in the ability of group members to bond so deeply. Arya also commented on the relationship between the yoga practice and the group's evolving dynamic. She expressed surprise that these two seemingly distinct aspects of the intervention—the yoga practice and the support group—complemented each other so well. Arya felt that yoga had a positive impact on the group connection because participants were more aware of their emotions after practicing.

Safety wasn't something that we set as a goal . . . it just happened organically. I think that even starts with something as simple as a check-in because you're all committing and you're all making yourself present and it was very respectful. I think that was the first sign of respect, like, "I'm here for myself and I'm here for the other six people that are in this room." That routine established a safety net: "Okay, if I can put my day aside and commit here for an hour and a half . . . all these ladies are here doing it, too." [That commitment created] a connection. Even in the yoga practice. . . I felt safe really by the—I don't know how to describe it—like I said, my emotional journey . . . being more loving with myself, a little more understanding, just listening to myself, I felt safe there. I thought [the group dynamic and the yoga practice] went hand-in-hand. I never would have thought in a million years that you could link them. Or that you would be in the right mindset or . . . I don't know . . . I just didn't think they would happen together.

For Arya, feeling safe with other participants was vitally important and was foundational to the group's beneficial impact on her healing process. Diverse elements contributed to her experience of safety including (a) the group routine that began with the check-in, which indicated to Arya that each participant made a conscious decision to be present for herself and the others; (b) encouragement to explore options within the yoga practice; and (c) the period of time that was dedicated to sharing. In our first interview, Arya reflected on the evolution of her sense of safety and mutual respect within the group. The commitment of other group members supported her to feel free, unthreatened, and grounded in the group.

I felt safe to explore my options, my thoughts, my feelings, and what my body was telling me. Before this point I had never done yoga and pushed myself to see what I feel.

Another thing I think that helped establish safety for me was the discussion that would happen after practice . . . getting to know each other a little bit. Because a lot of us were closed off, I barely knew anyone's name after day 1. But then, as time goes on, people are compelled to share about their day or about their week. And that, for me, is very humbling, that someone wanted to tell me that something horrible—or wonderful—happened. So, I think the combination of those things, over time, as we kept doing them made that sense of safety become stronger.

The support and encouragement of other group members, coupled with the yoga practice, was a powerful source of motivation for Arya to be respectful and caring toward herself. Arya noted that, when she was an active participant in the yoga support group, she felt more hopeful and less likely to become stuck in negative patterns of thought and behavior. In our second interview, Arya discussed the positive impact of the group and expressed her desire to experience a similarly nourishing connection again.

I'll start with when I *do* have [support] . . . I do have it, in my relationship. But I felt like I had the most support when I was involved in the group. I felt more hopeful . . . I looked forward to that time with those people because I felt really close with them . . . and I felt like I was being more respectful to myself overall, and treating myself better emotionally, because I just felt *loved* all the time. When I feel like I don't have that support, it's really easy to fall into the cracks of a negative space or a negative dark alley place in my mind. I've gained the abilities to get out of that, but it's a lot harder to get out if you don't feel like you have that support.

I don't [have a connection with a support group in my life now]. I guess that I haven't really thought about it. I've kind of just accepted—okay, group's over. I'm not saying that's the end-all-be-all of me connecting with other people, but you guys had put it on such a great platform for us, that we walked in every Tuesday and everything was there for us. Now . . . the support is out there, but . . . you have to navigate to get it or find it. I try to keep in touch with the people that I've . . . met in the group, so that's super helpful . . . but I wish there was some kind of . . . I don't want to say platform, but that's the only word I can think of . . . to communicate or feel that support. [Looking back on my time in the support group] . . . that was once a week that I was in a routine of really great self-practice for myself, just building myself. So, you get in that routine and you're really in a good place. Now, I kind of ache for that because I've been in a place recently where I'm [more] anxious and angry and not feeling so good, so I've been trying to reach out and find ways to get back in that routine . . . that safe, good feeling routine. That was like the gold standard for me, that group . . . If I could do that once a week every week for the rest of my life, I would do it.

Arya valued the specific sense of relatedness she experienced with other group members, which was engendered by shared histories of exposure to trauma. Following the group's conclusion, Arya missed that unique sense of connection.

We were all here at [name of organization] and participated for a reason . . . I would assume, for some kind of trauma. That's not something that you connect with, in a personal way, with the people you know. Out of my core friends, people I've known since I was five years old, I don't connect with any of them on this. It is a different kind of appreciation and . . . a different feeling of being connected. Like, I know this person's whole family and we know everything about each other's lives, but I might know [in relation to other members of the group] this person's really vulnerable past or trauma and they know mine. That's just a different level of interaction that I don't get every day.

For Arya, being a member of the group was particularly significant during the sentencing of her perpetrator. In circumstances that could have been extremely debilitating and draining, Arya was able to maintain her sense of empowerment, connection, and purpose. In our first interview, she described this aspect of her experience in the group.

I think going into the sentencing, being part of the yoga support group, having been through a few sessions, I felt . . . personally empowered, and then also [empowered] by other people. I really don't feel like I would have had that before, I don't think that would have been accessible to me. I wanted to get justice for myself and for the girls that were directly affected in that case but, once I went through this group, I felt way more purposeful. I don't think I would have felt that way had I not been in the group. I felt like I had a million people in my corner. In reality it was like six more people that I gained but it felt like a million people backing me. It felt like a million people walking into that courtroom with me, it felt like a million people with me afterwards. I felt way more supported and purposeful and energized.

Impact on Trauma Symptoms

At the time she joined the yoga support group, Arya's PTSD symptoms were already greatly reduced from the level they were at prior to participating in individual and group therapy. In addition to the therapeutic relationship, journaling had been an important component of Arya's early self-care routine. However, Arya still struggled with certain lingering trauma symptoms. Arya experienced pervasive anxiety, which was rooted in a feeling of being out of control in her life. She often felt distant or cut off from other people and tended to resort to

emotional numbing as a way to address overwhelming physical and emotional states. According to Arya, the yoga support group helped her (a) experience a deeper connection between mind and body by encouraging her to pay attention to what she was feeling physically and emotionally, (b) develop the capacity to face challenging circumstances by using specific movement and breathing practices, (c) engage with others more respectfully, and (d) listen more carefully to others.

For many years, Arya had experienced a lack of connection between her mind and her body. Arya confirmed that stress was a trigger for her mind and body to go in two different directions and stated that in the past she tended to ignore physiological signals such as pain and fatigue. Since joining the group, Arya asserted that she was less likely to override information coming from her body and more inclined to attend to physiological cues, assess their significance, and use them to inform her course of action. During our first interview, Arya reflected on ways that her participation in the support group affected her relationship with her body.

I think it is totally trauma-related that my mind and my body have been disengaged for the past, like, 10 years . . . they've never really met in the middle. Even down to simple feelings of pain . . . doing something that's painful . . . not hurtful, but maybe something like working out too hard or too long or being on my feet for too long . . . I just ignored those [sensations] . . . I always have. . . I was indifferent to it. This [group] really opened me up . . . it was that conversation that we all had about tension. I was like, "Oh my God, if I really take the time to pinpoint where my stress is and maybe even identify *what* it is, *I'm extremely sore!*" But I never noticed it. Maybe this is why I don't sleep really well . . . maybe this is why this, this, or this! I think it was very eye-opening for me. And I do think it closed that gap between mind and body . . . because they used to be a million miles apart and now, they're . . . I wouldn't say they're totally 100% a match made in heaven right now but they're a lot more connected than they were before. Now that [my mind and body] are closer, now that I can identify different sensations, it's easier to bring them together . . . When I go back into old habits, either emotionally or physically, or I get a little stressed out, I say, "Where am I right now? What do I need?" I think because I gained so much from this group I'm able to bring myself to center more often and more quickly than I could have before.

While she was a member of the group, the individual who perpetrated sexual violence against Arya was being sentenced. In our first interview, Arya described how she drew on group support in that challenging period of time.

At first, I didn't know if [the group] would be helpful because I had no expectations. I wanted to know what the end result was but I kind of forced myself not to, like, create some healing. It's either going to happen or it's not. For me, it *did* happen . . . over time. I would say that if I had not been in this trauma-sensitive yoga group while I was approaching my sentencing for my perpetrator, I would have been a *wreck*. For me, this was a really good coping mechanism . . . even just down to the breathing. You don't realize how much stress and tension and pain your body carries until you take the time to breathe. And I do it at work now, not even that I have to force myself, it's becoming a habit . . . to take two minutes and do some mini-breathing exercises. I take that, and I use it. For me, it's helped . . . I feel like I'm light years ahead of where I was four months ago because of this group.

Relationship With Emotions

The yoga practice affected Arya on diverse levels. It was, for her, most obviously a physical discipline, but it came to exert a significant influence on Arya's awareness of her changing emotional states. Arya's predominant focus was initially on performing the yoga forms correctly. This did not facilitate her ability to tap into the yoga practice as a way to deepen her self-awareness. Arya discussed this in her first interview:

As we heard from other members of the group, a lot of us have busy lives, so it's very hard to be in "yoga mode" the moment you get here. [The therapist who co-facilitated the group] and you instructed us, "How can you transition into being more present in the room and in your body?" I remember when we all stared at something different to try to break that . . . wall a little bit. After the first two sessions, I was like, "I didn't really get much out of that." . . . Normally I'd be, "That sucks!" . . . I tried so hard to not do that and I was successful. I said, "This week I did yoga, it was just yoga. I didn't take some emotional carpet ride through my mind."

Over time, the group members connected in a more intimate manner, and were able to cultivate a shared sense of safety. The yoga practice began to affect Arya on more than a physical level. It ultimately became a powerful tool for connecting with herself and other group members within the emotional domain.

I really just started connecting with the girls. I think that our talks opened me up a lot to what they were going through and what I was going through and so I would reflect on that at the beginning of our sessions each week. For me, it circled back to the foundation of trust and safety—so once I committed to that it just happened. I just got emotional but in the best way. I feel like I was moved every session. Not like I was upset or angry or sad, I was just compelled to search myself.

At our first interview, I asked Arya about any changes that had occurred in the ways she interacted with her emotions since joining the peer support group. In response, Arya said,

I think I am more aware, generally, not just in high stress situations . . . I'm a lot more reflective throughout the day, kind of checking in with myself, and thinking, "Where am I? How am I feeling right now?" Even if I'm just sitting on the couch or sitting on my patio, I'm more in tune . . . because that is what I would do throughout the actual practice of yoga. There would be [this period of time] where I would be doing what just felt so good, physically. But also, in yoga I'd be like, "Okay, this stretch feels really good on my legs, physically, but what am I feeling emotionally?" There were those mini check-ins that I would do in yoga; now I check in with myself a lot more throughout my day . . . like while I'm driving or have still, down time. . . where before I would just be off . . . on override . . . shut down.

I wondered whether Arya had been able to sustain this change since the group's conclusion. I was also curious to learn if it was now second nature for Arya to check in with herself, or if it was something she had to consciously decide to do.

I do understand [what I'm feeling physically and emotionally] a lot more now but I'd be lying if I said it was easy. Because I think when you experience trauma when you are young . . . it's almost like you have to relearn how to have emotions and how to process them. So, yes, I gained this new skill but by no means is it easy. I still have days where I don't do what's helpful for me emotionally. It's still a work in progress but I don't think I would have had any motivation to work towards it had I not done this group. So even after a month, I feel like . . . I wouldn't say I'm a pro, but I'd say I'm an amateur on the way to the big leagues.

As she reflected on the evolution of her awareness in relation to emotional self-care, Arya emphasized the importance of practicing patience and self-compassion. She expressed a desire to expand her capacity to be aware of her emotions and actively engage in self-care.

[Before joining the group], I was struggling to keep my head above water emotionally. Not that I was in a bad place where I would do something . . . I'm not even going down that road . . . I was just so emotionally unhealthy. Emotionally, I was like eating burgers and greasy food. And now I'm eating healthier emotionally, but I still have a burger

every once in a while. But my main goal . . . is to be vegan or vegetarian . . . I was horrible, now I'm good, but I still have my moments, and this is where I want to be. This is my projection, emotionally, now . . . and I don't think I ever had that before. I have to remind myself . . . regardless of what I do or how many times I do it, or what new experience I have, I can't . . . beat myself up. I think yoga helped me love myself a little bit more . . . both the actual practice and the discussion afterward.

One of the skills Arya continued to practice after the conclusion of the support group was Sun Breath. (During this technique, the practitioner stands with her palms together and inhales. Exhaling, she lowers her hands to the side of her body. Inhaling, she stretches her arms overhead and touches her palms. Exhaling, she returns her hands to the center of her sternum.) In our second interview, Arya commented that she used this technique to generate physical energy, emotional clarity, and a sense of presence.

It's like a little energizer for me, it kind of emotionally clears my head out. Whatever is in my head—good, bad, or indifferent—it just clears my thoughts, so I can start my day. And it's not just, "Okay, I have all this stuff in my head, I'm going to get rid of it and not think about it." It's not like . . . I'm ignoring what's in my head, I'm just becoming more aware. Maybe even like compartmentalizing it or prioritizing it. Like, "I had terrible nightmares last night. Am I going to let that bother me all day? Or am I going to take a second, acknowledge it and then move on?"

In our second interview, Arya emphasized that she avoided repressing her thoughts and emotions but instead sought to become more aware of her mental and emotional states. Arya stated that she makes conscious choices more frequently and decides where she would like to place her attention.

Before, say I had bad dreams or didn't sleep well, I wouldn't acknowledge it, and so I would take my negative feelings out in the wrong way—on the wrong person, or at the wrong place. I didn't take time to acknowledge it and it kind of just built up. It was like procrastinating on your thoughts (both laugh) you know? It was like a big stack . . . on your desk and in your brain. And then, at the end of the day, it was like, "Oh, my God!" That's how it felt . . . before yoga.

Arya affirmed that the practice of self-awareness and choice regarding attentional focus in contrast to ignoring or repressing thoughts and emotions fostered a heightened sense of freedom in her life.

Arya and I circled back to the topic of the way she interacted with her emotional states during our final meeting. I asked her if, over time, emotional attunement was something that became easier for her. Arya replied,

Yeah! I think in relation to my going into override mode or shutting down, it's really opened me up to how I've allowed people to treat me. I've realized that I've let people treat me horribly for a long time. And this is more from a work sense, the way people would bark at me and talk to me, I was so used to going through the motions from the time I woke up to the time I went to sleep. It wouldn't even cross my consciousness that it wasn't okay, or that I was uncomfortable, or that I was nervous, or whatever the emotion was. So, gaining that [awareness of what I'm feeling] and then practicing it and now, just having it be what it is and understand it fully, I've really been able to gain some sense of power . . . like, "No! I don't like what you said, that makes me uncomfortable," or, "I'm nervous to talk to you." I more aware and I don't put myself in bad situations all the time, because that's what I was used to. I do feel like it's gotten easier and I've opened up to a different dimension of my life that I totally neglected . . . or wasn't even aware of prior to the group.

Sense of Identity

In our first interview, Arya reflected on how her experiences in the group influenced her sense of identity. Arya acknowledged that participating in the group helped her to be less self-critical and more confident. As she accepted herself more fully, Arya noticed an increased level of comfort with herself, which she described as a sense of being "whole."

I would say yes, I was affected by the group [in relation to my sense of identity]. I felt a very immense shift . . . and it happened fast. I really lacked in confidence and I was really hard on myself leading up to this point in my life. I still am, I would be lying if I said I wasn't . . . but I'm so much softer with myself now . . . I feel like I can be myself more. I'm okay with who I am now, whereas before I kind of put myself in tiny boxes with labels. I had a bunch of puzzle pieces, but I didn't see the whole picture. And now I see the whole picture of myself, which I'm not saying is good or bad or above or below expectations, but it feels good to feel whole. I didn't really ever feel *whole* before.

The changes that Arya experienced during her tenure in the group unfolded within the context of setting an intention regarding her personal focus. As she became clearer about her direction, Arya's capacity to make choices that were useful to her expanded.

What was really useful for me was when we set our intentions together . . . well, we set them individually, but then we set them together as a group. I felt like I was driving at

night without my headlights on and then we set an intention and I was like, “All right! Now I can see where I’m going!” Emotionally, I was trying to navigate, at first, through yoga but I couldn’t really do it, I didn’t really know how. So, I set my intention and it was nice to see where everyone else was at and what they were working towards. That helped me immensely.

Relationships With Others

Participation in the support group had a beneficial effect on Arya’s relationships with others, both within and outside the group. Factors that promoted Arya’s sense of connection included (a) sharing a common purpose with group members; (b) engaging in the yoga practice together; (c) talking and listening to each other before and after the yoga practice; and (d) becoming more intentional about when to speak and when to pause, based on interoceptive cues. During her tenure as a member of the group, Arya cultivated patience, respect for self and others, and the ability to listen.

Prior to her participation in the group, Arya felt that she had difficulty establishing emotional connections. We discussed this during our first interview:

Being part of this group really affected my sense of connection with others . . . in a positive way . . . I used to not really engage emotionally with other people. I would talk about something that was bothering me at the wrong time or I would almost be passive-aggressive about it. So, sitting there and waiting [for others to talk in group] would be like . . . I don’t want to say it would give me anxiety but . . . I was eager to hear what other people had . . . or maybe eager to share. So, the same thing [happened] in everyday life . . . I always want to, if there’s something bothering me, I just want to get it off my chest. But there were times when I’d need to take a seat . . . there are five other people here that I need to be considerate of, not just me . . . [One group member] said something that struck a chord for me . . . she felt connected, just being in a roomful of people doing yoga, whether we talked or not. Knowing that we had experienced something together connected us; we’re all here for a common purpose. So, whether we would talk or not . . . I felt so . . . embraced by that. It was very positive for me.

In order to clarify my understanding of Arya’s statements, I asked whether, in the group sessions, she waited longer than she normally would before talking. Arya replied affirmatively and described this type of pause as a nourishing experience.

I don't have off the charts trigger moments like I used to . . . I'd say my PTSD is minimal, if not gone from where it was . . . Being in the group, it's something that we always talked about . . . how reflective and thoughtful we all were before we'd answer a question. That has helped me a lot, in regard to listening to people, because I used to be really horrible at listening to people. I just . . . would interrupt a lot . . . I don't know where that came from, if it's trauma-related or what . . . It helped me in my personal interactions . . . listening, caring, being more respectful, that's probably the best way to explain it. Because I got that from six other people for three months straight and that was very beneficial for me. [Waiting to see if others wanted to speak first] taught me patience and I think that . . . it's helped me in my interpersonal relations in my everyday life . . . [in relation to] listening . . . not speaking first . . . and understanding more. It helped a lot.

I wondered whether Arya used interoception to guide her in the process of making decisions about when to speak and when to wait, as she did during the yoga practice in relation to movement options. Arya confirmed that in order to make choices about how she interacted with others, she tuned in more frequently to her body and to what felt right to her. When her actions were informed by her internal compass—her felt sense of what was useful in the moment—Arya experienced an enhanced sense of connection with the other group members.

I was interested to find out if Arya's experiences in the group had affected her relationships with people outside the group and wanted to learn about any changes Arya perceived within this domain. In our first interview, Arya described how her participation in the group had enabled her to be more open to connecting with others in positive ways.

[Because I was in the group], I was getting really good support. But I also think that I was way more open to it. The support that I already had was kind of lackluster. Even before the start of the group . . . I had already done a lot of work with my family. They were all affected by this [the sexual violence I had experienced] in totally different ways and had totally different emotions. We were not all on the same page and it was kind of stressful. But through my own journey, I feel like I helped them. That was a direct result of being in the group—both the yoga practice and the discussion . . . My support from my family was just so strong that day [the day of the sentencing] and thereafter. I think I was more open to listening and being patient and understanding of their feelings. Before [participating in the group] I was a little more closed off. It's not that I wouldn't talk about it, it's just . . . I already assumed that they couldn't help me so I just kind of wrote them off. But then, once I had some patience and some understanding . . . I felt way more supported by them *and* by the new therapy family I had gained.

Circling back to this topic in September 2018, Arya characterized how her growth has continued within the domain of relationships with others. At this point in time, Arya had reestablished relationships with friends from her childhood. She felt nourished by these connections. Previously, Arya had felt unable to relate to these individuals due to the trauma she had experienced.

I think that learning to listen first enabled me to find the right time [to say the things I wanted to say] . . . because not only was I listening to other people, I was listening to *me*, having patience with me. When I had something on my chest, I just wanted to get it out. But I think through listening to yourself, you learn how to be tactful in a way that is useful for you, that's not going to be damaging to you or the other person. And through that, I think I've been able to create really great support for myself and I think I've been able to support others because of that. It's been a reciprocated feeling between myself and my family, and now between myself and my friends. I feel like I've gained a lot from that.

Vulnerability and Healing From Trauma

In our first interview, Arya commented on the connection between vulnerability and healing from trauma. Because Arya identified the key role of vulnerability in the process of healing, I wanted to hear how she understood the meaning of the word, “vulnerable.” I inquired about this and Arya replied,

I think that I feel vulnerable when I face something that's very difficult the first time or open up about something that's uncomfortable. I try to use vulnerability as something that's “glass half full, not half empty.” I try to use vulnerability as a stepping stone to something greater. I try not to confine or contain myself or put myself down. Some people might use “vulnerability” differently, but that's how I define it and that's how I've always looked at it. I make myself vulnerable to get to a better place.

Because Arya felt safe in the group, she was able to make herself vulnerable and receive support. For Arya, safety was fostered by the nonjudgmental and welcoming attitudes of group members, and their willingness to be honest with each other.

I think part of healing from trauma is making yourself vulnerable enough to where you get help. I think that's the first step with any problem that you have. There was just a bond in opening up to people that I felt super supported by. So, I walked into that room and I knew it was safe—not judgmental or biased—warm and welcoming. That always

resonated with me, everyone's willingness to participate and really be true, and raw, and honest.

In Arya's experience, the level of openness that evolved within the group was inspiring and intimately connected with empowerment.

What gives me that feeling [of empowerment] is people's honesty . . . people baring their souls. And it's not like we went into nitty-gritty details and I wasn't expecting that. But, still, people bared their souls to everyone. And they were so honest and true and real, and that empowered me to do the same. So, by empower I mean motivate, inspire—they all correlate.

I was interested to learn more about what gave Arya the courage to be vulnerable in relation to articulating her truths and asked if she was willing to discuss this topic.

Because I reap benefits from it . . . when I push myself to that point [of being vulnerable], I think it entices me to do it more. That's something I talked about in the group . . . being true, and being honest . . . I think an honest life is a good life. There was a point in my life where I was not honest with people, and I lied for no reason and covered up a lot of stuff. And then once I let all that go, and I decided, "Hey, I'm going to be real and I'm going to be honest," that unlocked an emotional journey for me that was much better than the one I was on . . . by trying to appease. So, by making myself vulnerable about little stuff, like telling someone that I bit my nails, or that I hold a pencil funny . . . little things that I'm embarrassed about, that built me up to the point where I am now. Obviously, [because of the nature of the trauma I experienced] . . . I was kind of forced to be open and public, because I didn't have anything to hide. So, I think I built [my ability to tolerate vulnerability] up over time, from interpersonal relationships to real trauma.

Arya asserted that she associated vulnerability with taking a course of action that may be uncomfortable, but more authentic. Arya characterized her view of the importance of making the choice to be honest: "I think that's a huge part of being human."

During our second interview, Arya described her embodied experience of vulnerability in relation to making choices in her daily life.

For me, I feel a little quiver in my stomach or in my body . . . a sensation like, "Here I am! Left or right, red or blue? Which one?" [In the past], if I've made the easier choice . . . maybe the brushed-up lie, the pretty lie, or whatever it might be . . . if I've chosen that route, I felt so guilty about it . . . [now] I would much rather be honest . . . I don't want to feel guilty or wrong anymore. If being honest makes me feel vulnerable, [at least] I don't feel guilty at the end of the day, I can go to bed at night. I want people to be honest with *me*. I don't want people to lie to me, so why would I do it with other people?

I've received the most and helped the most by being honest and vulnerable, which I think go hand in hand. I think I've reaped so many benefits by just being true, as opposed to hiding.

With emotions, I have very noticeable physical reactions. My face will get really red, or I'll get sweaty palms even if I think about taking the "no" route. It's like my body is trying to stop me from making the decision [to take the easy, less vulnerable, less courageous path] . . . But there are those moments where I'm like, "No, it's okay, I'm going to do this anyway!" And I totally regret it every time. I really believe [that] . . . my body is trying to say, "This isn't okay. You don't feel good about this, so why are you doing it?" When I take the high road, I'm like, "Gold star! One point for me today!" It's so simple [now], but . . . that wasn't always a simple thing for me.

Arya also reflected, in this interview, on the connection between vulnerability and healing, for individuals and groups of people, in relation to the trauma of sexual violence.

I think [there is a relationship between individual and group healing] . . . but I think that there are also a lot of factors [that influence healing] . . . like survivors' ability to be vulnerable [in relation to] all those things that you struggle with about telling your story and getting help . . . trying to find answers. I think that the vulnerability that comes from facing those challenges and overcoming them . . . empowers people. I could see empowerment in all group members . . . their body posture, the way they talked about themselves, the way they talked about their days. We were all doing that once a week, together. Do I think that that could happen on a bigger scale? Yes, but I don't know how.

Arya's second interview took place in January 2017, shortly after the international women's demonstrations that were held after the U.S. presidential inauguration. In relation to her sense of hope and hopelessness, I was curious to learn about Arya's experience of the women's marches. When I asked her about this, Arya commented:

I thought it was incredible! I cried almost the whole day. And to see that millions of people, not just across the United States . . . there were people in Australia . . . and London . . . all together for the same purpose, that was really amazing to see! Because it does feel like nobody cares or that these issues aren't on people's minds. To see millions of women . . . and men . . . marching and protesting . . . that gave me a sense of hope for sure . . . that not everyone thinks, "Oh well, who cares about that?" It was a really cool showing . . . the march numbers were here (holds hand high) and the inauguration numbers were here (holds hand low). To me, that speaks volumes. So, when I feel scared, obviously I think of that day. I can't get enough of it! I read all the signs that people put up, they give you some humor . . . but they also wake you up, too!

Our second interview occurred 10 months before the “me too.” movement began to gather momentum. “#MeToo” spread virally in October 2017 as a social media hashtag used to shed light on the widespread prevalence of sexual violence and sexual harassment. During this interview, Arya commented on the commonly accepted public aversion to conversation about sexual violence and consequent isolation and stigmatization of survivors.

People typically think [the topic of sexual violence is] scary. It’s intimidating for sure, but they let that fear, or whatever that feeling might be . . . they let that maybe stop them or prevent them. I think vulnerability for some people is like a hard line that they can’t go past. I see [my own healing] as very connected [to the healing of other survivors], which is . . . like a double-edged sword. I think it’s great that . . . my story was kind of public . . . I had a court case, I had a very public witness impact statement, so my situation was different than others because I had to relive it through the court process.

I feel connected to [other survivors] and it’s a *good* thing because they’ve felt comfortable to reach out to me. I might have been the light at the end of the tunnel for someone and someone was able to share their story and get help because of my bravery.

On the bad side of that, it’s horrible that there’s a connection. I guess there are more people that have specifically dealt with sexual trauma than I was aware of before I started. That’s where I think it’s unfortunate and like the bad part of the blade. It’s scary that so many women have experienced different degrees of abuse. But in the grand scheme of things, no one’s talking about it except for the survivors. So, I think that’s where . . . I kind of question . . . I’ve dealt with the big chunks of my healing, what’s next for me? And how can I help? Or what’s next for this subculture of survivors? What’s next for us? I guess that’s how I view healing now. I wish that everybody knew about it. Why are people so afraid to deal with the fact that this problem exists, and we need to fix it?

It’s a continuously rising level of feeling alarmed and overwhelmed. The specific case that really got to me was the Michigan State case . . . I was captivated by it, negatively and positively. I listened to almost every single victim speak . . . and in a weird takeaway [described Aly Reisman] I kind of feel like a spokesperson in my community. I’ve had people come up to me and thank me that I didn’t even know. I feel like I’ve impacted people like I never knew I would, just as Aly did for me and probably millions of other people. So as much as it’s such a negative, gruesome, awful subject, the goal is not to dwell, but to flourish from it . . . I feel like I have, in the sense that this is on the national radar now . . . I think there is change in the works now, to hopefully make this better . . . I’ve seen, and I continue to see small movement. It’s never going to be, unfortunately, immediate action. I think it’s going to take a really long time. Revolutions don’t happen in a day. This is one of those that has been festering for a really long time. I think change will come but it’s just . . . a lot of small victories leading up to a big movement. I’ve really tried to flip my perspective from negative to positive.

I feel strength and bravery and courage, and I'm empowered by people who choose to say, "This isn't okay, and this isn't how our culture should be." I find a lot of empowerment in that.

Summary

Participating in the TC-TSY yoga support group helped Arya to become aware of and move beyond embodied patterns that were caused by the trauma of sexual violence and affected her on physical, mental, and emotional levels. These patterns had a negative effect on Arya's sense of self-worth and made it difficult for her to sustain awareness of the present. As the group progressed, Arya noticed a diminution in her tendency toward self-judgment and a gradual increase in her capacity for self-trust. Arya used the yoga practice as a way to become more attuned to her emotional states. By making space for her feelings instead of repressing or ignoring them, Arya came to feel "more human." Arya felt that the increase in her sense of self-trust was paralleled by the growing sense of safety and trust among group members.

As a result of Arya's exposure to the trauma of sexual violence, Arya experienced many symptoms of PTSD such as anxiety, hyperarousal, and emotional numbing. Although the intensity of these symptoms was greatly reduced at the time she joined the support group, Arya still struggled with lingering symptoms rooted in her tendency to avoid paying attention to her embodied experience in the present moment. Arya asserted that participation in the support group helped her (a) experience a deeper connection between mind and body by encouraging her to attune to what she was feeling physically and emotionally, (b) develop the capacity to face challenging circumstances by using specific movement and breathing practices, (c) engage with others more respectfully, and (d) listen more carefully to others.

In Arya's view, the group members already shared a unique and important bond because they were all survivors of sexual violence. Arya felt that the evolving levels of commitment and trust among group members provided a context that was supportive of healing, personal growth,

and empowerment. According to Arya, practicing yoga enhanced trust and connection within the group because it fostered heightened awareness of their own emotions and the emotional states of others.

During the yoga practice, Arya was initially focused on her external appearance or outside distractions. Within the nonjudgmental group context and over the period of 12 weeks, Arya was able to cultivate enhanced awareness and acceptance of her internal experiences. This recursive process of inner attunement enabled Arya to make decisions based on her own preferences rather than on the preferences of others, not only in the support group but also in daily life. Attending to her personal needs helped Arya to practice self-care with greater frequency and consistency.

These factors motivated Arya to be more respectful and caring toward herself, group members, and people with whom she interacted in daily life. Arya stated that the group support enabled her to maintain a sense of empowerment, connection, and purpose during the extremely challenging period of time during which her perpetrator was sentenced. After the conclusion of the group, Arya continued to draw on some of the movements and breathing techniques she learned in the group to support her physical and emotional well-being. For Arya, the practice was not merely physical; self-awareness and emotional attunement were consistent elements of her approach to yoga.

At our second interview, Arya expressed a desire to once again experience the level of support she had when she was a member of the group. During our meeting to review her narrative draft, Arya expressed her belief that she was making significant strides in the area of self-care. Arya continued to see a therapist every other week since the support group's conclusion. In addition, she had recently started journaling again. Although Arya was not

participating in a formal support group, she had learned how to reconnect with friends and family in ways that proved to be more supportive and satisfying.

Arya stated that her participation in the group had a positive effect on her relationships with others, both within and outside the group. According to Arya, factors that contributed to her enhanced sense of connection included (a) sharing a common purpose with group members, (b) engaging in the yoga practice together, (c) talking and listening to each other before and after the yoga practice, and (d) becoming more intentional about when to speak and when to pause, based on interoceptive cues. Arya stated that she used interoception to inform her decision-making processes in relation to engaging with others. Her experiences of attunement to self and others within the group helped Arya to give and receive support within diverse relational contexts.

In relation to her sense of self and identity, Arya acknowledged that participating in the group helped her to be less self-critical and more confident. A heightened sense of self-acceptance and comfort with herself contributed to what Arya described in her first interview as a feeling of being “whole.” Arya stated that changes within this domain occurred within the context of defining an intention for her participation in the group. During our meeting in September 2018, Arya reflected on how far she had come in the past three years in terms of emotional intelligence and maturity.

In both her first and second interviews, Arya reflected on the relationship between vulnerability and healing from trauma. Arya emphasized the importance of allowing herself to be vulnerable in order to receive support. Because group members were open and honest with each other, even when it was extremely challenging, they were able to alter habitual patterns that had evolved in response to traumatic exposure. Arya described how awareness of her embodied

experiences related to vulnerability helped guide her in making choices that support healing and growth. Arya also acknowledged that public aversion to conversation about the problem of sexual violence and consequent stigmatization of survivors is unfortunately commonplace.

At our final meeting, Arya reflected on social changes that had occurred as a result of the “me too” movement. Although she sometimes felt overwhelmed and alarmed by the large numbers of women that were finally speaking out about sexual violence and harassment, Arya was inspired and empowered by the strength and courage of other survivors. Arya acknowledged the importance of each victory in struggle to end gender-based violence. Arya was hopeful about the possibility for change and the ability of survivors to flourish in the wake of trauma.

Christa’s Narrative

Christa participated in a TC-TSY peer support group from February to May of 2016. Our initial interview occurred in June 2016, one month after the conclusion of group meetings. The second interview took place seven months later, in January 2017. A final meeting took place in November 2018. At this time, Christa reviewed a draft of her narrative and offered feedback on what had been written.

Christa was 39 years old at the time she joined the yoga support group. She characterized herself as “kind, compassionate, hard-working, analytical, and determined.” During our interviews, Christa reflected on and described: (a) her motivation to participate in the group; (b) the yoga practice that took place during the support group meetings; (c) the evolution of her approach to practicing yoga in relation to acceptance, choice-making, trust, and the value of practice; (d) how the group experience changed for her over time in relation to connection, reflection, and self-expression; (f) ways in which the group experience impacted her relationship

with trauma symptoms, her emotions, relationships with others, and sense of identity; and (g) social barriers to speaking about and addressing the problem of sexual violence.

Motivation to Participate

Prior to joining the TC-TSY peer support group, Christa participated in a present-centered women's support group at the agency where the TC-TSY peer support group was offered. This group included (a) psychoeducation about common trauma symptoms and useful coping strategies, (b) time for reflection and sharing experiences, (c) art therapy, and (d) journaling. A group yoga practice was not part of this intervention.

When she learned about the TC-TSY peer support group, Christa thought that participation might help her to address some of the persistent PTSD symptoms she experienced such as hypervigilance, anxiety, avoidance, and dissociation. Although she had met with a therapist on a regular basis for the past two years, coping strategies Christa had learned in therapy did not provide reliable relief for many of the physiological symptoms she experienced including high levels of chronic muscle tension and a pronounced startle reaction. At our first interview, Christa discussed the circumstances that led to her decision to join the group:

I heard about it [the TC-TSY peer support group] through the women's support group I was in. It appealed to me because there were things my body did that I couldn't mentally walk myself through to change; I felt like my body reacted and I couldn't control it. So, I wanted help with that . . . I have a really bad startle reaction . . . nervousness, anxiety, hypervigilance. That had already been going down quite a bit . . . I've been in therapy a couple years now. But there were some things that I couldn't self-talk my way through. I was pretty sure something bad was going to happen, I just felt it in my body and I just felt the tension. I see a chiropractor regularly, but we just kind of maintain. I don't get better because of all the tension and muscle tightness. So, I was just trying to get a grip on my body.

Description of the TC-TSY Practice

When I asked Christa to characterize the TC-TSY yoga practice, she replied that she did not view it as exercise but, in contrast, felt that the yoga practice was an opportunity to connect

inwardly and make choices about movement and breath. Christa had practiced yoga a few times prior to her participation in the support group. In these classes, the approach was formulaic, and students were encouraged to imitate the instructor's movements rather than follow their own interoceptive cues.

I'd only done yoga a few times before. Any other experience I had with yoga involved doing certain moves in a certain order and everyone was doing the same thing. The yoga practice in group was nothing like that! I guess I learned, over time, it [the yoga practice] was about being present and making those choices that I struggled with at the beginning of the class. I learned that it was more about connecting with myself rather than following any kind of ritual or certain order of movements.

When I read this excerpt to Christa at our final meeting, she felt "a little choked up" when she remembered the way that being present and connecting were prioritized in this approach to yoga. For Christa, it was vitally important that there was no "right" way to engage with the yoga practice.

At first, Christa felt that making choices during the yoga practice was challenging. In our initial sessions, she wanted to be told what to do in order to perform the physical movements correctly. Christa experienced the yoga practice as an entirely novel approach to decision-making because she was invited to attune to internal states rather than external cues in order to determine her course of action.

I tend to just plow through hard things. I just detach and get through them and this was not about that. This was about attaching and just being and so that was like a whole new, foreign [experience] . . . it was like another universe for me to try to figure out.

When I read this to Christa at our final meeting, she added:

I miss the practice of yoga! But it's more ingrained in my daily life . . . I don't have to force myself to tell myself that it's okay to make a choice to not do something if it's not suiting me, I just do what my body needs to do. So, thinking back to a time when I couldn't do that is a little hard.

I acknowledged the sadness that was evoked in Christa as she recalled her prior struggles.

Christa seemed to feel a sense of accomplishment and self-appreciation as she added, “I’m still on that journey, but I’m in a very different place than I was then.”

Evolution of Christa’s Yoga Practice

As she thought about the way her approach to practicing yoga evolved over the course of the 12-week group, Christa’s reflections centered on these themes: (a) her growing sense of self-acceptance allowed her to make choices based on internal cues, (b) self-acceptance established the foundation for trust in self and others, (c) consistent practice and repetition of skills related to self-acceptance and choice-making (remembering that there is no “right” way to feel or act) was necessary in order to sustain changes in habits related to trauma symptoms, (d) specific aspects of the practice that were useful, and (e) experiences related to trauma symptoms that were triggered during the yoga practice. Looking back from the vantage point of her second interview, Christa reflected on her overall experience of the yoga support group:

The first word that came to my mind is “empowering.” It helped me find tools that I had in my body, that I didn’t know that I had. The first one is getting unstuck from my frozen state. That was huge and awesome for me. I got encouragement, and it helped me not feel alone. It was education. I’m a logic-based person, so I want to know how this stuff works. I enjoy learning some of the science behind it, too. To be honest, I miss it. I miss the group.

Acceptance and choice-making. During our first interview, Christa contemplated how her engagement with the yoga practice evolved over the course of the 12-week group. Christa noticed that, over time, her ability to tolerate sustained awareness of her embodied experience gradually increased. Awareness led to a growing sense of acceptance, which established the foundation for Christa to make choices based on her own experience rather than on her desire to conform.

At our first interview, Christa commented on her trajectory within this domain:

I definitely got more comfortable with the yoga practice over time. At the beginning, I just wanted to be told what to do. I didn't want all the choices . . . I wanted you to tell me how to do it right and let me just do it! I learned, slowly, to do my own thing if I felt like doing my own thing, and if I started to do something that didn't feel right, to move. I guess I just became more comfortable with paying attention . . . I learned that what might be right for another person is not necessarily what's right for me. You always used to say, "This is what's right for me, right now." It was about being in the moment and just being more accepting of myself.

At the inception of the group, Christa found it difficult to make choices based on internal cues because (a) paying attention to what she was feeling was often overwhelming, and (b) acting in ways that did not conform to group norms evoked discomfort and anxiety. Christa shared additional reflections in our first interview on her nascent ability to trust her inner compass rather than automatically conform to externally imposed standards:

Yes . . . my complicated relationship with choice! I've learned to embrace it. I never really knew [I had the ability to make choices based on what felt right to me]. That's big for me. I feel relieved, like a burden has been lifted, like there is no "right" way to do life. Before I wanted to do the "right" thing . . . and now I feel like I'm in on a secret that a lot of people don't know. It doesn't have to be this way. I feel . . . I guess relieved is the best way to describe it.

At our meeting in November 2018, Christa commented that, in addition to the way that trauma exposure impacted her ability to feel her body and make choices based on what she felt, she was raised to value "logic and getting things done" rather than emotional awareness. Christa added, "Feelings weren't a big part of my upbringing."

Christa reflected on specific aspects of the group experience that enabled her to become more accepting of what she felt, on physical and emotional levels. Over time, consistent reminders that there was no correct or incorrect way to feel or move made it possible for Christa to learn new ways to make choices, which emerged from her own embodied experiences and preferences.

I was encouraged and given permission to be in my body, no matter how it felt. And what I was feeling was okay, no matter what. If I wanted to do something different [from the choices you were offering], that was okay. I was encouraged to do one of the choices

you presented, or whatever else I wanted to do. I guess that's the empowerment part, or the encouragement part. I think something changed in me, with the constant permission to feel and encouragement to feel, and allow it, and just be in it, not try to change it . . . hearing it over and over and over and the having my body try to do that over and over and over, helped something to click.

I was interested to learn more about the significance Christa ascribed to the process of making choices. More than once, Christa stated that it was important for her to feel that she was in control of her life circumstances and the inner domain of her embodied experience. I asked Christa if making choices provided her with an expanded sense of control. Christa's response provided insight into the complex nature of the way she experienced the relationship between acceptance and making choices.

Before joining the group, Christa relied on avoidance and numbing to block out aspects of her internal experience that were difficult to tolerate. During her tenure in the group, Christa developed a higher tolerance for her own challenging physical and emotional states. In our first interview, Christa described her growing understanding that the yoga practice was not necessarily an avenue to feel a particular way, but instead provided the possibility of feeling more connected to her embodied subjective experience in the present:

If you get in your body . . . well, for me, if I get in my body, and I'm not used to being in my body, I may or may not like what I find there. But it's there! My body's feeling it, I just had blocked it out. I'm sure it depended on the circumstances that were going on that day or week . . . but I'm sure I had weeks where I felt peace [during and after the yoga practice]. I know I did. But I also know I had weeks where I left feeling very uncomfortable. I was uncomfortable with my feelings, uncomfortable with what came up, and frustrated because [I thought], "I'm supposed to feel peaceful after this, and I feel this way instead." Eventually, you helped [me understand] that that was not the point. But it was my preconceived notion that, "You do yoga, and you feel more relaxed," not, "Oh, I do yoga and now my heart's racing, and I'm clenching, and I'm crying." But I was in my body doing it, I wasn't observing from the outside, which was new for me.

Hearing this excerpt at our final meeting, Christa recalled when the therapist who co-facilitated the support group commented, "It must be exhausting to try to change the way you're feeling." In that moment, Christa realized how much effort it required to constantly attempt to

alter her emotional states. Christa retained this learning and, looking back, realized how far she had come in relation to being able to accept and navigate her changing emotions.

Prior to joining the group, Christa tended to repress, distract herself, or try to alter unpleasant emotional states. Over the course of the group sessions, she came to develop heightened awareness that, when regarded with acceptance, her emotions changed over time—they did not last forever. Although acceptance was challenging and required a significant amount of focused attention, Christa discovered that this effort was worthwhile. In our second interview, Christa reflected on the value of acceptance in relation to the fluid nature of her physical and emotional states.

Better out than in, I suppose! I think it was a healthier way to be. It just is what it is; we talked about that [in group], too. And the next day might be totally different. But right then, that's what it was. I didn't like it, but it was what it was. I wasn't mad at myself for feeling the way I was feeling. And that was something that used to be a thought process of mine. "I shouldn't feel this way, I don't want to feel this way, so I'm going to do something to redirect, or take my mind off of it." I was just feeling that way. I didn't necessarily know why, I didn't *need* to know why, I just let myself feel it. It took a lot of attention to let that happen.

For Christa, acceptance of embodied states that were difficult to control was counterbalanced by the growing awareness that, although she could not control what she felt, she could make choices regarding her actions in any given moment. Christa learned that her actions had the potential to subsequently affect her embodied experience.

Choices help me feel like I have more control. Checking in with myself . . . I don't always like what I feel so I can't control that. Being more connected with my feelings doesn't make me feel like I'm more in control . . . I just feel like I'm being more accepting of *not* having control. The choices definitely make me feel like I have more control. I can respond in a different way. It's like I tell my kids, "It's all right to feel angry, but you choose how you respond to it. Hitting your sister's not okay. You're allowed to feel what you're feeling, and it doesn't always feel comfortable. You can't control if you're feeling angry about it. But you do get to control your reaction to it." So, I guess I'm learning that . . . I'm trying to teach as I go. I feel like I'm a half-page behind them!

Over time, Christa came to feel that the reciprocal process of acceptance and making choices was encouraging and empowering. Christa reflected on this in our second interview.

In the group, I was encouraged and given permission to be in my body, no matter how it felt. And I learned that it was okay, no matter how I felt. If I wanted to do something different [from the yoga form you were demonstrating], I was encouraged to make that choice. I could do one of the choices you presented, or whatever I wanted to do. I guess that's the empowerment part, or the encouragement part . . . I think it had something to do with the constant permission to feel and encouragement to feel, and allow it, and just be in it, not try to change it . . . hearing it over and over and over and the having my body try to do that over and over and over, helped something to click.

I wondered whether there had been a specific moment when Christa felt that she had: (a) reconnected with her body, (b) realized that she had options regarding the actions she chose to take, or (c) understood that there really was no "right" way to feel or move her body during the yoga practice. When I asked Christa about her experience of the "click," she replied, "I don't think it was anything sudden, I think it was a process. I think that all healing is a process."

Practice and repetition. During both interviews, Christa discussed the critical importance of practice and repetition as she cultivated the ability to feel her body and make choices based on her preferences rather than on external sources of motivation. Both of these domains were challenging for Christa and her participation in the group provided opportunities to develop new coping strategies and ways of living in the world. In our first interview, I was curious to learn if it had become easier for Christa, over the course of the 12-week group, to listen to her body and make choices for herself.

I don't know. It's still hard! I think it got less hard for me, but I think it's a matter of practice. It takes practice and repetition to keep changing habits. For me, dissociating has been a very effective habit. So, checking in with myself is something I need to try to do more . . . and I am doing it more. I am noticing how I feel . . . I have more awareness than I used to. I'll notice, "Okay, I'm feeling this, so let's think about this. What's going on?" It's a habit that we did for 12 weeks; it gave me some practice in doing it, and the direction to do it. I could do it at home every day, but no one was telling me to do it, so I would not have chosen to do that. But we created a space where . . . that's what we're doing. So, it was a good reminder to start working on a healthier habit.

During the November 2018 review of her narrative draft, I asked Christa whether she had people in her life now who encourage her to feel. She mentioned her therapist and then added,

I just feel now! As you saw [recalling how she teared up during this meeting, remembering earlier struggles], I just sat here and started crying. I feel now. I just . . . I feel what I feel. It's not a conscious choice even, anymore, it just happens. It is what it is. I guess it's a good thing . . . it's a healthier thing!

When Christa was reminded to pay attention to internal cues, she was able to access that information more consistently. In a similar manner, when Christa was encouraged to explore options, she felt a greater sense of freedom to experiment with decision-making processes. For Christa, the development of trust in the facilitator, trust in other group members, and self-trust was a gradual process that evolved over time.

I think for me, trust develops slowly. And I wanted to be sure that it was really okay to do different things. And so, the more sessions we had, the more we got to know each other, the more I got to know the group, the more trust I gained. Trust just doesn't come easy, so it wasn't going to be week 2 that I'm like, "Okay, she said I can do whatever, so I'm going to do whatever." I don't trust that fast. For me, it was the consistency and the time to develop that sense of safety and security that we were constantly given permission. . . . I know, to the point where we would all joke about it. But that's what gave me the permission. If you hadn't done it over and over and over, I wouldn't have done it differently [explored my own options] during the yoga practice. I needed to hear that. I needed the repetition and I needed to be reassured.

In our second interview, Christa gave voice to the importance of practice as she developed new habits. Christa reflected on the difference between: (a) talking about the idea that trusting your internal compass is useful, (b) witnessing a demonstration in which options were provided, and (c) consistently practicing these novel skills.

I think connecting the thoughts [with actions] . . . hearing that this is okay [to make choices based on what you are feeling] . . . and then doing it, practicing it . . . made it possible for me to do things in a new way. I'm a volleyball coach right now. I can tell the girls how to serve, but unless they practice and practice and practice, physically do it with their own bodies, they're not going to get any better. I think that's part of why yoga was helpful for me . . . because we practiced it. We didn't just talk about it. Not to diminish talking about it . . . because that's helpful, too.

I remember week 1, feeling out of place and uncomfortable . . . “This is silly,” and “What am I doing here?” But as time went on, I was more comfortable with just doing whatever I felt like in a safe group setting. I remember one of those times I went and sat in the chair. I laughed about it later . . . “This is yoga! Me sitting in the chair!” but that’s what worked for me in that moment. That’s what I needed in that moment and I did it and I felt fine with it. No one else paid attention or judged me for it, and so I got to do it. And I guess my body and my mind realized that that was okay. “Hey, I just did that!” I didn’t just follow what everyone else was doing, I didn’t just do what I was told, I didn’t just stay stuck where I was uncomfortable, I did what felt better to me and that was okay. So, it was kind of practicing what we were preaching, and that I think that helped embed it a little bit deeper.

In our second interview, Christa reflected on the way that her lack of practice since the group’s conclusion contributed to erosion of skills she had acquired. When she was practicing yoga regularly, Christa felt a greater sense of control in relation to physical trauma symptoms she experienced. Although she retained the awareness that the yoga practice was helpful, Christa was not able to consistently access the benefits it provided.

Christa acknowledged that when circumstances at home were more challenging, she was in greater need of support and encouragement from others to tune into her body and make choices based on what was useful for her. Christa asserted that she was more likely to resort to habitual unskillful coping strategies when she felt unsafe. When I asked Christa at our second interview about what had stayed with her from her experience in the group, she replied:

Knowing it’s there [yoga as a way to help alleviate trauma symptoms] . . . believing in it, knowing that it helps, stayed with me. I don’t know where to go to do it on my own. I haven’t been practicing yoga at all since our group and now I’m finding myself stuck again and it’s making me mad at myself. I talked to my therapist about this and she, of course, encouraged me not to judge my feelings. I know that I was in a place where I felt more in control of my body, and now I feel like I’m losing control again. I suppose it’s like any kind of workout or any kind of training, where your body gets used to doing something and it’s more capable, and if you’re out of practice . . . if you don’t use it, you lose it. I don’t want to lose it because I want that feeling of control over my own body back. There have been a few times where I’ve felt it slipping and I thought, “I know I can do this! I know I can do it, because I’ve done it. I should work harder or get back into yoga.” I need to do something because I don’t like my body telling me what to do.

It’s kind of like getting back on a bike: “Yeah, I know how to ride a bike, but it’s been a little while, so I’m a little bit wobbly. It takes a little bit longer to find my way.”

Also, I think external circumstances have a huge impact on how I handle situations. When I feel supported and safe at home, I'm usually doing fine, and I'm not triggered. But my husband has a sex addiction; he's been going to classes and groups for over a year now. He's pretty good with sobriety, which for him . . . the biggest part that affects me is not pushing and pressuring me and making me feel guilty in relation to sex. He's not taking a lot of action for recovery. In the last few months, his pushing has started to come back; the pouting has started to come back. That's put a lot more stress on me at home. In our group, I felt like I was in a safe place. At my home, sometimes it's a safe place, but sometimes it's not a safe place. So, it just makes it all the more complicated. Because when I feel that support, I feel like I do have the permission to do whatever I need to do for me. But when I feel like I'm being attacked, my old coping mechanisms tend to come out more instinctively than just stopping and allowing myself to feel, because I feel like I need to stay safe. When I feel unsafe or in danger, it's harder for me to access that ability to feel and make choices.

During our final meeting, Christa commented that she and her husband were doing well. Her domestic environment was more consistently a safe place than it had been when we spoke in January 2017. She no longer needed external reminders or reassurance to check in with herself to see what she was feeling. Considering this shift, Christa mused, "I think it sunk in." I was interested to hear what it was like for Christa to reflect on how she had changed within this domain since joining the group almost three years ago. Christa replied,

I'm grateful that I don't need that constant coaching, and I'm grateful that I had it when I needed it . . . It's interesting, because healing is kind of like watching paint dry. From minute to minute, or month to month, it doesn't feel like anything is happening. So, having this gap of time is helpful, because it's a slow, long process . . . at least for me, it wasn't like there was a click.

Aspects of the practice that were useful or problematic. At our first interview, I asked Christa if there were any particular aspects of the yoga practice that had been either useful or unhelpful for her. Christa stated that useful aspects included: (a) challenging movements, (b) intense stretches, and (c) Child Pose. Christa found that lying on her back, or even observing other group members in a supine position, was an activating trigger.

For Christa, engaging in challenging movements that required exertion was helpful. As she applied physical effort during the yoga practice, Christa found that she was less distracted,

and her attention was grounded more fully in the present. Christa also noticed that increasing the intensity of stretching during the yoga practice tended to reduce the level of physical and emotional tension she experienced.

A form that felt safe to Christa was Child Pose, kneeling with knees apart, feet together, spine in flexion and arms stretched out in front of torso, sometimes with elbows bent; head resting on hands, when elbows were bent, or on the floor when arms were straight. Christa observed that she naturally tended to curl up in a similar manner when she wanted to comfort or soothe herself.

I like to push the stretches some, and really feel the stretches, because I felt like it really reduced my tension. The more we got into a stretch, the better it felt for me. I really like Child Pose, it felt safe for me. I wasn't even aware of this, when I got upset, I used to curl up in a ball, kind of like Child, except my arms were all under me. I don't know why, but that feels safe to me and comforting. Child Pose . . . works with what my body was already doing for me to soothe itself. The more we stretched, the better I felt. If I felt like I wasn't doing much, I think I'd be distracted. So, for me, I don't want to say strenuous, because none of it felt strenuous, but the more effort it took to have my body do something, the more connected I felt, because I felt like I had to pay attention. Whereas if it was just something simple, I can check out in a heartbeat, my mind can be anywhere. So, feeling a stretch helped my mind be in my body.

During Resting Form, which occurred at the conclusion of yoga practice, Christa was triggered at one group session when she observed another individual lying on her back. Christa discovered that Child Pose was a safe alternative for her at this time because it helped her to avoid looking around the room at other group members. Christa discussed this during our first interview.

I know one time I was triggered seeing someone else lying on her back, and it just took me back to my initial trauma. So that surprised me. It wasn't anything I was doing with my body, I was sitting up. And just seeing her lying there, just took me right back there. So that was a difficult night for me. During resting time, I just faced the wall, so I wouldn't see anyone. And then after that, I seemed to be all right. I don't know how to predict . . . that was just something that happened for me. I don't know how you predict; triggers are going to come up.

For me, being on my back is not good. Just seeing other people on their back is not good for me. But for someone else, it might be useful. You just can't predict it. The choices were good for that. Like during resting time [at the end of the yoga practice] . . . "Okay, everyone's getting on their back. There's no way I'm doing that. I'm not getting on my back. Now sitting . . . I'm not really comfortable there, either." I always had *your* permission . . . but I gave *myself* permission to do that third choice of whatever you feel like. I started doing Child Pose and it did feel like a relaxation time, more than when I sat up. I think I did lay on my back one time because my back was so tense, I just couldn't sit up anymore. So, having the choices definitely makes sense. I definitely felt empowered to do whatever I felt like [during the yoga practice].

In our second interview, Christa reflected on the way that it was not always possible to predict how the yoga practice would affect her. At times, Christa felt calmed; at other times, emotions and physiological responses were evoked. Prior to joining the support group, Christa had attended a few non-TC-TSY yoga classes in her community, and she had been triggered at each class. According to Christa, factors that made it safer to continue with the TC-TSY yoga practice despite the possibility that she could be triggered, included: (a) normalization of a wide spectrum of emotional responses ("There is no 'right' way to feel"), (b) emphasis on choice-making in the present moment, and (c) opportunities to process what happened during the yoga practice within the support group setting.

I tried yoga more than once before our group and I think I was triggered every time. If one thing triggered me one time, I'd avoid that the next time, but then it would be something different . . . Everyone was feeling peaceful and calm afterwards and my heart was pounding a mile a minute, adrenaline was running through me . . . I'm sure I had my moments in class but nothing like that. I have a selective memory. I know I was triggered during our group at least once . . . It's not like it can't happen. But I came back, and we talked about it and we practiced yoga again.

Evolution of Christa's Group Experience

During both interviews, Christa discussed the evolution of her experience as a member of the peer support group. Christa valued the opportunity to connect with others within a safe context, to reflect on and articulate her own experiences, and experiment with making choices

that arose from awareness of her internal cues. Christa also described aspects of the group that diminished her sense of safety.

Connection: Create safety, normalize, validate, and diminish isolation. In our first interview, Christa gave voice to the way interactions with other participants contributed to a sense of safety in the group. As she listened to other group members speak openly and often emotionally about their life challenges, Christa's tendency to judge herself in a negative way diminished. These interactions normalized Christa's own struggles, helped her to experience greater self-acceptance, and reduced her sense of isolation.

In our first interview, Christa outlined the impact of the group on her own process of healing:

I really feel like our group was very open from the very beginning, and that helped me a lot, just to know that we were in it together. A lot of times I tend to self-blame or beat myself down so when I was around other people who were struggling, I was just like . . . this is just what it is. It's okay. I think the fact that people were so open . . . they let emotion out, at least pretty much from day 1, that made me feel safer, I think just because I knew I wasn't in it alone. We had a lot of laughs, and that helped me a lot . . . that was appreciated. As far as safety, I felt like I was in good company. I was in a supportive environment, so I could just feel how I felt.

I benefit from hearing what other people have to say and feeling like, "Oh! I'm not alone, there's someone else who feels that way." I know that's something that you or [the therapist who co-facilitated the group] would say, "Does anyone else feel that way?" I don't think there was ever anything someone felt that everyone was like, "Nope! Doesn't sound familiar to me!" So, I think those were great things . . . I got a lot out of it. I'm really thankful for it.

From the vantage point of our second interview, Christa reflected on the way trauma survivors often feel a sense of isolation. Christa acknowledged that she found it valuable to share her experiences and perspectives with other group members, particularly when she felt a sense of common ground with them.

I think being in a group and hearing some other people say they felt the same way or seeing people nod when you talked, it was validating and affirming, because I know a lot

of trauma survivors feel alone. It made me feel less alone, and it made me feel like what I was feeling wasn't so abnormal.

At the same time, Christa also acknowledged in our second interview that there were times when she felt self-protective and chose not to share openly in the period of conversation that preceded or followed the yoga practice. However, when she saw others engaging in the yoga practice—finding ways to move that felt useful to them—Christa felt less self-judgmental and was encouraged to experiment in a similar manner.

I know there are times in class I was guarded . . . and at other times I felt more encouraged, “Yeah, this is okay, because she’s over there and I don’t think she looks ridiculous over there doing this, so I can do this, I don’t look ridiculous over here . . . it doesn’t matter. We’re not here to judge each other. So, seeing other people participate made it feel a little less foreign, it made me more comfortable that it’s okay to do this.

In our final meeting, I asked Christa if she recalled how she made choices about when and how much she wanted to share in the group. Christa paused to reflect, and then said,

It was probably just a matter of what level of safety I felt, or . . . really probably a lot of it had to do with self-acceptance. Maybe I didn’t want to lose it in front of the whole group or didn’t want to acknowledge those feelings at that time . . . if I didn’t want to feel sad or upset, if I’m having that internal struggle, I think that makes sharing a lot harder.

Reflection and self-expression: New perspectives and modes of feeling. In Christa’s view, interaction with other participants was a vital component of the yoga support group. For Christa, the period of time the group members devoted to talking about what happened for them and listening to the experiences of others contributed to an expanded sense of available possibilities. Christa carried this heightened awareness of options into her yoga practice. In our second interview, Christa commented on this topic:

If we would have just walked in here and done yoga, and then walked out, it wouldn’t have had nearly the same impact on me. We talked about [what happened during the yoga practice], we processed it together. Talking about our experiences, hearing other perspectives, we all see life through different lenses . . . You could just take a look at our group and know there were diverse backgrounds, differences in where we were coming from. Different things would affect us in different ways. So, hearing it from different people through their lenses was helpful for me because . . . maybe someone would say

something that I hadn't thought of that way. During the yoga practice, I think seeing people do things in a different way . . . [for example] leaning against the wall instead of laying down . . . it [gave me] more permission to find other options.

For Christa, articulating her experiences helped her to make sense of them and learn from them. Christa asserted that giving a verbal description to the physical and emotional states she experienced during the yoga practice heightened its impact in her life. We discussed this in our second interview:

I think sometimes just verbalizing things . . . for me it helps me process, whether I journal it, or talk about it. Instead of just thinking about it, somehow expressing it helps me process what I'm feeling. We would talk about . . . how does [the yoga practice] tie into our life between sessions? It helped make different connections rather than, had it just been, okay, just walk in, do yoga, walk out the door. Even if I would have thought something about it, I don't think it would have stuck with me as much as talking about it and listening [to the other group members' experiences].

According to Christa, verbalizing what happened for her in the yoga practice also allowed her to trust that her experiences were genuine—that she was actually feeling what she was feeling. I wanted to be certain that I understood her perspective and asked her for clarification during our second interview.

R: It sounds like talking about it helped you be more conscious of what happened. “Oh, that's what happened when I was practicing!” Is that right?

C: I think it did! Like I said, I'm very skillful at not being in my body. So . . . when I practiced being in my body and then I talked about it, I think maybe it became more real, than had I practiced it and walked out the door . . . boom! I could have just hit a switch and been right back wherever I wanted to be . . . like, in La-La-Land. I think it reinforced, or integrated [what I experienced during the yoga practice] . . . and again, having some people around to validate . . . no one was there judging, no one was saying, “No, you shouldn't feel that.” Having the support made it easier to say, “Oh! Okay, I felt this, and it was crappy today, and that's okay.”

At our final meeting, I wondered if Christa still perceived herself as “very skillful at not being in [her] body.” She replied emphatically, “No! No, that's not true anymore.” Laughing, she added, “I wish it was sometimes! That would be great to just check out from time to time. But right now, I'm stuck in my body. Now I'm feeling.”

Aspect of the group that diminished Christa's sense of safety. For Christa, there was an aspect of the support group that detracted from her sense of safety and trust. Christa occasionally observed other group members attempting to give her advice. Christa discussed this at our first interview:

Every once in a while, I felt like the discussion strayed away from people focusing in on themselves. There were a couple times when I was sharing about something I was experiencing, and people would say, "Have you tried this?" Or just kind of tried to problem solve. That didn't make me feel safe and comfortable to share. It didn't happen often, but when it did, that was definitely something that could be reiterated. I know that's something we talked about at the beginning of the group . . . using "I" statements. So that was something that sometimes I felt agitated by.

I appreciated Christa's feedback and was glad she was able to give voice to this difficult part of her experience in the group. Christa explained that this behavior had a negative impact on her sense of validation. As we explored this topic further, Christa clearly asserted her preferences and perspective:

I think their intention was benign; they were wanting to be helpful. But it just kind of invalidated how I felt or what I was doing toward my own healing. I think we're all on different paths, going at different paces, and we have different obstacles in our way. And none of us knew each other's situations, so . . . I appreciate people speaking from the "I" experience. If I can relate, I can relate, and I don't feel so alone. And if I can't relate, that's okay, that's their experience and that's okay, that's their road. But I don't want to be told how to drive my road.

Impact on Trauma Symptoms

Christa's primary trauma symptoms included chronic anxiety, hypervigilance, a pronounced startle response, avoidance, and dissociation. When she found herself in emotionally challenging situations, Christa was frequently unable to make choices and take responsive action. Christa discussed this pattern in our first interview:

Fight, flight, or freeze . . . I freeze. Definitely I recognize it, first of all. Before, I never even recognized it. I'd be talking with my therapist and she'd say, "Did you feel like you could get up and walk away?" and I'd be like, "No! It never even crossed my mind that I could do that!" So, first I became more aware of when I was feeling that, and then I began to make choices to change it. I think that was the biggest place that I saw a shift in

me [after participating in the support group]. That was a big difference for me, and that has made a huge impact on my life.

During our first interview, Christa also reflected on her process for determining which coping strategies might be most useful in a particular moment. She pondered the relative utility of self-soothing, distraction, and acceptance.

Before, I was pretty good at . . . I'm probably still pretty good at dissociation. I could just check out and I didn't even realize I was doing that. Now I'm trying to learn, when [it's helpful to] stick with the feeling and just accept it and be okay with it, and when [it's helpful to] try to self-soothe. We talk about accepting our feelings but sometimes it's healthy to self-soothe and calm ourselves and avoid triggers. But I'm a big avoider of things, I put dealing with this trauma off for 18 years, so . . . sometimes I feel like I'm on a tightrope where one side is denial and avoidance and dissociation, and the other side is feeling it, the pain, dealing with it head-on, and sometimes it's a balance of, kind of walking the line between the two, not really jumping into one or the other.

Reading this excerpt to Christa at our final meeting, I wondered if she continued to see herself as “pretty good at dissociation.” She replied, “No. I don't think so.” Christa added that she did not perceive the line between acceptance of feelings and making the choice to self-soothe or distract herself as a tightrope. “Now I feel like I'm walking along a path, not a tightrope, just a path. And there are good days, bad days, ups and downs, but I don't feel that tension, that pulling anymore.” The range of available choices had widened along with Christa's sense of ease in determining her course of action as she navigated changing emotional states.

At our first interview, Christa discussed the way her participation in the group impacted her sense of self-control in relation to trauma symptoms. Christa learned that even if she was experiencing difficult physiological and emotional states, she could make choices about how she would respond to these states. Through her direct experience in the group, rather than simply on a conceptual level, Christa developed the ability to remember that challenging emotions would pass—they would not “last forever.”

For me, the group was really helpful. Really life-changing. I'm excited that this is becoming a thing and I hope that so many people can be helped by it. I do feel like I

have a little bit more control of my body . . . I'm not so afraid of it. Because even if I do feel bad, I know I can deal with it. It's not going to last forever, I can make choices about how I'm going to deal with it. It's not controlling me. Not that I can control it, either! But I guess it levels the playing field.

When I met with Christa for our second interview, she felt that her skills within this domain had dwindled. In this excerpt, Christa described how she was still able to practice self-awareness and self-acceptance, but her sense of being able to significantly ameliorate anxiety had diminished.

The control that I felt that I was gaining has eroded. I feel like that's backslid . . . within the last week, I just started feeling really anxious. My leg was tapping real vigorously under the dinner table, and I noticed the sounds were becoming upsetting and annoying to me. My husband was sitting next to me and shifted his weight or leaned toward me . . . he was just eating . . . and I literally jumped out of my chair and had the startle reflex. I knew that I was having a lot of anxiety, I knew my mind was racing, I wasn't feeling well and . . . why? I couldn't identify a trigger, I couldn't identify why I was feeling that way. My husband encouraged me to go take my dog on a walk . . . I walked for a long time . . . As I walked, I was . . . instead of trying to figure out the whole puzzle, I just asked myself, "How am I feeling right now?" And that's something we did in class. The awareness of how I felt. And then the acceptance of . . . "Okay, I'm feeling anxious," or . . . whatever it is.

Christa expressed a desire to continue with her yoga practice, but she was concerned that a non-TC-TSY class in her community would be difficult for her to tolerate.

Part of the reason I haven't done any other yoga is . . . where am I going to be? Who am I going to be with? What's the instructor going to be like? Are they going to try and touch me? Am I going to have to tell them, "Please don't touch me!" Now, I've brought attention to myself. It's been daunting to even think about doing that.

At our final meeting, Christa told me that she had attended other yoga classes since her second interview. Although the class instructors did not use invitational language, Christa retained the ability to make choices about how she engaged with the yoga practice. Laughing, Christa described her experience: "They've been the typical 'do these moves' type of classes. And I do them . . . or whatever I feel like!" Following our final meeting in November 2018,

Christa sent an email in which she described a yoga workshop she attended after our second interview:

Since our last interview [in January 2017] I went to a meditative yoga workshop. Near the end we were invited to check in with ourselves and identify a feeling we had; I found anger. We were to think of a time we felt that emotion strongly then visualize going into the forest to meet with ourselves at that time in our lives. I came face to face with an underweight, undeveloped teenager and began crying as I finally found compassion for myself when I was the age [at which] I experienced trauma. I looked so young and innocent. I've been blaming that girl for my trauma for years, despite my therapist trying to get me to not judge the teenager who was raped. It was a watershed moment and one that I hadn't achieved sitting talking to a trusted therapist. Instead, I finally found acceptance sitting on my yoga mat among strangers, crying but happy, a weight lifted, as I was finally able to *feel* empathy and love for my younger self. I think there is some healing that just has to be done through the body when the trauma happened to the body, and I thank the skills that I learned in our group to be able to have that moment in my journey.

Relationship With Emotions

Prior to participating in the group, Christa's primary coping strategies included avoidance, emotional numbing, and dissociation. As she connected with her body during the yoga practice, Christa became more aware of these habitual patterns. Over the course of the 12-week group, Christa developed the capacity to recognize the fluid nature of her emotions. Christa was able to become more tolerant of diverse emotional states that she experienced because she knew they would not "last forever." Christa commented on this topic in her first interview:

At first [during the yoga practice], I got hung up on, "Okay, I don't feel well, so let's get rid of this! Because I don't want to feel what I'm feeling." As the weeks went on, I learned that these feelings are going to come and go: "This is how I feel now and it's not going to last forever." I had to learn to talk myself through it. It's hard for me to want to feel some of the things I feel, so avoiding is much easier. Not much healthier, but much easier. So, it helped me as I went along, to be more comfortable and more confident in myself.

Christa entered the group with the belief that yoga would help her feel calmer and more peaceful. When she felt anxious or activated during the yoga practice, Christa initially wanted to

detach from these feelings. As she continued to participate in the group, Christa learned that by becoming more attuned to her embodied experience, she was able to consciously interact with the ups and downs of her changing emotional states. I asked Christa about this shift in her beliefs about the purpose of the yoga practice at our second interview.

R: Would you say that, instead of, “If you do yoga, you’ll feel more peaceful,” maybe, “If you do yoga, you’ll feel more present”?

C: Yeah, I think that’s an accurate statement . . . that wasn’t my perception [before joining the group], but now . . . I would agree with that statement, absolutely.

Letting go of the assumption that she should feel peaceful during the yoga practice allowed Christa to cultivate awareness and acceptance of the physical and emotional states that made up her genuine embodied experience. Within this domain, Christa found it helpful to (a) articulate what she was feeling in order to be more mindful of her subjective experience on physical, mental, and emotional levels; (b) develop skills in grounding (observing sensory experience in the present, cultivating the ability to use her breath as a tool for self-regulation); and (c) observe other group members learning to manage their own difficult emotions. This process served to normalize Christa’s experience and reinforce the belief that her emotions, while they may be challenging, were not dangerous.

In our second interview, Christa recalled a time when she applied these skills and exercised choice in relation to navigating her emotional states. Christa described leaving her house one day in a state of dissociation; she outlined her process for making decisions about how to cope during the course of her walk. In this excerpt, Christa initially observed that she was dissociating, and made the effort to become grounded by noticing present moment sensory experience including sights, smells, and her breathing patterns.

As Christa became more grounded in present moment awareness, she was able to access a sense of curiosity about her current emotional state. Practicing nonjudgmental self-acceptance,

Christa allowed herself to recognize and express her emotions without trying to alter them in any way. According to Christa, this way of interacting with her emotions had been unavailable to her prior to participating in the support group.

In the first part of the walk I think I was out . . . dissociated, not really connected. I just kept walking more and more, and then I started thinking, “Okay, I need to come back.” I intentionally started looking around, and smelling, and taking deeper breaths, and listening for different sounds. And then I started to just kind of look inside myself and see what I felt. I gave myself permission to feel whatever I was feeling and not criticize it. And not try to change it. I ended up falling apart crying on my walk. I was okay with that . . . except that I didn’t have any tissues with me . . . I need to plan ahead! When I left [the house], I was “fine,” there was no way I was going to cry, the wall was *up*. There was no way there was going to be any emotion. The longer I went the more I allowed myself to feel, I just allowed myself to feel it. I was sad. I felt a big weight on me. I felt frustrated, I felt angry. I felt a lot of very uncomfortable emotions and I let it out, just through tears. I didn’t try to problem solve, I didn’t try to change it, I just *felt*. So, I think that is something that is a giant leap for me from before the yoga practice to after . . . the ability to be mindful about feeling . . . to find a way to feel it and not try to change it.

As she told this story, I became curious about what Christa meant when she said that she started to look inside herself to see what she felt. Was she referring to feeling emotions or sensations? I asked if Christa could comment on this distinction and she replied:

I think a little bit of both. Because I think I needed to get to a place where I could figure out what I was feeling. I took a few breaths, I tried to smell the air, I felt my feet on the ground, trying to just feel my surroundings . . . kind of get back in my body, because the first thing I wanted to do when I felt anxious was go back to bed and get my warm fuzzy blanket, curl up in a ball and be alone. And I’m out, I’d be gone, just dissociate.

Sense of Identity

In Christa’s view, participating in the yoga support group had an impact on her sense of identity and her beliefs about herself. Within this domain, Christa noted that changes began when she started therapy two years before joining the group. Christa expressed her evolving ability to assess, according to her own standards, what is meaningful and important in life. Instead of focusing on what others expected of her, Christa articulated her growing interest in recognizing options that were available to her, and her heightened capacity to make choices on

her own terms. Christa also observed her increased tolerance for unpredictability and spontaneity, which positively affected her relationship with herself, her interactions with others, and her ability to live in the present.

In our first interview, Christa reflected on this topic.

That's a big question! I feel like that [my sense of identity and beliefs about myself] shifted a ton. Within the last couple years, I feel like I'm a different person than who I was. I'm looking for more meaning in things. I'm not as interested in just following the rules and doing just what I'm supposed to do. Not to steal your quote, but I'm interested in what feels more useful for me. I'm not really working much right now . . . so, you know what? I don't really want to work so much this summer! I feel like before, I would have thought, "I have to work. I have this degree, this job, these responsibilities, I'm supposed to work." Now I'm like, "You know, that doesn't really work for me. I'm going to enjoy the summer with my girls, and I can work later, or not, or whatever." Before, I was always an overachiever. I always got good grades, I was always a perfectionist at work, and now I'm a little bit more okay with not trying to meet other people's . . . or I don't even know what I think other people expect of me. You were talking about belief . . . I guess it is self-belief . . . believing what I think I'm supposed to do, and instead really just evaluating my options. And realizing I have options, and choosing things that aren't necessarily mainstream, or what I used to do, or what I feel like I should do, and being okay with it.

I wondered how this shift felt for Christa and asked if she might tell me more about her experience of being more tuned into what was useful and meaningful for her. In response, Christa said,

I feel relieved. I feel like a burden has been lifted. Like there is no "right" way to do life. Before I wanted to do the "right" thing . . . and now I just . . . I feel now like I'm in on a secret that a lot of people don't know. It doesn't have to be this way. I just kind of feel . . . I don't know . . . I guess relieved is the best way to describe it . . . I sometimes feel like . . . a door's been cracked open for me, I feel less stuck in the "supposed to's" and the "I have to's." I'm not stuck, and I don't have to, and I have a choice. And I feel like before, I was only there with the door shut. That's all I could do, I was trapped. And now I feel like, "Now wait a minute, there's another way. I don't know that I've leapt out the door yet, but I'm moving through. . . Spontaneity has never been my thing. As far as self-beliefs, I wouldn't describe myself as a spontaneous person, but I'm not as averse to it as I was before. Now I'm a little more willing to roll with it. A little more willing, depending on where we're rolling!

Relationships With Others

According to Christa, her experiences in the yoga support group had an impact on her relationships. After participating in the group, Christa was: (a) less likely to ignore her emotions, (b) more likely to feel that she had choices regarding her interactions with others, (c) more comfortable with herself physically and more able to attune to her embodied experience, and (d) more tolerant of unpredictability and spontaneity, which allowed her to interact more authentically with others.

Christa observed that she had a habitual pattern of “going into freeze mode” during uncomfortable interactions. At those times, Christa felt that she had no choice regarding the way she responded. In our first interview, Christa described a new mode of relating; in this excerpt, she gave herself permission to set a boundary during an interaction with her husband.

Yes, [the yoga support group] definitely [had an impact on relationships] . . . Before, anytime he [my husband] would get close to me, I would basically freeze. I would comply, or I would freeze. There was one night, when he laid down on the floor next to me, instead of just checking out mentally, I could feel myself feeling anxious and afraid, so I told him that I wasn't feeling well, and I just got up and I moved away from him. It seems like it's such a simple thing but, for me, that wasn't something I had ever been able to do . . . for decades. So, that definitely carried over . . . I don't think I would have given myself that permission before . . . well, I know I didn't give myself permission to do that. I would either freeze or I would feel guilty, like I just had to comply . . . It really is amazing to me how [what I experienced in the group] translated to my life outside of the practice. If I felt uncomfortable or frozen around my husband, as I sometimes did, or do . . . I felt like I could move and before I never could.

Christa confirmed, during our final meeting, that she had continued to pay attention to her embodied experience and assert herself in her relationship with her husband. After listening to this excerpt, she commented:

Yeah, that's still the case. Now my husband will take the step to help soothe me, or we'll just talk about feelings. So different, so opposite from five years ago. I'm sure we'll still have our challenges . . . but it's a relief.

In our first interview, Christa also reflected on the group's impact on her relationships outside of her marriage. She noticed an increased sense of acceptance and empathy and a decrease in the tendency to be judgmental. This shift applied to Christa's attitude toward herself and others.

I was going to say I'm more comfortable in my own skin. But sometimes I still feel like I'm going to jump out of it! I'm accepting myself more . . . I don't feel like I have to fit into anyone else's expectations, and I can just be me. And so, I go into different conversations or relationships just being okay with me. I think another aspect [of this topic] is . . . hearing bits and pieces from other people in the group . . . I learned that you just never know where other people are coming from. I don't know that I was necessarily a judgmental person before . . . but being in the group has made me more empathetic and less quick to judge. You can't tell by looking at someone what they're going through or what they're dealing with. So, I think I'm willing to give a little more grace in relationships, and realize that people have good and bad days, and I might not know the whole story on something and . . . so it just doesn't bother me like it used to.

At this interview, Christa cited another example of the way her relationships had been impacted by participating in the support group. In the following excerpt, Christa reflected on her ability to be more spontaneous, more willing to let the conversation unfold in the moment, as she interacted with a friend.

I thought of another example, too. I was talking with a friend I've known for a while. She doesn't know anything I've gone through, but I see her fairly often. We were having a conversation, she asked about work, and I started to get elusive with my answers. I hadn't intended to share anything with her because I'm not that close with her. And then I'm like, "You know . . ." I did just check in with myself and I was like . . . I trust her enough to say, "I've had trauma, I'm working through some PTSD stuff, so that's why I'm backing off on work right now." I made the choice in the moment. I didn't go into the conversation with a predetermined boundary; I made the decision as the conversation went along. So, I do feel like that's something that . . . before I would have expectations in different interactions . . . I was going to hold up my end of what I expected the interaction to be, whether it's a conversation or going to a party, or whatever . . . I think I have fewer expectations now, and I'm more willing to just be. And when we get to the point where, in the conversation I was answering but not answering, I had to decide, "What am I going to do with this?" I checked in with myself and decided to just share a little bit without blurting out my whole story. So, now I feel like I'm more ready for things that aren't predictable.

Social Barriers to Acknowledging and Addressing Sexual Violence

During our second interview, Christa expressed her frustration about widespread reluctance to discuss and address the problem of sexual violence. She observed that the difficult subject of addiction is more readily acknowledged than sexual violence.

I feel like this issue is ignored, or people are woefully ignorant about it. I've been more and more open about telling people, I told my in-laws . . . just enough background . . . I have PTSD, it stems from sexual abuse, they don't get to hear any more details. Their response was, "Just get over it. It's in the past, you just have to get over these things." Well, later on I found out it was because my mother-in-law had been abused and she never dealt with it, so she's sure as heck never going to come into my space and deal with it, because then she's got to face her own stuff. Right? So, how can this be something that's just . . . discussed? We talk about drunk driving . . . we talk about drug addiction . . . more and more, as that's become an epidemic. There are AA meetings; it's acceptable to talk about . . . why is this still shrouded in such silence?

Christa speculated about the underlying causes for the aversion to talking about sexual violence, identifying it as a problem that impacts women more than men. She compared sexual violence to addiction and articulated her wish for comparable resources and support for survivors.

It's such an ugly thing; I think people just don't want to acknowledge that ugliness. But addiction is no less ugly, why can we name that? I don't know. And it's hard for me . . . this is predominantly a women's issue, so maybe it doesn't seem as important. We're not seen as important, we don't have as much of a voice in power . . . We'll just have to make our own voice!

At our meeting in November 2018, Christa reflected on the impact of "#MeToo" on social discourse about sexual violence. I wondered if she thought that progress was being made within this domain. In reply, Christa commented,

Yes and no. Because I feel the conversation has been brought up . . . but there's still not an understanding. People are talking about [sexual violence], but they're still minimizing the impact that it has on survivors. And so, I feel like it's great that we're talking about it, but it's like we're talking into a wall . . . we're not being heard or understood.

Summary

Christa was initially drawn to participate in the yoga support group because she thought it might help her cope with some of the persistent PTSD symptoms she experienced such as hypervigilance, anxiety, and dissociation. She hoped to learn additional tools to interact with her body in a more skillful way and gain a greater sense of control and ease. Christa viewed the yoga practice as a way to become more aware of her embodied experience and make choices about how she moved and breathed. In contrast to Christa's previous experiences with yoga, the approach to yoga that was taken in the support group was not formulaic. Students were encouraged to attune to their own preferences and use the yoga forms as opportunities to cultivate self-awareness and self-efficacy.

Christa found that making choices during the yoga practice was often challenging. Initially, Christa wanted more direction from the instructor so that she could execute the physical movements correctly. For Christa, the yoga practice was a completely new way of making choices, because she was learning to attend to her internal experience rather than external cues in order to guide her decisions.

Reflecting on the way her approach to practicing yoga evolved over the course of the 12-week group, Christa highlighted these themes: (a) her growing sense of self-acceptance allowed her to make choices based on internal cues; (b) self-acceptance lay the foundation for trust in self, the TC-TSY facilitator, and group members; (c) consistent practice and repetition of skills related to self-acceptance and choice-making (i.e., remembering that there is no "right" way to feel or act) was necessary in order to sustain changes in habits related to trauma symptoms; (d) specific aspects of the practice that were useful; and (e) experiences related to trauma symptoms that were triggered during the yoga practice. At our final meeting, Christa was moved as she

reflected on how far she had come since her experience in the support group. Christa found that many of the skills she learned, which initially were so foreign to her, were now integral to her way of life.

Christa also commented on the way her experience as a member of the peer support group evolved over time. In Christa's view, the group provided valuable opportunities to: (a) connect with others within a safe context, (b) reflect on and articulate her own experiences, and (c) experiment with making choices that arose from awareness of her internal cues. Christa also mentioned that she did not find it useful when other group members gave advice or tried to offer solutions to Christa's life challenges.

Christa's main trauma symptoms included chronic anxiety, hypervigilance, a strong startle response, avoidance, and dissociation. Previously, when Christa was in situations that were emotionally challenging, she was often unable to make choices and take effective action on her own behalf. Christa discussed how her participation in the group impacted her sense of self-awareness, acceptance, and self-control in relation to managing her trauma symptoms.

In the group, Christa learned that even if she was experiencing difficult physiological and emotional states, she was able to make choices about her responses. Through her direct experience in the group, rather than on merely a conceptual level, Christa cultivated the ability to remember that she was able to interact more effectively with challenging emotions, and that these states would not last forever. During our second interview, Christa observed that the skills she learned in the group within this domain had eroded to a certain degree. During our final meeting, Christa felt that now, without effort, she incorporated a great deal of what she had learned in the support group into her daily life.

Christa's relationship with her emotions shifted during the course of the group. Before joining the group, Christa's primary coping strategies included avoidance, emotional numbing, and dissociation. By becoming more aware of her embodied experience during the yoga practice, Christa was increasingly able to recognize these habitual patterns. Over the course of the 12-week group, Christa became more tolerant of diverse emotional states that she experienced. At our second interview, Christa shared the observation that her growth had slowed in this domain. Challenges in her marital relationship appeared to coincide with Christa's difficulty in maintaining a sense of attunement, acceptance, and empowerment. During our final meeting, Christa felt that she had regained lost ground. At the same time, she described a heightened sense of safety and support within her marriage.

According to Christa, her experiences in the yoga support group impacted her relationships with others. Christa stated that she was: (a) less likely to ignore her emotions and feel that options were not available; (b) more comfortable in her own skin and more capable of considering internal cues in interactions; and (c) more tolerant of unpredictability and spontaneity, which allowed her to interact more authentically with others. At our final meeting, Christa acknowledged that she had continued to sustain these changes.

Christa noticed a shift in her sense of identity and beliefs about herself. Christa observed that she was more able to independently make decisions about her values and priorities. Rather than focusing on the expectations of others, Christa developed a heightened ability to identify available options and make choices on her own terms. Christa felt that she had become more able to tolerate unpredictability and spontaneity; this had a beneficial effect on her relationship with herself, her interactions with others, and her ability to engage with life as it unfolded in the present moment. Christa concluded her second interview by expressing her frustration about the

disparity in resources for individuals healing from addiction compared to survivors healing from sexual violence. She felt that more support should be available for survivors and gave voice to her motivation to foster social change. At our final meeting, Christa gave voice to mixed feelings about the impact of “#MeToo” on social discourse about sexual violence. From Christa’s perspective, although dialog on this topic has increased, there continues to be a deficit in true listening and understanding.

Starr’s Narrative

Starr participated in a TC-TSY peer support group from February to May of 2016. Our initial interview occurred in July 2016, two months after the conclusion of the group. The second interview took place seven months later, in February 2017. Starr and I met twice, once in October and once in November 2018, to review a draft of her narrative. During these meetings, Starr offered feedback on what had been written.

Starr was 50 years old when she joined the yoga support group. She characterized herself in the following manner: “driven, loving, and strong.” During our interviews, Starr described: (a) her motivation to participate in the group; (b) the yoga practice that took place during the support group meetings; (c) the evolution of her approach to practicing yoga in relation to self-awareness, self-trust, freedom, setting boundaries, using body awareness, movement, and breath to influence mental and emotional experience, and her increased tolerance for discomfort and growing sense of agency; (d) how the group dynamic changed over time; and (e) how the group experience impacted her trauma symptoms, sense of identity, and relationship with her emotions.

Motivation to Participate

In our first interview, Starr reflected on factors that motivated her to participate in the support group. Although Starr believed that interacting with other survivors of sexual violence

would be helpful, she also recalled having concerns about joining a group because it was something she had never done before. Starr thought that the support group would offer a protective setting in which she would have the opportunity to cultivate new ways to cope with her trauma symptoms.

I wanted to meet others in a safe environment who had some of the same experiences I had . . . and to learn new ways, as a group, to help work through some of that. I was apprehensive about being in any group, but I thought that it would help me not feel so alone.

Starr stated that she was specifically interested in a trauma-sensitive yoga support group rather than a support group that did not include yoga. Already engaged in individual therapy, Starr envisioned that the yoga practice would add a physical dimension to her healing process and increase her repertoire of available coping skills.

[I thought it would add] the physical into my mental (laughs). I thought it would be good for endorphins and maybe my serotonin levels . . . [so I could feel more] happiness . . . to have a physical [approach] in addition to what I was already doing and add . . . to what I was learning to help myself get through. That's how I put it together.

Although some of the coping strategies she used involved awareness of sensation, Starr thought that the yoga practice would enable her to access a wider range of body-based skills that would be useful in addressing her trauma symptoms.

That's part of why I wanted to do yoga . . . because I thought it would give me more than affirmations or running my hands under cold water or changing the smell in the room. I thought it would add . . . more of a physical, full-body thing . . . that could help me . . . it would be a new tool to help me get through trauma.

Description of the Yoga Practice

Starr characterized the yoga practice as an opportunity for group members to explore making choices about what felt right to them in the moment.

If someone asked me to describe what we did in the group, I'd probably tell them that we lit a candle and rang a bell; talked a little bit, threw out some mats and did some yoga . . . poses, whatever felt right for us, whatever stayed comfortable and helped us personally.

Then we sat around and talked about our experiences of that day or that time, how [the yoga practice] felt for us . . . good or bad.

Following the yoga, group members discussed their experiences during the practice, which were sometimes pleasant and sometimes challenging. At our first interview, Starr commented on the way the yoga, which emphasized gentle stretching in a quiet atmosphere, influenced her subsequent openness to share verbally with other group members. For Starr, this was a positive experience.

It was good! It worked. Because it took us from that [place] when we first started talking [at the beginning of the group], and then we'd move into more silence and peaceful movements where we stretched and felt good . . . the silence felt good . . . and it helped more than needing to talk, or a feeling like I had to say something. So, at the end, I felt more willing to talk.

Evolution of Starr's Yoga Practice

Starr described the evolution of her yoga practice in relation to four domains: (a) the development of self-awareness, self-trust, and freedom; (b) making choices and setting boundaries; (c) using the body to influence the mind; and (d) increased agency and tolerance for emotional discomfort. Because the yoga practice was presented as an opportunity to notice what felt right to her, Starr was increasingly able to pay attention to what she was feeling and make choices based on that information. As Starr developed an internal locus of control, she experienced greater empowerment, freedom, and comfort.

Self-awareness, self-trust, and freedom. From Starr's perspective, one of the most important aspects of the TC-TSY practice was the prioritization of subjective experience. There were no externally defined standards to which Starr had to conform. Instead, she was increasingly able to use the practice as a way to become more cognizant of her personal preferences regarding how she moved her body. Describing this progression at the initial interview, Starr said:

I didn't know if I was doing things right, but then I realized there was no "right" and there was no "wrong." Because there was no right or wrong, I could do the same movements in ways that felt good for me. So, it helped . . . from the very first time, it helped. Once you spoke those words, "No right or no wrong," it helped to know that no matter how I did it, it was okay.

At our meeting in October 2018, Starr reflected on this excerpt and added,

That honestly was the beginning of starting to feel that I mattered again . . . what I need *does* matter. I matter. Even in this whole group of people, I matter . . . [the group] was the beginning of taking that back.

Starr recalled that, prior to experiencing sexual violence, she felt that she mattered. One of the effects of this trauma was the erosion of her sense of self-worth. Starr acknowledged that she had retained the progress she had made within this domain.

At our second interview, Starr also recalled how important it was for her to hear that there was no ideal or correct way to engage with the yoga forms. Stepping outside the rigid boundaries of "right" and "wrong" along with other group members who were also exploring movement options that felt useful to them enabled Starr to simultaneously experience a sense of internal connection and a sense of connection with others. These bidirectional connections were fostered by both verbal expression and physical movement and were accompanied by a growing sense of safety within the group.

In our first interview, Starr described this phenomenon:

[When I started the group] I felt alone, which made me feel unsafe. I felt like nobody was ever going to understand how I was feeling or what I was going through. Just being in a group of others that had been through similar things . . . the same, but different . . . that helped out. And to watch them being able to work through, with the yoga, the different poses . . . you could just tell what was better for them. I would be in one position and they would be in something totally different . . . but yet the same. So, that made me feel safe, knowing that there was no right or wrong way to do the yoga.

Starr circled back to this topic again in our second interview:

I definitely remember [when I started to understand what the yoga practice was about]. I think we had gone from the beginning, with everyone sitting around, to moving and getting onto the mats. And I think you said, "There's no wrong and no right," and

something just changed. I felt connected to what I was doing. In our group, we were actually connecting in two ways. We were connecting with words and we were connecting with movement.

Starr also reflected, during our second interview, on the way that being a member of the group expanded her scope of self-awareness:

I realize it more now than I did back then [when I first started the group], that I really wasn't in tune with what was going on. I was newly into understanding all that . . . what had happened to me . . . when we started the group . . . just a few months out. I didn't realize how in tune you can be.

Due to her expanded capacity for self-attunement, Starr was less likely to be concerned about or influenced by the opinions of others in her daily life. Consequently, Starr experienced greater freedom and self-trust. In our first interview, Starr spoke about the impact of trusting herself more deeply.

Now I'm more inclined to go ahead and do something and not worry about what somebody might think, or do they think I'm weird because I'm doing this? Or being able to just be weird! (laughing)

Starr returned to this topic in the second interview and recalled how she gradually became capable of including her embodied experiences in decision-making processes:

Remember when we wrote one word down [that expressed our intentions for the group]? My word was, "Freedom." The yoga kind of opened a door that I wanted to keep shut. Because of how I was raised, I was a little bit afraid . . . and I wondered, "If I open this door, what will happen? What will change in my spirit? My inner spirit . . . what will change there?" Nothing changed in how I felt about myself. The only thing that changed was [the sense that] I'm doing the right thing.

During our meeting in October 2018, Starr reflected on her decision to join the group.

This choice ran counter to the tenets of the Pentecostal religious tradition in which she was raised. Starr asserted,

It was empowering to go against the grain of how I was raised. Just because you're raised that way, doesn't mean that's what works for you. I definitely learned that through being in this group . . . now I'm much more assertive in making those decisions for myself, because I do feel, "This might help."

Starr affirmed her belief that she could remain a member of her religious community and still make choices based on her internal compass.

Making choices and setting boundaries. Starr commented on the importance of being able to exercise choice during the yoga practice and thereby assert her ability to reject certain options for movement. When instructing the yoga practice during the support group, I often portrayed choice-making as a matter of deciding one's preferences in terms of what might be characterized as, "Yes, no, or maybe," in any given moment. I was curious to learn more about Starr's perspective on setting boundaries during the yoga practice and we discussed this at her second interview.

It was definitely helpful to set boundaries during the yoga practice because I had a choice. I had a choice to say, "No," and have that be accepted, and to be heard. It didn't even have to be heard by anyone else, it just had to be heard by me. I was able to say, "No," this time and then maybe the next time I was able to try it, if I wanted to. It was all very useful, because each week you feel a little different. You don't always come in with the same type of feeling. It was very useful to be offered an option. When it was, "No," this week, it could have been, "Yes," the next week. Maybe I worked through it a little bit and felt a little more comfortable with [the sense that] nobody's really watching me. Nobody's really judging me . . . nobody's forcing me.

In our second interview, Starr reflected on her process for making decisions on her own terms. For Starr, choices were informed by her embodied experience. By paying attention to her body, Starr discovered an enhanced sense of freedom and comfort.

Child [a yoga form created by kneeling with feet together and knees apart, spine lowering toward ground, arms stretched forward with hands on the ground] was never something I felt comfortable with. I couldn't do it . . . it made me feel unsafe. Another definite "No" was Downward Dog [hands and feet on the ground, arms straight, and hips stretching up]. I just didn't do it. Immediately, when I saw what it was, it was a "No." I knew that inside, it didn't feel right to me. Thinking about doing it felt confining. So that was a "No." That's how I knew it was a "No," it just had that feeling to it . . . almost like . . . takes your breath away feeling. "Yes" was just, "Yes." "Yep, I can do that! That feels good. I'm happy about that." There were no restrictions in breathing, or that tightness . . . there's none of that when it feels like a "Yes."

Starr also described her process for making decisions in relation to sharing during the period of time that preceded and followed the yoga practice. Similar to how she made choices during the yoga practice, Starr learned to take her time, listen to her body, and make choices based on her embodied experience.

For a while, I just didn't even feel like talking. That felt like a "no" to me. I didn't want to say too much, I didn't want to open up too much. But I knew that, at some point, even though I felt that way, I knew that maybe that was in there . . . that I could get to the point where I could open up a little bit and share a little bit about myself, to feel a part of the group. At first, I didn't feel that I was a part of the group at all. I felt like, even though everybody else was there, it was just me. Even though I was interacting with everybody, I closed everybody else off. But I knew that I wanted to open up, so it was a "maybe." At first, it was, "No, no," I can't do that yet. The second week, I felt a little more comfortable with it. The third week, I was able to just kind of be me, but when I was done talking, it was like, "Done. Enough. Move on, please!" That was how I kind of knew that "maybe" feeling, it was like, "I want to participate, I want to open my mouth and say how I'm doing or whatever, but I don't want to let anybody in yet." But, soon, I just started to feel a little bit of trust or more comfort with my surroundings and the other women, the other people in the group.

Listening to this excerpt at our October 2018 meeting to review her narrative draft, Starr acknowledged the ongoing importance of communicating openly with others. Starr added that she had recently written in her journal: "Keep talking, keep healing. I have moved from being that "maybe," to "open your mouth . . . yes!" I asked Starr if she could say more about the significance of continuing to talk and she replied, "Speaking my truth, putting it out there. Why should I be embarrassed or ashamed? Or why should I let this hold me back from my next step?" For Starr, continuing to talk referred both to telling the story of the sexual violence she experienced and also to giving voice to her truth in the present moment.

Using the body to influence the mind. Until the time she joined the support group, most of the techniques Starr had used to manage symptoms of PTSD involved exercising conscious choice regarding self-talk. Starr also utilized some mindfulness-based practices that focused on paying attention to sensory experience, such as olfactory or tactile stimuli. In our

initial interview, Starr discussed the impact of including yoga, a movement-based embodied approach, in her repertoire of skills.

[This support group] added a physical [aspect] to what I was already doing mentally to help me get through episodes. It added physical movements and a feeling of calmness. When you're mentally trying to stop what you're feeling, your stress level is rising, moving towards a PTSD episode . . . it gets exhausting. Adding physical [movement] to what's already going on mentally is calming. It kind of flattens [the stress] out and makes it easier to make changes on a mental level. Being in the group brought what I was going through mentally . . . down to a physical [level], so it was more reachable to work on, instead of just totally going with the trigger and falling into an episode. It worked.

As Starr described her experience of simultaneously using body awareness and movement to settle her thoughts, I was reminded of a metaphor from the yoga tradition, which compares the mind to a kite and the breath to a string. I wondered if, for Starr, body awareness and physical movement provided pathways to create shifts on mental and emotional levels. I asked Starr if that metaphor served to portray her experience of interacting with her body in ways that might influence her mind.

R: The image that's coming to my mind is like a kite and a string . . . [the yoga practice] kind of gave you a string?

S: To pull my mind in . . . Yeah. That's accurate. The yoga was more like a hands-on [approach] than a mental tool, because sometimes you just can't get there mentally. But you can do something physically that will help your mental anxiety subside. It worked. *It worked!* I'm still using it. Sitting on the floor, with our legs crossed . . . we'd twist to one side and put one hand behind us to kind of push over . . . it does something for me. I can't really name what it does for me . . . when everything feels closed in and tight, that movement can usually break that cycle of that physical thing that goes on when you have PTSD.

I reflected Starr's statement back to her to be certain I understood the experience she was describing. Starr provided clarity by stating that it was the combination of body awareness, movement, and breath that helped her to ease high levels of activation.

R: And when we did that turning movement or twisting movement sitting on the floor, it sounds like it might have opened up some space for you?

S: The breathing's in there somewhere, too! (both laugh) I think the physical movement is what brings that strong feeling of . . . I'm way too tense inside . . . I'm way too bound up into this mental feeling . . . of what's going on inside my head. I'm way too bound up, so I think the actual physical twist opens that. But then, the breathing comes with it, which is kind of relaxing at the same time . . . so it just slows me down.

At our October 2018 meeting, Starr acknowledged that she continued to use these types of tools to alter her level of activation. Starr added, "I can name it now . . . it's a shift. I know why I use it! Before I was like, "What's this doing?" Now I can name it. I get what it does."

Increased tolerance for discomfort and sense of agency. Starr noticed that she frequently experienced a shift in the quality of her emotional experience when she practiced yoga. In our first interview, Starr described this phenomenon, and noted that she observed similar transitions in other group participants' emotional experiences before and after the yoga practice.

I remember [the changes] others went through before and after we did the yoga. And I could actually see . . . and experience that myself. [My emotions] may feel one way in a certain point in time . . . like they are too much and it's too hard to get through. Then we would do some of the yoga and . . . something like that can change my experience to become, "Eh! Not too bad . . . you know? This is not too bad." I did take that from the experience of being in a group and doing the yoga together . . . from beginning to end, things can change. You don't always have to say, "This is a really bad experience, and this is how I'm going to leave," because it can change . . . and it can change by a simple breathing pattern or movement.

In Starr's view, these shifts were often stimulated by particular patterns of movement or breathing. Starr described this phenomenon in relation to anxiety that arose due to feelings of self-consciousness. The physical movement of pressing her palms together served to release some of Starr's physical tension. At the same time, Starr questioned the accuracy of her perception that she was being watched or judged. This led to a diminution in her sense of self-consciousness and a concurrent decrease in feelings of anxiety.

Sometimes I think people are looking at me or watching me . . . but they're really not. So, sometimes if I just press like this (presses palms together) or do a movement, maybe just reach out like that (stretches one arm out to side) or something . . . it can change my

whole experience because I'm not staying so tense. And I'm also reminding myself that just because I'm feeling this way doesn't mean that's what is actually happening.

At our October 2018 meeting to review her narrative draft, Starr laughed and said, "I still do it (pressing palms together to diminish a sense of anxiety) . . . all the time! That's my thing." Starr also stated at that time that stretching her arms out helps her to identify and assert her physical boundary.

Evolution of Starr's Group Experience

For Starr, the fact that each woman in the group was a survivor of sexual violence created an important bond, based on shared experience and the desire for posttraumatic growth. The congruous nature of participants' circumstances and needs contributed to Starr's sense of safety within the group. Over the course of the 12-week group, Starr's interactions with other participants proved to be significant sources of inspiration and support. At our first interview, Starr commented:

We had all been through something, and we were all learning something different together. And that caused a [sense of] safety in itself, knowing that we were all moving through this together.

Feeling safe within the group was critical for Starr, because the trauma she experienced compromised her ability to trust.

Being in the group helped me feel safe. I hadn't been able to feel that . . . in a group setting until then. I always felt . . . there could be one person in the group who could be bad or, "I don't know any of these people," and it's sometimes even when I do know those people, I wasn't sure of them, or their reactions. . . and that's because of what happened to me. I no longer trusted. So, it . . . helped me with a little bit of the trust issues I'm still having. It helped me because I trusted everybody there.

At our October 2018 meeting, Starr reflected on her growth in relation to trust:

I still have trust issues out in public . . . I never know who's there or how I feel about those types of settings. But I'm beginning to learn to trust people . . . [in the process of] working towards justice [related to Starr's experience of sexual violence]. It was a long journey. Some of these people are trustworthy . . . I'm figuring out who they are, and I'm allowing them to be part of my support group as I move through the justice system.

Starr acknowledged that, as her anxiety and self-consciousness diminished, she was increasingly able to be aware of her surroundings and accurately assess the relative trustworthiness of others.

Initially, being part of the group was uncomfortable for Starr due to her lack of familiarity with other participants. Over time, Starr became more accustomed to connecting with the women in the group and her level of comfort, ease, and acceptance increased. At our second interview, Starr recalled her initial impression of participating in the support group: “It was definitely different . . . and new. It was different and new. It wasn’t a one-on-one situation . . . what I was experiencing was totally new, too, from any way that I had experienced things, altogether.”

Starr noticed that, although group members had common needs and goals, each survivor’s situation and path to healing was unique. During our first interview, Starr reflected on this topic.

When we finished with the first few group sessions, I just wanted to get the hell out of there! (laughs) I didn’t want to talk with others, I just wanted out. Not that it was a bad experience or any of that, I just didn’t feel comfortable with not knowing people or their experiences. So, at the beginning, I was kind of afraid of all that. And then, through the middle, I started to settle in to [a sense that] these women know how I feel, and I know how they feel, even though we’re all different. Our experiences are all different, but they know what I’m going through. At the end, everything just kind of pulled together and I felt comfortable. I felt comfortable in saying what I needed to say, I felt comfortable doing the yoga poses the way I wanted to do them, how they felt good to me. I wasn’t thinking, “Is anybody looking at me? Do I look silly?” I felt different. I felt safe. I felt like I was a part of the group, and I didn’t worry about being judged. As I got to know the people in the group better . . . coming in, leaving, I was happy to be there, and I was sad to be going home.

At our second interview, I was interested to learn more about Starr’s perspective about the role of community in healing from sexual violence. I wondered if Starr perceived healing as an individual or collective experience: Do survivors of sexual violence heal as individuals or as a collective—a group whose individual members have a shared traumatic history? When I posed this question to Starr, she replied:

Because we're all different, and everybody's experience is different, I feel that working with myself on my healing is individual because it's about what's working for me. But I feel that as a whole, in time, as we're all healing through this, we work together to inspire others to heal themselves . . . even though we're all single. We're not necessarily working together, but each person, as an individual, can open the door for someone to realize, "I don't have to stay like this." There are ways, there are places you can go to get help, there are different things I can do for myself, there are things I can *learn* about myself, and there are things I can *do* for myself to get myself to where *she* is today.

I was curious about Starr's experience of how others had "opened the door" for her and thereby supported her healing.

Only in our group, those are the only people that I've been around [who have been working on their healing in a consistent way]. But I could see, by listening to others as they spoke about themselves and their experience, that they were at a different level than where I was. At the same time, they were still feeling the same way that I was, from what they had been through. But I could see that they were at a different level of healing themselves, dealing with themselves, and dealing with what they've been through. At that point in time, I felt like I was moving toward being that way. That was a goal. I never put any time [pressure] on myself . . . but I learned a lot, just by watching how they reacted to things, compared to how I was reacting to things. So, it was inspirational. It gave me some hope.

For instance, after class was over, we would all walk out. A lot of them that were with me, they were more comfortable when they were exposed outside, where I was still feeling hypersensitive about my surroundings. And immediately, if I had some reaction, they knew my reaction, they knew my reaction and would kind of move around me and make me comfortable. They would walk me all the way to my car. That was inspiring to me to know that I'm going to be that person someday. I'm going to be that one to be able to see that because I know it. There were other times in the group that I felt that, too, whether it was just talking, somebody would say, "Oh, I can't do that move!" I could see, with my own two eyes because I never shut them (laughs), that they were uncomfortable, but they worked through it. They didn't have to remain uncomfortable.

Starr and I continued to talk about the way that survivors can support and inspire each other, often in wordless ways.

S: It's almost like they can attach to you and feel, just by sight . . . have compassion . . . feel compassion by movement . . . sometimes I don't even know what I do, but I react.

R: It's really nourishing for me to hold the idea that people can be with each other in ways that are so supportive and so meaningful. And it sounds like it's not necessarily that they're saying anything specifically, but rather . . . they made it through that difficulty, and they survived!

S: Warriors! They're kind of like warriors! So, going back to your original question . . . because of that, we're all connected.

Hearing this excerpt at our October 2018 meeting, Starr was moved as she acknowledged her own growth over the past three years, and stated:

That still feels true. And I *have* become that person, I can now sense that from others . . . [observing] the way they move, those types of things. [I can see that] something's off, they're not feeling safe, they're uncomfortable. So, just to move into place, say the right word . . . so, I *am* that person!

I was curious to learn whether the yoga practice, with its emphasis on movement and introspection had made it easier or more challenging to interact with group members and I asked Starr about this. She replied, "At first . . . the whole thing was challenging."

I also wondered if Starr's sense of safety with others was based on her assessment of their trustworthiness, or if her own ability to generate a sense of internal ease was also an important element of comfort and trust.

[It helps me to know that I can influence] what goes on within me . . . knowing that I can make a change; I can make a shift. And any type of shift that makes me feel better at that point in time. If there are other people around, they're not really noticing that you did that, because people move all the time. It helps me to realize there's no right or wrong in where I'm at or what I'm doing, as long as I'm taking care of . . . what I'm feeling at that point in time. So, if I need to shift or stand up or bend over or any of those things, I should always feel free to do that if it's going to help me.

At our October 2018 meeting, Starr identified a shift that had occurred for her in relation to the way she assessed trustworthiness in others. Starr asserted that she was increasingly oriented to take in information based on observable visual cues, rather than only looking inward to evaluate her level of activation or ease. Starr interpreted this change as an indication that she had become less closed off, and more open to awareness of environmental stimuli.

Now I trust more based on what I can visually see from somebody . . . their mannerisms, their reactions, I feel like that was more about what I was feeling, not about what things were appearing to be. I was very closed off . . . I'm more able to take in what I'm seeing, I'm not so looking down or worried about things. I'm more open to, "Okay, this is where I'm at, and all these people are here . . . [I'm making judgments about trustworthiness

now] more on the basis of what I see visually, rather than, “How am I feeling? How am I feeling inside?”

As Starr looked back on her time in the support group during her second interview, she observed that her initial experiences were marked by uncertainty and discomfort. Over time, her experience of group participation was characterized by a sense of comfort and trust.

As I look back on [the time I spent in the support group], I’m glad I did it . . . it attached me to others that had been through something similar. It was comforting . . . at first, it was very awkward and unsettling, but as we moved through the weeks, it got more comforting and accepting for me to be with others in the same situation. It was the first time that I had been in a group setting, so the unknown [for me] was, “How do these people act? How do they feel when we’re doing these movements? What is their reaction to it? How am I going to feel when somebody else talks, or how am I going to feel when I talk? That was the unknown, and I was afraid of it.

At that time, Starr also commented on the value of the yoga practice being offered within the context of a support group. For Starr, the group experience provided a sense of connection, comfort, inspiration, and community.

[Being together in a support group] gave us something different than just going in and doing the trauma-sensitive yoga . . . It was inspiring, it was connecting, it taught me something about . . . being part of a community and finding comfort in that type of connection. It was good! It was a “Yes”! It was good for me for that to be my first experience in a group . . . I felt [that I was] part of a community where before I felt so separated. I think that came from being together . . . that was my first group. So, being together like that as a group, and having the mind–body experience [of the yoga practice] together, put my mind and my body together in a comforting way. Instead of just my mind constantly rushing . . . (quickly) da da da da da . . . I was able, even though my mind was rushing about things, to move comfortably and slowly and that kind of slowed my mind with it. So, I guess the mind–body connection started again . . . I hadn’t realized that it had ended . . . or had been jilted out of sync. Even though I would come into the group totally scattered and flailing (laughs) it would slow me. I could slow myself down and bring it together. That was the first time I experienced being able to do that, being in the group.

Impact on Trauma Symptoms

As a result of experiencing sexual violence, Starr struggled with trauma symptoms including frequent hypervigilance, hyperarousal, anxiety, exhaustion, and the sense of being disconnected from her body. Starr often had strong physical reactions when she was reminded of

this overwhelming stressful experience. Starr described these reactions as “being activated.” Sometimes, activation led to what Starr called “an episode.” Starr described the distinction between activation and becoming episodic in our October 2018 meeting to review her narrative draft.

It usually starts with a trigger. So, I have a trigger, and that activates me. And then once I get activated, it’s like, my focus is off, and I start to not want to feel what I’m feeling. I want to turn off what happened to me. I want to turn off the trauma of it and what I’m experiencing. It’s always on this side of me [points to right side] and it’s always flashbacks. Being activated is just trying to turn that [feeling] off . . . Being episodic is like, there’s just no control over it anymore. I’m totally having a PTSD episode. That’s the difference. Activation is trying to not feel it but allow it to be there. I’m trying to work with it from the present moment. An episode is just . . . it’s hopeless! I’m there, it’s happening. Flashbacks . . . like I’m there again.

During our first and second interviews, Starr discussed how participation in the support group influenced her trauma symptoms. Starr described the impact of making choices in relation to: (a) patterns of movement and breathing, (b) her sense of connection to her body, and (c) which coping strategies to use when she was activated.

In the initial period of Starr’s healing process, shortly after her traumatic experience, Starr felt hopeless when she became activated, and believed that this state would be interminable. During moments of intense activation, Starr did not believe that there was anything she could do to alter her trauma symptoms.

You get stuck there, you know, that feeling of, “This is horrible. This is going to be forever. It won’t change. I can’t change this.”

Starr reflected again on her experience of activation in our second interview:

Sometimes it’s really hard to admit that these things happen to me, but they do. There are times when I’m activated that I can’t open my garage door [the location where the traumatic incident occurred] . . . things like that that happen and I’m not functioning at all. I know I’m activated. I know that what I’m feeling isn’t necessarily what’s going to be there if I open that door, but what I see, hear, feel, taste . . . all my senses feel like that’s going to happen to me.

During our meeting in October 2018, Starr added this comment:

But it's gotten better! Now I can open the garage door, without getting in the car and locking the doors first. That came last spring of this year. I decided, "I've had it with this! Push the button, open the garage door, I can do this."

Making choices about patterns of movement and breathing. In the context of individual therapy, Starr was introduced to a variety of coping strategies that helped her to navigate challenging trauma symptoms she experienced. In general, these coping strategies involved altering her attentional focus and thoughts. Sometimes these strategies were successful in reducing the intensity of Starr's activation, but at other times they were not effective. In the TC-TSY support group, Starr learned to make choices about patterns of movement and breathing that contributed to amelioration of challenging physical, mental, and emotional states.

I invited Starr to describe how her experiences within the support group helped her to manage trauma symptoms in her daily life. Starr affirmed the value of practicing self-acceptance, defined as refraining from engagement with negative self-judgment and criticism. Accepting her present moment experience set the foundation for making conscious choices regarding her relationship with her body. The sequence of acceptance followed by choice-making enabled Starr to leverage changes in her patterns of movement and breathing in order to effectively influence mental, emotional, and physical states.

[What was helpful to me was] remembering that there is no right or wrong in relation to what I am feeling in the moment. I know that I keep saying that . . . and also that I have choices. There are choices. I can feel this way, or I can feel that way . . . or . . . there's a third choice! That works for me. I'm not stuck with, "This is what it is, this is what you've got. You've got to deal with it." Instead of thinking, "This frigging sucks, and it's going to frigging suck." I can think, "Oh, this frigging sucks, but you know what? I can go over there and do that and I'm going to feel better!" Because that's an option. Yeah, right now this is really bad, you know . . . but something can change that.

At our October 2018 meeting to review her narrative draft, Starr affirmed that she had continued down a path that empowered her be aware of her options and make choices in order to

positively impact the way she felt. Starr shared a short poem she had written recently: “This sucks. But this day right here doesn’t have to suck.”

I wanted to be certain that I understood what Starr intended to communicate and asked Starr if she was asserting that she felt capable of trying different approaches to diminish her trauma symptoms and evaluating which technique was most helpful in any particular moment. Starr confirmed that she felt a heightened sense of agency and empowerment because she was able to make choices regarding the actions she took to influence her present moment experience in positive ways.

Definitely [I feel like I have a wide range of tools to use]. Definitely that happened. I can shift! Sometimes I can’t, but I can still try. And that’s what I learned from the group . . . if this way doesn’t work, then maybe that way will. And there’s no wrong or right way [regarding] what you’re doing . . . as long as you’re doing something.

In our first interview, Starr described how she was able to incorporate this approach into coping with activation that occurred at the grocery store. Prior to joining the TC-TSY support group, Starr often relied on affirmations as a coping strategy in this situation.

An affirmation I was using in the grocery store before [experiencing the] yoga group was, “You’re in the grocery store . . . this is Friday, it’s this time in the morning, everything is good. You’re good. Nothing bad is going to happen. That’s not him. You’re good. Everything’s okay. You’re just here to get groceries. This will all be over in a little bit.” That’s the type of affirmation I would use in the grocery store. And I couldn’t get there a lot of times, I’d have to leave . . . just leave my cart, and leave.

During the support group, Starr discovered that Spinal Twist [seated, turning spine to one side] was particularly effective in relieving tension when she felt anxious. Starr used this movement in daily life as a way to diminish her level of activation. When she experienced anxiety or hyperarousal, Starr often chose to stretch in an inconspicuous manner.

S: Nobody really even notices that I’m doing that [stretching to relieve activation], but it helps me. It breaks that feeling of, “Oh, that person’s too close, they’re looking at me,” or whatever . . . and if I’m in the grocery store, I can stretch way out and grab that melon and roll it over (laughs) . . . I use it in that way . . . It still works, you know? Because it’s what feels good to me. I can use it [inconspicuous movements or shifts in breathing

patterns] in everyday life because there's no right or wrong in how we did it. "Let's stretch out this way, this melon's a little bit heavy!" Yes, I took it with me. For me personally, it moved mountains in my healing process.

Now this [stretching out and twisting her spine to reach for an item at the store] is one of my favorites [ways to address activation], so that's why I use it. You [might] see me standing in the grocery store like this (laughs), because the grocery store is very hard for me . . . very hard for me. But I've learned to work through that. It's a weekly thing you have to do, you know, it's a life task . . . to grocery shop, but it's hard for me. So, I learned how to use stretching and the physical parts [of the yoga practice] . . . because a lot of times I can't get that same effect from an affirmation . . . that I can get from a physical movement.

R: It sounds like the physical movement gave you a different kind of leverage . . . it was getting you to a place where the affirmation couldn't get you. Is that right?

S: Yeah! It changes your breathing. And changing your breathing changes your mindset.

At our October 2018 meeting, Starr smiled as she added, "I still use it . . . every Friday!" Starr observed that these practices helped her to feel a sense of acceptance and openness, even in challenging moments.

Sense of connection to body. As a result of experiencing sexual violence, Starr felt disconnected from her body. Sometimes she felt numb and was unable to feel physical sensations. According to Starr, the combination of yoga practice along with supportive interactions with other group members made it possible to reestablish a connection with her body. Starr described this process at our first interview:

I was very disconnected when I started . . . very disconnected from my body, due to the trauma that I had been through. So, being in the group connected me. I learned how to reconnect with myself. What happened, happened. It was a bad thing. And it disconnected me. And I stayed that way for a very long time. I never really could feel . . . anything I was doing . . . *I wasn't feeling anything. I was numb.* And it connected me back to myself again, to trusting some of the things I was doing, and the way I was doing them . . . to take notice of what was going on while I was doing them . . . simple things like, "When I open that garage door, nobody's going to hit me when I get it open." I could actually feel that feeling again, whereas in the past, I was just numb. After participating in the group] there was still the *fear* there, but I was connected with what I was doing. [I was able to tell myself], "It's okay to open this garage door. It's okay to feel this door handle, to feel the lock turn and the handle come open. It's okay to feel that." So, it got me back in touch with the feeling of motion . . . maybe those are the

words I'm looking for . . . yeah, *the feeling of motion*. And bad things weren't going to happen, just because I felt what I was doing, the motion that I was going through. So, it connected me . . . because I was disconnected. When we were in the group, I never felt disconnected, after I started to feel connected again. I just felt like I was in touch . . . I was in touch with myself.

As I read this particular excerpt at our October 2018 meeting, I sensed that it might be challenging for Starr to listen to what she had said over two years ago. I took a moment to check in and Starr affirmed that it was difficult for her, but she wanted to continue with our conversation. Starr said,

This part is hard. I'm still working with that . . . trying to connect. I'm still going through that. That's what makes it hard, it's something I'm still working on . . . but I'm better today than I was yesterday.

During our first interview, I asked whether reconnection with her body occurred as a gradual process or if it had happened in a particular moment.

I think it was about five classes in. It was about halfway through, that I actually just *felt* it. [I thought], "This is happening! I'm doing this and it's helping me." It was almost like, when you think about it, it could almost take your breath away because it just felt like a relief. Somebody turned it off and now I was able to turn it back on . . . and that felt good. It felt like I was able to take something back.

It's like having that automatic start button when you used to have to kickstart it, you know? It's kind of like that. But you know, going through what I went through . . . it just took so much. And to be able to take some of it back and to know that, in this small amount of time, almost a year, I've been able to move from totally broken to [feeling that] my pieces are glued back together. I might not have them all in the right places, like they should be yet, but I'm working through this. And being connected to myself again was one of the big things that I needed.

Wondering if, after the group's conclusion, Starr was able to sustain the sense of connection to her body, I asked if she could comment on this topic. Starr replied,

The know-how. The know-how of feeling, knowing how to get to that feeling definitely stays there. Because there are still times when I can . . . I can go off and feel numb again, but [I am still] able to get back to that connected feeling. It will always take me back to the day I realized, (gasps) "I connected myself!" It'll take me back there. I feel . . . like I can feel again . . . and this is a good feeling.

At our second interview, I inquired about whether, once Starr had experienced a sense of connection between her mind and body, if that feeling endured without effort or if she had to make a conscious choice to reconnect.

I have to decide. It has to be a choice that comes in, a conscious choice. Sometimes there are no conscious choices [available], but it has to be a conscious choice. When I get activated, I'm a mess. And there's a difference between being activated and having an episode for me. Being triggered, activated, then I can go into an episode if I don't do anything about it. So, I have to make conscious choices at that point in time . . . I need to slow things down. I need to slow down . . . I think somebody called it a hamster wheel! I need to slow that wheel, I need to match things up . . . If I don't start to match up my brain and my body, and how I'm reacting to what I'm feeling, I will go into an episode. So, it's a conscious choice.

I was interested to learn how Starr was able to “match up” her mind and body once she had decided to try to accomplish this task.

Sometimes it's just breathing and putting numbers to my breath. Sometimes it's movement . . . stretching . . . and being conscious that I'm stretching, what it's feeling like in my body. Instead of my mind over here, searching around, I have to bring it in . . . bring it into my body and [pay attention to] what I'm feeling. Like with my arms, [I might notice], “I don't like this,” or, “This shoulder hurts! Too far!” You know, talking myself through it . . . maybe a little differently from how we did it in the class, but it is what it taught me, in my own way, to slow it down. Even if I'm sitting, I try to push my feet down and do one of those grounding exercises . . . making sure my mind is matching up with what I'm feeling . . . being mindful of those things. I guess that's how that works! It helps me to pull it together. Even if it's something like running my hands under cold water, it can bring me to a focus . . . matching up . . . that's definitely it. Bringing my mind and body back together, in the same place at the same time. Sometimes I can deactivate. (laughs) Other times, I can just make myself more comfortable in my activation. But, yeah, definitely it's been useful.

At our October 2018 meeting to review her narrative draft, Starr stated that she continued to find these practices useful as a way “to continue to bring things [mind and body] together . . . and it did start there [in the group].”

Making choices about which coping strategies to use. Starr made it clear that she found it useful to have a wide range of coping strategies available when she became activated. I was curious to understand more about how Starr made choices in her daily life regarding which

tools to employ when she experienced trauma symptoms. Starr commented on this topic at length during our second interview:

When I start trying to pull myself in together and focus . . . I'll use that word because it is a good one . . . I focus to help myself get more comfortable with this type of activation. To get to that comforting level, I have to do many different things. Sometimes it's talking to myself, telling myself that I'm fine: "This is my house, that is my garage door, nothing's behind it. I *can* open it." Sometimes I have to get more physical. And like I said, I run my hands under water, sometimes hot water, sometimes cold water . . . changing [the sensation] . . . kind of shocking myself . . . and being able to feel that. Changing the smell of the room. Air freshener, I use tons of it. Lavender, my favorite.

Sometimes it takes something more physical. If I'm totally disconnecting, I have to feel that feeling and sometimes it's a stretch. Sometimes I have to get on the treadmill and almost run, just to get to a comfortable place. And if I just get comfortable for that day, that's okay. As long as I don't get episodic, I can stay comfortable. Sometimes just laying down on the floor and stretching my hands over my head, flat on my back, hands reaching up, will take me out of being activated and back into being triggered, and maybe even less sometimes. That's how it works for me.

When internally focused coping strategies such as affirmations and altering patterns of movement and breathing were not successful, Starr made efforts to connect with others for support.

It's always a good time to call somebody. It's always a good time to reach out, when I have pulled out what I feel is way too many tools and nothing is giving me any relief or any connection. I'm still just reeling and spinning, and nothing is connecting, because there are two different feelings. Mind's feeling this way, body's feeling that way, [I] can't get it to match. If I reach out and I hear somebody else's voice, that's enough to start a different process and sometimes maybe after that, I can use the same things that I was just doing, and they work after that. So, sometimes just reaching out and hearing a different voice or getting a text . . . sometimes it's just the sound of the text coming in, I feel relief. "Ah! You texted me back!" That's enough sometimes to feel like I'm connecting a little bit. [It helps me to know that] I'm not alone. It's a lonely spot sometimes, and I don't like to feel so alone. So, sometimes I need to reach out and sometimes I don't.

At our October 2018 meeting, Starr confirmed that this excerpt was still very accurate.

Starr mentioned that her perpetrator had recently been indicted, and her case was now in the justice system. At this time, Starr's perpetrator did not want to take a plea; unless that circumstance changed, her case would be brought to trial. This news was highly activating, and

Starr felt she was moving toward becoming episodic. Feeling isolated, Starr began to reach out. Starr described her experience of finally contacting someone who was able to provide support: “I made a phone call and she answered . . . it changed everything . . . it changed *everything* . . . just having someone say that I was okay and that they were there.”

In relation to finding effective support, Starr felt that connecting with others who have knowledge about how to interact skillfully with trauma survivors was useful. Because the group members were all survivors, Starr felt a sense of kinship and common understanding. Engaging with individuals who were not aware of how to offer support in a skillful manner usually exacerbated Starr’s symptoms of trauma.

I’m very quiet about my PTSD. There are a few people who know, so sometimes connecting with them is a good thing. But it was different in the group. Connecting, when I allowed myself to connect, was different in the group because I knew they understood. So, connecting with somebody who understands is great for me. But trying to connect with somebody who’s trying to fix it for me instead of just be there for me is more activating.

At our November 2018 meeting, Starr acknowledged that she had changed, to a certain extent, in relation to being quiet about her PTSD. She asserted that self-expression was a vital element of her ongoing healing process and reiterated the phrase she had written in her journal, “Keep talking, keep healing.” At the same time, Starr continued to avoid interactions with individuals that sought to “fix” her.

At times, the coping strategies Starr expected to be useful did not help to diminish her symptoms. Occasionally, Starr found that approaches that initially appeared to hold the least promise were exactly what she needed to relieve her high level of activation.

It’s like this: “Yes! No, no, no, no . . . yes!” I’m running through them all. I think that you have to learn about yourself when you go through something like this [a traumatic experience]. I came into it blindsided, but immediately I knew that I would need to have help learning to understand the new me, and how I could function like this. What’s going to get me through the day? There are times that I think, “That’s never going to work!”

That's just never going to work! I don't know why she's dishing this one out!" But then I'll find that, in my most desperate times, that might be the thing I need the most.

I asked Starr if she could provide an example of a coping strategy to which she had an initial aversion, but later proved to be useful. She replied,

I can give an example. Downward Dog. I hate it, I hate it. Never thought it would do anything for me. I still hate it to this day. But sometimes, it's the only way I can calm myself when I feel so hopeless. It's a last resort for me. There are only certain places I can do that. And I have to be alone. But it's one of those things that I thought would never, ever work for me, but sometimes it's the only thing that *will* work for me. And maybe it's because it *is* such a strong, "No," that I'm making my own choice to say, "Yes." I'm the one deciding where and how it is going to happen.

Starr learned that in order to cope with trauma symptoms, it was vital for her to be aware of the impact of each coping strategy in the present moment because there was no single approach that worked each time. Remembering that she had the ability to be self-aware, self-accepting, and make choices to affect her immediate experience was fundamental to every action Starr took to bring herself back into a more tolerable level of activation.

Relationship With Emotions

According to Starr, participation in the group had an impact on her relationship with her emotions. Starr struggled with trauma symptoms such as emotional numbing, anxiety, and hyperarousal and frequently experienced a high level of emotional intensity. As a result, Starr tended to be critical of herself, at times labeling her emotions as "crazy."

In our first interview, Starr described how learning about typical responses to trauma and sharing her emotions with other group members helped her to feel less judgmental about the intense emotional states she experienced.

S: [Being in the group] made me feel like my emotions weren't so crazy and out of control . . . that they were normal for what I had been through . . . not so overwhelming. Because I knew that I wasn't the only one that's ever felt these emotions in that way.

R: So, by not feeling so alone with your emotions, the group gave you a feeling of, "Oh! Someone else has felt that, it's not so . . .

S: . . . not so crazy!

In our first interview, I wondered if Starr viewed the term “normalizing” as useful in her healing process. In my own experience, “normalizing” is a word used to refer to (a) educating survivors about typical human responses to traumatic events, (b) sharing trauma symptoms with others, which can eventually lead to (c) decreased feelings of isolation and negative self-judgment. When I inquired about this, Starr replied,

I don't want to say that it was more normal because what we went through wasn't normal. But I would say . . . common. That totally crazy, out of control anxiety emotion, making me crawl out of my skin . . . it's common for what I've been through. So, what I learned and what we did in the group helped.

During our November 2018 meeting, Starr reflected on the ongoing importance of learning to recognize her own changing emotional states. When she joined the yoga support group, Starr felt a pervasive sense of numbness and overwhelm. Starr described her efforts to act out her emotions, and stated that by embodying her emotions, she was able to identify them with greater clarity.

Sense of Identity

Participating in the support group impacted Starr's sense of identity. Over the course of the 12 weeks, Starr gained greater self-acceptance and awareness of her strengths. Subsequently, she was able to feel less fear and anxiety and experience a higher level of self-trust, agency, and empowerment. In our first interview, Starr described these shifts in her sense of self:

I do feel [that the group] helped me with my beliefs about myself . . . [I came to feel] that I was strong, that I had survived, that I was doing the right things to move through [my experience of sexual violence], that I was taking the bull by the horns, maybe, and that was okay. I didn't have to fight that I had reported and went to the hospital and all the things that women should do if this happens to them . . . it kind of opened up my identity [in relation to] that. I started to feel that, “This is who I am, and this is how I handled that, and I'm going to take my life back.” Maybe that happened when I opened up to the group about my case . . . and how new I was to, “Oh my God, that happened to me.” And I reported it. Because it was a very scary thing for a long time (takes a deep breath, pauses). And, yeah, my identity . . . I was afraid of myself and what I had done. I no

longer feel afraid of that. I'm not going to say that there are not days that I feel differently . . . like, "Ohh . . . this could have been a bad choice," or "Did I make the right choice?" But, deep down, I know I made the right choice. *This* is who I am. *This* is how I handled it. And I'm okay with that now.

Reading the previous excerpt to Starr at our November 2018 meeting, I asked Starr what it was like to hear her reflections from almost two and one-half years ago. She replied,

It's really empowering that I spoke like that then. I still speak like that now. I did fight hard and I found him, and I got him indicted, and we're on our way to trial. So, he won't plea out, that's fine. We're going to do this my way. He wants a trial, he wants to try to take it that way, that's fine, I'm not going to turn around and say, "Maybe I don't want to do this." No, I'm going to do this . . . I have a relentless determination to see this through . . . to get my justice . . . When I look back, I thought I was so weak then, but I actually realize how strong I was.

During our first interview, I wanted to gain a deeper understanding of how engaging with the yoga practice might have influenced Starr's beliefs about herself. I asked Starr about this and she stated that the yoga practice made her more aware of her embodied experience. Heightened awareness of what she was feeling in her body enabled Starr to influence her mental and emotional states more effectively.

[Participating in the group] brought knowledge and awareness about myself . . . of what I was feeling and where I was feeling it . . . even why I was feeling it. And that worked, even when we were just talking. [I came to have more] knowledge of how I was feeling when somebody else was talking . . . and knowledge of how I was feeling when I was talking and when I was done. [I gained] . . . knowledge in general . . . of self. It's that way that the physical works into the mental. That's how it affected me. Those simple body movements give you knowledge of what you're actually going through, because you feel it this way, or you feel it that way . . . It tied it [mind and body] together . . . and it opened up a new chapter for me.

At our November 2018 meeting, Starr commented, "That's still true."

Relationships With Others

After participating in the support group, Starr reported improved quality in her relationships with others. Within the context of the group, Starr developed greater empathy and honed the skill of differentiating between her emotions and the emotions of others. The support

group provided Starr with an experience of comfort and safety within a community. Starr was able to incorporate the things she learned in the support group in her daily life. During our first interview, I asked if Starr would be willing to describe how her participation in the group may have impacted her relationships with others.

I'm more able to let go of other people's stresses, and what *they* are feeling. [If I] get a simple phone call that goes all hari-kari and they're all stressed out and screaming and yelling . . . [now I am] able to let go of that . . . Instead of getting off the phone and saying, "Oh man, that's just crazy!" I can look at it more like, "That's not my problem. That's what *she's* going through, and it *really* has nothing to do with me, it doesn't have to ruin my whole day." It's like being able to relate. "I understand that you're feeling that way and I can *relate* to feeling that way, but *I absolutely do not feel that way.*" [I'm] less affected by what others are feeling. I don't have to take it on and carry it around. So, being able to let go of other people's stresses has helped my relationships with other people.

At our November 2018 meeting, Starr stated that this excerpt still rang true for her. She added, "I've really learned about the value of compassion . . . to share your compassion with them . . . and some understanding." She acknowledged that it is easier to be kind and compassionate to others. Practicing kindness and compassion enabled Starr to let go of her own negative self-judgment and self-criticism.

Starr remembered that following the yoga practice, group members shared their experiences. At times, they also mentioned significant life events and their embodied responses to those events. The co-facilitators often asked if other group members could relate to what each individual expressed. For Starr, this process provided opportunities to become more aware of ways in which her experiences were similar to and different from those of others.

I think that [ability to be less affected by what others are feeling] came through the group because when we would talk, we would be asked, "Does anybody else relate to that?" And if I didn't, I didn't. You know? No big deal. She doesn't care if I related to that or not. And if I did, she's happy to know how I related to it and . . . what my experience was. It kind of gave me (pause, then breath) . . . it gave me the *ability* to be like that in my other relationships.

At our November 2018 meeting, Starr acknowledged that this excerpt still rang true in relation to how she continued to differentiate and set boundaries in her relationships with others.

Religious Basis for Aversion to Yoga

During our second interview Starr mentioned that, due to her religious upbringing, she had been hesitant to join a group that included practicing yoga. I asked Starr if she could describe the specific reasons for her reluctance to join the group.

Well, I was raised Pentecostal, so yoga was [regarded as] a “bad thing.” I felt awkward coming to it, to use it as part of my healing. So, I guess that would be that awkwardness, like I was going against something that I was taught as a young girl. But yet, [I was] needy enough in how I felt to come in and use it for a healing tool.

I thought [yoga] was going to feel wrong. I thought that my inner spirit . . . was going to be tainted by it. I felt that maybe I was doing something wrong. But as the group progressed, I found myself very much leaning towards it more and more and it seemed to be totally different from what I was taught.

I wondered whether Starr’s experiences as a member of the group altered her beliefs about yoga. She replied, “Definitely. It definitely changed them. I found a connection with it, within me, that I didn’t expect.”

Looking back from the vantage point of our November 2018 meeting, Starr reiterated how difficult it had been for her to step outside community norms and make the decision to participate in the yoga support group. Reflecting on the ways she has changed since first joining the support group, Starr added, “Now I’m an individual. Sometimes I do that [act in an autonomous manner], even more now than I used to.”

Summary

Due to the sexual violence she experienced, Starr struggled with anxiety, hyperarousal, a sense of disconnection from her body, and physical reactions when she was reminded of the traumatic event. Starr hoped that the support group would provide a safe context for her to develop new coping strategies for her trauma symptoms. Starr was interested in the yoga

practice because she believed it would add a physical dimension to her healing process and increase her repertoire of available skills. Initially, Starr was hesitant to join the support group due to her Pentecostal upbringing, which had a negative view of yoga. Starr chose to trust her sense that the group would provide valuable experiences and skills that might contribute to her healing.

Participating in the TC-TSY support group increased Starr's range of available coping strategies and heightened her self-awareness, self-trust, empowerment, and sense of freedom. During the group sessions, Starr learned to leverage somatic awareness, movement, and breathing to influence her mental and emotional experiences. As a result, Starr developed a higher tolerance for emotional discomfort and experienced a growing sense of agency. Although Starr was initially awkward and uncomfortable in the group, she came to feel that she was part of a community, which was rooted in participants' shared exposure to the trauma of sexual violence. In relationships within and outside the group, Starr grew in her capacity for empathy and differentiation.

According to Starr, the yoga practice provided a chance for group members to explore making choices about what felt right to them in the moment. Starr described the evolution of her yoga practice in relation to four domains: (a) the development of self-awareness, self-trust, and freedom; (b) making choices and setting boundaries; (c) using the body to influence the mind; and (d) heightened tolerance for discomfort and sense of agency. Because the yoga practice was offered as a chance to notice her preferences, Starr was increasingly able to attend to her embodied experience and make choices based on that information. As Starr let go of the notion that there was a right or wrong way to engage with the yoga practice, she developed an internal sense of what felt right to her in the present moment.

At first, being a group member was uncomfortable for Starr due to her lack of familiarity with other group members. Over time, Starr became more accustomed to interacting with the women and her level of comfort, ease, and acceptance increased. Participants' common experiences of sexual violence fostered an important bond, which set the foundation for Starr's sense of safety within the group. Starr observed that the yoga practice, which emphasized gentle stretching in a quiet atmosphere, influenced her subsequent openness to express herself verbally with other group members.

For Starr, the experience of connection within the group was a positive experience. Starr's interactions with other group members were often significant sources of inspiration and support. Reflecting back on her experience, Starr realized that being a member of the support group helped her reclaim her sense of personal significance and self-worth. From Starr's perspective, the group members had shared needs and goals; at the same time, each survivor's circumstances and healing process were unique. Although Starr was initially reluctant to speak, she came to feel more comfortable with sharing. At our 2018 meetings, Starr reiterated the important contribution of self-expression to her continued growth. Starr discussed how meaningful it had been for her to be with survivors that were able to truly see and inspire her. In our 2018 meetings, she acknowledged that she was now able to provide similar recognition and inspiration to others.

Starr asserted that her experiences in the group had a positive impact on her trauma symptoms. Although she was familiar with techniques that emphasized altering negative patterns of self-talk and attentional focus, she found that working with her body movements and breathing patterns were useful ways to influence challenging mental and emotional states. In all

interviews, Starr reiterated the ongoing value of using her body to influence her mind and cultivate a sense of harmony and synchronicity between her mind and body.

Participation in the group had a positive impact on Starr's relationship with her emotions. Starr struggled with trauma symptoms such as anxiety and hyperarousal and often experienced a high level of emotional intensity. She tended to be self-critical and, at times, regarded her emotions as "crazy." For Starr, learning about common responses to trauma and sharing her emotions with other group members enabled her to experience less self-consciousness and negative self-judgment. In the support group, Starr learned a variety of tools for self-awareness, self-acceptance, and self-regulation that expanded her range of available coping strategies. During our 2018 meetings, Starr described her ongoing work to attune to her changing emotional states.

In relation to Starr's sense of identity, she gained greater acceptance of herself and awareness of her strengths. Starr felt that participation in the support group contributed to improved quality in her relationships with others. Within the group setting, Starr became more empathetic; she also cultivated the skill of setting boundaries and differentiating between her own emotions and the emotions of others.

Starr experienced comfort, safety, and a sense of community within the support group and was able to apply much of what she learned in her daily life. Although her religious upbringing promoted a negative view of yoga, the intensity of Starr's struggle with trauma symptoms led her to explore yoga as a possible avenue of healing. Starr discovered that there was nothing in the yoga practice that compromised her "inner spirit," and she was surprised by her sense of resonance with the yoga practice. For Starr, participation in this research project was empowering, because it offered her an opportunity to reflect on how strong she had been

from the very beginning of her healing process and to recognize how far she had come in terms of posttraumatic growth.

Kate's Narrative

Kate participated in a TC-TSY peer support group from February to May of 2016. Our initial interview occurred in July 2016, two months after the conclusion of group meetings. The second interview took place seven months later, in February 2017. At our final meeting in December 2018, Kate reviewed a draft of her narrative and offered feedback on what had been written.

Kate was 37 years old at the time she joined the yoga support group. She characterized herself as “resolute, independent, strong, and compassionate.” During our interviews, Kate reflected on and described: (a) her motivation to participate in the group; (b) the yoga practice that took place during the support group meetings; (c) the evolution of her approach to practicing yoga in relation to making choices based on her embodied experience, letting go of the need to conform to standards of perfection, and the value of breathing practices and systematic approaches to cultivating body awareness in relation to developing skills in self-regulation; (d) how the group experience changed over time in relation to an evolving sense of safety and connection, and the value of being able to give and receive support; (e) ways in which the group experience impacted Kate's trauma symptoms, relationship with her emotions, sense of identity, and relationships with others; and (f) being a feminist and her views and experiences in relation to the inherent strength of women.

Motivation to Participate

Prior to joining the TC-TSY peer support group, Kate participated in a present-centered women's support group at the agency where the TC-TSY peer support group was offered. This

group included (a) psychoeducation about common trauma symptoms and useful coping strategies, (b) time for reflection and sharing experiences, and (c) art therapy and journaling. A group yoga practice was not part of this intervention.

When she learned about the TC-TSY peer support group, Kate thought that joining this group might provide useful tools and support for managing some of the persistent PTSD symptoms she experienced such as anxiety, hyperarousal, and anger. At our final meeting, Kate explained that feelings of anxiousness often shifted into anger. Although Kate did not have specific expectations, her previous group experience was positive, and she was drawn to participate in another support group. At our first interview, Kate discussed her decision to join the group.

I don't know that I necessarily had any expectations, because I wasn't really sure what it was going to be like. [Kate's therapist at agency] had kind of described what it was about and how it was going to work, but I still wasn't entirely sure what to expect. I think, as far as my motivation for joining . . . it sounded to me like a different type of therapy that I could benefit from. I had done one other previous group session here [at agency] and it was very beneficial to me. I liked the idea of doing another group session . . . that would give me a chance to see if I could benefit from a different approach.

I was curious to see if Kate had any previous experience with practicing yoga and inquired about this. In response, Kate said:

Never! And that was actually something I was apprehensive [about], even though [my therapist] stressed a million times, "You don't have to have any experience, you don't have to know anything," I was still a little apprehensive . . . because I had absolutely no experience with it at all.

Description of TC-TSY Practice

In our first interview, I invited Kate to describe TC-TSY, the approach to yoga that was used in the support group. Kate replied that, although diverse yoga poses were presented, emphasis was placed on attuning to one's internal experience during the practice.

I had friends and family members asking what it was about, and how it was different from a standard yoga class. The way I described it was that it was much more loosely

structured than a traditional instruction class. It *is* about the yoga poses, but it's also about being in tune with and understanding the responses in your body and really feeling what's happening in different parts of your body as you move and as you breathe.

According to Kate, practicing yoga in the support group increased her somatic awareness and fostered a more positive relationship with her body.

I definitely think it heightened my sense of connection. There were a lot of times that we would be in there and I wouldn't have even realized that my neck was tight, or my shoulders were tight until we were in there and I started to feel how it was loosening up drastically once we started to practice. I definitely gained a better awareness of that.

In contrast to her first support group, Kate felt that the yoga support group included a stronger focus on each participant's internal experience.

In the previous [support group], we did a lot of artwork . . . there was a lot of expression that way. You were doing individual projects, but you were still sharing them with one another. With the yoga [support group], I think it was . . . a more individual experience. You were getting in tune with your own body, personally and what you were experiencing physically and emotionally. Even though you were sharing that class with five or six other people, there were things that you were feeling, sensations that you were feeling, that were entirely individual. So, I think because of the physical aspect of [the experience], it was a more individual sort of thing.

At our December 2018 meeting, Kate confirmed that she continued to view the yoga support group in this way.

When you were reading that quote, the word that came to me was . . . I almost feel like it was [a] more intimate experience in relation to myself. I know that we had the opportunity, in the way that the class was structured in the second half of each session, to share and talk about things, but I feel like because the first portion of each session was the individual going through all the physical poses, it allowed me to have a more individual experience in relation to what you were feeling and how it was affecting you . . . I think, for me, [having the yoga practice precede the group conversation] took away some of the hesitation or apprehension that I might have had about sharing things otherwise. I think the structure of the yoga class took some of the self-consciousness away that I might have felt otherwise. It made me feel more comfortable about sharing things because I felt more connected with myself.

Evolution of Kate's Yoga Practice

As Kate observed how her yoga practice evolved over the course of the 12-week group, her reflections centered on certain domains of her experience. Kate noticed: (a) the value of

making choices based on her subjective embodied experience, (b) her increased focus on paying attention to what she was feeling in her body and waning prioritization of conformity to idealized standards of perfection, and (c) the vital contribution of breathing practices and the body scan to her capacity for self-regulation. In her second interview, Kate reflected on the utility of incorporating the yoga practice into a support group setting.

Overall, this group more so than the other support groups that I've been involved in, let me put more of an emphasis on dealing with my trauma on multiple levels. In some of the other support groups, you can deal with it mentally and emotionally, and creatively with art or writing, but there isn't really the ability to address it physically. I think this group was unique, in that it really helped me to address it on a physical level as well . . . both my trauma and its effects and also the healing process, too. So, I think it was unique in that way, and so I appreciated it because of that aspect.

Making choices based on subjective embodied experience. For Kate, making her own choices proved to be a vital element of the yoga practice that contributed to her growth. By repeatedly checking in with her present moment experience, Kate became more attuned to what she was feeling physically and emotionally. In our first interview, Kate asserted:

I definitely felt like [being offered the opportunity to make choices] was useful in the group. [The yoga practice had a] more relaxed sort of atmosphere, so that if you weren't comfortable physically, or mentally, or emotionally, doing a specific thing that you were instructing us to do [you could do something else], or if you were just good in the place that you were at . . . you could stay and explore that a little bit longer. I think that that freedom was beneficial, because it allowed me more time to explore what I was feeling, whether it was a physical sensation, my body reacting to the way I was positioning myself, or an emotional reaction.

Kate valued the emphasis on individual autonomy that is foundational to this approach to yoga. She also appreciated the group's collective involvement in decision-making regarding the flow of activities during sessions. Making choices, on both individual and collective levels, supported Kate to be more self-aware and dynamically engaged.

I think [it was helpful] that you put a lot of the decisions to the group, and you continuously checked in with us to see what was working, and what wasn't working. Like the issue of do we want to do practice first in that session, or vice-versa . . . there were also a couple different times that you just kind of took a general vote and asked,

“Hey, are there particular poses that you guys want to do that are your favorites, or that feel really good?” I think because you were constantly checking in with us and taking the temperature of the room, it helped me to feel that I was an active participant as well, even though you were instructing me.

Diminished desire to conform to externally defined standards of perfection. As Kate grew in attunement to her internal embodied experience, she paid less attention to externally defined standards of what was right or wrong. Kate’s inclination to strive for perfection was gradually eclipsed by her growing internal locus of control.

I definitely got a lot more comfortable with it as it went on. In the first couple classes in the beginning, I was . . . focused a lot on, “Am I doing this right?” because I was not as familiar with the different poses. But as it went on, that kind of melted away . . . and it was more about being in the moment and being in the experience and not so much about . . . making sure that I was perfect in what I was doing. It was really about just putting myself into the experience and letting myself really feel everything and really understand everything that I was feeling as my body was moving.

The consistent invitation to make movement choices based on subjective preferences rather than objectively defined norms supported Kate to prioritize attunement to her embodied experience. This process allowed Kate to develop clarity about how she wanted to engage with the yoga practice on her own terms.

I felt like it was really beneficial to have the yoga practice more loosely structured, so that if you were going through a particular pose that maybe wasn’t comfortable . . . or if there was something that I liked to do better, or that always kind of helped me feel good, it was okay to go into that and do my own thing instead. You said that repeatedly through every single class . . . and even with positioning: “You might want to move your leg out a little more, you might want to move your leg in a little more and see what feels more comfortable.” I think having that more loosely structured allowed me to not be focused on doing it “exactly right,” because there isn’t an “exactly right,” or there wasn’t in that class. I think that helped me get more out of the group, because I wasn’t being a perfectionist . . . trying to make sure I was at a 45-degree angle with my foot or whatever. And if there were things that physically weren’t that comfortable to me, I could just shift and do my own thing and still benefit from it.

At our December 2018 meeting, Kate reaffirmed that this aspect of the yoga practice had been useful for her. She added, “I’m kind of a perfectionist by nature. And having the freedom to abandon that for an hour and a half was really important and really helpful.”

During the yoga practice, Kate became more aware of her body and felt a deepening sense of familiarity with diverse yoga forms that were presented in each session. Making decisions on her own terms during the yoga practice, proved to be a positive experience for Kate, which motivated her to relinquish the desire to conform to an externally defined standard. Letting go of preconceived notions of how she “should” approach the yoga practice enabled Kate to feel more present and grounded.

As we were going through the practice, I would start to feel my body loosen up and become more relaxed and less tense. It was easy to regulate my breathing and that helped me feel very centered and very grounded. I had a heightened awareness of everything in my body, from my fingertips all the way down. I think [it was also helpful that I was] gaining familiarity with the different poses and becoming more comfortable with the other members of the group. On a deeper level, I think I just started to feel the benefit of it and start to enjoy what I was experiencing when I was in there. I really started to feel how it was having a positive effect on me, helping me center myself. When I started to feel that positive effect, it made it easier for me to let go of that perfectionist part of me and just actually be in the moment.

In our second interview, Kate reflected on the ongoing value of learning to identify and explore her preferences during the yoga practice. This helped Kate establish her boundaries and make her own choices, even if they proved to be contrary to group norms.

I think, overall, [the way the yoga practice emphasized making choices based on what felt useful in the moment] has probably . . . also helped me to just continue to be aware of my boundaries and what feels good for me, what feels right for me and what doesn't . . . In that group, we were making choices in relation to physical movement, yoga, and the thought patterns that went with it. In a much more general sense, that's still an important thing to remember . . . the ability to do what feels right for you instead of what everybody else in the group is doing. So, I think definitely having that in practice has probably continued in some aspect.

At our final meeting, I wondered if that sense of being able to tune into herself had continued for Kate. When I inquired about this, Kate replied,

I do [feel that it has continued]. If I find myself in a situation where I can sense that I might be uncomfortable, where I might be triggered, I can take myself sometimes to a place where I'm like, “Okay, what is your heart rate doing, what are you feeling in your head, what are you feeling in your shoulders?” I start to take that inventory and it helps

me calm down if I am starting to get upset. It also helps me to center myself and be aware of myself in general.

Breathing practices and body scan support self-regulation. In our first interview, I asked Kate if she thought that she would retain what she had learned in the yoga support group.

Kate replied:

Hmm . . . I don't know, I almost feel like continuing to practice would help . . . or would be more beneficial. Right now, with the class just recently ending . . . I feel strong in what I've gained, and the growth that's happened . . . but I also know that for me personally, I struggle a lot with anger. So, I feel that moving forward that struggle with anger . . . might start to eclipse some of what I've learned, and I think maybe practicing might help to keep those skills as strong and as effective . . . as they are right now, [because now they are] fresh in my mind.

During our second interview, I wondered whether any elements of the yoga practice had remained useful to Kate following the conclusion of the support group. In response, Kate confirmed that she continued to utilize techniques she had learned in the group including: (a) mindfulness of breathing (cued by the instructor in the following way, "And if you like, you are welcome to notice that breath is moving"); (b) active exhalation, defined as paying attention to completing the exhalation (e.g., "Possibly following the exhalation all the way to the very end without strain"; and (c) the body scan, which consisted of systematically attending to sensations in each part of the body.

I think the primary thing that comes to me immediately is the breathing. I learned breathing techniques that started to become second nature for me. I remember at the beginning of the group wondering, since I was new to yoga, if I was going to need to count my breaths and actually be consciously metering my breathing, counting 1-2-3 in, 1-2-3 out, and doing that in repetition to keep my breathing even, or if it was going to become second nature. It became second nature once I became a little more comfortable with the yoga itself. So, I definitely think that the breathing for me became inherent after a while and that stuck with me. And also, the exercise that we did frequently of just taking a moment to take an inventory of everything that your body was feeling . . . going from the bottom all the way up, or vice-versa, learning how to stop and just kind of take stock of what you were feeling in each part of your body . . . that definitely stuck with me as well.

As Kate described her continued application of these practices at her second interview, I wondered if she made a conscious choice to make use of them, or if they occurred spontaneously. Kate noted that, in diverse circumstances, she employed these practices both intentionally and without premeditation.

I think I've done both since the group ended. There have been times that I've sort of just done it and then realized that I was doing it . . . and then there have been other times as well, when I've been in a situation when I had a reaction, I made the decision, "Okay, let's do this . . . let's take an inventory of how I'm feeling right now," and then I'll consciously do it. I think it depends on the situation, but I think I've done both, actually.

During our final meeting in December 2018, Kate confirmed that she continued to use these skills to center and focus herself in the present moment. At times, Kate applied these skills intentionally and often, she found herself using these practices without making a conscious choice to do so.

Evolution of Kate's Group Experience

In both interviews, Kate discussed the evolution of her experience as a member of the peer support group. Kate reflected on: (a) her evolving sense of safety within the group, (b) the way members' shared experiences of sexual violence created a deep bond, (c) learning from diverse experiences of other group members, (d) positive feelings associated with being able to support other group members, and (e) her experience of transitioning from the yoga practice to sharing. Kate felt that nothing had occurred over the course of the 12-week support group to undermine her sense of safety and connection. At our final meeting in December 2018, Kate affirmed that, in retrospect, she continued to remember the support group as a very safe place to be and to share.

Common experiences as women, and as survivors of sexual violence contributed to establishing a safe, empathetic, respectful context, and diminished isolation. In our first interview, Kate discussed factors that contributed to establishing safety within the group, on

physical and emotional levels. For Kate, group members' shared experiences as women and as survivors of sexual violence led to a sense of mutual connection, compassion, and respect.

It was definitely beneficial to be in a room of women who were all empathetic to one another and who all related to one another on that common level of our experience. The obvious [factor that contributed to a sense of safety] was that there were all women in the group and there weren't any men in the group. So, from a physical safety perspective, I think that probably helped. As far as feeling emotionally safe, to the point where I could open up, knowing that everyone else in there was a survivor . . . I could just feel, and we all talked about this, that [there was a] connection and a mutual sense of respect as fellow survivors. There was . . . an unspoken sense of compassion for one another and our experiences that made it feel okay to talk and be honest and to say how you were feeling.

For Kate, participating in counseling and support groups helped to diminish the sense of isolation she felt as a survivor of sexual violence. Kate acknowledged that it is difficult or impossible for people who have not been exposed to sexual violence to understand important aspects of survivors' experiences. She commented on this in her second interview.

There are days that . . . like right now, because of that trigger that happened last night, my whole day today, I felt very isolated. Nobody can understand what this feels like. I know from my counseling here and the work I've done here, that that's not true. I know that that's a giant statement, it is not accurate. Other days, I can definitely look at my own healing as part of a piece of a very large quilt of healing. Being a member of a number of groups here has helped me to see that.

At our final meeting in December 2018, Kate commented that, from time to time, she still feels that friends who have not been exposed to sexual violence cannot fully understand what it is like to be a survivor. Kate stated that she continues to participate in support groups at the agency because connecting with other survivors in this setting provides relief from the sense of isolation and judgment Kate still experiences.

Being able to provide support and learn from others was empowering. When Kate joined the yoga support group, Kate's trial with her perpetrator had recently concluded. She found it empowering to be able to offer support to other group members who were also pursuing legal action. During her first interview, Kate discussed this aspect of her experience.

For me personally, I also felt . . . some growth, because I recently finished my trial against my attacker . . . I found out, through the course of the support group, that one of the other girls was in the process of going through that . . . It allowed me to take something that was a really difficult experience—going through the trial and that whole ordeal—I felt like it allowed me to give her a little bit of support, too . . . to let her know that I understood what she was going through, and that if she needed someone to talk to . . . that she could talk to me. For me, personally, that was probably one of the first times that I had been able to take what I've survived and actually use it to help a fellow survivor. That felt like some new growth for me . . . being able to give her some support and let her know that she wasn't alone . . . that I had been exactly where she was and felt a lot of the same things that she was feeling. It feels empowering when you can take . . . something that was a horrible experience, that trial, and turn it kind of into something positive. [I was] able to use my experience, as negative as it was, to give support to someone else and let them know that they weren't alone. That felt empowering to me.

In our second interview, Kate pointed out that she valued the reciprocal process of giving and receiving support within the context of the group. Learning from the experiences and perspectives of others was beneficial in her healing process.

I think one of the things we benefit from is that everyone who comes here is at a different stage of their healing and their journey. As a fellow survivor, I benefit from people who have been dealing with the same kinds of things that I'm dealing with now. Some of them have been dealing with it for 20 years, some of them have been dealing it for a short time, maybe even shorter than I have. And so, you kind of draw a little bit from everybody's experiences that way. I think it generates a sense of community among us, to see that we're all at a different stage in the process . . . and it makes us want to support each other and lift each other up.

Diverse experiences of the transition from yoga practice to verbal sharing. For Kate, there were times that the transition from the yoga practice to group reflection was challenging. If prior to the group session, her week included difficult emotional experiences, Kate sometimes experienced anxiety as the group activity shifted to include verbal sharing. She described this aspect of her support group experience in our first interview.

I think [the experience of shifting from the yoga practice to sharing in the group] changed for me from week to week. There were weeks when I was having a difficult time through the week for various reasons . . . maybe something had triggered me or something like that . . . During those weeks, when we would be transitioning back to the group setting, all of a sudden anxiety would set in because the beginning of the group, the beginning of the session had been the yoga portion . . . and I'd come in really looking forward to that, to that release, having that experience, and there would be almost an anxiety when we

would go into the group again, because it would be like, now I'm going to have to share and open up about these feelings that I had been feeling before I came in here that aren't good.

During other group sessions, Kate found the transition following the yoga practice was characterized by a sense of peace and calmness. The respectful silence and mutual awareness of each other facilitated a feeling of ease during the group sharing. Kate noticed that, following the yoga practice, she was more open to connecting with others in the group and had greater stamina for discussing difficult topics.

But then there were other weeks, coming back into the circle and coming back into being in the group was just very calming and very peaceful because . . . we were often very quiet . . . We were all very conscious of making sure everybody had enough space, so everyone could stretch out and get comfortable, but then also feel like they weren't being crowded, which I think made it easier to open up verbally and communicate when we actually started talking. After the yoga practice, I was more physically relaxed and more mentally relaxed, just much more centered. Because I felt that feeling of being centered, I think it made it easier for me to participate in the discussion, to actually open up and talk. And I think doing it the opposite way . . . if we had done the discussion and sharing portion and then did the yoga practice, I think that certain topics that had come up during the sharing portion would have probably distracted me from the yoga practice. If something difficult came up that I was thinking about, I don't think that I would have been able to just shut that off in my brain and go on to the yoga practice. It would have stuck in my head, whatever was difficult or bothered me, or whatever emotions I was feeling, because of something that had gotten shared, would have distracted me and made it more difficult to focus on my movements and my breathing.

At our final meeting in December 2018, Kate reiterated her view that the yoga practice made it easier for her to connect with others verbally during group sessions.

That yoga time allowed me to take everything that had happened in the previous 9 hours in my job, set it aside . . . and actually be in tune with myself . . . to open up those pathways that let me become comfortable with sharing.

Impact on Trauma Symptoms

At the time she joined the support group, Kate's primary symptoms included anxiety, hypervigilance, and anger. In our first interview, Kate described how her experiences in the support group impacted her trauma symptoms. When she noticed herself becoming activated,

Kate found that she was able to use practices such as mindfulness of breathing and active exhalation to calm herself.

I think it definitely helped me be able to regulate my breathing in situations where I started to get overwhelmed . . . And whether I realized it in that moment or not, I think it helped me be more aware of what was happening to my body when I would emotionally start to get overwhelmed or feel triggered. I think I gained a better understanding of the physical responses of my body, and that probably helped me to be able to counteract them as well. If you can isolate each one of the different reactions you're having, then you can address them, rather than having a giant ball of reactions . . . then you can't deal with them as easily.

Heightened awareness of her embodied experience provided Kate with insight about ways that trauma symptoms were linked to specific areas of her body. This insight helped Kate to self-regulate more effectively and counteract heightened levels of activation.

I wondered whether utilization of practices Kate had learned in the support group occurred intentionally or spontaneously and inquired about this. Kate replied,

For me, it's usually a conscious thing . . . Crowds are a big issue for me, when people are pressing up closely against me, especially when it's a man, that's a big problem for me. I usually will consciously tell myself to breathe, to keep myself in the moment and not let myself get too anxious or scared. I will consciously tell myself to breathe and start to actually count and try to regulate my breathing and try to keep my heart rate even.

I asked Kate if she would be willing to describe a time when she made use of some of the techniques that she learned in the support group. Kate related the story of a situation she had encountered recently. Feeling anxious and overwhelmed, Kate was able to employ breathing and body awareness practices in ways that helped her intentionally decrease the intensity of her trauma symptoms.

I actually had something happen last night, and I was thinking about it all day today, because I knew I was coming in here to meet with you. I had a memory trigger me last night and it took me back to my trauma. My boyfriend was over visiting last night, so it was kind of a different situation because there was somebody else there with me. I walked out of the room where he was and that's when this memory triggered me. All of a sudden, the room became very small, and I felt like the walls started closing in, and my hands started shaking and I felt like I was going to start to cry, and then there was that added anxiety because I thought, "Well, he's here and I don't want him to think

anything's wrong." It all started compounding itself, and I remember putting my hands on the counter and saying [to myself], "Okay. My hands are shaking. Let's scan all the rest of the way up." Because I could feel that physically a lot of things were starting to happen all at once, like a big rush, and not in a good way. So, I remember looking at my hands and trying to go all the way up . . . in my mind, I drew an outline [of my body], kind of starting to address, "Okay, let's look at this, my heart is beating, my hands are shaking, I'm feeling flushed. What's causing this?" And then I said, "Okay, this is what I'm remembering. I found myself back in that place and this is why. This is what I'm feeling, and this is what's happening physically." I just stood there, looking in the mirror, taking an inventory, and I got to the point where I said, "Okay, you need to breathe, because you are not there, you're here." I was able to ground myself by taking that inventory and by doing that. I was able to get my breathing back under control, so that I was able to walk out of that room and then sit with him. He could still see that something was wrong, and he asked if I was okay. And I was able to say very calmly, "No. Something just happened, I was triggered, and this is what's going on." So, it was a situation where I started to feel out of control and I was able to use [what I learned in the group] to put myself back in the present and take myself out of that past memory so that I could put myself back in control of the situation and in control of what was happening in my body.

At our final meeting in December 2018, Kate confirmed that this was an accurate depiction of her process for managing trauma symptoms in that situation. I wondered if she continued to make use of these methods to keep herself grounded when she experienced trauma symptoms. When I inquired about this, Kate replied, "I absolutely do." Kate referred to a recent vacation, during which she was exposed to crowds. Making use of practices she had learned in the yoga support group enabled Kate to navigate trauma symptoms in order to maintain an ability to self-regulate and thereby enjoy her time with family members.

Relationship With Emotions

In the yoga support group, Kate had the opportunity to explore sharing emotions in ways that were useful to her. Although Kate felt vulnerable giving voice to her emotional experiences, she discovered that the risks she took were usually worth the reward. In one group session, Kate expressed her emotions in a way that, in retrospect, did not feel helpful. For Kate, listening to others talk about their emotions broadened her own perspective and contributed to enhanced

emotional clarity. Kate described a variety of skills she learned in the group that helped her feel a greater sense of control in relation to her emotional reactions.

Exploring ways to share emotions that were useful. Prior to participating in the group, Kate had a tendency to avoid expressing her emotions. Kate had participated in one support group previously, yet she still harbored concerns about sharing her emotions in the yoga support group. Despite her hesitation, Kate decided to join the yoga support group. She commented on this topic in her first interview:

I am not someone that normally shows my emotions to other people. I don't cry in front of other people . . . I just don't. So, the group as a whole, I think, helped me to be able to verbalize my emotions more easily. One of the reasons I was a little apprehensive when I did my first group session was that I thought there was no way that I was going to be able to talk about my experiences in a roomful of people. I had that same apprehension going into this group as well. But I *was* able to. And so, I think that it helped me to be more connected to my emotions in that it allowed me to be more honest with myself and start to break down that wall and be able to actually share them with other people and discuss how I'm feeling

In her first interview, Kate reflected on the way sharing her emotions with others generated a sense of vulnerability. Ultimately, Kate felt that the risks and challenges of being emotionally expressive were worthwhile.

It's still difficult to do. It still feels very vulnerable . . . it feels like you're standing in a roomful of people and you're naked, and everybody's looking at you. Just putting that out there on display, it's a very vulnerable feeling, but I always felt proud of myself for doing it, and I always felt good about doing it because I would get something back from the group that would make it worth it.

When I read this excerpt to Kate in December 2018, I asked if she continued to feel that giving voice to her emotions was worthwhile.

Definitely. Again, one of the amazing things about this place [agency where group was held] is the support and empathy you get, instead of judgment. So, yeah, that definitely still is true. There's always that little hesitation, and then there's always that feeling of being 10 pounds lighter and warmer and calmer and more comfortable afterward.

In general, Kate was cognizant of the emotions she was feeling. However, she found that listening to other group members describe their emotional experiences expanded her own self-awareness in a positive manner. During her first interview, Kate shared these observations:

I feel like I do have a clarity about my emotions and what I'm feeling, but sometimes when you're in a group and someone expresses it in a different way, it gives you a slightly different angle to view it a little bit differently. So, what you thought was clear before can still become a little bit clearer for you once you see it from a slightly different perspective because somebody else has shared it a little bit differently.

As Kate reflected on the group's impact on her relationship with her emotions, Kate recalled a time when she was uncomfortable with the intensity of her emotional expression. In this situation, Kate acknowledged that other group members were accepting and supportive. Nonetheless, she felt that she had overstepped her own sense of what felt right in that particular moment.

There was one session . . . when I got really emotional and I started to cry. And that was not a positive experience for me, I wanted to get out of that room. And it's not because I thought anybody in there was judging me or anything, everybody that was in there gave me words of encouragement and support. It was just that that crossed a boundary for me, that was something I wasn't ready to share . . . my tears, being that emotional, being that vulnerable. That was a little bit too much to share and I didn't like that I wasn't able to keep the tears in . . . keep that emotion in check.

This situation helped Kate develop clarity and respect in relation to her own emotional boundaries. Although she felt a sense of safety in the group, Kate retained the right to exercise free choice regarding what she chose to share and what would remain unexpressed.

I definitely feel like the majority of the new territory that I ventured into, to try to share and open up a little bit more, felt good . . . and I think that it helped me to understand my boundaries more. Because when I went too far, and I was uncomfortable, I was very uncomfortable. So, it gave me a better understanding of where that boundary line was. Even in a roomful of people you feel compassion from, there's still a boundary. And it's still okay to respect that boundary and to have that for yourself.

When I read this excerpt in December 2018, Kate was able to recall this situation although she did not remember the specific circumstances that gave rise to her emotional reaction. Reflecting on this incident, Kate remembered her embodied experience.

There are still boundaries, even in here where I feel safe and comfortable. There are still going to be times when I don't want to share. That was an interesting moment for me . . . it's not like anybody was looking at me or judging me or handing me tissues. But it was just something in me that felt that that was too much.

At our 2018 meeting, Kate also affirmed that she felt supported to maintain her self-defined boundaries within the support group setting.

Using breathing practices and body awareness practices to regulate emotions. Over the course of the 12 weeks, Kate learned skills that gave her a sense of control regarding physical reactions that accompanied certain emotional states. When Kate felt tense or anxious, she was able to apply breathing and body awareness techniques in order to calm herself. Kate described this process at her second interview.

I think, in general, what I've noticed is that doing that on a more regular basis and having it become sort of an inherent part of me has helped me to be calmer, and more in control of my body and my emotions. By extension, it's definitely helped me to deal with anxiety or . . . yeah, anxiety's really the best word. I was going to say fear . . . like fear, or tension, tension's a good word. I think it has definitely helped me to deal with that. So, I think, in general, it's helped me to be a little more relaxed and it's helped me to be calm and stay calm. I think that [the body scan] has helped me to be more aware of how my emotions are affecting me physically, and how my body is reacting to certain emotions that I'm feeling or certain elements in my environment that I'm reacting to emotionally. I think one of the things I did take from the group overall was a better understanding of how the emotional and physical are tied together and how one affects the other within me. So, I think the inventory [body scan] has helped me to better understand how the one affects the other, and to just be more aware of how my body is reacting to things.

Kate learned that it was possible for her to remain grounded while she was observing her body's reactions. Rather than becoming overwhelmed, Kate found that she was often able to notice physical sensations that accompanied anxiety and determine the originating causes of her reactions. This process heightened Kate's sense of agency and confidence.

If I notice that I'm having a reaction . . . whether it's that my hands are shaking, or my heart has started beating faster, something like that . . . I can try to go to the root of it and say, "What is causing it? What am I feeling right now that is making this physical reaction happen?" [I can] trace it back and then address it and deal with it so that I can go from there and be in control in the whole situation. It's obviously still not perfect, but it definitely helped. It feels reassuring and it helps me to have more confidence in myself and my ability to control those situations. I remember when I first started counseling, I didn't know anything about my PTSD symptoms or how to deal with them, let alone having any of the techniques that I learned in the yoga group, or in any of the other counseling that I've done. I remember spending the majority of my time feeling very out of control of my emotions. My emotions were very raw and very much at the surface, and I was very out of control of that. Having that [ability to control my emotional reactions] now helps me to feel a lot more confident about my ability to address them and deal with them and not let them be so raw and unmanageable.

Sense of Identity

From Kate's perspective, participation in the yoga support group had an impact on her sense of identity and beliefs about herself. In our first interview, Kate reflected on this topic. Kate stated that she had taken a risk to try the yoga practice, which was new for her. An additional challenge was the sense of vulnerability she experienced when she verbally shared her emotions with others. According to Kate, the chances she had taken ultimately proved to be worthwhile.

Kate emerged from the group feeling stronger and more confident because she was able to navigate these challenges and also offer support to others. She was more likely to be open to try other novel activities as a result of her positive experiences in the group.

I think [participating in the group] changed the way that I look at myself as a survivor. I think that it strengthened my identity as a survivor. It made me feel more confident. The fact that I did something new that I had never done before—because like I said, I had never done yoga before—the fact that I let myself try something new and risk being really bad at it, ended up being really good for me. So, I felt stronger in that aspect, as well. I . . . felt a sense of accomplishment in having been a part of a group where I was able to support other survivors. It definitely heightened my self-confidence, which was important, because trying something new and staying committed to it [can be difficult]. It's a big commitment to show up every week. I come right from work, so if I've had a crazy day, it's a big commitment. [Sometimes I felt] like, "I'm just going to blow it off tonight and lay on my couch." But every single time that I would show up and just put in

the work, both physically and emotionally, it was beneficial. I definitely think it helped me regain some of my self-confidence that had been damaged by my trauma.

At our final meeting in December 2018, I asked Kate how this excerpt sounded from her current perspective, which was over two years after our first interview. Kate replied, “Yes, that’s true, especially that last sentence.” She felt that, in general, she had retained the sense of self-confidence she had cultivated in the yoga support group.

Relationships With Others

At our first interview, Kate reflected on the way her participation in the support group impacted her relationships with other people. She discussed the pervasive quality of isolation, which is commonly experienced by survivors. For Kate, being part of the support group encouraged her to be more open to engaging with others, even outside the group.

Outside of the group and going through everyday life, it’s really easy to feel isolated and alone because . . . at least for me, I’m constantly surrounded by people who don’t know what’s happened to me. And so, you feel like nobody could understand what you’re feeling on the inside . . . the pain, the sadness, and the hurt. I think that being in a group of people that have experienced something similar . . . helped me to maintain a feeling of connectedness to other people. In the group, you’re opening yourself and sharing very intimate parts of yourself . . . because you feel that connection with them. And so that makes it a little bit easier to connect with people outside, as well . . . you don’t feel so alone because you know that there *are* other people who understand what you’re going through and have compassion and empathy for you. That makes it a little bit easier to open up to other people outside the group that you wouldn’t normally feel connected to.

For Kate, increased awareness of her embodied experience did not only contribute to a heightened sense of kinship with others. It also helped her feel more attuned and connected to the world around her.

Gaining a better understanding of different things happening within my body and a better understanding of different physical reactions that I’m having makes it easier to connect to things outside of my body . . . [like] the earth . . . so, yes, I think that it did help me to better connect with things around me as well.

Feminism

During our second interview, I became curious about whether Kate considered herself a feminist. She spoke with great commitment about supporting other survivors and I was interested to learn more about Kate's views on feminism. Kate's answer provided insight into her perspective on this topic.

I absolutely identify as a feminist, I have for a very long time. To me, it is about the ongoing and still culturally relevant fight for women to be treated equally to men in society, in terms of our rights, and our place in the workplace, our place in politics, our place in the military, and our value . . . I definitely do think that [feminism] is a relevant term. I think that it's often very misconstrued and used in a lot of broad ways that maybe aren't necessarily accurate.

I was curious to understand if Kate thought that feminism was in any way linked with her own process of healing from sexual violence. In reply, Kate articulated her beliefs about the feminine divine and women's inherent strength. For Kate, tapping into archetypal feminine power was an integral part of her healing.

There is a lot of feminist literature that has explored that concept of the feminine divine . . . cultures that are centered around goddesses instead of gods . . . I think part of that feminine divine [relates to the] concept that women have an inherent strength that men don't have because we have the power to reproduce . . . You know, we're the life-givers. And so, in terms of how that relates to my healing, I think that my knowledge of those concepts from previously associating myself with being a feminist and knowing about some of those ideas, helps me draw on my inner strength more, as a woman and as a survivor. Because as women, we've been abused and mistreated for centuries, but there is a persistent strength in women that makes us all survivors. I think I've drawn on that a lot in my healing to help me stay motivated and not give up when I felt like I was going to.

Wondering if there was any connection between these concepts and the experiences Kate had in the yoga support group, I asked whether inner strength was more conceptual or physical for her. Kate elaborated on this subject:

K: I think in general, for me, it's more of an emotional and a mental concept, but I definitely think a group like the yoga group helped me to see how it can also be physical. Or it can *feel* physical, as well . . . you can feel it physically with body movements.

R: Can you say more about that? What is it that you can feel with body movements?

K: I'm trying to think of how to put it into words. I remember, in certain poses . . . poses that involved arms raised up to the sky, like Sun Breath . . . I could sort of just feel a physical strength going through my body and out into my hands as they were raised up to the sky. I felt it in my hands . . . my open hands . . . a lot. So, I felt like there was a strength coming from inside of me and pushing itself outward through my palms. That's what I mean when I say it helped me to feel it physically, to help it manifest in a physical way.

Summary

Kate was motivated to join the TC-TSY peer support group because she thought that it might help her manage some of the persistent symptoms of PTSD she experienced such as anxiety, hypervigilance, and anger. Although Kate did not have specific expectations, her previous experience in a women's support group was positive. For Kate, participating in this group felt like a risk because (a) she had never practiced yoga before, and (b) sharing her emotions with others engendered a sense of vulnerability.

According to Kate, the approach to yoga that was used in the support group emphasized attunement to each participant's embodied experience during the practice. Diverse yoga poses were presented, yet each individual was encouraged to focus on what she was feeling internally. Kate felt that practicing yoga in the support group increased her somatic awareness and sense of intimacy with herself. In addition, she found that yoga fostered a more positive relationship with her body. Kate stated that doing the yoga practice prior to sharing in the group diminished the sense of hesitation or apprehension she might have felt otherwise as she gave voice to her personal experiences.

Reflecting on the evolution of her yoga practice over the course of the 12-week group, Kate stated that she came to appreciate the value of making choices based on her subjective embodied experience. As she paid more attention to information gleaned from awareness of her internal states, Kate cared less about conforming to an externally defined standard of perfection.

Kate acknowledged that breathing practices and the body scan were fundamental to her growing capacity for self-regulation. Reflecting on her time as a member of the support group at our final meeting, Kate asserted that having the freedom to focus on what felt right to her was a valuable part of the group experience that diminished her perfectionistic tendencies.

Regarding the evolution of her experience as a member of the peer support group, Kate commented on the sense of safety and trust she came to feel within the group context. Shared experiences as women and as survivors of sexual violence generated a deep sense of connection for Kate and diminished her feelings of isolation. Kate found that her own perspective was broadened by listening to other group members articulate their own experiences. She felt empowered by being able to offer support to other group members, particularly in relation to navigating the justice system. At our final meeting, Kate stated that she continued to participate in support groups with other survivors because it provided relief from the sense of isolation that survivors commonly experience.

Kate asserted that her participation in the group impacted trauma symptoms she struggled with including anxiety, hypervigilance, and anger. When she experienced higher levels of activation, Kate was able to utilize practices such as mindfulness of breathing and active exhalation to calm herself. As she became more attuned to her embodied experience, Kate's awareness of how trauma symptoms were linked to specific areas of her body increased. This insight made it possible for Kate to self-regulate more effectively and counteract heightened levels of activation. At our final meeting in December 2018, Kate stated that she had retained the ability to tune into her embodied experience in order to manage trauma symptoms and become more centered.

Kate noticed that her experiences in the yoga support group impacted her relationship with her emotions. In the yoga support group, Kate was able to explore sharing emotions in ways that were useful to her. Kate acknowledged that she felt vulnerable expressing her emotions, yet she felt that the risks she took usually proved to be worthwhile. Giving voice to her emotions enabled Kate to feel a greater sense of ease and comfort. According to Kate, listening to others give voice to their emotional reactions helped to broaden her own perspective. This process contributed to enhanced emotional clarity. Kate learned a variety of skills in the group that helped her to feel an increased level of control over her emotional reactions. At our final meeting in December 2018, Kate affirmed that she continued to benefit from skills she had learned within this domain

Participation in the yoga support group had an impact on Kate's sense of identity and beliefs about herself. After being part of the group, Kate saw herself as more capable of sharing with others and increasingly tolerant of her own emotional vulnerability. Kate emerged from the group experience with a more robust sense of strength and self-confidence. In addition, she had a greater appreciation for her ability to offer support to other survivors.

Reflecting on the way her participation in the support group impacted her relationships with other people, Kate asserted that being part of the support group encouraged her to be more open to engaging with others, even outside the group. Increased awareness of her embodied experience contributed to a heightened sense of kinship with others. It also helped her feel more attuned and connected to the world around her.

Our final topic of conversation focused on feminism; Kate stated that she considered herself a feminist. Kate stated that feminism is often misconstrued. She defined fundamental elements of feminism which, in her view, included a belief in the value of equal rights for

women in society, the workplace, politics, and the military. She expressed herself passionately when she talked about the importance of supporting other survivors.

Kate gave voice to her beliefs about the feminine divine and women's inherent strength. According to Kate, accessing archetypal feminine power was an integral part of her healing. Prior to her participation in the support group, Kate felt that inherent feminine strength was something she experienced on conceptual and emotional levels. Within the support group, Kate was able to experience the physical dimension of her own inner strength and resilience.

Leslie Ann's Narrative

Leslie Ann participated in a TC-TSY peer support group from February to May of 2016. Our initial interview occurred in June 2016, two months after the conclusion of group meetings. The second interview took place seven months later in January 2017. At our final meeting in January 2019, Leslie Ann reviewed a draft of her narrative and offered feedback on what had been written.

Leslie Ann was 61 years old at the time she joined the yoga support group. She characterized herself as "friendly and garrulous in our interview conversations and reserved in group." During our interviews, Leslie Ann reflected on and described: (a) her motivation to participate in the group; (b) the yoga practice that took place during the support group meetings; (c) the evolution of her approach to practicing yoga in relation to paying attention to her body, making choices based on her embodied experience during group sessions, development of confidence and self-efficacy, and making choices based on her embodied experience in daily life; (d) how the group experience changed over time in relation to safety, connection to others and the mind-body connection, the value of participants' shared history of trauma, which reduced isolation and contributed to empathy, and her intermittent sense of detachment in relation to the

group experience; and (e) ways in which the group experience impacted Leslie Ann's trauma symptoms, relationship with her emotions, sense of identity, and relationships with others.

Motivation to Participate

During our first interview, Leslie Ann reflected on factors that motivated her to participate in the yoga support group. She had practiced yoga a long time ago and was curious about how yoga might be integrated into a therapeutic approach to healing from trauma.

I may have thought, "Yoga and therapy? What's that about?" And then I think I thought, "I really need to pay attention to my body. I want to look at my body and [see] what's going on." I had practiced yoga for a long time and then I was in a car accident and my neck got messed up. The yoga that I was doing aggravated my neck, so I stopped. The more I thought about it, the more I thought about how I tend to hold tension in my body, and I thought that it would be really good for me.

Noticing that she was getting older, Leslie Ann felt that it was important to recognize and address the physical dimension of her life. She acknowledged that emotions affected her physically and believed it might be useful to receive support to navigate the relationship between her body, mind, and emotions.

I was really out of shape . . . I started here [at the agency] with one-on-one therapy . . . I started when I turned 60 . . . it was like my body was slowing down . . . I wasn't getting a lot of exercise because I have a desk job. I noticed my body being older in a way that it hadn't been before . . . I have a way of saying, "Leslie Ann, you need to get exercise!" My therapist would say, "Don't be so hard on yourself." And I'd say, "Well, I need to!" Because I have to push my body or I'm just going to go downhill fast. That was one of my issues, and something I was thinking about. And it sorely needed to be addressed . . . *sorely*.

During our second interview, Leslie Ann recalled joining the group because she was seeking support to understand how trauma had affected her body and find ways to heal. In retrospect, Leslie Ann felt that participation in the group helped her learn to attune to her body's signals and attend to its needs.

I went into the yoga support group feeling like my body is suffering because of what happened to me, but I didn't know how to deal with it. There were sick places in my body . . . my body had been carrying this [trauma] for 40 years. I knew my body was

sick, but I didn't even know how to pay attention to my body. That's what I thought before coming in. And I think that's what got addressed . . . I learned how to pay attention to my body then and there in that group. And now I can!

At our final meeting in January 2019, Leslie Ann confirmed that, although she was not exercising regularly, she had retained the ability to listen to her body and make choices that were healing. Leslie Ann's back had recently become sore from bending over to help her aging dog make it up the stairs into her house. During this conversation, Leslie Ann described how she was caring for herself based on skills she had learned in the support group.

I've had another long period of not exercising. But, for example, this thing that happened with my back, I'll just stretch and stretch in all kinds of ways and it hurts, but I feel like I'm working it out. So, I still have the things I learned. They stayed with me. And I will always have the hope and the knowledge that I can come back to my body and take it through healing and growth. I'll always have that. Whereas, when I came in, I was like, "Whoa! Here comes this old age thing . . . what's going on?"

Description of TC-TSY Practice

In our first interview, I invited Leslie Ann to describe the TC-TSY practice that was used in the support group. She characterized this approach to yoga as a combination of basic yoga postures and breathing techniques. In order to increase body awareness, group members were invited to notice what they were feeling in their body and then choose how they wanted to move based on what they were feeling.

According to Leslie Ann, considering options and making choices based on individual preference was fundamental to this yoga practice. In our first interview, Leslie Ann referred to conversations she used to have with her friend after group sessions.

I would call my friend after yoga and yak at her . . . I would tell her about the options, and how it started out just very basic and simple, not any difficult things. I mean it felt difficult for me . . . it didn't feel easy until the very last session. I was actually talking to someone about it all the time. And I'd tell her how you'd say, "Now maybe, if it would be good for you, you may want to do this! Or, you could do it sitting down or standing up, or to the right, or to the left, or you don't have to do it at all!" She thought it was great. She loved that!

Evolution of Leslie Ann's Yoga Practice

During both interviews, Leslie Ann reflected about how her yoga practice had evolved over time. She noticed changes in relation to (a) her ability to listen to her body, (b) her ability to make choices in group based on her embodied experience, (c) confidence and self-efficacy, and (d) her ability to make choices in daily life based on her embodied experience. For Leslie Ann, these shifts occurred gradually over the course of the 12-week group.

Listening to her body. When Leslie Ann joined the support group, she was aware that her body was aging. She felt stiff and uncomfortable and did not know how to pay attention to her embodied experience in a skillful way. By the time the group ended, Leslie Ann was more able to attune to her body and address her needs and preferences on a physical level. It took time for the yoga practice to require less effort and feel more comfortable. Leslie Ann described this shift during our first interview.

Before the group, my body was this thing that was aging, and I was *not* taking care of it . . . the muscles, the bones . . . *everything*. I was just going and sitting at my desk, 40 hours a week . . . I mean, it was *bad*. And it was getting stiff. I wasn't listening to it. I didn't even know *how* to listen to it. I learned how to listen to it during the group. I mean, it was really uncomfortable being in that body, and it was a constant reminder that getting older [meant I was] getting closer to death . . . that was bad. But now, I can do a check of myself . . . of my body . . . I can check it up and down and see what's going on and what it might need.

It [the yoga practice] did get less strenuous. It was less hard on my body, but I always felt uncomfortable with it. I didn't feel like a cat. You know, the cat just does all those things with its body. It just stretches . . . twists itself around and I . . . no, I felt like a tin soldier. It did get so that it wasn't so strenuous, and it didn't hurt so much . . . On that last meeting, it was such an amazing day. I mean, it was such a great session. We had such fun writing those poems and then reading them, and then laughing about all that we'd been through, and all that we'd talked about, and all the sharing we did. And then, we had a limited time at the end, and we did Sun Breath [inhaling, stretching arms up and exhaling, releasing arms down] . . . and it was like my spirit let go and let loose and went *with* the Sun Breath. So, it was an ecstatic kind of thing, it was a spiritual kind of thing. My spirit and my body were one. It was joyful. It was wonderful! But it didn't happen before then.

Leslie Ann felt that her participation in the group fostered a relationship with her body that endured, even after the group concluded. Although this connection was cultivated by practicing yoga, it was not dependent on Leslie Ann's continued engagement with specific yoga postures. For Leslie Ann, this relationship had a positive impact on her quality of life and her ability to experience joy.

I have a relationship with my body that was created in that group. And that's not going away. There's no way that that's going away. Whether I do yoga or not . . . I have an awareness and a relationship with my body, whereas before it was just this uncomfortable thing that I was wearing that I did not like. It makes all the difference in quality of life, you know? It was like I was wearing this uncomfortable frame . . . it was an uncomfortable relationship that my [own] self had with the body that it was living in. Now, it's like, "Well, what's going on, body?" And with the weather we've been having, it's not so good for the plants. We're not getting enough rain. But it's so beautiful. The sun . . . and it's mild . . . and it's windy, and my body's so happy to be out in the sun, just enjoying the breeze and the sun. It's a very happy body and I don't remember ever feeling so happy, just in the weather. It's way different!

At our final meeting, I was curious about whether Leslie Ann felt that she had continued to have a working relationship with her body two and one-half years after the group's conclusion. When I inquired about this, Leslie Ann answered affirmatively.

I'm sure that the way I approach my back now comes from what I learned in the group. Also, I did something to my arm . . . I have arthritis . . . and I really hurt my arm . . . opening and closing the gate where I work. But I knew how to talk to it! I'm like, "Okay, well this hurts but every day I'm going to get it just a little farther." And I probably wouldn't have that relationship with myself without what I learned.

Making choices based on embodied experience. At first, because her body was stiff from inactivity, the yoga practice was difficult and painful for Leslie Ann. Sometimes she found herself comparing her current physical capabilities to what she had previously been able to accomplish. As Leslie Ann listened to her body with greater acuity, she learned to assess her options and experiment with making choices based on what she was feeling in the present moment. During her first interview, Leslie Ann reflected on this process.

I had stopped doing yoga so long ago. My body was stiff, and my body didn't want to do those things. I wanted to have the flexibility I had before, and I didn't. My body would hurt . . . [and sometimes when I was] holding a position . . . my body would be like, "I don't want to be in this position for this long!" I would say to myself, "Well, Rowan says I don't have to be in this position any longer than is comfortable." Every now and then, I would get out of the position early, because my body wanted to.

For Leslie Ann, the ongoing conversation about how group members listened to their bodies, considered options, and exercised the ability to choose how they wanted to move and breathe was useful. As participants reflected on their own embodied experiences, Leslie Ann became increasingly curious about the way she approached practicing yoga at each session. This process inspired Leslie Ann to experiment and determine for herself how she wanted to engage with her body.

I liked the talking we did about pushing ourselves . . . or not. I would experiment with that during the sessions in the yoga practice. Really pushing myself, then backing off a little bit. And sometimes I was just really easy on myself. And that was different, too. We really [explored] the whole spectrum.

In addition to regulating the physical intensity of the yoga practice, Leslie Ann also experimented with the pace of her movements. During her second interview, she reflected on the value of slowing down. For Leslie Ann, this was an important learning that stayed with her after the group's conclusion.

I was thinking, just in the last couple weeks . . . that things can be slow, and that can be a good thing. I have a little mechanism in my brain now that says, "Leslie Ann, do that more slowly. And I know you put it there!" (laughs) I was thinking, *this* is the thing that really stays with me from that experience.

During our final conversation in January 2019, Leslie Ann reflected on the way that she has continued to make movement choices based on her embodied experience. She observed that on her walk over to meet me, there were times that she chose a slower pace, and times she enjoyed taking quicker strides. In this example, Leslie Ann was not concerned with what was objectively right or wrong; she made decisions based on what felt useful to her in the moment.

Development of confidence and self-efficacy. Leslie Ann continued to contemplate what she had retained from her support group experience during her second interview. When Leslie Ann joined the support group, she had been physically inactive for an extended period of time. Participation in the group stimulated changes in her level of confidence and self-efficacy in relation to her body.

Recently, I was thinking about what had stayed with me from the group . . . my body was kind of stiff, and I just stretched out my leg . . . and [I had] the feeling that, “Yes, I can do that! I can stretch my leg where I want to stretch it, and I can hold it there.” When we started the group, I was like, “I don’t know if I can do this.” I had done yoga for my back . . . I had done it every day. But then I hadn’t done it for a long time [until joining the support group].

For Leslie Ann, these shifts in her ability to listen to her body and make choices that impacted her embodied experience did not occur at a specific moment in time. She observed that small changes took place incrementally for her over the entire course of the 12-week group. Leslie Ann wondered if she might have experienced a sense of mastery sooner if the yoga practice had been identical week after week. (Typically, the practice repeated postures that were presented in the previous week with the introduction of one or two new elements each session.)

When we started, I was like, “Oh, I don’t know if I can do this.” But just the other day, I was feeling all cramped up. And I stretched, and I had that sureness. I got that from the support group. And that took a while! I didn’t just all of a sudden say, “I can do this.” It really took the whole experience, I think . . . I don’t think I relaxed and felt good until the very end. It was incremental. It was what I was learning, week after week . . . Maybe if we had started with one pose and we had done that one pose every time for two months, I would be like, “I can do that pose!” But it was like . . . there was always something new, and I was like, “Well, I don’t know.” But it worked out. And I have a feeling of self-assurance now, about myself and my body that I can tell it to do something that’s good for it, and it will obey.

Listening to her body and making choices in daily life. Leslie Ann cited three examples in which she applied learnings from the support group in her daily life. At her initial interview, she related an experience she had when she was very ill. This situation occurred between the support group’s conclusion and the time of the first interview. Feeling that her body

was “shutting down,” Leslie Ann was having difficulty breathing. Even during this extremely challenging circumstance, she was able to try a variety of different movement options and finally settled on one that was useful for her.

It was interesting to [see] . . . how I decided! It was interesting to talk to my body about what it wanted and what was helpful and what result I would want. I wouldn't want to be totally not pushing into it at all, but then I wouldn't want to be completely straining myself. But sometimes it felt nice to *really* stretch. And this thing I'm doing where I've been sick, and I stretch with my arms, that might have even come from that . . . I was in bed and I really felt like my body was shutting down and I couldn't breathe. I got into a number of positions . . . I couldn't lay on my back, I couldn't lay on my stomach, I couldn't lay on my side and I went into . . . it was like Child Pose . . . But then I stretched out my arms and let all this tension flow up and down my arms . . . I was able to breathe, and I felt like I had a viable body. It was just accidental, I was trying everything because any way that I would be, it was horrible. It was scary. It was like my body was shutting down. I never felt anything like that.

In the second example from her first interview, Leslie Ann described a difficult situation at work. Her boss, whom she had known for many years, had frequent emotional outbursts, which Leslie Ann characterized as “tantrums.” Instead of feeling panicked and overwhelmed, she was able to ground herself and become aware of her breathing, which had become shallow in response to her boss's rage. By breathing in a deeper, steadier manner, Leslie Ann was able to ride out this emotional storm.

He [my boss] would have these tantrums, and right away my body would react. And now I could say, “What are you doing, body? How do you feel?” Like . . . shallow breathing . . . it also brought back the breathing [practices we used in group]. I had done a lot of breathing before, and I really used it because I really needed it.

During her second interview, Leslie Ann told a story of how she coped with a strong winter storm that had occurred on the previous day. In this excerpt, Leslie Ann portrayed the way she made decisions that were informed by attunement to her body in the present moment, as she had practiced in the yoga support group. For Leslie Ann, this experience affirmed her ability to attend to herself with kindness and engage in effective self-care.

There was just so much snow! I got up at 6:00 or 6:30 and it's snowing . . . and it's beautiful! But then I'm like, "Well, I don't even know . . . how am I going to get out of this and get to work?" It looked like at least a foot and a half out there. It was over the top of my car like this (holds hand up high to demonstrate) . . . Around 8:00 it had stopped snowing and I started shoveling. It was bad . . . I'm 62! So, I would stop, go in the house, sit down and drink some water. And when I felt okay, then I'd go back out again. I'm not having a heart attack to get to work! It went on like this for two and a half hours, and I was still not at a place where I could get my car out.

I went back in the house and I sat down, and it felt really heavy on my chest. I wasn't feeling a numbness in my left arm, or burp-y, or any of those things . . . it just felt heavy and I did not feel well . . . and I was like, I don't want to go out there and do any more, whether this is a heart attack or not. And just that paying attention to my body, I think I got from the yoga. Because I never listened to my body the way I did after that whole series of sessions . . . There's a part of me, and I would do this when I was younger, I would just go, go, go, shovel, shovel, shovel, (makes growling sound) like me against the weather! (laughs) Yes! (sings) Wonder Woman! You know? And some of that kicked in [yesterday], but then I was like, "I don't really want to go with that, because I don't know about this body. I'd like to live in this body a little while longer" . . . I guess what I did for myself is . . . I stopped. I said, "This not feeling good is not a good [experience] . . . and I want to listen to it. I don't know if it's my heart, or my lungs, or what" . . . so I stopped, and I called someone and talked it out. And then, I did something proactive [called someone to help with the shoveling] and I got to work. [I felt like I was] competent to deal with myself in a humane and caring manner.

Evolution of Leslie Ann's Group Experience

Leslie Ann's experience as a member of the support group evolved within a safe and trusting group context. Over time, she came to feel a sense of connection and closeness, which unfolded as participants explored paying attention to their bodies in their own unique ways. All group members had experienced sexual violence. For Leslie Ann, this common aspect of their histories served to diminish isolation and engendered a strong emotional bond. Because Leslie Ann had previously participated in a women's support group, she did not feel a sense of urgency about verbal sharing in the group and thought that others might have had greater needs for self-expression and feedback. This may have caused Leslie Ann to experience an intermittent sense of detachment or emotional distance from other participants.

Safety in the group. In Leslie Ann's view, the establishment of a safe group setting was a high priority for the group leaders. During sessions, the therapist and TC-TSY facilitator encouraged participants to look around the room and notice if there was anything they would like to change (window shades down or up, whether they were facing the door, whether the door was accessible, or the level of lighting in the room). During the yoga practice, Leslie Ann felt that the consistent availability of options also contributed to the sense of safety and trust.

I think that you were very careful to make [the support group] a safe place for everyone. That was evident, and I felt it . . . like the issues with doors, and the way certain people would have issues with where they were in the room. We would all wait until whoever found the best place to be in the room, where they felt the safest. I felt like we were all doing that. We were all concerned, and we wanted everyone to feel safe . . . it was a priority.

Unlike many other group members, Leslie Ann did not have a feeling of self-consciousness or concern that others were judging her. She felt safe to explore movement options during the yoga practice and to share during the period of time devoted to processing and reflection. However, Leslie Ann chose to limit her own verbal sharing because she believed that other group members, who had not previously participated in group therapy, might have a greater need for support. For Leslie Ann, receiving support to connect with her body in useful ways was the most important aspect of the group experience.

I don't think I had a lot of those issues where I felt like people were watching me and judging me. I'm just not like that, I'm more like a person that throws myself in front of people and tries to shock them, and if they don't like it, fine. It was a very safe place. But I really wanted to give the space to people who I thought needed it more, because I really thought I had gotten a lot of healing done in the first group. But I needed help with my body in a big way.

Connection to others, mind-body connection. Leslie Ann joined the yoga group only a few months after the experience of bonding deeply with members of her women's support group. She came to the yoga group with the intention to focus on her relationship with her body. For Leslie Ann, there was a synergistic effect that took place when individuals came together to

explore connecting with their bodies through the practice of TC-TSY. Although each person's way of moving through the aftermath of their particular trauma was unique, Leslie Ann retained a strong sense of the collective nature of this process, which included learning, healing, and growth.

The first group was different from the one after. Because in the first, I was just so terrified. And with the yoga, I was uncomfortable because my body just felt so stiff, and old, and awful. But there's something about it . . . there's something about doing the physical thing, too . . . about all of us doing [something] meditative. We were all doing a physical thing together, which involves learning something . . . and getting our potential out . . . our body learning its potential in ways, and our body healing . . . I think we all must have been carrying pain in our bodies from our traumas. How we carried it might be different, but it seems like we all loosened up together and moved into that. It was a process with people, it wasn't just alone . . . it was something we all went through together. And even you, you were teaching us, but you were experiencing the interpersonal thing at the same time . . . So, all that . . . the pauses, and the music, and the laughter, just an *excellent* healing experience and growing experience.

At our final meeting, Leslie Ann confirmed that this was an accurate depiction of her memory of the support group experience.

In each session, as group members shared about what happened during the yoga practice, Leslie Ann found that she gained insight into her own embodied experiences. This collective process of verbal expression deepened Leslie Ann's self-awareness and also inspired her empathy for others. For Leslie Ann, the group connection was complex in nature, generated by the way each woman's physical and emotional experiences—and the meaning she made of them—resonated with the experiences and perspectives of others in the group. She articulated this with eloquence at her first interview:

We all talked about how we felt in our bodies, and that was helpful in understanding myself and understanding others . . . having more empathy about others in *their* bodies. That's got to be part of the whole thing, because we're getting to know each other in a very intimate way. We started out as strangers . . . we're doing this [yoga practice] with our bodies and we're talking about how it feels to do it with our bodies. We start out [with the group check-in] and we're like, "Well, this is how I feel today." And then afterwards, "This is how I feel now, after I've done this [the yoga practice]." It's the

whole experience . . . the body, the emotions, and the complexity of [being] human . . . getting to know these women more closely every time.

At her first interview, I was curious to hear Leslie Ann's ideas about how the group might have unfolded differently if it had only consisted of the yoga practice, without allowing time for each member to discuss her personal experience of that practice. From her vantage point, collective sharing created an emotional bond and a sense of community within the group.

If it had been you teaching us, and you were giving us the options and everything, it would have been okay . . . But I really think starting out with checking in and saying, "This is where I am right now. This is how I feel, this is what's going on." And then, listening to everyone else and sharing, and *then* going through the [yoga practice] . . . I think that connected it all together—the emotions, the body, and the community that we were.

Leslie Ann circled back to this topic at her second interview and once again commented on the complex, multi-dimensional nature of the connections among group members. She reflected on shared aspects of individual experience and the way that love and empathy are inherent to the process of healing.

And with seven [group members], and the [12-week] time period, we got to know each other better every time, and there were more dimensions. When the person beside me is breaking down and crying and I open up and feel that, too, then the part of me that is crying is healing because there's a love. And love is healing.

Value of shared history of trauma. Leslie Ann acknowledged the importance of group members' shared history of the trauma of sexual violence. The collective nature of this experience diminished isolation and fostered a sense of mutual understanding. I wondered whether Leslie Ann viewed this group as predominantly psychotherapeutic in nature or as a support group that did not emphasize clinical treatment. I inquired about this at her second interview.

In Leslie Ann's view, group members needed the support of therapy in order to address the lasting impact of sexual violence in their individual lives. At the same time, women in the

group came to enjoy each other's company and friendships arose during the course of the 12 weeks. Leslie Ann elaborated on this topic:

I think that we were all there because of the similar trauma . . . there was that traumatic core that we were healing. I think that's what made it therapy . . . However, we were dealing with that wound . . . that was our dysfunction and that was our illness. But [we were able] to come together and open ourselves up to share, "This is what I'm going through, and this is how I feel." And [we also shared other experiences], "When I push myself too far, that feels good or that feels wrong, or I feel like maybe I don't need to push myself that far," you know, all that talking we did. I think because we were there for that purpose, it was therapy, but we also grew to be good buds and have a lot of laughs.

I was also interested to learn, at her second interview, about Leslie Ann's views on the potential impact of this intervention (the combination of present-centered therapy and the TC-TSY practice) if it was offered individually rather than in a group setting. I wondered what she might identify as meaningful differences between these two approaches. For Leslie Ann, the shared nature of the group was important because it diminished isolation and increased empathy.

If it's one-on-one, you don't necessarily have the experience that we had. And you also are not necessarily bringing what is raw and broken from that [traumatic] experience out to share. We didn't talk about what happened [referring to the specific details of the trauma] . . . but we talked about our wounds . . . being anxious all the time, or not being able to sleep, being afraid . . . [there were] so many different reactions, and places that we were. If the person next to me who has been over here week after week, just sharing a little of this and a little of that, and the next week, she's just breaking down and crying . . . we're seeing into something [she feels], and we're a part of that . . . it's a part of us, too, and the part of us that feels that way opens up and is not alone.

Detachment and belief that others needed to share more. Although Leslie Ann experienced a deep, multi-dimensional sense of connection within the yoga support group, she also observed, at times, a sense of detachment. At both interviews, Leslie Ann described some of the factors that may have contributed to this feeling. She noted that the bond with women in her previous support group may have detracted from the intensity of her connection to members of the yoga group.

Another factor may have been the length of time—41 years—between Leslie Ann’s experience of sexual violence and her participation in the group. Leslie Ann had been through a long process of healing. For other group members, the experience of trauma was much more recent, and their wounds were still raw. A third contributing factor may have been Leslie Ann’s absence, due to illness, at one group meeting. She found it difficult to reconnect after she had missed one session.

In her first interview, Leslie Ann elaborated on differences between her initial support group and the yoga support group. In the first support group, she had a very strong emotional connection with the other participants. Leslie Ann observed that the degree of emotional vulnerability she experienced was lower in the yoga support group.

[The yoga support group took place] right on the heels of the group therapy, the other one without the yoga. That one had been really intense; I felt very connected to those women and I had shared lots of myself. [In this group] I was a little more detached, not nervous and scared at the beginning like I was with the other group. I could see that some people were nervous about it. I really felt like there were people there who had a stronger need to share and connect and I think I held back a little bit . . . I felt like I had done a lot of healing already.

Reflecting on this topic in her second interview, Leslie Ann also recognized that the gap in time between the occurrence of her exposure to trauma and subsequent participation in group was much longer than it had been for other individuals. She speculated that this difference may have been another factor that contributed to participants’ divergent experiences of emotional intensity and engagement in the group.

In the first group I was in, I would see people who were hypervigilant . . . who were closer to what happened, in time. That also happened in our group . . . [Some people were] very anxious . . . whereas, it happened to me when I was 21, now I’m 62. That’s 41 years. And I came to [the agency] when it had been 39 years. So, I had been through a lot of stages. I saw a lot of people—when they came, they were in a stage that I had been in.

During her first interview, Leslie Ann recalled that after being absent for one session, she felt more disconnected from the other group members. Although at other points in the interview, Leslie Ann expressed a strong sense of belonging in the group, she concurrently gave voice to feelings of detachment and her choice not to share certain challenges that she was experiencing in her life.

It's weird, you know, I missed one [group meeting]. I can't remember why, I was sick or something and I felt like I had gotten left out after that one. I felt sad. I watched myself . . . I watched how I got detached after I missed that one [group meeting] . . . I had that distance in the yoga group that I didn't have in that first group. I watched myself and I could understand that I was sad, and that I felt apart. I didn't fully join the group; I had issues and I didn't bring them up.

I was curious about Leslie Ann's ambivalence regarding her connection to the group and inquired about this. For Leslie Ann, these two contradictory feelings seemed to coexist. She addressed this in her first interview:

R: It sounds like there were things that happened that made you feel separated or isolated in the group. Because you missed that one . . . and there were things going on in your life that you didn't feel like sharing, because that was your choice. But it sounded like, at other times, you felt a real strong sense of connection with everyone.

L: Yeah, and joy . . . just *so* close to everyone. And wishing such positive things for everyone.

When I asked Leslie Ann at our final meeting about her sense of being connected or detached from the other group members, her predominant feeling was characterized by connection and positive engagement.

I don't remember being detached. But I do remember that I came back from missing one group and noticed that it was a little hard at first. I felt like, "Boy, I missed a bunch of stuff!" But by that last group, it was so wonderful, and we were all so connected.

Impact on Trauma Symptoms

In the wake of sexual violence, Leslie Ann experienced anxiety and dissociation. Leslie Ann often felt panicked and overwhelmed and she was often unable to take action to alter these

challenging emotional states. She had seen therapists in the past, but they did not use the PTSD diagnosis, nor did they help her develop strategies for coping with trauma symptoms.

By the time Leslie Ann had joined the yoga support group, she had already participated in individual therapy for two years and had been a member of one 12-week women's support group. Leslie Ann had been exposed to grounding skills (tapping her feet, alternating left and right, on the floor; squeezing an object in her hand to bring her awareness into the present in a calming way) in individual therapy, and these skills complemented practices she learned in the yoga support group.

Leslie Ann commented on changes in her trauma symptoms and coping strategies during her first interview. This excerpt highlighted the way she (a) used interoceptive awareness to inform her choice-making process, (b) applied particular techniques including breathing and foot tapping to self-regulate, and (c) considered available options and took effective action.

Before the whole therapy began . . . if something happened . . . like the boss had a tantrum . . . I would just be like (in high-pitched voice), "Ah! I can't function, I can't function." All I can think is, "I'm a mess, I'm a mess, I'm a mess." I'd be panicked and [wondering], "When is it going to end? How long is it going to last?" Now I feel like I can move with my body and with the process and with the emotions and get through it. [Now] I'm asking my body what's going on, I'm doing the breathing and the foot tapping [to stay grounded], and maybe asking myself, "Well, Leslie Ann, does your body need to go for a walk?" [After learning] the grounding exercises and realizing how I was dissociating . . . I was doing this shallow breathing, for example . . . now I can bring my emotions and my body back down to a more grounded place, a place where I feel like a human being that can function.

I was interested to understand what the term, "listening to my body," meant to Leslie Ann. Unclear about whether she was referring to paying attention to physical sensations or attuning to the emotions she was feeling, I leaned into this inquiry. Leslie Ann replied that listening to her body signified attending to both sensations and emotions: "[Listening to my body] brought the body and the emotions together." As she practiced interoception, Leslie Ann

was empowered to recognize more frequently when and why she was experiencing hyperarousal and dissociation. She was then able to make choices that were useful to her.

At her second interview, Leslie Ann reflected on the way she had collected tools to manage her responses to difficult situations. She mentioned coping strategies that helped her feel more grounded (holding a small object and feeling the sensation in her hand; tapping her feet, alternating right and left, on the ground; removing herself from the situation). Leslie Ann described how her own responses had changed over time in relation to her manager's expressions of his anger:

[In the past], I would dissociate. I have chronic fatigue, and I would get the fogginess that you get with that . . . I could hardly work. He [my boss] would have one of these tantrums and I could hardly work. [Over time I developed a collection of strategies], practical things I could do to deal with this and come out of this dissociative PTSD state, and actually continue to work. And it's at the point now, where it's like, "Okay, kick the wall! Knock yourself out!" . . . It hardly affects me at all, compared to before I started here.

Relationship With Emotions

Leslie Ann joined the yoga support group because she wanted to cultivate a healthier relationship with her body. Over the course of the 12 weeks, Leslie Ann grew in her understanding of the intimate connection between awareness of embodied experience and emotional awareness. Leslie Ann outlined how practices she learned in therapy and in the yoga support group helped her to navigate challenging emotional states associated with PTSD.

In her first interview, Leslie Ann commented on the relationship between the physical and emotional domains of experience, and described simple options (shrugging her shoulders or shaking her arms when she noticed tension in her upper body) that enabled her to take action based on what she was feeling to shift her physical and emotional states.

They're absolutely interrelated, so that if I have a tension and a soreness bunched up in my shoulders, and I notice it, I also reflect on what's been going on in the day . . . with people . . . and I reflect on how that tension ended up there. And you gave us that good

exercise with pushing our shoulders up or moving your shoulders around . . . and that shaking the hand thing, that's useful, too.

As Leslie Ann was reflecting on her relationship with her emotions, she recalled a time in the support group when a blanket was used to provide physical and emotional comfort.

My brain flipped onto the time someone first wore the blanket in the new building . . . and the way [being] wrapped in the blanket, [inspired the feeling of being] cocooned, safe, and warm. [It was] another body/emotion connection. The emotions [that were] open and raw wanted to be safe, huddled inside a blanket . . . the body chilled being warmed. Then gradually almost all of us tried it. I might look around the room and see more than half of us wearing blankets . . . a body/emotion sharing that we did.

For Leslie Ann, the domain of physicality was often intimately connected with the emotional realm within the support group setting.

Sense of Identity

During her time as a member of the support group, Leslie Ann's sense of identity shifted. She let go of thinking of herself as a person whose body was becoming less able to function well. Leslie Ann came to view her body in a more positive light and learned to pay attention to its wisdom and competence rather than focusing on what it was not able to do in any given moment. At our first interview, she addressed this topic and again observed the relationship between physical and emotional states.

Physically, I don't feel like [my identity] is now just connected to this body that is aging out of normal functioning. And my self-concept . . . I had a concept of myself as having healed a lot already, but as I went through the group . . . I ended up gaining so much in terms of being more aware of my body and my emotions. I didn't have that concept [about myself] before.

Leslie Ann's beliefs about herself also changed in relation to her sense of self-efficacy. Early on in the group, she would be unsure about her ability to do new things. Although she was willing to make an effort, she had an underlying feeling that she would not succeed. By the end of the group, Leslie Ann felt more confidence in herself, overall, and in her ability to relate to her body in positive ways.

Well . . . you would present us with a pose, and I would be, “Well, I don’t know!” (laughs) You know? I would try and I would do my best, and I would be like, “Okay, Leslie Ann, you did your best.” But by the end of it, I just felt, “I can do this!” Let’s say I wanted to go on and study some kind of yoga, I feel like I could do that . . . I could. But the main thing is . . . I can stretch, and I can move in a way that is good for me. And I’m able to do it. Yeah, confident, competent.

Relationships With Others

Leslie Ann’s primary motivation for joining the support group was to connect with her body in a more positive way. Her focus was not on building relationships with others in the group. Nonetheless, Leslie Ann found that she developed rapport and closeness with the members of the support group. In her first interview, she considered how participation in the group may have impacted her relationships with others.

That’s a tough one. I mean, [participating in the group] definitely impacted how I relate to myself. But we had a lot of laughter. We really had a lot of joking around. And at the same time, there was such serious shit on the table. And . . . I feel like I grew close . . . by the end, I grew close to everyone.

During her second interview, Leslie Ann explored the broad topic of relationships with others. Her brother, who had a disability, had recently passed away. Leslie Ann was his primary caretaker and his death was particularly difficult for her to bear. In this excerpt, Leslie Ann described how she allowed herself to receive support from people who knew her.

I was like in shock, I don’t think I would have been able to do anything that first day. [My friend], K. just sat on the stool in the kitchen and I’d be calling a funeral home, and she’d be looking on her mobile device, and saying, “Okay, these are the 10 things you need to do when someone dies.” She took me through the whole first day. We looked at three funeral homes, and the cemetery, and . . . the first thing I needed to do was get flea medicine for my dog, because I thought, “I’m going to need to take my dog to work,” and I can’t take my dog to work with fleas. So, she took me to the vet to get the flea medicine and she took me to the bank . . . C. called me every morning and every night and during that week she was calling me during the day, too . . . and Dr. L. was calling me all week long. And I found out . . . this helps me. This [support and connection] really helps me a lot. It was amazing . . . what it did for me. I’m really happy I did not go down that path of, “I am a rock, I am an island.”

Leslie Ann continued to chronicle how she connected with others during the period after her brother's death. She commented on the way her participation in both support groups and in individual therapy had altered her level of receptivity to receiving support.

Since my brother died, I'm just not hesitating. It was amazing how many people, when they found out about it, said, "What do you need? What do you need me to do? What can I do for you?" And I'm like, "Nothing, I just needed to tell you, I just wanted to let you know." And then I was . . . baffled. K. was like, "Leslie Ann, I really want to come over and be with you and help you with this." And I [thought], "Well, she wants to . . . okay!" (laughs) And I don't even know [how I would have responded] without both of those groups, and the therapist . . . she was just wonderful. Because I couldn't even have friends before I came here. I really couldn't.

Reflecting on the broad topic of relationships to others, Leslie Ann expressed her belief that women should be raised to be able to create and maintain strong boundaries.

I don't have any daughters, but I think little girls should be trained in the martial arts as soon as they can walk. I think they should learn to say, "No," and mean it, and be able to defend themselves when they are three years old, when they're learning the word, "No" . . . like, "No! Go away. I don't like you." Saying "No," and being able to enforce it . . . because the main thing is, they're [men are] stronger than us.

As Leslie Ann emphatically articulated the importance of being able to maintain viable physical and emotional boundaries, I recalled what she had said earlier about developing confidence in her body during the group sessions. I invited her to speak about the process of cultivating a sense of physical confidence.

R: I'm remembering what we were talking about at the very beginning of our conversation today, that sense of competence that enables you to think or say, "I can do this." How do you think people learn that?

L: Well, I learned it from you . . . you know? I learned it just from doing it.

R: It takes practice, you mean?

L: Yes . . . and it's not just about the body. Because we were there, we were talking with each other and we were sharing how the yoga felt to us, and about what was going on in our present lives . . . how we were dealing with things. And all of that was part of learning and growing and healing and becoming competent.

Summary

Leslie Ann decided to join the yoga group because she was concerned about the physical impact of aging. She was motivated to learn to take better care of her body. Leslie Ann recognized the relationship between her body, mind, and emotions and she wanted help to address the way previous exposure to trauma continued to affect her body. Leslie Ann had practiced yoga a long time ago and was interested to see how yoga might be integrated into a therapeutic approach to healing from trauma.

According to Leslie Ann, the TC-TSY approach to yoga included basic yoga postures and breathing techniques. During the yoga practice, group members were encouraged to pay attention to what they were feeling in their bodies and then decide how they wanted to move. Considering options and making choices based on individual preference was characteristic of this specific yoga practice.

Leslie Ann's relationship with the yoga practice evolved during the course of the 12 sessions. Over time, she experienced greater ease and comfort with the various yoga forms and was more able to listen to her body and attend to her preferences by making choices based on her embodied experience. Participating in the group improved her relationship with her body, and this shift was sustained even after the group's conclusion. Greater attunement to her body improved Leslie Ann's quality of life and ability to experience joy. Although positive changes in Leslie Ann's relationship with her body were fostered through yoga, these shifts were not dependent on her continued engagement with particular yoga practices. At our final meeting, Leslie Ann confirmed that she had retained her ability to listen to her body and make choices that were useful and healing.

Leslie Ann found it helpful to participate in conversations with group members about how they listened to their bodies, evaluated options, and exercised choice regarding how they wanted to move and breathe. As others reflected on their own embodied experiences, Leslie Ann became more self-aware and curious about experimenting with her own approach to practicing yoga at each group meeting. Over the course of the 12 weeks, participation in the group evoked positive changes in Leslie Ann's sense of confidence and self-efficacy in relation to her body. Learning and growth that occurred for Leslie Ann within the group carried over into her daily life, enabling her to continue to listen to her body, assess options, and make choices based on her embodied experience.

For Leslie Ann, establishment of safety within the support group was critically important. Co-facilitators encouraged participants to check to make sure they felt as comfortable as possible within the physical environment. In relation to the yoga practice, Leslie Ann felt that the consistent availability of options contributed to a sense of safety and trust. Leslie Ann did not feel self-conscious or anxious about being judged by other participants; she did, however, choose to limit her own sharing because she felt that others might have a greater need for support. Although her priority was the creation of a stronger connection with her own body, Leslie Ann discovered that, by the group's conclusion, she had developed a sense of intimacy with other participants.

Leslie Ann found that there was a sense of synergy that occurred when group members explored connecting with their bodies through yoga. As they gave voice to what had happened during the yoga practice, Leslie Ann gained greater insight into her own embodied experiences. She also became more empathetic to others. For Leslie Ann, participants' common history of the trauma of sexual violence was important. This shared experience counteracted isolation and

gave rise to a sense of mutual understanding. Leslie Ann felt that experiencing the yoga practice within a support group setting afforded group members a wider range of possibilities for healing than a yoga class that did not include the group interaction.

Although Leslie Ann experienced a strong sense of connection within the support group, she intermittently felt detached. It is possible that the strong bond she had with members of her previous support group diminished the intensity of the bond she felt with the yoga group participants. Another factor within this domain may have been the long period of time (41 years) between Leslie's traumatic experience and her participation in the support group. Because Leslie Ann had experienced individual and group therapy before joining the support group, she thought she needed less attention from the group. Finally, Leslie Ann missed one group session; upon returning to the group, she had a brief sense of emotional distance. This feeling coexisted alongside her more prevalent sense of connection and engagement in the yoga support group. At our final meeting, Leslie Ann stated that her memory was generally characterized by a strong feeling of being connected in meaningful ways to other members of the group.

Leslie Ann felt that her participation in the group had an impact on her trauma symptoms, which were mainly anxiety and dissociation. She had already learned effective coping strategies in individual therapy and the women's support group. Over the course of the 12-week yoga group, Leslie Ann learned to (a) use interoceptive awareness to inform her choice-making process, (b) apply particular techniques including breathing and foot tapping to self-regulate, and (c) consider available options and take effective action.

For Leslie Ann, "listening to her body" signified becoming more aware of sensations and emotions that she experienced. Leslie Ann grew in her understanding of the intimate connection between awareness of embodied experience and emotional awareness. During her time in the

group, Leslie Ann experienced a change in her sense of identity. Her self-concept shifted in relationship to her body. Initially, Leslie Ann saw herself as a person whose body was decreasing in its functional capacity. Leslie Ann came to see her body more positively and she learned to attune to its wisdom rather than focusing on what she was not able to do. She also came to have more confidence in herself on a physical level, but also in her ability to connect with others and engage in new activities.

Although her primary motivation for joining the support group was to relate to her body in a more positive way, Leslie Ann found that she became close with other members of the support group. She thought that her participation in the group impacted her relationships with others. After being a member of the support group, Leslie Ann felt more able to receive support from people in her life and maintain and enforce clear relational boundaries.

Conclusion

Although there are differences among the seven unique narratives, there are also numerous similarities. Respondents spoke about many common themes in relation to their experiences in the support group and the impact of those experiences on their lives. Each woman felt that being part of a support group with other survivors of sexual violence contributed to her sense of safety and diminution of isolation and self-criticism. All participants experienced a shift from prioritizing externally oriented perceptions and judgments to attuning more consistently to her own present moment embodied states. Each woman increased her tolerance for and acceptance of shifting physical and emotional states and grew in her ability to trust her own choices. Participants all described how they made use of practical tools for self-regulation (breathing, movement, and body scan) and reported reduced frequency of PTSD symptoms. Respondents felt that the group had been a useful context in which to reflect on and articulate

their own embodied experiences and listen to the experiences of others. Each woman described growth in the domains of empowerment, self-worth, confidence, self-efficacy, sense of mind-body connection, ability to assert boundaries, ability to connect with others, and heightened sense of freedom. All of the women who contributed to this research study were at different points in their own processes of healing, yet each individual reported, at our second and third meetings, that the growth she experienced within the support group continued to impact her life in meaningful ways.

CHAPTER 5: DISCUSSION

This second order narrative was woven with colorful strands created by seven women who, because they were willing to share their own stories, made this study possible. As I began to write this reinterpretation of their first order narratives, my heart swelled with a sense of warmth and thankfulness. I am grateful to these individuals for generously and thoughtfully giving voice to their unique and shared experiences. Reflecting on their stories of relationships between external events and their embodied experiences, I gained insight into diverse ways that the TC-TSY support group affected them during group sessions and in their daily lives. This intervention was complex because it occurred simultaneously within two distinct, yet intimately related, domains: (a) interactions with other members of the support group (interpersonal, relational realm); and (b) the internally focused TC-TSY practice (intrapersonal, subjective realm).

During our interview conversations, which took place from June 2016 to January 2019, participants described (a) their personal motivations for joining the yoga support group; (b) the TC-TSY practice; (c) the evolution of their own yoga practices within the group context; and (d) impact of participation on trauma symptoms, their sense of identity, and relationships with others. Participants' subjective experiences were considered in light of feminist theory and history (Lerner, 1993; Maier, 2011), feminist approaches to advocacy (Allen et al., 2004; Davies et al., 1998; Goodman et al., 2009; Nichols, 2011; Shepard & Pence, 1999), trauma theory (Herman, 1997), feminist therapy theory (Brown, 1994, 2004; Burstow, 2005; Tseris, 2013, 2015), Black feminist thought (Collins, 2009), neuroscientific research regarding trauma exposure and posttraumatic growth (Brown & Ryan, 2003; Herbert et al., 2011; Lanius et al., 2006, 2011; Mehling et al., 2012; Schimmenti & Caretti, 2014; van der Kolk, 2006, 2014; van

der Kolk et al., 2014), and qualitative findings related to the TC-TSY practice (Rhodes, 2014; West, 2011).

Motivation to Participate

When asked about their motivations for joining the TC-TSY peer support group, participants articulated shared and unique reasons, which centered on the ways they interacted with themselves and others. Five of seven respondents (Sage, Arya, Starr, Kate, Leslie Ann) had a desire to develop body-based coping strategies for addressing PTSD symptoms. These five individuals were interested in exploring the mind–body connection within the context of the group.

Arya, Christa, Kate, and Leslie Ann had participated in present-centered women’s support groups at the agency in the past. Due to positive experiences in those groups, they chose to join the yoga support group. Of these four individuals, Arya and Kate had no concrete expectations of the yoga support group but trusted that it would be a good experience because their previous support groups had been beneficial. Rosalita and Starr, who had not previously been part of a support group, sought to decrease their sense of isolation by connecting with other women who were also survivors. Although she was interested in interacting with other survivors, Starr simultaneously voiced concerns about being part of a group.

Rosalita expressed interest in expanding her ability to feel a sense of freedom and peace; Starr hoped that the group might increase her level of happiness. Because she was getting older, Leslie Ann wanted to practice yoga in order to take better care of herself on a physical level. Among the seven participants, only Christa and Leslie Ann had previously practiced yoga. Leslie Ann stopped practicing yoga due to a motor vehicle accident over 30 years ago. For

Christa, previous experiences with yoga practice had not been positive because they evoked strong feelings of anxiety.

Description of TC-TSY Yoga Practice

When invited to describe the TC-TSY practice, all participants characterized it as an approach to yoga that (a) simultaneously increased awareness of their bodies and emotions; (b) focused on internal experience rather than external physical form; and (c) emphasized making choices based on their own preferences about body movement, breath, and attentional focus.

Arya, Starr, and Kate stated that the yoga practice helped them feel more comfortable to share on an emotional level in the support group. Rosalita felt that the practice expanded her sense of self-acceptance, wholeness, and grounding.

According to Rosalita, Sage, Arya, and Leslie Ann, TC-TSY facilitated awareness of the connection between physical and emotional domains. Sage articulated the way she experienced this connection during her first interview:

For me, it's not so much about what we do, it was more about how I *felt* while I was doing [it]. And that was interesting to me, because I would have thought, with yoga being a physical activity, that I would, "Oh, I feel it in my muscles," but . . . I felt my heart and my soul.

Arya, Starr, and Leslie Ann all asserted that TC-TSY was a basic approach to yoga that emphasized gentle, slow movements. According to Rosalita, Arya, Christa, and Kate, TC-TSY was not like a traditional yoga class in which conformity and performance are prioritized. The focus on choice-making was initially difficult for many participants; however, over time, it became easier for group members to trust inner cues. In her first interview, Rosalita commented on this process:

It evolved each time to where I became more comfortable . . . and more secure, to the point where [I inwardly experienced] . . . "No! This *is* what I want to do. This *is* how I feel."

Evolution of the Yoga Practice Within the Group Context

Traumatic experiences, defined by Herman (1997) as being overwhelmed by forces in ways that engender a state of helplessness and immobilization, arise from a variety of underlying causes. Herman asserted that despite diverse originating factors, the process of trauma recovery consists of common elements including (a) creating safety; (b) reconstructing a coherent trauma narrative and mourning; and (c) reestablishing the connection between survivor, community, and ordinary life experiences. Herman emphasized that this sequence should not be understood in a formulaic manner, because these stages of healing were outlined to provide a sense of order and clarity to psychological processes that are fundamentally complex and chaotic.

In alignment with Herman's model, the first priority in the TC-TSY support group was to establish a safe relational context. During initial interviews, which took place prior to the first group session, the group co-facilitators confirmed that participants had already done significant work regarding the second step of this process, including development of a coherent trauma narrative and grieving. The present-centered focus of the TC-TSY support group facilitated the third stage of recovery as defined by Herman. Within a safe setting, survivors were supported to reconnect to others and the flow of everyday life experiences.

Establishment of Safety

In this intervention, the TC-TSY practice was integrated into a peer support group setting, which provided opportunities for group members to interact with fellow survivors in a beneficial manner. According to participants, the safe group context had a profoundly positive influence on the way they engaged with each other (interpersonal, group interaction) and themselves (intrapersonal, internally focused yoga practice). There was a high level of

consensus among participants in relation to their perceptions of the overall impact of the 12-week support group within both domains (interpersonal and intrapersonal).

Establishment of safety in work with survivors of sexual and gender-based violence.

Maier (2011) chronicled actions taken by the U.S. women's movement in the early to mid-1970s to address sexual and gender-based violence including (a) forming rape crisis centers and domestic violence shelters; (b) initiating community education efforts; (c) organizing for legal reforms to give survivors increased rights and protection; and (d) starting consciousness raising groups where women could articulate their truths in a safe, supportive context. The TC-TSY peer support group was offered at a rape crisis center, which carries on these traditions. In addition to providing clinical treatment for individuals and groups, this organization is committed to activism, on behalf of survivors, directed at eliminating all forms of sexual and gender-based violence.

Each woman in this study felt that establishing safety within the group enabled them to experience self-acceptance, empathy, and a sense of connection with themselves and each other. Every member of the support group had experienced sexual violence. Awareness of this shared experience diminished the pervasive sense of isolation, negative self-appraisal, and shame that is common among survivors. In order to foster an enhanced sense of trust, co-facilitators presented group guidelines (see Appendix A), consistently provided reminders that there was no right or wrong way to engage with the yoga practice, and encouraged participants to notice what supported them to feel safe in the physical space (proximity to other group members, adjustment of lighting, position in relation to the door). A growing sense of safety within the group enabled participants to expand their sense of trust in themselves and other group members.

Participants inspired each other as they demonstrated their abilities to be authentic and engage with the difficult work of healing. During sessions, group members found that their awareness of available options expanded as they observed how others reflected on their experiences and experimented with making choices. Participants who were more experienced in relation to their own healing processes provided support and enabled newcomers to envision the evolution of their own growing resilience.

Development of feminist consciousness. According to Lerner (1993), feminist consciousness is rooted in the recognition that personal experiences of suffering do not solely arise from individual pathology but rather are largely the result of ways in which a person belonging to a nondominant sociocultural group has been systematically marginalized, exploited, rendered invisible, and silenced. The development of feminist consciousness is fundamental to a feminist approach to trauma treatment (Brown, 1994, 2004; Herman, 1997) and advocacy (Allen et al., 2004; Davies et al., 1998; Goodman et al., 2009; Nichols, 2011; Shepard & Pence, 1999). Feminist theory and practice within the domains of advocacy, clinical treatment, and political activism have historically diverged in multiple ways. However, recognition that the experiences of women within the personal domain have value, validity, and political significance is a basic tenet of feminism (Brown, 1994).

Advocacy, defined as taking an active role to collaborate with survivors and work on their behalf in order to alter social, legislative, and political conditions that reinforce women's oppression and marginalization (Sullivan, 2012), has been a consistent element of the movement to end sexual and gender-based violence (Allen et al., 2004; Maier, 2011). The emphasis of advocacy is not intrapsychic; instead, advocacy is primarily directed toward impacting practical relationships and circumstances in the lives of survivors. Advocates, however, may provide

emotional support in the course of their work with survivors (Allen et al., 2004; Goodman et al., 2009; Sullivan, 2012).

Within feminist approaches to advocacy, such as feminist relational advocacy (Goodman et al., 2009), survivor-defined advocacy (Allen et al., 2004; Nichols, 2011), and woman-defined advocacy (Davies et al., 1998), each survivor is regarded as the expert in relation to her own life. Survivors are regarded as capable of making their own choices and decisions. Advocates may provide information and explain or clarify options in order to support survivors to make informed decisions; the power to make decisions, however, belongs solely to the survivor (Davies et al., 1998; Goodman et al., 2009; Nichols, 2011; Shepard & Pence, 1999). Feminist advocacy must be flexible and individualized in order to effectively address unique clients' needs in an empowering way (Allen et al., 2004).

According to Brown (1994, 2004), a feminist approach to clinical treatment aims to acknowledge and remedy ways that the sociopolitical reality of oppression manifests as personal suffering in individuals. Acknowledging that power dynamics are revealed and recreated within the sphere of personal relationships, feminist therapists strive to share power and empower clients within the therapeutic setting. Ongoing self-observation is required for therapists to consistently explore how they, consciously or unconsciously, may disempower clients by prioritizing their own views (Brown, 1994).

Feminists have voiced legitimate concerns and criticisms about the medicalization of trauma, which fails to address underlying sociopolitical causes (Brown, 1994; Burstow, 2005; Perkins, 1991; Tseris, 2013, 2015). At the same time, it is clear that exposure to sexual and gender-based violence impacts survivors on intrapsychic and interpersonal levels. For this reason, there is a critical need to address the intrapsychic and interpersonal consequences of

exposure to sexual and gender-based violence in ways that foster healing, posttraumatic growth, and empowerment. In a feminist approach to trauma treatment, specific symptoms such as numbing, avoidance, and hyperarousal are regarded as the most effective coping strategies available to a survivor who is faced with a persistent threat (Brown, 2004; Burstow, 2005; Perkins, 1991). These symptoms are not regarded as evidence of individual pathology.

Alignment of TC-TSY with feminist approaches. TC-TSY, designed to be an adjunct modality in clinical trauma treatment (Emerson, 2015), is aligned with feminist approaches to both advocacy and clinical treatment in important ways. TC-TSY (a) emphasizes the strengths of each survivor in the present moment; (b) empowers survivors to trust their own ability to make choices; (c) actively affirms that the survivor is in charge of decisions regarding her own body; (d) respects and values the uniqueness of each survivor; and (e) recognizes that in order to rectify oppressive power dynamics, the TC-TSY teacher must be committed to sharing power and acknowledging that the survivor is the expert regarding her own body (Emerson, 2015).

Participants in the TC-TSY support group were consistently reminded that the methods they adopted to cope with the experience of sexual and gender-based violence—both when the trauma occurred, and in its wake—were the best choices available to them and not indicators of personal failings or dysfunction. Framing trauma symptoms in this way contributed to the evolving sense of safety within the group. This perspective supported participants to identify and release feelings of shame, self-blame, and self-judgment and cultivate greater self-acceptance and awareness of personal strengths (Brown, 2004; Herman, 1997).

Decrease in isolation. All experiences of psychological trauma are characterized by victimization, disempowerment, and isolation (Herman, 1997). Trauma recovery must, therefore, be rooted in empowerment and establishment of healthy relationships with others

(Herman, 1997). Although only two group members mentioned that the desire to decrease isolation was a specific source of motivation for joining the group, each respondent stated that sharing the support group experience with other survivors of sexual and gender-based violence was vitally important. Participants discussed the importance of feeling validated and understood within the group context. This common bond diminished the pervasive sense of isolation described by group members and fostered empathy, encouragement, and mutual understanding.

During our first interview, Rosalita described her experience of how the group fostered heightened self-acceptance, encouragement, and sense of connection. She felt that relationships among members were foundational to the support and growth she experienced in the group. Hearing that others had similar experiences and, like her, were still facing the aftermath of trauma exposure contributed to the development of Rosalita's self-acceptance. As she watched others learn and change, her own courage expanded. Rosalita felt that the supportive group dynamic heightened the impact of the yoga practice.

Sage reflected on a similar process in her second interview. For Sage, the Warrior position represented her ability to fight and win, but this process was not solitary. The presence of others enabled her to be more open and vulnerable. Experiencing her vulnerability in a safe setting enabled Sage to recognize her inner strength and beauty.

For Christa, trust that evolved among group members helped to diminish her tendencies to blame and criticize herself. Within the safe group context, self-acceptance was able to take root and grow. In our first interview, Christa described the importance of safety and openness in the group, particularly in relation to sharing emotions. As group members shared their experiences without judging each other, Christa was able to let go of patterns of self-blame and become more accepting of her own changing emotional states.

In her first interview, Starr acknowledged that her exposure to trauma made it difficult to trust others. The shared experience of sexual violence created a bond that enabled Starr to develop a sense of safety with other group members. During her second interview, Christa also gave voice to the way common experiences of trauma counteracted the sense of isolation she felt and diminished the tendency toward negative self-judgment. Feeling safe and connected within the group had a positive impact on the way each participant experienced connection to self during the yoga practice.

Relational Nature of Healing

According to Herman (1997), women's consciousness-raising groups create a safe context that empower women to transcend silence, shame, and denial in order to speak truthfully about their life experiences. Building on this tradition, the TC-TSY support group addressed recovery from trauma as a process that is simultaneously personal and relational. Although the group was present-centered and there was minimal discussion about details of each woman's exposure to trauma, awareness of participants' shared experiences of sexual violence was essential to the establishment of safety and trust within the group.

This relational approach is aligned with feminist therapy theory, which posits that relationships, rather than individual identity, are fundamental to women's experience, self-expression, and sense of morality (Robb, 2006). In contrast to the Freudian view, which prioritized the development of individual identity and dominated the field of psychology until the 1970s, Miller (1976) and Gilligan (1982) considered women's tendencies toward relational and empathic modes of being as positive attributes rather than as deficiencies. Giving voice to shared experiences enabled TC-TSY support group members to more fully understand themselves, feel understood, and empathize with others.

During her first interview, Christa expressed her views about the value of sharing embodied experiences within a safe context. Over the course of the 12 weeks, Christa became aware that, while other group members' experiences and feelings were uniquely personal, they were also similar to her own in many ways. This diminished her sense of isolation.

In her second interview, Christa discussed the importance of verbalizing embodied experiences during the group sessions. From Christa's perspective, naming and expressing what she was feeling on an interoceptive level enabled her to make sense of those feelings. As a result, they became less overwhelming. Christa also learned a great deal from hearing the diverse perspectives of other group members. Ultimately, this process expanded Christa's awareness of options and sense of empowerment. Kate also found that listening to the other group members' reflections about their own embodied experiences helped her develop greater clarity about her own feelings.

During her second interview, Starr also reflected on the value of practicing yoga within the support group setting. For Starr, focusing on her embodied experiences in a safe relational context provided comfort, encouragement, and practical tools that enabled her to feel more internal coherence (alignment between mental and physical experience) and external connection (being part of a community). The experience of sexual violence had been deeply disruptive to Starr's sense of connection to herself and others. Participating in the group enabled her to integrate diverse aspects of her inner world (mind, body, emotions); at the same time, Starr felt that she became an integral part of the support group community.

In her first interview, Sage commented on the way she took initiative to spark conversation among group members in the earlier sessions. This was unusual; in the past, she was generally not the one to initiate conversation. Witnessing the expansion of the group

members' ability to connect in positive ways was deeply satisfying for Sage. She observed changes from week to week that reflected group members' growing sense of confidence and self-worth. Sage also noticed similar shifts within herself. From her perspective, connection among group members was not based on conformity but rather on each individuals' unique self-expression, which she referred to as "a beautiful bouquet of quirkiness."

Starr recognized the way other group members were able to offer meaningful support because of where they were in their own healing process. For example, when participants left group after the conclusion of each session, they recognized that Starr felt uncomfortable being out on the street and circled around her to provide safety and comfort. This was profoundly inspiring to Starr, and she imagined that, someday, she would be the one to offer that kind of encouragement and support.

Relationship With Embodied Experience

All seven participants reported a growing ability to pay attention to and be more accepting of their embodied experiences over the course of the 12-week support group. Additionally, each respondent observed that physical and emotional aspects of embodied experiences were intimately connected. Enhanced ability to attune to embodied experience, physically and emotionally, enabled group members to attend to their needs and preferences with greater self-acceptance and kindness.

In our first interview, Leslie Ann reflected on how her relationship with her body improved as a result of participating in the group. She felt confident that this relationship would be sustained over time. Although this connection was cultivated in the context of the TC-TSY practice, Leslie Ann did not believe that continued yoga practice was necessary in order to sustain deeper awareness of her embodied experiences. During our second interview, Leslie Ann

confirmed that she still felt very attuned and connected to her embodied experience. She described how, over the course of the 12 weeks, she had gradually developed a sense of confidence and self-efficacy in her ability to interact with her body in positive ways. In our final meeting, Leslie Ann stated that this feeling of confidence and connection was still robust.

During our final conversation, Arya spoke about her evolving process for cultivating a relationship with herself by becoming more aware of her physical and emotional experiences. She felt that the TC-TSY practice had empowered her to listen to her body. For Arya, self-care was rooted in the ability to attend to her embodied experience with a spirit of acceptance and kindness. Over time, she came to believe that, even on challenging days, she would be able to get through the difficulties—they would not last forever. Arya developed a sense of confidence in her ability to listen to her body and make choices that were useful for her.

I really attribute that [being able to care for myself effectively] to the group sessions, the yoga part of it. I really had no understanding of checking in with myself . . . understanding my thoughts and feelings. And not just emotional feelings—things like, “My stomach hurts! I’m hungry!” . . . basic body functions, like if I was in pain, or uncomfortable, or sore . . . I never thought about that stuff before the group. The yoga practice really made me understand that physical activity and your emotional state are very much linked. It’s not like you’re just doing one.

Relationship with emotions. According to Polkinghorne (1988), emotions are fundamental to the human process of meaning-making and exert a lasting impact on perception, thought, and behavior. Feminist theorists (Bordo, 1987; Flax, 1983; Jaggar, 1989; Lloyd, 1984; Rose, 1983) posited that emotions are linked with cognitions, and are fundamental to knowledge construction. These feminists challenged the male-dominated Western approach to epistemology, which is characterized by a suspicious and aversive attitude toward emotions (Jaggar, 1989). In Western science, knowledge has been presented as objective truth, untainted by personal emotions and values, which are assumed to distort research outcomes (Jaggar, 1989).

Awareness of interoceptive experiences stimulated participants to be more cognizant of their emotions. As they became more attuned to their embodied experiences, all group members recognized that physical and emotional aspects of experience are intimately connected. In relation to how they navigated their own changing emotional states, participants described several ways in which support group participation was impactful, including:

- increased awareness of emotional experiences and the relationship between physical and emotional states (all);
- increased ability to attune to emotions and subsequently assert boundaries (all);
- increased acceptance of emotions including heightened tolerance for discomfort associated with emotional experiences (Rosalita, Sage, Arya, Christa, Starr, Kate);
- decreased avoidance and emotional numbing (Rosalita, Arya, Christa, Starr);
- increased ability to use skills learned in the support group to self-regulate in relation to emotions (Rosalita, Arya, Christa, Starr, Kate, Leslie Ann);
- increased self-care in relation to emotions (Arya, Christa, Starr, Leslie Ann);
- increased ability to verbalize and express emotions (Sage, Christa, Kate);
- increased sense of confidence and self-efficacy in relation to emotional states (Rosalita, Kate, Leslie Ann);
- heightened insight into their own emotional processes by observing other support group members (Christa, Starr, Kate);
- increased cognizance of the fluid nature of emotions (Arya, Christa, Starr); and
- increased sense of emotional freedom (Rosalita, Sage).

For Arya, recognition of emotional states occurred concurrently with awareness of physical states. She described the connection between physical and emotional awareness in her first interview, stating that she was more cognizant of her emotions from moment to moment, throughout her day. Before participating in the group, Arya did not pay attention to herself in this way and would often find that she was, in her words, “shut down.” In our final meeting,

Arya confirmed that she actively checked in with herself to see how she was feeling and described this process as being “more in tune” with herself.

During her second interview, Arya described former patterns of avoidance related to challenging emotional states. She reiterated that the way she interacted with her emotions had changed since participating in the TC-TSY support group.

Before, say I had bad dreams or didn't sleep well, I wouldn't acknowledge it, and so I would take my negative feelings out in the wrong way—on the wrong person, or at the wrong place. I didn't take time to acknowledge it and it kind of just built up. It was like procrastinating on your thoughts (both laugh) you know? It was like a big stack . . . on your desk and in your brain. And then, at the end of the day, it was like, “Oh, my God!” That's how it felt . . . before yoga.

In her first interview, Sage commented on the way the yoga practice “stirred up memories” of past experiences in addition to increasing her emotional awareness related to what was happening in the present. She did not realize that she had been, in her words, “carrying this stuff.” For Sage, the yoga practice increased awareness of past memories that influenced her life in the present. As these memories came up to the surface, she was able to acknowledge, accept, and release them. These imbued Sage with a sense of empowerment and freedom.

Rosalita described experiences related to avoidance of difficult emotional states and emotional numbing in her first interview. She equated not feeling emotion with not feeling her body. Because she did not want to experience painful emotions, Rosalita disconnected from her body. Sometimes this was an intentional process and sometimes it occurred unconsciously. She asserted that participating in the TC-TSY support group helped her to acknowledge and accept her emotions and gave her a sense of confidence in relation to navigating changing emotional states. At our subsequent meetings, Rosalita confirmed that, while it was not always easy, she was able to sustain growth in this domain.

During her first interview, Christa reflected on ways that her acceptance and tolerance of difficult emotional states had increased. By reminding herself that these feelings would not last forever, she was more able to accept and address challenging emotions. This process diminished Christa's reliance on avoidant coping strategies and enabled her to feel a greater sense of ease and confidence. By our third meeting, Christa confirmed that this process had become more natural. She did not generally need to remind herself to pay attention to her emotions; she was simply aware of them from moment to moment.

In her second interview, Kate described her continued awareness of the relationship between physical and emotional states. Being able to scan her body and observe how emotions were affecting her physically ultimately helped Kate acknowledge, accept, and address challenging emotions. This ability imbued Kate with a sense of confidence and self-efficacy in relation to managing difficult emotions.

Sage noticed that she expressed her emotions more frequently and with greater ease since participating in the support group. She also observed a shift in her level of interest in the emotions of others. During her first interview, Sage reflected on this topic. In the past, she did not articulate what she was feeling because she was afraid of rejection. Over the course of the group, Sage became more comfortable with communicating her own truths. She developed the ability to express her own emotions and remain open and interested in the emotions of others. According to Sage, "to be open about how I feel, what I'm going through and being concerned about [someone else's] feelings, this is new for me."

Arya observed that physical movements and breathing practices that were part of the yoga practice "unlock[ed] an emotional door." As the tendency to observe herself from an

external vantage point waned and interoception increased, Arya became more self-aware and self-accepting. She was then able to attune to her embodied experiences more consistently.

For all participants, externally defined standards regarding what one “should” feel or how one “should” move gradually became less figural. As fewer attentional resources were devoted to making decisions based on a perceived external standard, self-defined viewpoints based on interoceptive experience became clearer. Group members were subsequently able to attend in a fuller and more focused way to what they actually felt in the moment, on both physical and emotional levels.

Diminished avoidance and increased tolerance for discomfort. All seven participants reported heightened levels of tolerance for challenging emotional states over the course of the 12-week group. Avoidant coping strategies were gradually replaced by (a) awareness and acceptance of embodied experience on physical and emotional levels, (b) recognition that options were available, and (c) making choices based on information provided by their embodied experience. Participants’ increased tolerance for emotional discomfort was supported by nonjudgmental acceptance of present moment experience and a growing recognition that difficult emotional states would not last forever. This was, at times, an extremely challenging process for group members.

In our first interview conversation, Christa talked about the critical role of acceptance in relation to altering habits of avoidance. Although paying attention to what she was feeling in the present during the yoga practice was sometimes quite difficult, she was able to be “in her body” instead of “observing from the outside.” Over time, Christa was able to let go of preconceived notions of how she “should” feel during and after the yoga practice and develop higher levels

tolerance in relation to her embodied experience, regardless of whether it was pleasant or unpleasant.

During our second interview, Christa described her growing ability to accept her own challenging embodied states. She found that talking about her emotions enabled her to sustain higher levels of tolerance and acceptance. For Christa, relinquishing the need to know *why* her experience was unfolding in a particular way was an important puzzle piece that allowed her simply to stand in her own embodied reality, without immediately needing to fix or change it. This was not easy; Christa said, “It took a lot of attention to let that happen.”

For Starr, the TC-TSY practice often stimulated shifts in her emotional states. In our first interview conversation, she discussed observations of how the yoga practice stimulated similar changes in the emotional experiences of other participants. Sometimes shifting her pattern of breathing or movement caused a significant change in her embodied experience. This caused Starr to feel less fear in relation to difficult emotions because she knew they would not last forever.

Interoception and Self-Defined Viewpoint

Although feminist theory and practice have been marked by tension between shared and divergent visions, ideologies, and strategies, one theme that has consistently voiced by feminists includes the belief that women’s personal experiences have validity, value, and political significance (Brown, 1994). P. H. Collins (2009) recognized the relationship between personal experience and ideology and asserted that what one thinks arises from one’s actions in the world. Self-defined viewpoints, which arise from and are inextricably connected to embodied experience, are inevitably political in nature (P. H. Collins, 2009).

Within a safe relational context, each participant in this study came to feel that it was less important to pay attention to externally defined standards and more important to attend to their own embodied experiences. Although all participants acknowledged the beneficial aspects of being part of a group and feeling a sense of social connection, they demonstrated growth in relation to the ability to discover their own unique ways of belonging. Group members were consistently invited to attune to their internal experiences and over time they developed the ability to place this sensory information in the foreground. Ultimately this shift of attentional focus—from perceived external judgments to a self-defined viewpoint—enabled group members to make choices based on an internal compass rather than on the perceived preferences of others.

Rosalita, in her first interview, succinctly characterized the evolution of her self-defined viewpoint: “It evolved each time to where I became more comfortable . . . and more secure, to the point where [I inwardly experienced] . . . ‘No! This *is* what I want to do. This *is* how I feel.’” For Rosalita, this was a gradual process. Initially, she observed herself from an external vantage point; eventually, she was able to feel her experience from the inside. When she was viewing herself from the outside, Rosalita tended to be self-critical. Over time, she became more comfortable with making choices on her own terms.

From the vantage point of critical postmodernism (Fawcett, 2009; Howe, 1994; Tseris, 2013, 2015), disconnection from the subjective truth of one’s life experience is a common experience for members of all marginalized groups including survivors of sexual and gender-based violence. In a male-dominated society, patriarchal modes of knowledge construction pervade thought and discourse and are uncritically accepted as objective truths. Cultural perceptions of reality by dominant groups serve to obscure alternate views; ideologies that are

generally regarded as true rarely reflect the experiences and perspectives of people who are oppressed (Fawcett, 2009; Howe, 1994).

Chiang (2017) asserted that individuals who belong to marginalized social groups experience states of disconnection from somatic experience as a result of micro- and macroaggressions. Recognizing that humans experience oppression as trauma, Chiang (2017), Johnson (2014, 2020), and Leighton (2018b) explored ways to reconnect survivors of traumatic oppression with their embodied experiences. In Chiang's research, mindfulness, breathing, and an approach to hatha yoga influenced by martial arts was utilized. In Johnson's work, called Embodied Social Justice, a variety of techniques are employed to heighten somatic awareness, experiment with movement options, and share in a group setting about ways that oppression and empowerment are experienced within physical, mental, and emotional domains. Both researchers articulated the importance of (a) establishing a safe, nonjudgmental group context; and (b) providing options to enable individuals to make choices and explore new modes of moving and being in the world that may generate an enhanced sense of empowerment and freedom.

Similarly, in TC-TSY peer support group sessions, participants cultivated keener awareness of embodied experiences that occurred during the yoga practice. The TC-TSY practice, coupled with time devoted to self-reflection and sharing, provided participants with opportunities to extricate themselves from false narratives, common in patriarchy, characterized by shame, blame, and self-doubt. Subsequently, they were able to affirm the legitimacy and value of their own experiences and perceptions.

During our first interview, Arya expressed her experience of this dynamic. She described her growing capacity for self-trust, which was supported by the nonjudgmental, accepting

support she received from other group members. She was not sure what it meant to trust herself because her attentional focus was primarily on other people. Over time, Arya found that she cared less and less about how she appeared from an external vantage point and became more attuned to her embodied experiences. This shift was supported by other group members, who underwent similar changes.

According to all respondents, the consistent reminder that there was no right or wrong way to engage with the yoga practice gradually enabled group members to attune to their own embodied experiences. Christa commented on this topic in our first interview. Initially, she wanted to be told what to do during the yoga practice and did not want to be offered options. Slowly, Christa learned to “do [her] own thing.” She learned that what felt useful for her was not necessarily useful for another individual. As she became more tolerant and accepting of her experiences in the present moment, it became less important for Christa to conform to an external standard and easier for her to attend to her inner compass.

Kate expressed the way a similar dynamic unfolded for her during our first interview. During the first few sessions, Kate was focused on whether she was doing the yoga correctly. Over time, she likewise cared less and less about external standards of perfection and became more attuned to what she was feeling as her body was moving through the yoga practice.

Starr also found it useful to be reminded that there were no externally imposed standards regarding embodied experience. In our first interview, she stated that she was not sure if she was doing things right during the initial group sessions. Starr came to realize that she could find ways to move that felt good for her. She added, “It helped . . . from the very first time, it helped. Once you spoke those words, ‘No right or no wrong,’ it helped to know that no matter how I did it, it was okay.”

The central importance of having a self-defined viewpoint was clearly communicated by long-time feminist activist and writer, Gloria Steinem. The following story was related by my friend and colleague, Kate Biddle, who has been a trauma therapist for decades. Kate had recently attended a speech given by Steinem. When questioned about the direction women should take as they move toward liberation, Kate described Steinem's response:

“Anywhere they . . . want to! Isn't that the point?” . . . The same woman was talking about how older women were coming up to her, telling her that their daughters don't know who Gloria is and they [the older women] are so upset . . . “How do they not know Gloria Steinem?” Steinem responded, “That's not important! Do they know who *they* are? That's what I've been working for!” (K. Biddle, personal communication, May 19, 2017)

Unique and Shared Aspects of Experience

Although individual women experience oppression in unique ways, there are also collective or shared truths that emerge from their distinct personal experiences (Collins, 2009). Processes related to healing and empowerment are highly personal, yet there may also be common elements within these domains. Narrative research is a tool that makes it possible to understand singular and collective processes of interpretation and action engendered by individuals in response to mutual struggles (Polkinghorne, 1980). Unique themes discussed by participants included (a) vulnerability, healing, and strength; (b) spiritual aspect of yoga practice; (c) religious basis for aversion to yoga; (d) social barriers to acknowledging and addressing sexual violence; and (e) feminism.

In both her first and second interviews, Starr eloquently reflected on the dual nature of the experiences of group members, whose truths may be simultaneously unique and shared. During our first conversation, Starr stated that when she first became a member of the support group, she “felt alone, which made [her] feel unsafe.” She doubted that anyone else could ever understand or empathize with her. Being with others who had been through similar experiences

“the same, but different” diminished her sense of isolation and increased her sense of safety and trust.

As Starr observed group members engaging with the yoga practice in their own unique ways, the sense that there was no right or wrong way to move and breathe was reinforced. This enabled her to focus on her inner sense of what felt useful in the moment. Circling back to this theme during our second interview, Starr reflected on the unique and shared nature of healing.

Because we’re all different, and everybody’s experience is different, I feel that working with myself on my healing is individual because it’s about what’s working for me. But I feel that as a whole, in time, as we’re all healing through this, we work together to inspire others to heal themselves. . . . We’re not necessarily working together, but each person, as an individual, can open the door for someone to realize, “I don’t have to stay like this.” There are ways, there are places you can go to get help, there are different things I can do for myself, there are things I can *learn* about myself, and there are things I can *do* for myself to get myself to where *she* [a survivor who has experienced significant healing and empowerment] is today.

Vulnerability, healing, and strength. Participants reflected on their personal experiences in relation to common themes during interview sessions. They also reflected on topics that were exclusive to them or, in certain instances, shared with only one other group member. Sage and Arya both discussed the way they experienced vulnerability during the group. For Sage, feeling vulnerable was associated with being a victim. Over time, she came to regard vulnerability as intimately connected with her growing sense of inner strength and freedom of choice regarding how she interacted with embodiment. Sage found that inner strength was related to her capacity for self-expression.

Sage remembered the first time she explored Warrior. Experimenting with the placement of her feet in this position, she noticed that separating her feet further apart caused her to feel extremely vulnerable. Over time, this form evoked a sense of strength—not only physical strength but also inner strength that empowered her to “speak up and speak out.” By the time of

the group's conclusion, Sage discovered that she was able to simultaneously feel strong and vulnerable.

Arya also found that the yoga practice engendered a sense of vulnerability and openness. She described this during our first interview. Because she felt safe and connected in the group, she was able to tolerate the experience of being vulnerable. For Arya, vulnerability was a stimulus to seek help and support. By exploring her vulnerability in the nonjudgmental group context, she was able to feel genuinely supported.

In our second interview, Arya returned to the theme of vulnerability and healing. She reflected on the vital importance of exposing oneself by telling one's own story, asking for help, and looking for answers within a safe setting. Arya described this process—making oneself vulnerable in order to receive support from others and grow—as empowering. She added, “I could see empowerment in all group members . . . their body posture, the way they talked about themselves, the way they talked about their days. We were all doing that once a week, together.”

During our final meeting, Arya circled back once again to speak about yoga practice, vulnerability, and healing. Since the time of the group's conclusion, she had consistently practiced Sun Breath in the morning. Over the past three to four months, Arya had returned to a regular yoga practice (30 minutes, twice a week). Although she was not engaging with yoga in a group setting, Arya found that yoga continued to evoke a feeling of vulnerability, which she characterized as “letting her guard down.” Although yoga was a physical activity, Arya felt that it was very different from working out, because it helped her open up on an emotional level.

Spiritual aspect of yoga practice. For Sage, the yoga practice had a spiritual dimension in addition to affecting her on physical, mental, emotional, and relational levels. I found this intriguing because, unlike many other approaches to yoga, the TC-TSY practice made no overt

reference to spirituality. Sage described how, when she was practicing yoga, her mind was focused on the present moment and she experienced a strong internal connection. At the same time, she felt empowered and connected to others.

Sage described this aspect of the yoga, which she referred to as a combination of “the spiritual and the physical” in her first interview. She noticed that her mind was frequently distracted and preoccupied. When she was engaged with the yoga practice, she was quiet, which helped her mind to settle down. Focusing her awareness on what she was feeling in her body as she moved and breathed, Sage was able to “close [her] eyes and be alone. And then open up [her] eyes and still feel safe, even though there were other people there.” For Sage, paying attention to the present moment in this way was both spiritual and empowering. She added, “I see now, it’s . . . more than just the form, it was like I’m in Warrior mode. It’s almost like I’m literally fighting for my life . . . and I’m winning.”

Religious basis for aversion to yoga. Starr expressed a unique theme during our second interview. Due to her religious upbringing, she had been reluctant to join a group that included practicing yoga. Starr had been raised Pentecostal and, within that tradition, yoga was regarded as “a bad thing.” Although exploring the possibility that yoga might contribute to her recovery from trauma engendered a sense of awkwardness, Starr felt a strong need to give it a try. As the group progressed, she realized that the yoga practice was supportive of her healing and her inner spirit. She added, “It seemed to be totally different from what I was taught.”

Starr’s group experiences changed her beliefs about yoga. When she looked back from the vantage point of our November 2018 meeting, Starr reflected on how difficult it had been for her to step outside community norms and make the decision to participate in the yoga support group. She acknowledged important changes that took place since first joining the support

group: “Now, I’m an individual. Sometimes I do that [act in an autonomous manner], even more now than I used to.”

Social barriers to acknowledging and addressing sexual violence. In our second interview, Christa voiced concerns about the widespread social reluctance to recognize and address sexual violence. Observing that, in comparison, the difficult subject of addiction is more readily acknowledged than sexual violence, Christa articulated her wish for comparable resources and support for survivors. She wondered if the underlying cause for the aversion to talking about sexual violence was due to the fact that it impacts women more frequently than men. As she concluded her consideration of this topic, Christa asserted, “We’re not seen as important, we don’t have as much of a voice in power . . . We’ll just have to make our own voice!”

During our final meeting in November 2018, Christa considered the impact of the “#MeToo” movement on social discourse regarding sexual violence. I wondered if she detected any progress within this domain. Christa’s response was mixed; she felt positively about the topic being discussed more frequently. On the other hand, she believed that people still minimize the impact of sexual violence on survivors. Christa lamented, “I feel like it’s great that we’re talking about it, but it’s like we’re talking into a wall . . . we’re not being heard or understood.”

During her second interview, Arya voiced similar concerns regarding public aversion to discussing sexual violence, which resulted in isolation and stigmatization of survivors. She contemplated her own healing and her contribution to the healing of other survivors. Arya acknowledged that the topic of sexual violence is difficult, and she wondered if people avoid talking about it because it evokes feelings of vulnerability.

Because Arya's had a court case, her story was very public. As a result, other survivors reached out to her and she was able to offer support and encouragement. This was a positive experience for Arya. At the same time, she was devastated as she became increasingly aware of how widespread sexual violence is. Arya expressed her perception that the only people genuinely discussing sexual violence were survivors and contemplated her own next steps as a survivor and advocate.

I've dealt with the big chunks of my healing, what's next for me? And how can I help? Or what's next for this subculture of survivors? What's next for us? I guess that's how I view healing now. I wish that everybody knew about it. Why are people so afraid to deal with the fact that this problem exists? And, we need to fix it!

Feminism. During our second interview, Kate spoke about supporting other survivors with great enthusiasm and commitment. She offered her perspective on being a feminist and articulated her beliefs about the feminine divine and women's inherent strength. Feminism, in Kate's view, was concerned with women's struggle to be treated equally to men within diverse domains including representation in the political arena, the military, and the workplace.

For Kate, tapping into archetypal feminine power was an integral part of her healing. She referred to literature that celebrates the feminine divine, which is rooted in the ability of women to create life. Knowing that women are powerful "life-givers" helped Kate access her own inner strength as a woman and as a survivor. She concluded reflecting on this topic with this statement:

As women, we've been abused and mistreated for centuries, but there is a persistent strength in women that makes us all survivors. I think I've drawn on that a lot in my healing to help me stay motivated and not give up when I felt like I was going to.

I was interested to hear if Kate had experienced this sense of inner strength during the yoga practice. She thought for a moment and replied that she had, in forms that involved stretching her arms upward. This type of stretch occurred during Sun Breath. She described her

experience of inner strength during the yoga practice as a sense of physical power filling her body and extending out through her open hands. For Kate, the yoga practice helped her to embody a sense of strength that she previously experienced on a conceptual level:

I felt like there was a strength coming from inside of me and pushing itself outward through my palms. That's what I mean when I say [the yoga practice] helped me to feel it physically, to help it manifest in a physical way.

Making Choices and Taking Effective Action

Participants described how they approached making decisions and taking effective action based on awareness gleaned from their embodied experiences. All seven women observed growth within the domain of being able to identify available options and make choices. In the group practice, the invitation to explore choice-making was generally framed in these ways: (a) “You might notice that a particular option feels like a ‘yes,’ ‘no,’ or ‘maybe’—‘maybe’ might turn into a ‘yes’ or a ‘no’ once it is explored”; (b) “Here’s one option for doing this form, here’s another possibility, or you might have a third way that you prefer”; or (c) “There’s no right or wrong in relation to this choice. You’re welcome to experiment and see what is useful for you.”

Trusting an internal compass. During the TC-TSY practice, participants had many opportunities to attune to their preferences, based on their embodied experiences. Each group member eventually developed an internal sense of what was useful for her instead of prioritizing an external standard of judgment. All seven participants stated that their experiences in the group ultimately enabled them to define their preferences and boundaries (“yes or no”) with greater clarity and efficacy. Awareness that there was no objective standard regarding the correct or incorrect way to approach assessing options and determining a course of action during the yoga practice afforded participants the chance to identify their own subjective standards for making decisions. The absence of an external compass enabled the group members to attend to their internal compasses in order to weigh options.

Rosalita described her experiences related to making choices during the TC-TSY practice in her first interview. For example, Rosalita never felt comfortable with raising her arms overhead. She felt that being able to say “no” to raising her arms above shoulder height had a powerful impact on her recovery from trauma. Because there was no external authority for her to follow or placate, Rosalita came to trust her inner compass. One consequence of being able to set limits was that she found that she dissociated less frequently. By stating her preferences and opinions, Rosalita did not have to disappear. She learned that she could stand her ground and survive.

In her first interview, Sage reflected on her growing awareness that she was the ultimate authority in relation to making choices during the yoga practice. Sage noticed that, by challenging herself during the physical yoga practice, she often felt stronger physically, mentally, and emotionally. But she was only able to make the choice to push herself because she was aware that it was her own decision to intensify the challenge or back off. According to Sage, “In the beginning . . . I didn’t *not* have a choice [in relation to the yoga practice] . . . but at the end, I was conscious that I *do* have a choice.”

Arya, in her first interview, depicted the evolution of her sense of self-trust, which evolved gradually from repeated opportunities to distinguish between her own preferences and the perceived preferences of others. She found it difficult, initially, to determine what felt right to her. In the past, Arya had minimized the importance of her own preferences and focused on appeasing others. During the course of the group, Arya had the sense that there was an “old me” and a “new me.” She described her process for developing the ability to trust herself:

It was like a weird battle . . . the old me and the new me looking at each other saying, “What are we going to do here?” And it formed into me saying, “Today I felt comfortable with doing *this*.” And then next week, “Okay, today I feel comfortable with

doing this *and* this.” And then I just built off that. So, it was just like . . . a smooth transition . . . learning to trust myself.

Christa also experienced growth in her ability to make choices and trust her decisions. In her first interview, she described the development of her internal compass. Initially, Christa had an aversion to making choices; she wanted to be told what to do so that she would know she was performing correctly according to an external standard. Christa gradually became more comfortable with paying attention to herself in the present and learned that what was right for others was not necessarily useful for her. She experienced this shift as a relief, “like a burden has been lifted.”

For Leslie Ann, contemplating the process of making choices was fascinating. Rather than conforming to an external standard that outlined how she “should” approach the yoga practice, Leslie Ann “talk[ed] to her body about what it wanted.” During her first interview, she described her experiences within this domain. Leslie Ann found it useful to experiment to determine whether challenging herself or taking it easy was right for her in any given moment. Rather than approaching the practice in a formulaic manner, Leslie Ann learned to attune to what worked for her in the present. This sense of attunement to embodied experience carried over into decisions she made in her daily life.

Starr reflected on the evolution of her process for making choices in her first interview. At first, she was unsure if she was engaging with the yoga practice in the “right” way. As Starr came to recognize that there was no “right and wrong” way to approach yoga, she felt a sense of freedom and was able to move and breathe in ways that felt good for her. In her own words, “It helped . . . from the very first time, it helped. Once you spoke those words, no right or no wrong, it helped to know that no matter how I did it [the yoga practice], it was okay.”

In her second interview, Starr revisited this topic. She affirmed the importance of being able to define and honor her own choices in the present moment. Starr acknowledged that her boundaries and preferences shifted from week to week. Eventually, she was able to give herself permission to explore options in the present rather than making choices based on external standards or past experience. Learning to respect her own boundaries and preferences was central to the development of her internal compass. She described her process for making decisions in the present and noted that, from week to week, her preferences might change.

You don't always come in with the same type of feeling. It was very useful to be offered an option. When it was, "No," this week, it could have been, "Yes," the next week. Maybe I worked through it a little bit and felt a little more comfortable with [the sense that] nobody's really watching me. Nobody's really judging me . . . nobody's forcing me.

Tools for self-regulation. Familiarity with specific body-based skills that supported self-regulation enabled participants to influence their physical, mental, and emotional states. Over the course of the 12-week group, participants learned self-regulatory skills that helped them (a) breathe in slower, more intentional ways; (b) perform a body scan to become more aware of how they were feeling in specific areas of their bodies, and subsequently make useful choices; and (c) move in ways that helped them to become more grounded, relaxed, confident, and present.

Rosalita commented, in her first interview, on the way that modifying her breathing patterns enabled her to feel more grounded, relaxed, and in control of herself. She stated that the yoga practice "brings me back to earth." By paying attention to her embodied experience, Rosalita became more aware of herself and her surroundings in daily life. She developed heightened sensitivity to her level of physical tension and gained tools that supported her to become more relaxed, physically and emotionally. Focusing on the breath was particularly useful for Rosalita within this domain. During this interview, Rosalita also described the value

of being able to scan her body (“do . . . a spot-check”) in order to guide her in the process of making choices (“loosen up a little bit there, shift a little there”).

In her first interview, Arya reflected on how her experiences in the group contributed to her ability to care for herself. Within this domain, she found that she was increasingly able to attend to her body’s needs and preferences. Although this had been difficult for Arya throughout her life, she was now able to take time, in her daily life, to pay attention to her body’s needs and preferences.

Christa also commented during her first interview on the importance of being able to listen to her body in order to inform her choices regarding self-care. Although attunement to her embodied experiences was useful, Christa sometimes found it challenging. For Christa, repeated practice and guidance was a valuable part of being able to apply the skills she had learned in the group. At our final meeting, Christa was happy to affirm that she had internalized the ability to pay attention to herself and make choices based on what she was feeling and no longer required external coaching within this domain.

During her first interview, Starr explained the way she used the TC-TSY practice to influence her level of activation and mental state. She felt that movement and breath were often more effective than working with self-talk to avoid high levels of activation. For Starr, using body movement and breath was an effective way to stimulate changes in how her body and mind felt when she was triggered. She described this process and confirmed, in our second and third meeting, that she has continued to use these tools for self-regulation.

The yoga was more like a hands-on [approach] than a mental tool, because sometimes you just can’t get there mentally. But you can do something physically that will help your mental anxiety subside. It worked. *It worked.* I’m still using it. Sitting on the floor, with our legs crossed . . . we’d twist to one side and put one hand behind us to kind of push over . . . it does something for me. I can’t really name what it does for me . . .

when everything feels closed in and tight, that movement can usually break that cycle of that physical thing that goes on when you have PTSD.

Kate found that slower, more intentional breathing enabled her to feel more relaxed and present. She used the technique of body scanning to become more self-aware. For Kate, application of these skills was enjoyable and helped alleviate tension related to her perfectionist tendencies. These outcomes occurred concurrent with a growing sense of familiarity with the other group members and the diverse yoga forms.

In her first interview, Kate articulated her experiences in relation to utilizing body-based tools for self-regulation that she learned in the TC-TSY support group. The yoga practice helped her body to feel more relaxed. Kate found it easy to be aware of her breathing and, by breathing in a slower, steadier manner, she was able to cultivate a sense of being centered and grounded. As she experienced the positive effects of the yoga practice, Kate was able to let go of striving for perfection and pay attention to the present more consistently.

During her second interview, Kate reflected on what she had retained from her group experience. She described learning breathing techniques that, in her own words, “started to become second nature.” Kate also continued to practice the body scan, taking an inventory of what she was feeling on a physical and emotional level. These practices helped her to navigate challenging situations when she felt triggered and also supported her to feel more connected to her embodied present moment experience.

Leslie Ann observed her evolving relationship with her body with fascination and noticed her process for making choices. In her first interview, she described how she applied skills learned during group at a time when she was very sick. Having a difficult time catching her breath, Leslie Ann tried one of the positions (Child Pose) she had done during the yoga practice. This enabled her to release tension and regain her ability to breathe normally.

Leslie Ann also continued to use skills she learned during the yoga practice at work. When her boss would have what she referred to as “tantrums,” Leslie Ann was able to check in with herself and make choices about how she was going to handle the situation. By listening to her body (body scan) and finding ways to stay grounded in the present moment (breathing practices and intentional regulation of attention) she was able to avoid becoming overwhelmed, which previously led to hyperarousal and, at times, dissociation.

Retention of skills learned in group. Following the group’s conclusion, two participants continued to practice yoga intermittently. All participants, however, reported that they retained the ability to attend to their embodied experiences and make choices to take effective action in their daily lives. Awareness of this capacity waxed and waned over time; nevertheless, they remained changed by their experiences in the group.

During her second interview, Rosalita confirmed that she continued to use tools she had learned in the yoga group to influence her internal states. By intentionally deepening her breath and focusing on the sensations that were evoked, she was able to maintain a sense of self-control. This practice also helped Rosalita to feel less physical and emotional tension in her daily life. Practicing self-awareness also enabled her to assert herself with greater confidence. In her own words:

When I focus on my breathing, it makes a huge difference. [I also know that the way I feel about things] matters! If something is affecting me in a negative way, I feel like, no, I can stand up for myself. (softly) I would *never* do that before. . . . *Definitely* [I’m] standing up for myself more often. . . . Before, I would just accept whatever came my way, it’s like, “I have nothing to do with it, it’s just going to come my way.” Now I feel like I have an *influence* . . . on what happens.

Sage was aware that the yoga practice had helped relieve symptoms of back pain and in the absence of practicing, she experienced more discomfort. However, the most important aspects of Sage’s growth in the group included expanded connection to her inner strength and the

ability to freely express herself. She felt that those qualities had remained and were now simply part of how she lived her life. Commenting on sustained growth within this domain at our final meeting, Sage also described her ability to continue to assert boundaries in relationships. At that time, she described these changes:

Now it's like, "You don't agree? Fine, good. I've got work to do." Don't tell me what you think when you're asking me how I feel. I'm telling you how I feel, and you don't like it. You have the right to not like it, but you do *not* have the right to make me not like what I just said . . . Now I think because I'm learning to speak up for myself, I think that's helping me with being an advocate for *others*.

Arya commented during our second and third meetings about the lasting impact of her experience in the support group. Because she learned to attune and attend to her body and emotions, she stated that she felt "more human . . . and more whole." Before participating in the support group, Arya didn't have the skills to attend to her embodied experiences and make decisions on her own terms. By the group's conclusion, she felt confident within this domain. At our final meeting, Arya confirmed that, although her yoga practice had waxed and waned, she retained the ability to listen to her body and trust her choices.

At our second interview, Christa stated that she struggled with continuing to practice skills she had learned in the group. She observed that when her situation at home felt unsafe and unsupportive it was more difficult for her to rely on coping strategies, which she had cultivated in the support group. Christa thought these skills—attending to her embodied experiences and making choices based on what she felt—were akin to riding a bicycle. Sometimes she felt, in her own words, "a little bit wobbly."

I was happy to learn, in our final conversation, that Christa's situation at home had improved and it was now easier for her to care for herself in a kind way. She affirmed that she no longer needed external reminders to attend to her embodied experiences because she had

internalized what she had learned in the support group. During our final meeting, she reflected on changes that had occurred for her since participating in the group.

I'm grateful that I don't need that constant coaching, and I'm grateful that I had it when I needed it . . . It's interesting, because healing is kind of like watching paint dry. From minute to minute, or month to month, it doesn't feel like anything is happening. So, having this gap of time is helpful, because it's a slow, long process . . . at least for me, it wasn't like there was a click.

At our first interview, I asked Starr if what she had learned in the group had stayed with her, specifically in relation to her sense of connection to embodied experiences. She replied that she had retained the ability to pay attention to what she was feeling in the present. Even though there were still times when she felt numb, Starr asserted that she was able to exercise her ability to be aware of and connected to her body:

I can go off and feel numb again, but [I am still] able to get back to that connected feeling. It will always take me back to the day I realized, (gasps) "I connected myself!" It'll take me back there. I feel . . . like I can feel again . . . and this is a good feeling.

During our second and third conversations, we circled back to this theme. Starr had continued to employ body-based techniques for connecting mental and physical experiences in the present. In certain difficult moments, feeling her breath and counting the length of her inhalation and exhalation was useful; at other times, consciously moving and stretching her body helped mitigate overwhelming emotions that were evoked by triggers. Starr described this as "bringing her mind and body back together, in the same place at the same time."

For Kate, the body scan and breathing techniques continued to support her ability to self-regulate. She discussed this during her second interview and stated that she made use of these practices both consciously and instinctively in situations when she felt activated. In our final meeting, Kate confirmed that she continued to utilize these techniques to stay connected to her embodied experiences and exercise her capacity for self-regulation.

In her first interview, Leslie Ann gave voice to ways that her experiences in the support group had enabled her to let go of feeling disconnected from her aging body. Although she had done significant work to recover from trauma, her participation in the group heightened her physical and emotional self-awareness. In her second interview, Leslie Ann described how the sense of confidence in relation to her embodied experience had remained with her since the group's conclusion. During our final meeting, she confirmed that these changes had continued to be useful in her life:

The main thing is . . . I can stretch, and I can move in a way that is good for me. And I'm able to do it . . . [I feel] confident, competent. . . . [And I feel like I am] competent to deal with myself in a humane and caring manner.

Impact on Trauma Symptoms

As a result of exposure to the trauma of sexual and gender-based violence, over 33% of survivors of rape, sexual assault, and interpersonal violence experience symptoms of PTSD (van der Kolk, 2014). Previously classified as an anxiety disorder, PTSD has been recategorized as a trauma- and stressor-related disorder (APA, 2013). The four categories of diagnostic symptom clusters for PTSD are (a) re-experiencing, (b) negative cognitions and affect, (c) avoidance, and (d) difficulty regulating arousal level. A PTSD dissociative subtype has also been identified. Individuals affected by this trauma response feel a sense of detachment from their own thoughts and emotions or experience the world in a dreamlike, unreal, or distorted manner (APA, 2013).

PTSD in sexual assault survivors is often associated with comorbidities such as anxiety, depression, and substance abuse and physiological conditions such as cardiovascular disease, obesity, and chronic pain (CRCC, 2015b; van der Kolk et al., 2014). Regulation of affect and behavior can be challenging for trauma survivors due to vulnerability to hyperarousal, intrusive traumatic memories, emotional numbing, dissociation, and alexithymia, characterized as

difficulty with experiencing, describing, and expressing emotions and deficits in the capacity for interoception (van der Kolk et al., 2014).

Neuroscientific Perspective of PTSD Symptoms

Recent neuroscientific research aimed at deepening insight into biological processes associated with PTSD symptoms and developing trauma-informed approaches (Lanius et al., 2011; Mehling et al., 2012; van der Kolk, 2006) may shed light on some of the subjective experiences described by participants in the TC-TSY support group. Working in the field of social cognitive and affective neuroscience (SCAN), Lanius et al. (2006, 2011) asserted that human neurophysiology and intrapsychic processes cannot be understood without considering the impact of emotional and relational elements on biological processes and systems. Within the SCAN theoretical paradigm, traumatic experiences are believed to negatively impact two critical areas of human functioning—emotional awareness and emotional regulation.

Emotional awareness consists of (a) embodied emotional awareness, arising from the capacity for interoception or present moment sensory experience, and (b) conceptual emotional awareness, which is the capacity to recognize, interpret, and make choices regarding embodied emotional experiences. These dual processes have been linked to neural networks associated with (a) reflective, self-referential awareness (ventromedial and dorsomedial PFC); (b) interoceptive awareness of embodied states and autonomic regulation (insula); and (c) assessment of the importance of emotional stimuli, autonomic regulation in relation to emotional stimuli, regulation of attention and cognition, and integration of experience on cognitive and emotional levels (ACC; Lanius et al., 2011).

It has been demonstrated that interoceptive awareness is linked to emotional awareness, regulation of affect, capacity for decision-making, and supports one's sense of identity (Herbert

et al., 2011; Mehling et al., 2012; Schimmenti & Caretti, 2014). Research investigations of alexithymia have identified three main traits that are present in this condition: (a) difficulties identifying feelings (DIF), (b) difficulties describing feelings (DDF), and (c) externally oriented thinking (EOT; Bagby et al., 1994). Diminished activation of neural networks associated with interoception, including the insula and ACC, has been identified in individuals who suffer from alexithymia (Herbert et al., 2011). Although traumatic experiences may compromise interoceptive neural networks (Schimmenti & Caretti, 2014), there is evidence that mindfulness-based practices may produce structural changes in areas linked with interoception (right anterior insula; Mehling et al., 2012; van der Kolk, 2006), emotional regulation (prefrontal cortex; van der Kolk, 2006), and conditioned fear responses (amygdala; van der Kolk, 2006) that ameliorate previous deficits.

Participant narratives aligned with these research findings. All group members experienced the connection between interoceptive and emotional awareness, which established the foundation for them to self-regulate and make decisions. There was evidence of improvement in the domains of identifying and describing feelings. Externally oriented thinking diminished as interoceptive and emotional awareness increased. This process fostered each participant's self-defined viewpoint (Collins, 2009).

Lanius et al. (2006, 2011) emphasized the need to consider how emotional and relational elements influence human neurophysiology and intrapsychic processes. Within this domain, it is important to acknowledge the impact of the safe relational context, in which survivors were not stigmatized or blamed, and were considered the experts in relation to their own bodies and decisions. In the peer support group setting, participants experienced empathetic and nonjudgmental attention as they described their interoceptive and emotional experiences. This

appeared to foster increased self-compassion and acceptance, which enabled participants to make choices based on knowledge arising from their embodied experiences and self-defined viewpoints rather than external sources.

Survivor-Centered Appraisal of Trauma Theory

Gilfus (1999), in a survivor-centered appraisal of trauma theory, commented on positive and negative characteristics of trauma-informed approaches within the domains of clinical treatment and advocacy. According to Gilfus, positive aspects include (a) absence of victim-blaming, (b) recognition of the enduring consequences of exposure to sexual violence and gender-based violence, and (c) provision of a path to recovery. Negative aspects of trauma-informed approaches include (a) medicalization of trauma and perception of individuals' response to trauma as psychopathology, (b) focus on the vulnerability of survivors rather than their inherent resilience, and (c) decontextualization, which blocks clear perception of underlying causes.

The trauma-informed paradigm may have been helpful for survivors by increasing recognition of sexual and gender-based violence as a severe and pervasive problem. A trauma-related diagnosis may facilitate survivors' access to medical care. However, the trauma-informed paradigm does not necessarily foster consciousness of underlying sociopolitical causes and may also lead to the stigmatization of survivors as mentally ill (Gilfus, 1999).

Critics of the medicalization of trauma have asserted that constructs such as "diagnoses" and "symptoms" may serve to perpetuate existing power relations within the dominant culture (Brown, 2004; Burstow, 2005; Tseris, 2015). In feminist approaches to therapy, specific trauma symptoms such as numbing, avoidance, and hyperarousal are generally regarded as the most effective coping strategies available to a survivor rather than as evidence of individual pathology

(Brown, 2004; Burstow, 2005; Perkins, 1991). Finally, while neuroscientific evidence may be useful in gaining insight into underlying mechanisms, it is vitally important to view this information in perspective, counterbalanced by knowledge gleaned from social sciences and survivor narratives. Neuroscientific evidence is not essential to determine that the effects of sustained trauma exposure are clearly “harmful, not only for the nervous system, but also for the hearts, minds, and souls of survivors” (Tseris, 2013, p. 41).

Impact of TC-TSY Support Group on Participants’ Trauma Symptoms

Prior to joining the TC-TSY peer support group, all seven participants reported experiencing diverse symptoms of PTSD. For these diverse individuals, PTSD was consistently regarded as a useful way of identifying the consequences of their exposure to sexual violence rather than as a stigmatizing term. Within TC-TSY support groups, trauma symptoms were not presented or considered as intrapsychic disorders. Although the PTSD diagnosis was used, all seven participants found this term to be useful because it helped them to make sense of physical, emotional, and mental experiences they had in the aftermath of sexual violence. For this group of survivors, (a) learning that their symptoms and coping strategies were understandable in light of trauma experiences they had endured (acceptance), and (b) finding out that they were not alone within this domain (diminishing isolation), appeared to create a safe context in which they were able to experiment with body-based methods of coping and determine what was useful for them. Group members were increasingly able to let go of focusing on externally defined standards of perfection and the perceived negative judgments of others and focus instead on their own embodied experiences.

Trauma symptoms experienced by participants included:

- chronic anxiety, hyperarousal, and hypervigilance (Rosalita, Arya, Christa, Starr, Kate);

- feeling distant or cut off from others, a pervasive sense of isolation (Rosalita, Arya, Christa, Starr, Leslie Ann);
- dissociation or sense of disconnection between mind and body (Rosalita, Arya, Christa, Starr);
- repeated, disturbing memories of a traumatic event (Sage, Starr);
- re-experiencing, having the sense that the traumatic event was actually occurring again (Sage, Starr);
- avoidance, emotional numbing, and difficulty dealing with intense emotions (Rosalita, Arya, Christa, Starr, Kate);
- a pronounced startle and freeze response (Christa);
- exhaustion (Starr); and
- persistent anger (Kate).

All trauma symptoms experienced by participants were rooted in challenged or compromised abilities to feel, tolerate, and ultimately navigate emotional states.

After the conclusion of the yoga support group, respondents described shifts in their experiences of trauma symptoms during their first interviews. Changes were reported in response to the general questions: “Did participating in the support group impact your trauma symptoms in any way? If so, what changes did you observe?” All participants discussed the following changes: (a) increased ability to self-regulate, (b) increased ability to sustain present moment awareness and heightened ability to tolerate difficult emotions, (c) heightened body awareness and sense of mind-body connection, and (d) increased sense of agency and empowerment.

Increased ability to self-regulate. According to van der Kolk et al. (2014), trauma survivors are challenged to regulate affect and behavior because they are vulnerable to hyperarousal, intrusive traumatic memories, emotional numbing, dissociation, and alexithymia. Prior to joining the support group, all participants described experiences related to dysregulated

emotional states including chronic anxiety, intrusive memories, hyperarousal, hypervigilance, and a strong startle response. Participation in the TC-TSY group helped participants recognize these emotional states and attend to them in useful ways.

For all group members, the ability to self-regulate began with awareness and acceptance. By letting go of fighting what was actually happening in the moment, group members were able to make skillful choices about how they interacted with their own emotional states. The phrase “It is what it is,” suggested by one group member became a mantra for others, serving as an anchor in the midst of turbulent emotional waters. The image of ducks riding on waves, suggested by another participant, was a useful metaphor that helped others ride the waves of their internal sea without being pulled under. Awareness and acceptance were fostered within the safe relational context, which decreased the sense of isolation among group members.

In her first interview, Kate described how breathing and body scan practices she learned in the TC-TSY support group were useful in situations when she felt triggered or overwhelmed. As her physical and emotional self-awareness increased, she was able to apply effective coping strategies and achieve a sense of control over difficult internal states. Kate found it useful, in challenging situations, to acknowledge and address her body’s reactions individually: “If you can isolate each one of the different reactions you’re having, then you can address them, rather than having a giant ball of reactions . . . then you can’t deal with them as easily.”

In her second interview, Kate reflected on a recent example of her continued ability to make use of these coping strategies when an intrusive memory evoked a state of hyperarousal. Kate portrayed her process for interacting with herself during a difficult experience she encountered with her boyfriend. In this situation, she felt very upset when she was reminded of

disturbing memories from the past. Practices she had learned in the support group helped her to de-escalate and feel more in control of her body's reactions to the trigger.

Leslie Ann described how listening to her body, particularly during periods of emotional intensity, enabled her make choices that were useful on physical and emotional levels.

Previously, she felt overwhelmed and out of control. Since participating in the group, she has been able to, in her words, “move with my body and with the process and with the emotions and get through it.” By attending to her embodied experiences and making choices based on what she observed (utilizing breathing techniques, stretching, going for a walk) she was able to feel more grounded, competent, and confident.

Reconnection with the present, diminished avoidance, and increased tolerance for difficult emotions. Effective treatment for trauma survivors includes processes that strengthen the capacity for navigating intense emotions and sustain present moment awareness (van der Kolk, 2006; van der Kolk et al., 2014). It has been demonstrated that mindfulness practices are supportive of increased levels of attunement to one's immediate experience, specifically in relation to the internal domains of sensations, emotions, cognitions, and intentions (Brown & Ryan, 2003). All respondents asserted that their experiences in the group enabled them to sustain higher levels of present moment awareness.

Sage reflected on what it felt like for her to be stuck in the grip of the past. She compared this experience to being imprisoned, unable to reenter the flow of ordinary life experience. Participation in the group helped Sage to extricate herself from the grip of the past, which she likened to “shackles,” and move forward with freedom into her present and future. She commented on this in our second conversation:

It's like some part of you is stopped up . . . you have the “before that happened” . . . [but] there is no “after” because everything is focused on what happened [during the trauma]...

You're not free to do other things because . . . all your energy and focus is on that Everything that you do from then on, you're reacting to something that happened a long time ago. And it's like, "Why does this keep happening?" Because you haven't dealt with . . . what happened before.

By our final meeting, Sage felt that she was truly moving on and said, "instead of shackles, I feel like they're bracelets now. . . they're something I choose to have."

Starr also gave voice to the way she experienced being overwhelmed by memories of past trauma. During our final meeting, she clarified differences between being triggered, activated, and episodic. For Starr, a trigger typically initiated the process of activation. Once activated, she had a desire to avoid the difficult experience, which often included flashbacks. If her coping strategies were successful, Starr would be able to avoid becoming episodic. In this state, Starr was unable to control being taken back—mentally, physically, and emotionally—into her past traumatic experience.

During her first interview, Starr explained how her participation in the group supported her to effectively navigate triggers, activation, and PTSD episodes. For Starr, it was useful to know that (a) what she was feeling was not right or wrong; and (b) there were options available to her, even in moments of intense emotion. This knowledge enabled Starr to remember that, no matter how difficult this moment was, it would not last forever.

Reestablishing the connection between body and mind. Prior to joining the support group, participants reported diverse types of disconnection between body and mind including experiences of detachment from somatic experience, dissociation, numbness, and the sense that mental activity was separate from the domain of physical existence. All seven group members described ways that their experiences in the TC-TSY support group had a positive impact on their sense of connection between body and mind. Participation in the support group helped

them recognize and experience shifts in relation to (a) tendencies to disregard the importance of attending to their embodied sensations, and (b) obstacles to somatic awareness.

During her first and second interviews, Rosalita described the evolution of her experiences related to dissociation. Because she was blamed for her exposure to sexual violence, Rosalita developed a sense of self-blame and did not feel safe to discuss it with others. She associated not being able to talk about her experiences with the sense that she did not exist.

In the support group, Rosalita was not criticized or blamed, and her experiences were believed. This safe context contributed to Rosalita's growing awareness of ways she disconnected from her embodied experience. She learned tools that helped her to cultivate increased present moment awareness even though being present was, at times, challenging. Rosalita described changes in her trauma symptoms during her first and second interviews.

Over time, she was able to avoid her tendency to become invisible by attuning to her embodied experiences and make use of self-regulatory tools (breathing, body scan, movement) and thereby stay connected to self and others. For Rosalita, staying present was accompanied by a growing sense of self-acceptance and self-worth.

During her first interview, Arya described shifts she experienced in relation to reestablishing the connection between her mind and body. Rather than ignoring signals from her body including pain and hunger, Arya learned to attune to her embodied experience and respect the information her body provided. This enabled her to care for herself and take action to meet her needs. In her own words, "For me, it's helped . . . I feel like I'm light years ahead of where I was 4 months ago because of this group."

Starr also expressed a sense of disconnection between mind and body due to her experience of sexual violence. She described ways that the group helped her to reconnect with

the domain of embodied experience, particularly in relation recovering awareness of the “feeling of motion.” Difficult emotions were still present, but Starr was feeling them instead of being afflicted by a pervasive sense of numbness.

As Starr was able to be more aware of embodied experiences, her sense of contact with herself increased. From her vantage point, reintegration of mental and physical aspects of herself fostered the reestablishment of self-trust. I found it interesting that the other six group members felt that reconnecting with embodied experience had been a gradual process; for Starr, however, there was a definite moment when she sensed that this connection occurred.

During her first interview, Starr described her experience of bringing her mind and body into alignment, which she regarded as essential for her healing. Because of the trauma she experienced, Starr felt very disconnected from her body. Participating in the support group enabled her to learn how to attune to herself on a physical level. Starr depicted this process:

[Being in the group] connected me back to myself again, to trusting some of the things I was doing, and the way I was doing them . . . to take notice of what was going on while I was doing them . . . simple things like, “When I open that garage door, nobody’s going to hit me when I get it open.” I could actually feel that feeling again, whereas in the past, I was just numb. [After participating in the group] there was still the *fear* there, but I was connected with what I was doing. [I was able to tell myself], “It’s okay to open this garage door. It’s okay to feel this door handle, to feel the lock turn and the handle come open. It’s okay to feel that.” So, it got me back in touch with the feeling of motion . . . maybe those are the words I’m looking for . . . yeah, *the feeling of motion*. And bad things weren’t going to happen, just because I felt what I was doing, the motion that I was going through. So, it connected me . . . because I was disconnected. When we were in the group, I never felt disconnected, after I started to feel connected again. I just felt like I was in touch . . . I was in touch with myself.

Increased sense of agency and empowerment. The TC-TSY practice consists of developing awareness of embodied experience, making choices, and taking effective action. In contrast to mindfulness practices that primarily emphasize cultivating nonjudgmental awareness of internal states (Kabat-Zinn, 1990, 2003), TC-TSY is concerned with making choices to actively and intentionally respond to internal states. Over the course of the 12 weeks,

participants experienced increased feelings of agency and empowerment in relation to how they engaged their bodies and minds to navigate challenges.

This is consistent with the findings of West (2011) and Rhodes (2014) in their qualitative investigations of participants' experiences with TC-TSY practice. West observed that TC-TSY led to a heightened sense of personal empowerment among practitioners. Rhodes found that TC-TSY practice (a) improved participants' sense of ownership and control in relation to their bodies, emotions, and thoughts; (b) was an effective strategy for addressing trauma triggers and stress; and (c) heightened participants' capacity for self-care.

The following examples illustrate diverse ways that group members experienced increased agency and empowerment. Christa joined the support group in order to learn body-based skills for addressing PTSD symptoms. The knowledge that she could take effective action on her own behalf when she felt unsafe gave her a greater sense of control over her circumstances and diminished habits characterized by hyperarousal and avoidance. Prior to joining the group, Christa did not feel that she had options. Learning that she did not have to resort to freezing when she was triggered made, in Christa's words, "a huge impact on my life."

Leslie Ann was motivated to join the support group in order to learn to take better care of herself on a physical level. She felt skeptical, at the group's inception, that she would ever be able to relate to her body in positive ways. Over time, Leslie Ann developed an inner sense of confidence in relation to her ability to engage with her embodied experience. During her second interview, she reflected on this process:

When we started, I was like, "Oh, I don't know if I can do this." But just the other day, I was feeling all cramped up. And I stretched, and I had that sureness. I got that from the support group. And that took a while! I didn't just all of a sudden say, "I can do this." It really took the whole experience, I think. . . . I have a feeling of self-assurance now, about myself and my body.

Sage joined the support group to learn body-based coping strategies and explore the mind-body connection. Initially, awareness of her body evoked a sense of vulnerability. Over time, Sage developed a sense of inner confidence that was rooted in awareness of her embodied empowerment. In her first interview, she described this change:

I think [there was a] change from that first session where I felt vulnerable, or like a victim . . . as opposed to later, when I felt . . . not superhuman but I felt like Wonder Woman. . . . I think the only change was from vulnerability to inner strength . . . actually recognizing my inner strength.

Sense of Identity

Over the course of the 12-week group, participants in the yoga support group observed changes in their sense of identity and beliefs about themselves. Expressed as “I” statements, group members articulated shifts in their beliefs about themselves. Responding to the question, “Did your participation in the yoga support group impact your sense of identity or beliefs about yourself? If so, how would you describe any changes that occurred?” Replies included:

- “I am confident and I trust myself” (Rosalita, Arya, Starr, Kate, Leslie Ann);
- “I no longer feel that the trauma I experienced defines me as a person” (Rosalita, Sage, Christa);
- “I am strong” (Rosalita, Sage, Starr, Kate);
- “I have choices” (Rosalita, Sage, Christa, Starr);
- “I am competent” (Rosalita, Sage, Leslie Ann);
- “I am able to tolerate unpredictability and try new activities” (Arya, Christa, Kate);
- “I am able to support other survivors” (Arya, Starr, Kate),
- “I am able to be more open with others” (Rosalita, Kate);
- “I am able to be vulnerable and strong at the same time (Sage, Arya);
- “I am able to know and accept myself” (Sage, Christa);
- “I am able to speak my mind and say, ‘No,’ and ‘I matter, I am deserving” (Rosalita);

- “I am a warrior, I have inner strength, I am free, I can shine” (Sage);
- “I am whole and can be myself” (Arya); and
- “I am able to relate to my body in positive ways” (Leslie Ann).

Participants experienced shifts within the domain of beliefs about themselves in relation to self-efficacy, self-awareness, self-trust, and self-worth. Heightened awareness of available options and increased adaptability to change were also reflected in group members’ responses. The sense that they were no longer defined by experiences of sexual violence was also voiced. All responses to this question reflected ways that the group experience restored participants’ connection to personal strengths and integrity.

Relationships With Others

Regarding relationships with others, respondents described several ways in which participation in the support group had been impactful. Following the conclusion of the group, participants observed these changes:

- increased ability to assert boundaries (Rosalita, Sage, Christa, Starr, Leslie Ann);
- heightened sense of closeness and connection with others (Rosalita, Sage, Arya, Christa, Kate);
- increased sense of openness in relationships (Rosalita, Sage, Kate);
- increased feeling of strength and confidence in relationships (Rosalita, Leslie Ann);
- greater ability to listen to others (Arya, Starr);
- increased ability to receive support from others (Arya, Leslie Ann);
- heightened sense of connection with the world (Rosalita, Kate);
- heightened sense of empathy for and acceptance of others (Arya, Christa);
- increased sense of agency, decreased sense of defensiveness (Rosalita);
- increased tolerance of differences and ability to be direct when communicating with others (Sage);

- heightened sense of respect for others and improved awareness of timing when communicating with others (Arya); and
- diminished tendency to ignore her own emotions when interacting with others, increased tolerance for spontaneity, increased awareness of choices in relationships (Christa).

I found it interesting that increased ability to assert boundaries was paralleled by a heightened sense of closeness and connection with others. The choices offered during the TC-TSY practice were often framed in relation to the embodied sense of “yes,” “no,” or “maybe.” Perhaps developing the capacity to say “no” during the yoga practice enabled group members to say “no” within the domain of relationships. The yoga practice gave participants the chance to clarify their preferences; this clarity may have also extended into personal relationships. Increased attunement to self and others during the group may have resulted in heightened empathy and acceptance of others. Finally, diminution in hyperarousal and emotional numbing and increased capacity for self-regulation may have enabled participants to access neural processes that facilitate social engagement rather than reactive fight-or-flight responses.

Conclusion

Participants articulated shared and unique reasons for joining the TC-TSY support group, which centered on ways they interacted with themselves and others. Sage, Arya, Starr, Kate, and Leslie Ann were interested in learning body-based coping strategies for addressing PTSD symptoms. These five individuals wanted to explore the mind–body connection within the support group setting. Arya, Christa, Kate, and Leslie Ann had previously been members of present-centered women’s support groups at the agency. Due to positive experiences in those groups, they chose to join the yoga support group. Arya and Kate had no concrete expectations of the yoga support group but trusted that it would be a good experience because their previous support groups had been beneficial.

Rosalita and Starr sought to diminish the isolation they felt by connecting with other women who were also survivors. Although she had a desire to interact with other survivors, Starr also expressed concerns about being part of a group. Rosalita desired to expand her ability to experience freedom and peace; Starr aspired to increase her capacity for happiness. Because she was getting older, Leslie Ann wanted to practice yoga to take better care of her body. Christa and Leslie Ann were the only group members that had practiced yoga in the past.

All participants characterized TC-TSY as an approach to yoga that (a) simultaneously increased awareness of their bodies and their emotions; (b) focused on internal experience rather than external physical form; and (c) emphasized making choices on their own terms about body movement, breath, and attentional focus. According to Rosalita, Sage, Arya, and Leslie Ann, TC-TSY facilitated awareness of the connection between physical and emotional experience. Arya, Starr, and Leslie Ann stated that TC-TSY was a basic approach to yoga that included gentle, slow movements. According to Rosalita, Arya, Christa, and Kate, TC-TSY was not like a traditional yoga class that emphasized conformity and performance.

Building on the foundation established by the U.S. women's movement in the mid-1970s (Maier, 2011), the TC-TSY peer support group was offered at a rape crisis center, which is committed to activism directed toward the elimination of all forms of sexual and gender-based violence. Within the support group, feminist consciousness (Lerner, 1993) was fostered in the sense that group members were encouraged to regard the origin of their personal struggles with the consequences of sexual and gender-based violence as rooted in underlying sociopolitical causes rather than individual pathology. By countering socially conditioned patterns of shame, self-blame, and disconnection from embodied experience (Chiang, 2017; Johnson, 2014, 2020), co-facilitators supported the development of a trusting relational context. The support group was

aligned with steps to recovery proposed by Herman (1997) including prioritization of the creation of safety and reestablishment of the connection between survivor, community, and ordinary life experiences.

TC-TSY is harmonious with key principles of feminist approaches to advocacy (Allen et al., 2004; Davies et al., 1998; Goodman et al., 2009; Nichols, 2011) and clinical treatment (Brown, 1994, 2004; Herman, 1997). The TC-TSY approach (a) emphasizes the strengths of each survivor in the present moment; (b) empowers survivors to trust their own ability to make choices; (c) actively affirms that the survivor is in charge of decisions regarding her own body; (d) respects and values the uniqueness of each survivor; and (e) recognizes that in order to rectify oppressive power dynamics, the TC-TSY teacher must be committed to sharing power and acknowledging that the survivor is the expert regarding her own body (Emerson, 2015).

The TC-TSY support group approached recovery from trauma as a process that is at once intrapsychic (relationship with self) and social (relationships with others). Because all experiences of psychological trauma are characterized by victimization, disempowerment, and isolation, it is essential that recovery prioritizes empowerment and establishment of healthy relationships with others (Herman, 1997). Although the group was present-centered and there was little discussion regarding the details of traumatic experiences, awareness of participants' shared exposure to sexual and gender-based violence was an essential element that contributed to trust among group members.

The social aspect of the support group built on the awareness that relationships are fundamental to women's experience, self-expression, and ethical sensibility (Gilligan, 1982; Miller, 1976; Robb, 2006). Connecting with other survivors decreased participants' isolation and fostered positive modes of social engagement. This shared aspect of experience served to

counteract group members' patterns of self-blame, shame, and negative self-appraisal, which are reinforced through micro- and macroaggressions within the dominant patriarchal culture and instead foster empathy, acceptance, and mutual respect.

In relation to the TC-TSY practice, an internal focus was prioritized. During the period of time dedicated to the yoga practice, the social aspect of the group, although consistently present and valued, shifted into the background. By increasing attentional focus on their own embodied experiences and making choices based on their preferences, participants learned to attend to themselves with greater self-awareness, self-acceptance, self-trust, and kindness.

Important changes took place for group members over the course of the 12 weeks including (a) increased recognition that physical awareness is intimately connected to emotional awareness; (b) diminished reliance on avoidant coping strategies and increased tolerance for emotional discomfort; (c) diminished prioritization of perceived external judgments and increased self-trust, which fostered a self-defined viewpoint; (d) heightened awareness of shared aspects of personal experience and diminished feelings of isolation; and (e) increased ability to make choices and take effective action based on each group member's embodied experience and self-defined viewpoint.

During the final meeting, which took place 23 to 31 months after the group's conclusion, all participants stated that what they learned in the group had continued to influence the way they relate to themselves and others. Although three group members had continued to practice yoga on an intermittent basis, retention of learning that took place in the support group was not perceived by participants to be dependent on consistent engagement with yoga practice.

Prior to joining the TC-TSY peer support group, all seven participants reported experiencing diverse symptoms of PTSD. Participants unanimously regarded the PTSD

diagnosis as useful because it helped them to make sense of physical, emotional, and mental experiences they had in the aftermath of sexual violence. For this group of survivors, (a) learning that their symptoms and coping strategies were understandable in light of trauma experiences they had endured (acceptance); and (b) finding out that they were not alone within this domain (diminished isolation); created (c) a safe context in which they were able to experiment with body-based methods of coping, determine their own preferences, and cultivate a self-defined viewpoint. Over the course of the 12 weeks, group members were increasingly able to let go of focusing on externally defined standards of perfection and perceived negative judgments of others and attend to their own embodied experiences.

Trauma symptoms reported by participants included (a) chronic anxiety, hyperarousal, and hypervigilance; (b) feeling distant or cut off from others and a pervasive sense of isolation; (c) dissociation or sense of disconnection between mind and body; (d) repeated, disturbing memories of a traumatic event; (e) re-experiencing, or having the sense that the traumatic event was actually occurring again; (f) avoidance, emotional numbing, and difficulty dealing with intense emotions; (g) a pronounced startle and freeze response; (h) exhaustion; and (i) persistent anger. All trauma symptoms experienced by participants related to challenges in relation to feeling, tolerating, and ultimately navigating their own emotional states. After the conclusion of the yoga support group, respondents described shifts in these domains, which included (a) increased ability to self-regulate; (b) increased ability to sustain present moment awareness, diminished avoidance, and heightened ability to tolerate difficult emotions; (c) heightened body awareness and sense of mind-body connection; and (d) increased sense of agency and empowerment.

Participants reported changes in their sense of identity and beliefs about themselves in relation to self-efficacy, self-awareness, self-trust, and self-worth. Heightened awareness of available options and increased ability to adapt to change were also reported. Some group members expressed the belief that their experiences of sexual violence no longer held the power to define them as individuals. All responses within this domain reflected ways that the group experience reconnected participants to their sense of integrity and awareness of personal strengths.

Regarding relationships with others, participants simultaneously experienced increased abilities to assert boundaries and a heightened sense of closeness and connection with others. It is possible that by developing the capacity to say “no” during the yoga practice group members were empowered to say “no” within the domain of relationships. The yoga practice offered participants opportunities to clarify their preferences; this clarity may have extended into the domain of personal relationships. By increasing their attunement to self and others during the group sessions, participants may have developed heightened empathy for and acceptance of others. Finally, diminution in hyperarousal and emotional numbing and increased capacity for self-regulation may have allowed participants to access neural processes that facilitate social engagement rather than reactive fight-or-flight responses (Porges, 2011).

Comparison With Outcomes From Other Qualitative Research on TC-TSY

According to West (2011), participants in a 10-week TC-TSY class, which was the focus of van der Kolk et al.’s (2014) quantitative study, experienced (a) a heightened sense of gratitude and compassion, (b) increased feeling of social connectedness, (c) increased self-acceptance, (d) increased feeling of centeredness, and (f) heightened sense of personal empowerment.

Participants in this research study observed increased feelings of social connectedness, self-

acceptance, and heightened sense of personal empowerment. In this research, the term “gratitude and compassion” referred to participants’ development of patience, pride, accomplishment, self-care, self-love, and self-appreciation. Similar experiences were described in the narratives of TC-TSY support group members who participated in the current study. In West’s (2011) research, the category of “centeredness” referred to “a clear mind, integrated sense of self, presence, and sense of calm” (p. 145). Although this specific word was not used by participants in the current study, similar experiences were reported in relation to feeling a sense of quiet, stillness, wholeness, relief from anxious thought patterns, and “being more human.”

Rhodes (2014) conducted a qualitative dissertation study with some of the participants from van der Kolk et al.’s research, approximately 1.5 years following the original intervention. She reported these findings: (a) enhanced sense of peaceful embodiment; (b) improved connections, sense of ownership, and control in relation to their bodies, emotions, and thoughts; (c) heightened sense of well-being and peace in their bodies and minds; (d) increased present-oriented, positive experiences related to embodiment; (e) yoga as an effective strategy for addressing trauma triggers and stress; and (f) heightened capacity for self-care and increased ability to experience intimacy, on emotional and physical levels (Rhodes, 2014). Participants in Rhodes’s research found that increased frequency of yoga practice yielded greater benefits.

Similar findings were reported in this study in relation to all domains with the exception of a heightened sense of “peaceful embodiment.” Participants experienced greater self-acceptance and sense of connections between physical and emotional experience but sometimes this awareness, which manifested as avoidant coping strategies diminished, stimulated challenging emotional states that were not characterized as peaceful. In this research study, the degree to which changes were sustained was not associated with increased frequency of yoga

practice. It is possible that having the opportunity, within a safe group context, to reflect on, describe, and discuss their embodied experiences in relation to the TC-TSY practice enabled group members to sustain benefits that were produced by this intervention without needing to maintain ongoing participation in yoga practice.

Limitations and Delimitations of the Study

Limitations are inherent in all qualitative research. Since the sample size for this study was small and convenience sampling was used, findings may not be generalizable to the general population of female survivors of sexual violence and may be representative only of the individual participants. In this research study, the sample consisted of seven individuals who participated in TC-TSY peer support groups from February to May 2016 as part of clinical treatment at an urban rape crisis center in the Midwestern United States. There may be a much broader range of experiences among women who participate in this type of support group than those that were described in this dissertation. From my perspective, participants who had positive experiences in the group were more likely to be interested in contributing to this research.

Although I intended to collect vivid and complex narrative data from participants, it is possible that individual participants edited or withheld information during the interview process if they did not feel comfortable discussing particular aspects of their experiences. This circumstance may have been confounded by my dual role as TC-TSY facilitator and principal investigator in this study.

Implications for Practice and Suggestions for Future Research

Despite these limitations, the current study suggests that the TC-TSY support group intervention can be beneficial as an adjunct modality in clinical treatment for survivors of sexual

and gender-based violence. A growing body of research indicates that trauma survivors may benefit significantly from treatment approaches that integrate skills in self-regulation with other evidence-based approaches (Brown & Ryan, 2003; Kabat-Zinn, 2003; Rhodes, 2014; van der Kolk, 2006; van der Kolk et al., 2014). This research highlights certain factors that may be useful, or possibly essential, for the development of self-regulatory capacity including (a) a safe relational context; (b) opportunities to develop the capacity for interoception and emotional awareness; (c) encouragement to cultivate a self-defined viewpoint and make autonomous choices regarding regulation of attention, movement, and breath rather than following a prescribed regimen; and (d) opportunities to reflect and share embodied experiences with other survivors in a nonjudgmental setting.

Additional research will make it possible to assess the relative merits of (a) TC-TSY as a stand-alone practice, and (b) individual TC-TSY sessions in comparison with the TC-TSY support group format. It may be useful to explore options for collaboration between client, therapist, and yoga facilitator in order to develop treatment approaches that address each client's changing symptoms and needs for support. Future research may also provide insight into the relative merits of the TC-TSY support group intervention with male participants, transgender individuals, and groups that are mixed in relation to gender. It may also be useful to look at intersectionality in relation to participants' experiences of sexual and gender-based violence and explore the impact of differences in race, ethnicity, class, sexual orientation, gender identity, and physical ability on participants' experiences in TC-TSY peer support groups.

When investigating the efficacy of yoga in clinical treatment of survivors of sexual and gender-based violence, it is essential for researchers to attend to ways that power dynamics, which inevitably exist between the teacher and practitioners, are addressed and clarify (a) who is

regarded as the ultimate authority regarding how participants engage with the yoga practice; and (b) specific impacts of narratives that are used during instruction. If invitational language is not utilized and options are not offered, it must be assumed that conformity to authority is prioritized rather than the rectification of oppressive power dynamics and cultivation of participants' self-defined viewpoints. Within this domain, ways that instructors' verbiage reflects prioritization of specific beliefs, thoughts, emotions, or actions and therefore (intentionally or unintentionally) influences participant experiences and outcomes must be considered.

Within the TC-TSY approach, practitioners are not encouraged to conform to or prioritize any externally determined standard of belief, embodied experience, or action. As a result, when individuals are engaged with the TC-TSY practice, they are focused on interoceptive rather than exteroceptive neural processes. It has been demonstrated that interoceptive awareness is linked to emotional awareness, regulation of affect, capacity for decision-making, and supports one's sense of identity (Herbert et al., 2011; Mehling et al., 2012; Schimmenti & Caretti, 2014). An intervention may be characterized as "yoga" because it includes the performance of yoga postures, breathing techniques, and concentration practices. The relative emphasis, however, placed on (a) prioritization of conformity to an external authority, or (b) interoceptive awareness during the yoga practice is a critical factor to consider when describing the yoga intervention and assessing outcomes.

Additionally, when yoga interventions are presented in a group context, it is important for researchers to attend to ways in which relational dynamics that facilitate or detract from safety may shape research outcomes. Even if the intervention is not a support group that includes verbal reflection on embodied experiences, the way interpersonal relationships occur within yoga classes must be attended to by considering whether specific processes are used to facilitate the

creation of safety among participants. Attention to these aspects of yoga interventions may vary widely; in some yoga classes, participants may be discouraged from verbal interactions with each other. There may be, as in the TC-TSY yoga support group, guidelines for interaction, or there may not be any expressed recommendations or boundaries regarding participant interaction.

In the TC-TSY support group, participants were aware that each group member was a survivor of sexual violence. This shared experience was an important factor for all participants and had an impact on research findings. Because relational dynamics ultimately influence outcomes, it is essential that research studies describe the way this aspect of a yoga intervention has been considered and addressed.

For the individuals who participated in this study, the 12-week group format appeared to be sufficient to result in alterations of trauma symptoms that were sustained over time. No effort was made to chronicle variations in the specific trauma histories of group participants. Additional research may shed light on the way that individuals' trauma histories may impact their responses to this type of intervention and their need for follow-up in order to sustain changes in trauma symptoms and coping strategies. According to feedback from group participants, the most salient factors related to sustaining changes were not individual trauma histories but rather the sense of safety and support provided by current life circumstances.

Interoceptive awareness has been linked to emotional awareness, regulation of affect, and capacity for decision-making (Herbert et al., 2011; Mehling et al., 2012; Schimmenti & Caretti, 2014). Previous research has also indicated that traumatic experiences negatively impact functional neural networks related to interoception (Schimmenti & Caretti, 2014), emotional awareness, and emotional regulation (Lanius, 2006, 2011). Because participants in this research reported important shifts within these domains, it would be useful to explore the

neurophysiological impact of the TC-TSY support group on participants in order to detect possible alterations in brain structure and function before and after the intervention and determine whether any changes are sustained over time. Potential risks of neuroscientific investigations in relation to medicalization of trauma have been addressed. In relation to this valid concern, it is important to avoid (a) minimizing the impact of underlying sociocultural causes of trauma exposure, and (b) pathologizing trauma symptoms, which may be the most effective coping mechanisms available to survivors (Brown, 2004; Burstow, 2005; Tseris, 2013, 2015; Wasco, 2003).

CHAPTER 6: EPILOGUE

Data collection and analysis enabled me to explore respondents' descriptions of their experiences in TC-TSY peer support groups and the impact of those experiences on their lives at three different points in time: (a) 4 to 6 weeks after the group's completion; (b) 7 to 8 months after the initial interview; and (c) 23 to 31 months after the initial interview. Over these past months, I gained insight into each respondent's perspectives about (a) her motivation for joining the support group; (b) the evolution of her approach to practicing yoga; (c) the evolution of her relationship to the group; and (d) the impact of participation on trauma symptoms, relationship with emotions, sense of identity, and relationship to others outside the group.

While engaging with this research investigation on multiple levels, I observed my own changing embodied states. Heightened awareness of sensations and emotions informed the way I heard and analyzed participants' first-order narratives; self-awareness also influenced the creation of my own second-order narrative. These experiences revealed themselves in the form of particular physical sensations, visual and auditory images, thoughts, and memories. Broadly speaking, the reflexive terrain through which I traveled ranged from curious, loving, and empathetic, to confused, heartbroken, angry, and ultimately determined.

The following section includes snapshots of the embodied landscape I traversed. I did not, in this dissertation, wish to place my own experiences in the foreground; however, as a feminist, I am committed to providing my readers with insight into who is speaking in this research. I have been a yoga practitioner for over five decades, a yoga instructor for more than 25 years, a trauma-sensitive yoga facilitator, and massage therapist. As a result, I am highly attuned to diverse somatic and emotional states.

Reflecting on my embodied experiences, I recognized their fluid nature—when considered in the light of awareness, my emotional states tended to shift and change. Acknowledgment of the transitory nature of emotions was accompanied by the recognition that no telling of a story is ever the ultimate rendition (Andrews, 2013). Circling back, there is always more to see, hear, and feel. This depiction of prominent aspects of my embodied experience is not the final word, but a perpetually unfolding tale, which illuminates the dynamic, evolving nature of my interactions with participants in the TC-TSY peer support groups and their narratives.

Motivation to Teach and Research TC-TSY

I characterize TC-TSY as an approach to yoga that offers opportunities for practitioners to feel their bodies and make choices based on what they feel within physical and emotional domains. It is assumed that, for survivors of trauma, somatic awareness is not always available but the capacity for interoception can be cultivated. I like to tell practitioners that, as I offer possible options for ways to engage with various yoga forms, they may notice that they respond with a felt sense that leads them to say, “Yes,” “No,” or “Maybe.”

Trauma survivors who practice TC-TSY may be clearly interested in certain yoga forms or definitely unwilling to move in particular ways. Sometimes they are unsure and, as they begin to experiment, they become either more curious or less interested in exploring a specific form or sequence of movements. If a position is uncomfortable, they may choose to discontinue. Alternately, they may be interested in allowing the discomfort to remain and learning how that experience changes over time.

I was motivated to lead TC-TSY support groups and conduct a research study of participant experiences because yoga was a critical part of my own recovery as a survivor of

sexual abuse. Another avenue for my own healing included participation in a variety of women's groups in which I was encouraged to speak truthfully about my life experience. These groups were not psychotherapeutic in nature but had a strong focus on activism and recovery from addiction. Experiences of connecting deeply and truthfully with others also occurred in martial arts classes including Karate and Aikido. Although the purpose of those classes was not overtly expressed as recovery from trauma exposure, engaging in martial arts practice was clearly intended to cultivate mental and physical empowerment. I felt that presenting the yoga practice within the safe context of a peer support group might be an effective intervention for survivors of sexual and gender-based violence.

In my training as a yoga teacher prior to learning about TC-TSY, I learned to coach people about how to move their bodies and how to breathe. It has been very liberating for me to use invitational language, which respects each participant's internal sense of what is right for her in the moment. In my view, the role of TC-TSY facilitator is focused on using my own power and authority to empower others as they cultivate their own somatic awareness and self-defined viewpoints.

Relationship of Body and Mind

Conducting this research and pondering the complex ways that self-awareness, self-acceptance, cognition, and behavior are related, I frequently experienced the emotional state of fascination and curiosity. As an individual grows in the capacity for self-awareness, she is more able to recognize habitual patterns of action—she is able to see the bigger picture. This creates the potential for her to make choices rather than being locked into automatic reactions. I wondered if a cognitive shift such as this (making a transition from unconsciousness to consciousness) might also be understood as a new behavior rather than merely a new pattern of

thought: Are cognitions also actions? And could they be even more fully understood as actions when they are consciously chosen? These questions led me to consider the dynamic interaction between mind and body.

Musing in my journal, as I analyzed interview data, I wrote:

I am intrigued by the relationship between awareness and action—this is so much of what yoga is about. Is awareness in and of itself an action? What is the connection between awareness and choice-making? What defines activity? Is it simply the overt movement of the body, or might it also be something that is subtler? I am very curious about this. I experience sensations on my tongue . . . there is something that I want to taste! I'm searching for the "flavor" of wisdom to help me understand this complex topic: How is it that awareness, which may be considered a behavior in and of itself, may open the door to new possibilities and give rise to novel behaviors in the world?

These contemplations generate more curiosity for me: Do new thoughts lead to new actions? Or do new actions lead to new thoughts? Or are both true? Top-down or bottom-up: Which process is more powerful? Is self-awareness a thought or an action? It seems that it's more of an action to me. Self-awareness is a decision—inhibitory, putting a stop to more overt action, so reflection can come first. Can one be self-aware in the midst of a trauma response? In the extreme, I don't think so. Does doing new things with one's body and breath lead to new patterns of thinking? Does activation of the ventral vagus nerve, stimulated by a slow, even respiratory rhythm, engender the felt experience of safety? I see the literal image of a question mark. Upward movement from heart to throat to head, activating eyes, looking around, activation of ears, listening for clues. Reflection about these questions engenders further curiosity about the connections between cognition, sensory experience, decision-making, and action.

Does the mind listen to the body more than the body listens to the mind? The influence of the body on the mind is a foundational principle of trauma-sensitive yoga: Making choices about physical actions can influence the quality of our experience, our thoughts, the level of activation of our nervous systems. TC-TSY is primarily a bottom-up approach, unlike cognitive behavioral therapy. I'm remembering Starr's comment in an interview about the impact of her experiences in the group. She said that she can *tell* herself that she's safe, she can choose to think this thought, "It's Friday. I'm in the grocery store. I'm safe," but if she, instead, takes an *action that embodies safety* (e.g., slowly turning her torso and stretching out to reach for a melon), she's more likely to experience *the feeling of safety, and subsequently have thoughts that reflect that state*. I hear my internal voice: "Hmm . . ." Yes, I'm wondering about this!

I see the image of loose ends of string, which are being woven into fabric. I interpret this image to signify the way that what we refer to as life experience is constructed from the interaction between embodied experiences and the meaning we make of them. This takes me back to my long-ago contemplations about healing

ceremonies and the way that humans work simultaneously on a top-down and bottom-up level. We always have a narrative going, there is no escaping it.

Right now, I'm finding it difficult to listen to my body while I'm having so many thoughts. I will slow down and see what I find. I feel that my body is saying, "Listen to me! I am always in the present." As I paused to tune into my body, I heard birds outside, which had been singing all along, but I didn't hear them until now. I am here. Clear-headed. My breath is calm. I am in the presence of a delightful mystery.

Curiosity about this topic has inspired me to experiment in my own life. The answers to these questions influence not only how I work with trauma survivors but also how I interact with myself. When I find myself feeling physical or emotional discomfort, I am increasingly able to: (a) recognize and accept it; (b) remind myself that I have options, even if they are difficult to identify; and (c) find ways to take effective action in relation to my posture, movements, breathing, and my interpretation of events. As I become grounded in awareness and acceptance, I find that I am sometimes able to discover an alternate perspective that creates space and freedom instead of constriction and suffering.

Historical and Present-Moment Sense of Self

In the process of data collection, I invited research participants to share stories of their experiences in the TC-TSY support groups. I found myself reflecting on the complex relationship between a historical and present-moment sense of self. Within some approaches to mindfulness, practitioners are encouraged to "let go of the story," the sense of self that exists in time and experiences past, present, and future.

As I pondered this directive, I noticed a mild feeling of irritation, which manifested as a sense of itchiness in the front of my upper belly near the attachment of my diaphragm. I also noticed a similar itchy feeling in my face, particularly in my cheeks, and activation of the muscles around my mouth. I sensed my body revealing that I had something to say about this topic. My embodied reactions were accompanied by the following thoughts:

There is always some story! I disagree with the notion that “dropping the story” is a worthy goal. Believing that it is important to “let go of the story” is, in and of itself, a story. In my view, the more useful and important questions are: What are the stories I tell myself about myself and the world? Where did these stories originate? What is the impact of believing these stories? Do these stories help me or hurt me? I am reminded of the inquiry that was central to Gilligan’s (1982, 2011) work. Critical questions Gilligan posed highlighted the subjective and relational nature of scientific inquiry: “Who is speaking, and to whom? In what body? Telling what stories about relationships? In what societal and cultural frameworks?” (Gilligan, 2011, p. 5). Gilligan’s (1982) seminal work challenged the field of psychology’s claims of objectivity.

After completing all interviews with participants, I revisited this topic and wondered about how stories can foster bondage or liberation. I contemplated how I have worked with the relationship between these two aspects of self—historical and present moment—in my own life. How did my sense of identity evolve as I conducted this research? Fascination again, with a clear sense of activation on the right side of my upper body, particularly my face; I’m looking, listening to the right side of my body. The act of listening to my embodied responses as I have engaged with this research has been so powerful, attuning me even more keenly to my felt sense of self and the way my emotions and thoughts are so intimately woven together.

Desire to Organize Data Without Succumbing to Reductionism

As I engaged with the research participants through conducting interviews, listening to and transcribing recorded sessions and reflecting on my embodied responses, I often found myself traveling through emotional territory that was difficult to characterize. Its terrain seemed to consist of layered strata that included curiosity and disorientation. While exploring this reflexive landscape, themes began to emerge. I was aware of the tension between my desire to organize interview data into a coherent framework and my commitment to avoid falling prey to reductionism. I wanted to make sense of participants’ narratives about their experiences in the yoga support group without turning their narratives into my narrative. But such is the nature of narrative research; my subjectivity is always present in it and cannot be erased or denied.

This reflexive process engendered a deep sense of confusion and humility—I questioned my ability to come to meaningful conclusions without oversimplifying participants’ reflections about their experiences. I found this emotional state difficult to tolerate; I wanted to see, to understand, to know the answer, not to linger in the question. In my journal, I attempted to portray this embodied state:

I experienced diffuse sensations, which I associated with being unsettled and disoriented: my heart was beating slightly faster; I felt tingling in the top of arms and my gut. I interpreted these sensations to indicate the emotional state of nervousness or anxiety. The muscles around my eyes, ears, and mouth were activated as I looked, listened, and waited. Although I desired some clear sign, which might indicate how to proceed, I allowed the focus of my attention to remain on this sense of foggy confusion in order to explore it more deeply . . . This emotional terrain was difficult, at times grueling, for me to traverse. I had an aversion to the feeling of disorientation. I longed for landmarks, a sense of clarity, a clear path forward. I encouraged myself to be patient, remembering that if I am not willing to bear this state of confusion with a sense of humility, I am unlikely to learn anything new.

Even as I continue to work on this research, I experience a recurring feeling of being unsettled and unclear, fueled by my desire to represent the experiences of participants in all their complexity. A journal entry described my experience of this emotional state:

I see the image of myself cutting a trail in the wilderness . . . and then reaching a place where I am to abandon the trail. “Yes, yes, that’s it,” I hear a voice instructing me. Let go of the need for a trail. Explore the wilderness as it is. Your exploration of nature as it is will allow for a new clarity. Engage with the wilderness on its own terms, let go of the need to tame the wild. But do I still need a compass, if not an established trail or a map? I need to explore the landscape as it is and see what I learn. “Quietly, gently, patiently,” a voice encourages me. I will wait. And watch. And feel. And listen. Let the earth speak to me and see what emerges within me and around me.

I am frightened . . . a sense of constriction in my heart. I want to cry. I feel alone. I hear the song of a bird. No, I am not alone. Just stepping away from the beaten path. I am in terrain of the background now and hear the words, “Watch how things grow.” With this reflection, I discovered a new sense of willingness to bear uncertainty and even perhaps an ability to embrace it. I found myself wondering if I have ever allowed myself to remain in this state of creative unknowing before . . . and decided that I had not. As a pervasive sense of aversion to uncertainty dwindled, I emerged from reflecting and writing about disorientation with not only tolerance, but with genuine curiosity and interest in the unfamiliar. I resolved to carry this awareness through the remainder of this research.

Anger

Speaking with participants and reflecting on our conversations, there were many moments during which I experienced emotional states that could be categorized within the broad spectrum of anger such as indignation, a feeling of self-righteousness, aggravation, and rage. In general, anger fueled my desire to mobilize and take action to address the unjust underlying causes of sexual and gender-based violence. At times, angry emotions changed to sadness or hopelessness or mingled with confusion, which was engendered by my awareness of the complex nature of this problem.

As I engaged with this research, the most common stimulus for my anger was the fact that sexual violence is so widespread in our society. Anger arose alongside the awareness of the painstaking, time-consuming, and complex nature of processes related to healing. I think of how Christa observed, “Healing is kind of like watching paint dry. From minute to minute, or month to month, it doesn’t feel like anything is happening . . . it’s a slow, long process.”

I was keenly aware of the generally positive tenor of participants’ interactions with the yoga support group and agency’s clinical trauma therapists. At the same time, I know that the intrapsychic emphasis of the clinical paradigm is aligned with the individualistic orientation of Western patriarchal society. Psychiatrist Lewis Mehl-Madrona (2010), of Lakota and Cherokee heritage, criticized this model of mental health and contrasted it with indigenous models of healing, which are more community-based. Anger welled up within me as I reflected on the way that the industry of trauma treatment is constructed upon what I perceive to be a flawed narrative, in which mental health is considered as an individual rather than a relational matter. This led me to appreciation for the way that group therapy at least points us in the direction of a relational rather than an individual emphasis.

I know that anger, as a physiological state, prepares an individual to mobilize in order to fight or flee dangerous circumstances. I have come to understand that the way I have been second-guessing myself—feeling angry, then confused, angry again, at times guilty for being judgmental of the clinical paradigm is intimately connected with the primary motivating factor for conducting this research. For decades, I have had a desire to learn about effective ways to take action to support survivors and eliminate the underlying causes of sexual and gender-based violence. There are no easy answers to this painfully unjust situation. I concluded this meditation on anger, for the time being, with the image of myself as a videographer—zooming in and zooming out in order to look, see, learn, and strategize from a variety of perspectives.

Sadness and Overwhelm

There were many moments during these interview conversations when I experienced sadness, which was often accompanied by a sense of being overwhelmed, as I pondered the problems of sexual and gender-based violence and institutionalized oppression of women. When I considered how women have been systematically taught to undermine our authentic experiences, perceptions, and feelings, I passed through despair, which was followed at times by confusion, frustration, anger, and ultimately inspiration.

During the emotional state of sadness, I observed heaviness in my entire body, particularly in my chest. I experienced a downward pull in my entire body and felt as if the wind had been knocked out of me. I noticed the absence of activation in the muscles of my arms, hands, and mouth. I interpreted this to indicate a diminution of blood flow in these parts of my body, which would enable me to mobilize for action. Sometimes I heard the sound, “Uhh,” an auditory image that seemed to express my sense of deflation.

Sadness was occasionally accompanied by visual images such as a large rock blocking my path. At times, I spontaneously envisioned myself sitting on a log in the middle of the forest, crying, unsure how to proceed. This image evoked childhood memories of the wisdom encoded in fairy tales. There is a common motif in these stories: The protagonist finds herself in the midst of the wilderness without guidance or recourse. Succumbing to despair, she sits down and weeps. As she realizes that her own efforts will not be sufficient, she becomes receptive to the assistance of powerful allies such as the sun, the moon, and the north wind. Recalling this motif from my past helped me to endure the feeling of despair, which may have been otherwise intolerable.

In these moments of hopelessness, the emotional state of sadness generally transformed into mobilization. This emotional sequence—movement from sadness to mobilization—reflected my aversion to lingering in despair, attraction to the sense of agency, affinity for clarity and justice, and subsequent lack of tolerance for allowing the current state of affairs to remain. I see myself as a fighter, unwilling to give up in the face of obstacles. In a journal entry, I explored this feeling:

A sense of heaviness and despair . . . there is no substitute for trusting our own experiences, feelings, and perceptions. This cannot be learned without recovering our capacity for interoception, reconnecting with the wisdom of our bodies and the reality of our direct experience. We are certainly born with this capacity, but it gets lost along the way. How can we reclaim our inherent trust in ourselves?

I want to discover ways that women can return to our senses, to our truths, to the truth of our genuine experience in both clinical and nonclinical contexts. Maybe this could be an antidote to the negative effects of professionalization of trauma treatment—offering this trauma-sensitive yoga practice but also being critical of it, being willing to look outside the box for new ways, outside of the domain of clinical treatment, to support women to develop the capacity to feel our bodies and make choices based on what we feel. I feel sadness, heaviness in my chest, arms, and face, followed by a sense of energy and motivation. This feeling of deflation transforms into a sense of activation. I hear, “C’mon, let’s go, let’s do it!” I notice activation and heat in my arms, heart, and mouth. I am excited as I sense the possibilities ahead—finding new ways to support the empowerment and liberation of women. I recognized signs of my embodied desire to

take direct action in order to rectify the injustices engendered by the oppression of women: activation of the muscles of my arms, mouth, hands, even legs, enabling me to speak out, take action, and make a stand.

At times, sadness evolved into a feeling of gratitude:

I am starting to cry as I consider the whole “not enough” narrative and the way women are conditioned to believe that we are incessantly in need of fixing. This is so oppressive—the constant scramble to improve. It leaves women so vulnerable, never at peace. At the same time, I feel so fortunate to be able to recognize this dynamic and loosen its grip on me. By naming this pattern, I am able to break the spell. The heavy feelings in my chest and face and the slump in my posture give way to gratitude . . . for all the support I’ve received that has enabled me to transcend this maze and find my way back to a sense of self-love and self-acceptance and eventually share it with others. I feel a spreading sensation in my chest and a deeper breath. I feel lighter, and hear the words rising up from inside: “Thank you.”

Reflecting on the emotional twists and turns that have unfolded for me in the process of conducting this research, I recognized the transformation of sadness to gratitude created a sacred pause, which provided the opportunity to restore my energy. I envisioned myself hiking up a mountain, step by step, finally taking a moment to notice how far I have come. These moments of gratitude were nourishing. I wondered if it might be possible to intentionally create more moments like this in the days and months ahead or if they were granted as spontaneous blessings, outside of my conscious control.

Interest and curiosity about the power of self-acceptance stimulated memories that eventually led to a feeling of heaviness and sadness. I remembered my own struggles as I gradually became conscious of all the ways I had learned to deny what I was actually thinking and feeling. I recalled the difficult transition I went through as, little by little, I developed the ability to accept myself as I was—for the most part—and live in my own skin. These memories eventually evoked a sense of deep gratitude for all the factors that converged to permit me to emerge from a state of immobility and bondage to the grip of the past.

Joy, Wonder, and Relief After Insight

Moments of insight were often followed by emotional states of joy and wonder, accompanied by a sense of relief. Experiencing this emotional sequence, I observed a flow of energy ascending through the core of my body moving up to the crown of my head and then cascading downward. The feeling of descending pressure in my head, which I associated with confusion, shifted to the pleasant sensation of lightness and expansion in my head as I gained clarity about an aspect of working with survivors. One example of this is the realization that for many participants, internal and external connection arose gradually and in relation to each other rather than in a temporal sequence. Inwardly, I often heard the vocalizations, “Ohh . . .” and “Aha!” I noticed activation in the muscles around my mouth, as if I were actually going to utter those sounds.

Images that presented themselves during moments of insight included a thorn being removed, a wound being bandaged so it could heal correctly, an open door, finding my way out of a maze, and fog dissolving into light. I felt excitement and a sense of inspiration as participants described their growing abilities to connect with themselves in the present moment and experience genuine resonance with others in the group. Reflecting on this topic, I wrote:

Aha! I'm realizing that what we are talking about is how a person can become free of the negative effects of violence she has experienced so she can feel her essential nature and speak her truth . . . knowing what she knows and feeling what she feels in the moment. I see the images of removing a thorn or bandaging a wound, so it can heal. I believe that there is something inherent within each of us that is undamaged by events of our life. I notice the sensation of energy in my head, which actually makes me want to say, “Oh!” I hear the thought fragment, “Putting two and two together.” I feel that I am making sense of things without oversimplifying . . . finding my direction, my North Star.

Within the context of TC-TSY peer support groups, participants are provided with opportunities to toggle between (a) developing skills in interoception and choice-making; (b) discussing their reflections about what they noticed during the yoga practice; and (c) sharing

their life experiences and, at times, asking for group feedback. Cognitive, emotional, and somatic experiences are not compartmentalized in this context—instead, they are considered in concert as they naturally occur. In other words, the group sessions provided opportunities for participants to explore the interplay between somatic experiences on both sensory and motoric levels, thoughts, and emotions.

I feel very proud to be involved in this work. I notice a sense of expanding warmth in my chest, flowing out into my arms, hands, and face, especially my mouth. This is good work. This is worthwhile. I wonder if the sensations in my mouth have to do with the belief that this work is *literally* nourishing. As I feel a sense of pride, I see the image of sun on my flowerbeds. In general, the plants that receive more sunlight are able to flourish and become more robust. I feel a desire—sensations in my gut and heart—to be like the sun in my interactions with survivors, to be useful, to offer nourishment. This thought is followed by a sense of warning, a sharp sensation moving from left to right across my face, as if my face were being grabbed and moved so I could look to the right and notice something that needed to be seen. As I felt this sensation, I became aware of how important it is to avoid making an us/them dichotomy. I felt that I was being called to examine the situation from another perspective. As a dedicated advocate and activist friend of mine pointed out, “We are *all* survivors.”

Kinship, Empathy, Noncoercion, and Respect

The embodied experience of empathy and kinship was marked by pervasive sensations of bodily warmth and radiance that were balanced by the feeling of being grounded—awareness of my legs and feet and the earth below. As with the emotional states of joy and mobilization, I noticed energy moving upward from heart to mouth and spreading outward from heart to arms and hands. In contrast to joy and mobilization, however, the emotional experience of empathy

and connection was not characterized by muscular activation that would have prepared me to take action. My muscles softened and I felt a sense of receptivity, which I experienced as energy flowing in through my heart and downward through my hips to my legs and feet.

Reflecting on the differences between mobilization, joy, and empathy, I determined that the emotional state of mobilization had a fiery quality. Joy was less focused and intense—more akin to air. Empathy and kinship felt watery to me. I associated this watery feeling with the states of groundedness and receptivity. Thinking in terms of neurophysiology, I speculated that the fiery quality of mobilization indicated activation of the sympathetic nervous system and consequent engagement of skeletal muscles, which would prepare me to fight or flee from dangerous circumstances. I associated the soft, grounded feeling I experienced during emotional states of empathy with ventral vagal activity. According to Porges (2011), activation of the ventral vagus nerve is marked by a sense of connection and engagement, which can occur in situations that are perceived to be safe.

The core experiences of psychological trauma are disempowerment and disconnection from others. I wholeheartedly concur with the notion expressed by Herman (1997): Healing and empowerment cannot be constructed upon a foundation that is characterized by coercion. Reflecting on my own work with survivors, however, I recognize that there are times when it is challenging to avoid the tendency to prioritize my own judgments and attempt to influence outcomes. I know that I need to be vigilant as I explore how my words and actions can impact the people with whom I work, how they might be coercive in an overt or subtle manner.

As I think about this topic, I see the image of untangling very fine threads that are knotted—and also the image from fairy tales of sorting seeds, signifying the capacity to make distinctions. I feel a sense of curiosity and also urgency, the same curiosity and urgency that have propelled me to conduct this research. Energy around my mouth and arms . . . I feel that I must take action in order to consciously recognize the narratives that influence me.

I keep circling back to the importance of developing confidence in one's self-defined viewpoint, cultivating the ability to listen to and trust embodied experience. Like the child in the fairy tale about the emperor, who believes he is wearing beautiful new clothes but is, in fact, naked—I aspire to have the courage to say, “But he is naked!” Or at least to consciously make the choice not to say that, rather than fall into a spell of unconsciousness. I have a gooey feeling all over my body, a physical sense of how hard it is to extract myself from the web of narratives that are so deeply connected to my sense of reality that I do not even recognize them as narratives.

I emerged from this contemplation on noncoercion and development of self-defined viewpoints with an awareness of the need for people who are supporting survivors to engage in continuous self-reflection about how they interact with survivors. It is dangerously easy to get caught up in trying to superimpose one's own values and priorities on others and act in ways that undermine self-determination and empowerment. I notice when I am doing this, because I feel an embodied sense of urgency . . . physical mobilization . . . a perceived need to change someone. It is such a subtle difference . . . supporting another to ride her own wave, rather than trying to influence her course. Here, the consistent use of invitational language is critical.

How does one cultivate self-respect and a sense of self-worth in another? By treating her with respect, by honoring her choices. And perhaps by helping her to see that you are also just a normal person, with challenges of your own. I'm wondering, curious . . . I notice a feeling of broadening in my forehead—I am wide-eyed. My ears are attuned, and I am listening for clues. I am familiar with the dynamic of yoga students imagining that I have more equanimity than I really do! I believe that it is empowering for participants to know that I struggle with most of the same challenges with which they are faced. It seems to me that, along with helping survivors develop a self-defined viewpoint, it is also important for therapists to make conscious choices to humanize the relationship.

Herman (1997) pointed out that trauma treatment only makes sense within the context of a broad-based feminist political movement:

To hold traumatic reality in consciousness requires a social context that affirms and protects the victim and that joins victim and witness in a common alliance. For the individual victim, this social context is created by relationships with friends, lovers, and family. For the larger society, the social context is created by political movements that give voice to the disempowered. The systematic study of psychological trauma therefore depends on the support of a political movement . . . Advances in the field occur only when they are supported by a political movement powerful enough to legitimize an alliance between investigators and patients and to counteract the ordinary social processes of silencing and denial. In the absence of strong political movements for human rights, the active process of bearing witness inevitably gives way to the active process of forgetting. Repression, dissociation, and denial are phenomena of social as well as individual consciousness. (p. 9)

These reflections led me to the image of women sitting in a circle as equals, no one possessing higher status.

Over the course of my conversations with participants, I often felt a deep sense of kinship and respect. I noticed expanding warmth from my chest, flowing out to fill my upper body, warming my face, inviting a smile. The women who have accompanied me on this research journey are such unique human beings . . . creative and determined. I feel honored to know them. At times, these emotions engendered fear as I found myself transgressing the epistemological boundaries of Western science. I mused on this topic in my journal:

If I experience deep connection in the process of research, does it somehow render my research invalid? Am I not supposed to have these feelings because it disturbs my own “objectivity” as a researcher? I question this approach—why are kinship and respect problematic? Might these feelings skew my results? Or does pretending to be objective skew results? It is so difficult to extract myself from this paradigm—the hegemony of Western science. But then . . . does striving for objectivity make people into objects?

These feelings and reflections led me back, once again, to the overarching purpose of including this section on embodied researcher reflexivity. By articulating some of my embodied experiences, I intended to help readers answer the questions Gilligan (2011) posed: “Who is speaking, and to whom? In what body? Telling what stories about relationships? In what societal and cultural frameworks?” (p. 5)

I hope, in sharing some of my inner world with you, I have given you a sense of the woman who is speaking in this dissertation, the body from which her voice has emerged, and the stories she is telling about relationships. May this research contribute to the ultimate elimination of sexual and gender-based violence and the freedom and self-determination of all beings. I feel a tremendous sense of pain and anger as I reflect on how much consistent effort is required for women to reconnect with their embodied experiences in the wake of sexual and gender-based violence. Yet, I know, healing, empowerment, and liberation are possible.

In conclusion, I return to the voices of seven courageous women—Rosalita, Sage, Arya, Christa, Starr, Kate, and Leslie Ann—to create a research poem (Furman, Lietz, & Langer, 2006) composed of lines excerpted from each of their unique narratives. Poetry has the capacity to foster empathy, convey emotion, and engender a profoundly personal and immediate sense of understanding (Furman et al., 2006). I offer this dissertation with the prayer that each survivor will feel heard and understood, know that she is here for a reason, and remember that she *matters*.

Each Person Can Open the Door

1.

I used to be in a dark place
All the time
Because of what I experienced
I was lost in the dark all the time

I never really could feel
Anything I was doing
I wasn't feeling
Anything

I was numb

Sometimes you have to
Dynamite through

And at the
End
Of the tunnel there's this

Light
It felt like I was able to take something back.

2.

It's not so much about
What we do
It was more about
How I felt when I was doing it

I felt
My heart and
My soul

Even though I was in a room
Full of people
I could close my eyes and be alone
Then open my eyes
And still feel safe
Even though there were other people there

There was a connection
A mutual sense of respect
Survivors

An unspoken sense of compassion
That made it feel okay to talk
Be honest
Say how you were feeling

It made us want
To support each other
And lift each other up

*I was able to take something back.
This is what I want to do.
This is how I feel.*

3.

Being in the moment
And being in the experience
Not making sure that I was
Perfect in what I was doing

I learned
Slowly
To do my own thing
If I felt like doing my own thing

Paying attention

I learned that what might be right for another person
Is not necessarily right for me
The old me and the new me
Looking at each other saying, "What are we going to do here?"

Today I felt comfortable with doing *this*
 And then next week I felt comfortable with doing this *and* this
 I just built off that . . . learning to trust myself

Putting myself into the experience
 I let myself really feel
 Everything

As my body
 Was moving

I was able to take something back.
This is what I want to do.
This is how I feel.

4.

The know-how of feeling
 Knowing how to get to that
 Feeling
 Definitely stays

Those simple body movements
 Give you knowledge
 Knowledge
 Of what you're actually going through

Now, it's like
 Well, what's going on, body?
 What are you doing, body?
 How do you feel?

Body
 Emotions
 The complexity of being human
 Getting to know these women
 More closely every time

There was a connection
 A mutual sense of respect
 Survivors

An unspoken sense of compassion

I felt it in my hands
 My open hands

There was a strength
 From inside of me
 Pushing itself outward through my palms

My spirit let go and let loose and went *with* the Sun Breath
 It was an ecstatic kind of thing
 My spirit and my body were
 One

*I was able to take something back.
 This is what I want to do.
 This is how I feel.*

5.

As a whole
 In time
 As we're all healing through this
 We work together to inspire others to heal

Not running away
 Not escaping
 Not feeling that I shouldn't be
 Here
 Now
 I think, "No, you're here for a reason, and you matter."

Each person can open the door
 For someone to realize

"I don't have to stay like this."

There was a connection
 A mutual sense of respect
 Survivors

An unspoken sense of compassion

I learned how to pay attention to my body

*I was able to take something back.
 This is what I want to do.
 This is how I feel.*

6.

Sometimes you have to dynamite through
 And at the end of the tunnel
 Light

I learned that what might be right for another person is not necessarily what's right for me

The know-how of feeling
 Knowing how to get to that
 Feeling definitely stays

Those simple body movements
 Give you knowledge
 Knowledge of what you're actually going through

*I was able to take something back.
 This is what I want to do.
 This is how I feel.*

The old me and the new me
 Looking at each other saying, "What are we going to do here?"

Today I felt comfortable with doing *this*
 And then next week I felt comfortable with doing this *and* this
 I just built off that
 Learning to trust myself

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APPENDICES

Appendix A: Group Guidelines

TRAUMA-SENSITIVE YOGA PEER SUPPORT GROUP GUIDELINES

Participants in TC-TSY peer support groups followed these guidelines:

1. Confidentiality. By participating in this group, each member agrees not to disclose the contents of the session or the identity of other group members outside of the group session. There are three exceptions to the Staff's ability to maintain confidentiality: if you threaten to harm yourself or someone else, or disclosure of child or elder abuse with an identifiable person.
2. Come to the group free from the influence of alcohol and nonprescriptive drugs.
3. Respect one another by listening and refraining from the use of threats or demeaning language and by honoring each member's right to pass.
4. Speak from your own experience. Say "I" if you can.
5. Be mindful of everyone's personal space. Ask permission before hugging or touching another group member.
6. Refrain from verbal or physical abuse of any kind. We encourage people to express their emotions, including anger, in a safe way. It's important to us to assure group members that we care about everyone's safety, so we will not tolerate any kind of abuse.
7. Refrain from business transactions with other group members.
8. Refrain from trying to persuade other members towards a particular political view or religion.
9. Attend group regularly and inform facilitators, in advance, of any absences from group. Group sessions 1, 2, 3, and 4 are required. If you should have to miss one of those sessions, you may be asked to start with another module of the group.
10. Stay in the room during session if possible. Should you have to leave the room, please notify group members of the reason for leaving and be responsible for returning to the group as soon as possible.
11. Acknowledge that relationships between members that extend beyond the group will be addressed if issues about the relationship have an impact on the functioning of the group. Group issues are not to be discussed outside of group. Romantic or sexual relationships between group members are strongly discouraged.
12. Maintain self-care responsibilities such as taking prescribed medication, attending counseling/medical appointments, refraining from self-destructive behaviors when possible.
13. Use the 24-hour hotline for support between group sessions, if needed.
14. Maintain the present-centered focus of the group.

Appendix B: Interview Questions

First Interview Guide

1. When you decided to join the yoga support group, what were you looking for? What motivated you to participate in this group?
2. If someone who had no idea of what a yoga support group for survivors was like, how would you describe it to them?
3. Can you describe how your experience of yoga or your practice of yoga might have changed over time, from the beginning to the end of the 12-week support group?
4. Please describe any way your experiences in the yoga support group have had an impact on your own process of healing from trauma—either positive or negative.
 - (a) follow-up: Would you be willing to say a little more about that experience (or experiences)? What was that like for you? If ideas are very abstract: Can you give an example of when that happened?)
5. Can you say something about your experience of safety in the group? What contributed to or detracted from your sense of safety? How did the yoga practice impact your sense of safety? Please describe how your sense of safety in the group may have evolved over time.
6. Please describe any way that your participation in the yoga support group might have impacted your experience of trauma symptoms or the way you manage your trauma symptoms in your day-to-day life.
7. Please reflect for a moment on your experiences over time of being connected or disconnected from your body, the way you have felt or feel now about your body, and any influences your yoga practice may have had on this dimension of your life. Please describe how your yoga experiences have shaped your relationship with your body or your experiences in your body. What stands out about these experiences in relation to your healing process?
 - (a) follow-up: can you describe that experience further? Are there additional experiences you have had where yoga has influenced your experiences of your body? Has this changed over time?
8. Can you describe a time when your yoga practice influenced the way you feel, express, tolerate, or have control over your emotions? What was that (or those) experience(s) like for you? What stands out about the experience(s) in relation to your healing?
 - (a) follow-up: can you describe that experience further? Are there additional experiences you have had where yoga has influenced your experience of your emotions? Has this changed over time?

9. When you reflect on your experiences of yourself as a person, and the influence of the yoga intervention (and/or your practice of yoga) has had on your notion of who you are or your sense of self, please describe these experiences. What does this (participants' answers) mean for you in terms of your healing?
 - (a) if participant struggles with this question, might try reframing as: Has your "relationship with yourself"—for instance, how you view yourself, what you see as your strengths or limitations—changed at all in the context of your yoga experiences? Please describe these experiences, and what they mean for you in terms of your healing.
10. Can you describe any experiences where your yoga practice influenced your relationships with others, or your feelings of being connected to or disconnected from others? Please describe how your yoga experiences have impacted this dimension of your life. What do these experiences mean for you in terms of your healing?
11. Has your practice of yoga influenced your ability to make meaning from the struggles you have faced related to your trauma history? If so, please describe this experience further.
12. Has your practice of yoga influenced your priorities or outlook more generally in any way? If so, please describe this impact. What does this mean for you in terms of your healing? (if participant doesn't understand question might say: for instance, has it influenced your sense of what is possible, your sense of hope for the future, or your sense of optimism/pessimism, etc.)
13. Has your yoga practice impacted your spirituality, your sense of meaning in life, or your sense of feeling connected to something greater than yourself? If so, please describe that experience. What does that experience mean to you in terms of your healing?
14. Are (were) there particular components of a yoga practice that you felt were more helpful than others to the changes you mentioned above—for instance, breathing exercises, meditation, the physical postures or certain specific postures, the group class format, the teaching style, or was it everything together? (If participant mentions specific aspects ask her to elaborate).

**If the participant did not attribute positive/negative changes to yoga but continues to practice nevertheless, interviewer should inquire: Given that you have not seen changes in the areas we've discussed above, why do you continue to practice yoga?

**If the participant has not practiced yoga post-intervention, interviewer should inquire: Can you tell me more about your experiences within the yoga intervention and/or factors in your life outside of the intervention that led you to not continue to practice yoga?
15. Is there anything I have not asked you that you think would be important for me to know? Any areas of difficulty or sources of strength that we haven't talked about? Anything you'd like to ask?

16. Have there been any significant developments in your life (e.g., other mind-body practices, life challenges, therapeutic treatment, medication adjustments) that may have contributed to some of the changes you described in this interview?

Second Interview Guide

1. As you look back to your experiences with the Trauma-Sensitive Yoga support group, can you describe what stands out as having been useful or important for you?
2. From your perspective, is there anything you would have liked to have been different about the support group?

Follow-up questions are based on the material brought up by the participant.

Third Interview Guide

1. As you hear this summary draft, is there anything that you would like to change?
2. Is there anything you would like me to omit?
3. Is there anything you would like to say about the process of participating in this research project?
4. Are there any questions you would like to ask me?