# THE LIVED EXPERIENCES OF YOGA PRACTICE FOR FEMALE SURVIVORS OF CHILD SEXUAL ABUSE: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS

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# ABSTRACT

Childhood sexual abuse (CSA) permeates all aspects of personhood including the body. There is a surge in the interest in reviewing yoga's potential usefulness for trauma survivors in clinical trials. However, very little research focuses on women's perspectives who experienced CSA and have subsequently practised yoga in community settings. This study investigated six women's lived experiences of yoga practice, mainly focusing on the helpful and unhelpful aspects of yoga that mediated their recovery. Adult women survivors with experience of movement-based yoga in a group setting for at least eight weeks in the last year were recruited. Data were collected using individual, face-to-face, and semi-structured interviews. The transcribed data were analysed using Interpretative phenomenological analysis (IPA) underpinned by constructivist ontology, phenomenological epistemology, and feminist axiology. Three emergent themes were identified- *"Coming to yoga", "Process of becoming" and "Reclaiming life".* Women's narratives in this study illustrated that they found yoga a useful and resilience-building resource in their journey of healing. With consistent and frequent practice, they reported feeling more present, self-aware, and compassionate towards themselves. Teacher's qualities such as fostering safety, choice and holistic focus were identified as significant mediating factors that aided this journey, whereas crowded, mixed-gender, and posture-focused practice presented challenges for some respondents. This study has the potential to help Counselling psychologists (CoP), therapists, psychologists, mental health practitioners, yoga teachers, and health professionals involved in the care of the CSA survivors in implementing an evidence-based and holistic approach that facilitates self-directed recovery of CSA survivors. Further research is needed to establish if the benefits and challenges of different aspects of practice apply to the diverse population and its potential usefulness in various phases of recovery. Also, find ways to standardize the yoga practice considering variations in the approach to ensure safe and ethical practice.

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| | |
|---|---|
| **APA** | American Psychiatric Association |
| **BPS** | The British Psychological Society |
| **CBT** | Cognitive-Behavioural Therapy |
| **CSA** | Child Sexual Abuse |
| **CSEW** | Crime Survey for England and Wales |
| **DSM** | Diagnostic and Statistical Manual of Mental Disorders |
| **EMDR** | Eye Movement and Desensitization Reframing |
| **HCPC** | The Health and Care Professions Council |
| **IPA** | Interpretative Phenomenological Analysis |
| **IPV** | Interpersonal Violence |
| **NAPAC** | National Association for People Abused in Childhood |
| **NHS** | The National Health Service |
| **NICE** | The National Institute for Health and Care Excellence |
| **ONS** | Office for National Statistics |
| **PTSD** | Post-Traumatic Stress Disorder |
| **SAMHSA** | Substance Abuse and Mental Health Services Administration |
| **WHO** | World Health Organisation |

# <u>ACKNOWLEDGEMENTS</u>

# **<u>DEDICATION</u>**

First, I dedicate this research project to the women who are the warriors surviving and striving for change after violence and abuse. I am immensely grateful to the women who participated in my study. I am always in awe of your courage and determination to heal and to help others.

I also dedicate this thesis to my mother, one of the most courageous women I know and the reason for my existence. I am forever grateful to my husband, who stood by me and supported me unconditionally on this journey. He witnessed my pride and my tears and reminded me of my perseverance and capabilities when I dithered. And to my sweet little children who never complained and never failed to love me despite my hectic schedule and sporadic absent-mindedness. Finally, I would like to dedicate this to the rest of my family and friends who believed in me and offered endless support and encouragement throughout this whole process.

# 1. CHAPTER ONE - INTRODUCTION AND LITERATURE REVIEW

## 1.1. Overview

Child sexual abuse (CSA) is a global public health concern and a social justice issue associated with many adverse outcomes (Stoltenborgh et al., 2011). In instances of child sexual abuse (CSA), children experience "a breach of trust, a breaking of boundaries, and a profound violation of the sense of self" (Davis, 1991, p. 13). Rothschild (2000) describes that the survivor's body functions as a living memorial of the traumatic event survivors. However, the empirical literature has given limited regard to the body (Van Der Kolk, 2006; & Hlavka, 2010) and very little literature considers the knowledge held by the female CSA survivors themselves. There is also far lesser research designed by people who have survived the CSA (Cunnington, 2019). This chapter establishes the importance of conducting a study on the lived experiences of yoga for women who have survived (CSA). The first part introduces the conceptualisation of CSA and its effects in the psychological literature and its implications on treatment and practice. It examines current findings on women's meaning-making process and the relevance of investigating their experiences concerning the recovery process. The discussion also adopts a feminist perspective and challenges the dualistic and androcentric conceptions of women's role in their treatment and recovery. The second part critically reviews the literature examining yoga as a potential resource for women's recovery from CSA. It argues that the published research on the perspectives and experiences of yoga for female survivors of CSA is still limited, particularly in the United Kingdom. Thus, using phenomenological accounts from women who self-initiated yoga practice within community settings, this study aims to elicit the voice of women on the role of yoga in their recovery process and its intersection with their sexually abused bodies. Finally, the potential contributions of this study to clinical practise are discussed, along with its implications on the field of counselling psychology (CoP) and future recommendations.

The choice of literature used was based on a conventional literature search using terms: "sexual abuse", "childhood sexual abuse", "adult survivors of childhood sexual abuse", "child sex*", "child* abuse and sex*", "adult survivor*", "survivor", "victim", "abuse" or "molest*" or "rape" for general research around CSA. Each specific term was then conducted by adding them to the search terms mentioned above using Boolean operators, "OR", "AND" to narrow down the results, like, combining "effects", "dissocia*", "embod*", "body*", "shame", "impact", "outcome", "trauma", "experience", "recovery", "recover*", "heal*", "therapy*", "Therapy", "qualitative experiences" and "feminis*". For research looking at the body-oriented interventions, terms such as "*yoga*", "mind and body*", or "body*" were applied along with "*trauma*", "survivor", "women", "female". Results were ranked by citation and I read the ten highest-ranked peer-reviewed articles in each category. Where available, database thesaurus and specified subject fields helped in refining search terms. The EBSCO and PROQUEST platforms were used to search multiple databases.

The search strategy included a hand search of reference lists of frequently mentioned articles and the research that addressed significant points. There were no exclusions based on geographical locations or the date range of publishing. The only exclusions were the unpublished work that was not at the doctoral level. It is essential to acknowledge that the literature review did not cover the entire field. Instead, it has been a creative inquiry that "involved an active construction of the knowledge" by me, the reviewer (Montuori, 2005). I selected the literature mindfully, considering its relevance to the research question and reflecting upon my decision in peer and supervision discussion. Acknowledging my subjectivity enable me to recognise my worldview informed by my own experience of CSA, exposure to yoga, and the eastern perspective of healing. This perspective aligns with my epistemological position, Constructivism. Constructivism recognizes the researcher's imprint on the work and encourages them to critically consider the rationale for my choices of inclusion (Willig, 2012). The epistemological position is discussed further in the second chapter of the thesis.

## 1.2. Introduction

For the last quarter of the century, many child protection lobbyists and feminists have tirelessly worked to expose the widespread social problem of CSA within patriarchal families (Angelides, 2004). Although there is a surge in academic journals talking about the high prevalence of rape and sexual assault against women (Campbell & Wasco, 2005), it continues to pose an enormous problem worldwide. The crime survey for England and Wales (CSEW) estimated that women were around three times as likely as men to have experienced sexual abuse before the age of 16 years (11.5% compared with 3.5%)  (Office for National Statistics, ONS, 2019). Women are also more likely to experience multiple forms of sexual abuse (39% compared to 26% of men) (ONS, 2019). In around half of the cases of CSA with women, the interpersonal abuse involves a trusted family member, or a close family friend (Casey & Nurius, 2006), suggesting it to be a gendered issue (Seymour, 1998; Clayton et al., 2018). There is an increase in cases of CSA reported, which possibly offer greater awareness and support structures. However, the sense of guilt, shame, and the societal stigmas attached to the survivors of CSA and the act itself make it largely unreported and undisclosed, making it hard to gauge accurate prevalence rates (Radford et al., 2011).

Children exposed to CSA are also often exposed to other abuse, maltreatment, and family dysfunction (Saunders, 2003). The Adverse Childhood Experiences (ACE) studies have been instrumental in finding a connection between adult health status and child abuse and neglect. Like, in Bellis et al.'s (2014) study, almost half (46%) of the adult population in England had at least one ACE, while 8% had four or more.  The chronic stressful experience associated with ACE can precipitate the chances of impact on children's neurological, immunological, and endocrine development and increase the stress on their bodies (Felitti et al., 1998; Finkelhor, 2018; Felitti, 2019). Moreover, the severity and frequency of these experiences increase individuals' vulnerability to participation in self-harming behaviours, precipitate chances of risk-taking behaviours, and poorer health outcomes in adulthood (Larkin, Shields, & Anda et al., 2012; Bellis et al., 2017). These findings highlight the complexity and multiplicity

of the predictors of abuse and its impact, thus signifying the focus on simplistic and single-factor approaches can sometimes lack the complicity of the events (Sedlak, 1997).

ACE studies are now widely used to identify a child's risk to poorer health outcomes in adulthood (Larkin et al., 2012; Felitti et al., 1998; Finkelhor, 2018; Felitti, 2019; Gordon, Nemeroff, & Felitti, 2020). However, the responses based on ACE's disclosure have been critiqued for being deterministic, overemphasizing the negative consequences and assuming that exposure to ACEs would necessarily lead to trauma symptoms needing treatment (Lalor & Mcelvaney, 2010; Finkelhor, 2018; Banyard & Williams, 2007; & Lev-Wiesel, 2008). The strength-based approach and the acknowledgement of personal and social context have been found to be more effective, which can help step away from the understanding of the concept of CSA as irreversibly and permanently damaging a child's life (Stead, 1886; Jackson, 2013; & Lascaratos, & Poulakou-Rebelakou, 2000).

## 1.3. Definitions and Terminology

Before considering the conceptualization of consequences of CSA, its treatment, and meaning of recovery, it would be helpful to clarify the use of terminology and perspective adopted by this thesis.

**Child sexual abuse**

Though there is general agreement on the definition of the most severe types of sexual abuse, succinct and accurate definitions have been lacking from the literature. However, the recent definition of government's statutory guidance for England (HM Government, 2018), "Working together to safeguard children", states-

*"forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of*

*what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or nonpenetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse [including via the internet] ... Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children."* (DfE, 2018, pg. 107)

This definition highlights a broader scope of what abuse can constitute, irrespective of the age and gender of the perpetrator, and awareness of the child about the abuse (Whitehead, 2010). A child is referred to an individual under the age of 18.

## Survivor

This study also embraces the term "survivor" to refer to women with a history of CSA. Though there are many opposing views, this term is generally accepted in some feminist and psychology literature and fits within the empowerment framework (Delker, Salton & McLean, 2020; & Schultz et al., 2016). It also aligns with a political collective to bring social change by reframing the individual's position about their past and emphasizing their current ability to access and develop their strengths from a persecuted and vulnerable state (Ryan et al., 2005; Yassen & Glass, 1984; & McFarlane, 2017). In this thesis, this term symbolizes the women's active role in their journey of healing from the experience of CSA despite facing opposition, hardships, and setbacks.

## Recovery

This thesis endorses the definition by the Substance Abuse and Mental Health Services Administration (SAMHSA, 2012) which describe recovery as a:

*"a process of change through in which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential".*

This definition conceptualises recovery as an ongoing meaning-making process that is self-directed, person-driven, and strengths-based, independent from the experience of mental health problems (Davidson et al., 2010). This thesis takes a salutogenic (well-being) approach and the adverse sequelae of CSA and attends to the factors aiding the positive quality of life (Antonovsky, 1988; Dube & Rishi, 2017; & Cunnington, 2019). Women are conceptualized as an arbiter and owner of their lives and needs (Herman, 1992, 2015), defining their process on their subjective terms. For simplification, in this thesis, "personal recovery" would be used interchangeably with the "process of healing".

## 1.4. Conceptualisation of the impact of child sexual abuse

This section entails the conceptualization of the experience of CSA and its effect on the individual's lives, their families, and the wider society. This understanding has further implications for the practice and the concept of healing for survivors. The adverse effects of abuse are contingent on many variables, for example, the age of the child at the onset of the abuse; its severity, duration, or frequency; the identity of the perpetrator, their relationship to the child; use of violence, coercion, or manipulation (love and tenderness); a form of sexual abuse (harassment, exploitation, exposure to pornography and with or without penetration) (Laaksonen et al., 2011).

Finkelhor and Browne (1985) proposed a traumagenic theory identifying four dynamics – "traumatic sexualization", "betrayal", "powerlessness", and "stigmatization". Finkelhor and Browne (1985) suggested how these dynamics can interrupt a child's developmental trajectory by creating anatomy-raising confusions, forge misconceptions about sexual behaviour and sexual morality; thus, damaging their ability to trust significant others or people with authority. For example, the dynamic of

"stigmatization" can distort a child's sense of value and self-worth. The "powerlessness" dynamic posits a child's loss of ability to control their lives. They identified this to be particularly evident in cases of inter-familial abuse where the abuse disrupts the sense of safety, leaving the child fearful and vulnerable. Finkelhor and Browne (1985) postulated that the negative connotations attached to the experience could also lead to silencing during and after the abuse. The pressure of secrecy, guilt, and shame perpetuated by the perpetrators, sometimes including the family, can injure the survivors, making them feel "different" and "damaged". Even in cases of disclosure, the social and institutional response and the family's reactions contribute to the residual effect after abuse. It can change children's self-concept, worldview, and affective capacities. This model provides an organising framework for research and interventions and has helped shift the focus from the abuser and the extent of the abuse to understanding the impact of this experience on the child, though it still offers a partial view of how it links to the consequences (Senn et al., 2012; & Castro et al., 2019).

Lev-Wiesel (2015) further broadened traumagenic theory (Finkelhor & Browne, 1985) by adding that CSA not only leads to loss of trust and safety within a child's psyche but also penetrates their "soul's home". Taking a psychodynamic perspective, they conceptualized "body" as "soul's private space", albeit its "home". They identified five constructs. Firstly, the "Soul's homelessness", the split between the body and mind. Secondly, "captured in time" - the present and future as reflections of the past, thirdly "entrapped in distorted intimacy" - lack of authenticity.  Fourthly, "betrayal entrapment" -the all-in-all betrayal, and lastly, the "re-enactment" - the need to relive the experience. Lev-Wiesel postulated that to survive the painful and terrifying experience of abuse, the child has to employ dissociation, separating the information from one dimension and blocking it from reaching the other dimension. Young (1992) echoed a similar experience for survivors, explaining that the experience of chronic dissociation commonly found in CSA survivors can keep them in a perpetual state of (dis) embodiment, which can keep them disoriented and unable to be aware of their present environment. Young linked these adaptive patterns of responses to children's identity, embodiment, and psychological integrity in adulthood.

Moreover, the experience of CSA that involves the violation of the body can create the perception of "being-in-the-world" that is "unsafe" and "unpredictable" (Herman, 1992; Springer, 1997). Since women, in particular, grow up learning to equate their bodies with their sense of worth and their identities (Wesely, Allison & Schneider, 2000; Dolezal, 2015), it can create a low sense of worth and bodily shame. A perceived loss of bodily control- or a "dysfunction" can make individuals lose their sense of integrity and personal autonomy (Turner, 1996, Coy, 2009). Springer et al. (1997) related the harmful behaviour against the body as an "effort to establish or re-establish body-based agency" (p.282). The sense of wanting to accomplish a sense of agency and bodily powerlessness can be conflicting for women and lead to self-objectification and equating of self-worth with own body (De Beauvoir, 1952; Fredrickson & Roberts, 1997, & Coy, 2009; & Ataria, 2018). Many researchers propose that these learned coping mechanisms sometimes manifest in the form of multiple personality disorder, somatization disorder, or self-attacking behaviours such as self-mutilation, suicide and suicide attempts, substance misuse, compulsive and unsafe sexual behaviour, and disordered eating behaviour (Springer et al., 1997; Young, 1992; & Wilkins et al., 2014). Therefore, it is vital to address the personal and social dimensions for the survivors that include not only the body sensations, feelings, and thoughts but also the societal representation of their bodies (Warner, 2009).

## 1.5. Overview of Trauma

CSA has been categorised as a "traumatic event", capable of inducing complex and enduring psychological and physical issues in survivors during adulthood. Women with a history of CSA have been found particularly susceptible to Post-traumatic Stress Disorder (PTSD) and complex difficulties after the abuse (Creamer, Burgess & McFarlane, 2001). Hence, it will be helpful to understand the term "trauma" in the psychological literature. *Trauma* is a western construct that originates from a Greek word, "wound", originally used to refer to individuals physical injuries. Since the 19th century, this term began to be used in the psychological literature to describe an individual's reaction to a stressful event. Recently, it has gained attention to the diagnosis of PTSD (American Psychiatric Association (APA), 2013). In Diagnostics and Statistics Manual-V (DSM-V), *trauma* is classified as a life-threatening event(s) which includes all forms of sexual abuse or violence, occurring to an individual or someone close, or witnessed, which seems to dispense the differences in the individual's response to the trauma. However, the same event can lead to a varied reaction with different individuals or even incur other answers at another time for the same individual (Kilpatrick et al., 1989). This thesis ascribes to the definition of trauma as:

*" an ongoing inability to integrate the implications of an event into the existing conceptions of oneself and the world" (Moskowitz, Heinimaa & van der Hart, 2019)*

This definition captures the individual's continuous and complex recovery process by trying to make meaning of their experience and integrate with their sense of self and the world.

### 1.5.1. Post-Traumatic Stress Disorder (PTSD)

The symptoms of PTSD include: *Reliving* – flashbacks, hallucinations, nightmares of the incident; *Avoidance* behaviours such as avoiding people, places, things, or
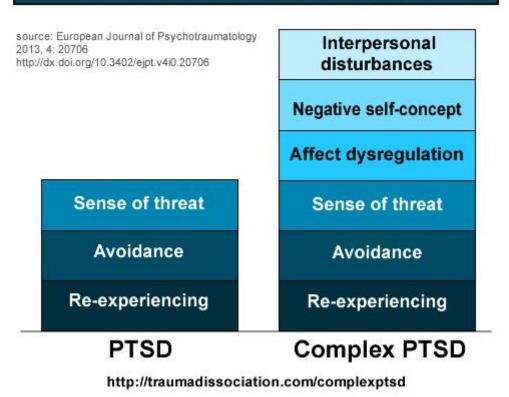
memories that remind one of the trauma; *Excessive arousal* – increased alertness, anger, fits of rage, irritability, or hatred, difficulty sleeping or concentrating and *Hyperarousal*- irritability, sleeping problems, and angry outbursts (APA, 2013). Trauma is classified as acute (one incident or short-term) or complex (chronic exposure to multiple traumas) experiences. Studies show that approximately 50% of female sexual abuse or violence survivors develop treatment-resistant PTSD (Creamer et al., 2001). However, Herman (1992, 2015) argued that the diagnosis of PTSD, as defined in the DSM, is mainly based on combat, disaster, and rape prototypes, which does not fit accurately enough for the interpersonal childhood trauma one may have experienced.

### 1.5.2. Complex Post Traumatic Stress Disorder (C-PTSD)

Studies suggest that prolonged trauma of an interpersonal nature, particularly CSA, can affect the critical developmental periods of the child, resulting in vulnerability to emotional regulation difficulties, their ability to maintain and develop relationships, and their sense of self (Courtois & Ford, 2012, 2014; Van der Kolk, 2006; Herman, 1992, 2015). These additional sets of pervasive and persistent difficulties resulted in the demand from the researchers for a new diagnostic category, Complex-PTSD (C-PTSD). Herman (1992), who first proposed a separate diagnosis for C-PTSD, stated: "Concepts of personality developed in ordinary circumstances are frequently applied to survivors, without understanding the deformations of personality which occur under conditions of coercive control" (pg.388). Thus, patients who suffer from the complex sequelae of chronic trauma commonly risk being misdiagnosed as having personality disorders. They may be described as "dependent," "masochistic," or "self−defeating". Recent research also suggests that sometimes the symptoms of C-PTSD, PTSD, and Borderline Personality Disorder (BPD) can overlap or even be confused for another one (Cloitre et al., 2012).

**PTSD and complex PTSD symptoms**

*(Table 1.1., Cloitre et al., 2013)*

Despite the efforts for the past three decades, DSM-V hasn't included the additional diagnosis for PTSD, though the International Classification of Diseases-11 (ICD-11) has recognised it recently (Brewin, 2019; & Cloitre et al., 2018). According to ICD-11 (Cloitre et al., 2018), C-PTSD includes relational difficulties, emotional- and somatic dysregulation; altered consciousness; attentional capacities; and negative belief systems. Individuals who endure prolonged and severe trauma in childhood can present with social and relational difficulties, feeling distant or cut off from others, having intense feelings of worthlessness and guilt (Lovelace and McGrady, 1980; Timerman, 1981). C-PTSD has been recently recognised as a more constructive diagnosis for individuals that ties into a chronic version of PTSD (Herman, 1992; & Lonergan, 2014).

Studies have confirmed the high prevalence of C-PTSD amongst individuals with a history of childhood trauma (Karatzias et al., 2019; Brewin et al., 2017), mainly when constituting both childhood and adulthood interpersonal trauma (Karatzias et al., 2019) and doubling with just one violent childhood traumatic event (Hyland et al., 2017). Amongst these events, CSA is the most significant predictor of difficulties associated with C-PTSD and, when combined with physical assault, seems to be the most predictive of C-PTSD (Hyland et al., 2017). Research studies suggest an overall lifetime prevalence rate of C-PTSD in 86% of adults who have experienced CSA and highlighted that the symptoms associated with C-PTSD could vary across a lifetime (Rodriguez et al., 1996; Johnson, Pike, and Chard, 2001).

### 1.5.3. Trauma and Resiliency

While CSA can precipitate the risk of developing a variety of problems, it is essential to acknowledge that research also suggests that individuals may vary widely in their adjustment in response to the trauma (Caffaro-Rouget, Lang, & van Santen, 1989; Conte & Schuerman, 1987; Finkelhor & Browne, 1985; Friedrich et al., 1993; Kendall-Tackett et al., 1993; Lipovsky, Saunders, & Murphy, 1989; Mannarino & Cohen, 1986; Tong, Oates, & McDowell, 1987; Wilson & Scarpa, 2015; & Briggs et al., 2021). Yet, the consequence of CSA is heavily drawn upon the categorical definitions and conceptualization of trauma and responses to it, lacking personal meanings and narrative. The overemphasis on the negative sequelae of CSA has been critiqued in the literature for paying little attention to the survivors who do not exhibit long-term negative consequences of their experience or even those who demonstrate resilience (Banyard & Williams, 2007; & Lev-Wiesel, 2008). According to Merrill et al. (2001), a new wave of studies, called "third-generation" studies, go beyond documenting the prevalence and direct causal links between abuse and negative outcomes in the field of childhood adversities. These studies investigate the intervening, mediating, and moderating processes such as the constructs of resilience and recovery; and consider the variability amongst the survivors.

**Post-trauma Resilience**

Masten et al. (1990) defined three types of resilience in individuals- one that exhibits significant recovery after the adversity; others who demonstrate some level of positive development in the context of adversity; and finally, those who may initially experience negative consequence adapt and recover over time. However, Palmer (1997) critiques this model for reflecting a linear pattern of increasing resilience. Luthar et al. (2000, p. 544), on the other hand, defined resilience as a-

"*dynamic process encompassing positive adaptation within the context of significant adversity.*" They further note "*that positive adaptation despite exposure to adversity involves a developmental progression, such that new vulnerabilities and strengths often emerge with changing life circumstances*".

This thesis agrees with the dynamic unfolding and ongoing process of resilience as identified by Luthar et al. (2000), thus focuses on the resilience over the lifespan of individuals.

**Post-trauma growth (PTG)**

PTG, on the other hand, refers to growing beyond the lost self, where resilience plays an integral part in this process of development. PTG looks at:

"*the individual's experience of significant positive change arising from the struggle of a major life crisis*" (Calhoun et al., 2000; Draucker, Martsolf, & Poole, 2009).

Woodward and Joseph (2003) also found that survivors linked their healing to taking charge of their recovery process, gaining a sense of accomplishment, achievement, belongingness, and connection through developing an understanding of self-compassion, self-care, and acceptance from others. "Healing" from CSA represented

positive growth as opposed to "coping" for the survivors. Banyard and Williams's (2007) study illustrated the subjective experience of adversity and its meaning of "recovery" for women in their lives. They conducted longitudinal data from female survivors of CSA to examine the aspects of resilience and wellbeing across their early adult portion of the lifespan. The women in this study associated different meanings to their recovery, inferring it as either an ongoing process (36%), never complete (46%), or as a process of change (43%). Few women interpreted their recovery as acceptance of the experience or acceptance of self after the abuse. Some women described it as a lifelong process, symbolic of positive change, and a sign of resilience while also reflecting on the difficulties in the process. These findings signify the highly personal, complex, and dynamic process of the unfolding of recovery across women's lifecycle in which they acted as the active agent (Hayes & Flannery, 2000), defining their process on subjective terms not available for objective evaluation (Topor et al., 2018).

## 1.6. Interventions and implications for the female survivors of child sexual abuse

As discussed in the earlier section, women who experience CSA do not necessarily represent the clinical population, but considerable evidence suggests a high prevalence of mental health difficulties, especially in cases of severe and chronic problems. The treatments for CSA survivors are often guided by the diagnosis, mainly PTSD or C-PTSD. NICE (2018) recommends Trauma-focused Cognitive Behavioural Therapy (Tf-CBT) as the first line of treatment for PTSD. Eye Movement Desensitization Response Prevention (EMDR) has also been accepted as an alternative evidence-based treatment for PTSD but has mixed reviews (Forbes et al., 2010). Several other therapies such as Cognitive Processing Therapy (CPT), Psychodynamic therapy, and Narrative Exposure Therapy (NET) are offered to the CSA survivors. Amongst these, Tf-CBT and EMDR are most commonly provided within the NHS in the UK, mainly when working with difficulties relating to trauma. These two approaches are critically reviewed in the following subsections.

### 1.6.1. Cognitive Behaviour Therapy

CBT, developed in the 1970s and 1980s, is a type of talking therapy that has its roots in behavioural, conditioning, and social learning theories (Sanders & Wills, 2005). CBT and its derivatives (such as exposure therapy, CPT) have dominated contemporary treatment outcome research for PTSD. Tf-CBT, in particular, is a manualized evidence-based treatment approach shown to help individuals overcome trauma-related difficulties (Cahill et al., 2009). The treatment involves eliciting beliefs and attributions related to the trauma that might be unhelpful and provide a supportive environment to talk about the traumatic experiences and learn coping skills to deal with ordinary life stressors (Lang, Ford, & Fitzgerald, 2010). Recovery is conceptualised as an individual's ability to challenge and change their negative thinking patterns and to be able to create and accept a positive view of self, the world, and the future. Studies found that females survivors with a history of CSA as compared to those who survived other forms of trauma showed similar positive results to CBT in the reduction of PTSD symptoms as well as complex trauma symptoms such as dissociation, diminished self-reference, dysfunctional sexual behaviour, and tension reduction (Resick et al., 2003).

### 1.6.2. Eye Movement and Desensitization Reprocessing

EMDR is a unique trauma-processing intervention developed by Francine Shapiro that helps an individual to integrate emotional, cognitive, and somatic elements. It is done by recalling distressing images, where the therapist directs the service-user in one type of bilateral stimulation, such as side-to-side eye movements or hand tapping (Shapiro, 2017). EMDR strives to access wrongly stored memories and shift that information to appropriate memory systems via stimulation of innate processing systems (Shapiro, 2017). In Edmond, Rubin, and Wambach's (1999) study with 59 female CSA survivors reporting trauma symptoms, authors concluded that EMDR was beneficial in serving abuse-related trauma and indicated reducing trauma-specific anxiety. Shapiro (2007) stated, based on findings from 20 clinical studies, that EMDR accelerates recovery rates from PTSD symptoms, at over 84%, all within six sessions.

The recent addition of the "Resource Identification and Installation" protocol aims to build resiliency before exploring traumatic memories (Korn & Leeds, 2002). Though, there are some residual doubts about the efficacy of EMDR, considering the ambiguity about the precise mechanism of the effectiveness of therapy and severity of the side-effects reported by a smaller number of studies (Kaplan & Manicavasagar, 1998).

### 1.6.3. Gaps in the current treatment approaches

While CBT and EMDR offer benefits due to their short-term, highly structured, and skill-building nature, there have also been some treatment gaps. A meta-analysis of the efficacy of CBT reveals that approximately 40% of individuals have unsuccessful treatment outcomes despite treatment completion (Bradley et al., 2005). Furthermore, a systematic review of 14 studies evaluating trauma-focused and non-trauma-focused interventions for PTSD found that most studies excluded individuals with complex presentations such as co-morbid conditions, personality disorders, substance abuse, suicidality, serious self-harm, and other serious mental illnesses (McDonagh et al., 2005). Additionally, drop-out rates for trauma-focused intervention were higher than non-trauma-focused intervention, possibly indicating intolerability of re-exposure to the traumatic event (McDonagh et al., 2005). It has also been argued that the individuals who have PTSD following childhood abuse have been underrepresented in the PTSD treatment outcome research and meta-analyses on the efficacy of treatments for PTSD (Spinazzola, Blaustein & Van der Kolk, 2005). Like, in Bisson et al. (2007), 27 (71%) out of 38 randomized controlled trials (RCTs) included focused on the adult-onset trauma survivors, whereas only three of the studies (8%) had focused on the adult survivors of childhood trauma.

It has been increasingly recognised that trauma involving physical violation such as sexual abuse during the crucial developmental period of the female survivors can produce a sense of disconnection between mind and body (Herman, 2015; Van der Kolk et al. 2014). Like, Van Der Kolk et al. (1996) highlighted that people who even recovered from psychological treatment, the majority still suffered from significant

residual symptoms such as dissociation and somatic symptoms. They suggested that cognitive interventions alone were not enough to reduce the harmful effects of CSA on the body. Also, CBT-based therapies have been critiqued for potentially being psychologically reductionist due to their focus on individuals' cognitive processes, and the assumptions about change and recovery, at times implying that "reality is not a problem" (p. 272, Pilgrim & Bentall, 1999). These preconceptions have been found to undermine the aspects of the body and spirituality. The over-emphasis on pathology and cognition tends to place the blame and responsibility for the disorder on the individual (Boyle, 2002).

On one side, survivors' complexity of difficulties and chronicity of issues can inhibit recovery within current treatment models (Karatzias et al., 2019; Emerson & Hopper, 2011). On the other side, the socio-cultural factors such as the culture of "victim-blaming" (Kennedy, & Prock, 2018; & Randall, 2010), stigma and shame associated with this experience can pose as a barrier in even seeking or engaging in therapy (Tangney and Dearing, 2002; Taylor 2015; & Lee et al. 2001). These barriers can keep this particular form of abuse invisible and hidden from society (Bouson, 2010; Christie, 1986; & Goodey, 2008). Also, the dominant paradigm for recovery has been driven by medicalisation (Tew, 2011), defined "in terms of remission of symptoms ('clinical recovery')" (Warner, 2009). It has been argued if it perhaps, more importantly, be "people's ability to lead full and contributing lives as active citizens ('social recovery')" (Tew, 2011).

The host of potentially chronic and complex difficulties poses the question of whether first-line of evidence-based interventions developed for PTSD, mainly single- or adult-onset trauma, are helpful on their own for the adult survivors of child-onset trauma, or specifically tailored interventions for this group are needed (Cloitre et al., 2012; van Minnen, Harned, Zoellner, & Mills, 2012). Although there is no evidence-based treatment for C-PTSD other than the ones available for PTSD, a treatment guideline published by "The International Society of Traumatic Stress Studies" (ISTSS) proposes a three-phased trauma treatment approach (Cloitre et al., 2012). Phase1-

focuses on safety, symptom reduction, and skills training to increase an individual's emotional, social and psychological competencies. Phase2- involves processing and re-appraisal of the trauma memories. Phase3- aims to consolidate the treatment gains, including the individual's reintegration into the community, interpersonal connections, and day-to-day functioning. The phase-based approach stresses the need for stabilization and resource-building interventions before trauma processing and addressing socio-cultural factors such as shame, stigma, and other difficulties that may inhibit the recovery. This approach can be particularly beneficial for adult women survivors whose sense of self, physical body, intimate relationships, parenting can be called into question by the experience of CSA (Bass & Davis, 1994; & Herman, 1992, 2015). Thus, supporting the perspective that a process of healing at multiple levels might be necessary (Rothschild, 2000; Sachs-Ericsson et al., 2009; Levine, 2010; Emerson & Hopper, 2011; Cloitre et al., 2012; Van der Kolk et al., 2014, Herman, 2015; & Lev-Wiesel, 2015).

## 1.7.   Neurobiology of trauma

As discussed in the previous section, traditional models of treatments are still based on constructing a coherent narrative to ease traumatic symptoms and rely heavily on the cognitive and affective features of the occurrence. However, recent theories on trauma emphasize the importance of attending to the senate experience of the client (Ogden et al., 2006; Ogden, Pain, & Fisher, 2006; Levine, 1997; Levine, 2010; Rothschild, 2000; & Eldredge & Cole, 2008). These theorists argue that a "bottom-up" approach that attends to the body should be considered an adjunct to the traditional "top-down" approach, focusing on the change through language (Ogden et al., 2006). According to Levine (1997) and Rothschild (2017), our bodies return to primal functioning, bottom-up processing when facing a threat. These claims are further supported by the neurological evidence that has observed changes in individuals' bodies and brains and how they can react over time to the traumatic memories and stimuli related to the event (Van der Kolk, 2006).

The brain and the nervous system work in tandem to generate physiological survival responses: "fight", "flight", or "freeze", causing internal arousal mediated by the limbic system. Activation of these survival responses involves the autonomic nervous system (ANS) and the endocrine system. The limbic system relays the message to the ANS. ANS comprises sympathetic- and parasympathetic- nervous systems. The sympathetic nervous system (SNS) mobilizes all the body's resources to respond to a threat, releasing "stress hormones". This action-response results in increased heart rate and blood pressure, accelerated respiration, and tightening of the muscles, preparing the body to fight or flight (Sengupta, 2012). In case of a "freeze" response, the system can go into the state of extreme "helplessness" and "terror", believing that death is imminent and escape is impossible. When the person feels safe, the parasympathetic nervous system (PNS) engages and initiates a "switch-off" mechanism to restore the body to a relaxed state. Based on the evaluation of the situation, one of these systems (PNS or SNS) that work in opposition to each other are activated, suppressing the other.

Prolonged exposure to interpersonal trauma can also cause disequilibrium within, causing an increase in the SNS ( an adaptive survival response) activity keeping an individual in altered states of hyper-arousal and physical immobilization a "watchful frozenness" (Herman, 2015). Levine (2010) explains this as a residual impact of trauma disrupting the body's natural default hierarchies as the polarities of immobility and hyperarousal, which have very distinct neurobiological components, become organismic responses to individual perception, without discrimination by the human body as to the actual source or severity of the threat. The threat, in turn, becomes internalized by both muscles and viscera, keeping the organism in the survival state even after the traumatic event is over.

Furthermore, recent research suggests that due to hypothalamic pituitary adrenal axis (HPA) stress responses when facing a threat, the prefrontal cortex functions – that involves thinking, inhibition, working memory, and cognitive flexibility – shut down temporarily (Diamond, 2002). These stress responses make it difficult to access language and trauma-related narrative during the body's reactions to trauma (Warner,

Koomar, Lary, & Cook, 2013). Particularly in chronic childhood abuse, Schore (2001) stressed that the development of the right side of the brain for children could be damaged during early childhood presenting difficulty in finding words to describe or explain emotional stress associated with childhood experiences. Since the brain's right hemisphere encodes CSA memories (Schore, 2001), the hampered development of this brain hemisphere can disrupt meaning-making and affect regulating pathways in abused children. Also, the stress-reactive dissociation of traumatic experience from prefrontal modulation and left-sided verbal processing can make trauma resistant to conventional talking therapies (van der Kolk, 2003).

Studies suggest that Trauma-exposed individuals can have a stress-induced increase in the production of cortisol, a decrease in the surface area of the insula, and reduced executive function (Streeter et al., 2012). The insula is the region responsible for interoceptive processing, emotional and stimuli awareness. When this is decreased, it can create difficulties connecting with own bodily states and sensations (Herman & Cullinan, 1997; Van der Kolk et al., 1996; & Rhodes, 2015). Fowler (2003) describes, "The system of interoception as a whole constitutes the "material me" and relates to how we "perceive feelings from our bodies that determine our mood, sense of well-being and emotions" (p.1505). Therefore, it is crucial to consider that prolonged exposure to childhood abuse and the residual difficulties can evoke challenges in connecting with own emotions and bodily sensations following trauma. Particularly for those with PTSD, who continually fluctuate between the experience of intrusive reliving of trauma symptoms in their bodies and minds and avoidance of bodily sensations or thoughts (Herman, 2015). Hence, many leading trauma researchers and clinicians have begun to move from discursive approaches towards a holistic and multi-faceted approach that includes body-oriented and other experiential methods, including psycho-dramatic re-enactments, narrative, and poetic reframing, posture yoga, and breath-work (Van der Kolk, 2015).

## 1.8. Yoga as an alternative holistic approach

As discussed in the previous sections, the difficulties relating to the dissociation, sense of embodiment, problems relating to trust self and others, and shame (Finkelhor & Browne, 1985; Herman, 1992, 2015; Van der Kolk, 2006) can interrupt female's development and make them vulnerable to various physical and mental difficulties. Recent neurobiology research has also illuminated the potential of long-lasting effects of CSA on the brain and its implications for emotional expression and regulation (Schore, 2001; Warner et al., 2014; van der Kolk, 2014). Given the complex interactions of physiological, psychological and neurological effects of CSA and the multitude of ways in which this form of trauma may present in adults, the current treatment models have not always been found adequate for the varied, complex needs of CSA survivors (Emerson & Hopper, 2011; Cloitre et al., 2012; Van der Kolk et al., 2014). Many leading trauma experts suggest that healing must start in the body before it can be integrated on a cognitive level (Rothschild, 2000, 2015; Van Der Kolk et al., 2014), and also if integrated within therapy (Crawford, 2010; Quillman, 2012; & Duros & Crowley, 2014).

The research on Complementary and alternative medicine (CAM) practices has been increasing in the past decade and has been found helpful in dealing with CSA consequences (Sigurdardottir, & Halldorsdottir, 2012). CAM is divided into broad categories, such as natural products and mind and body medicine (Complementary, Alternative, or Integrative Health: What's In a name? n.d.). The fundamental belief behind holistic interventions that address mind and body conceptualises an individual as a whole person rather than a collection of parts (Micozzi, 2011). Mind-body work intends to unify and increase awareness of both mind and body. Although the role of personal and social recovery has been increasingly accepted still there is a gap in the research in the UK and worldwide, looking at the implication and relevance of the community-based programs, which may enable a more inclusive and positive holistic practice to be included within multidisciplinary recovery practice (Leamy et al., 2011).

Yoga is a movement-based mind-body intervention that has recently gained attention for its therapeutic benefits (Milligan, 2006; Khalsa, 2007; & Emerson & Hopper, 2011; & Sullivan et al., 2018). Although yoga is quite popular in the West as a gentle physical exercise (Singleton, 2010), formalizing of yoga practice in the clinical field for remedial support for the population with a history of trauma is relatively recent (Khalsa, 2007; Emerson & Hopper, 2011; Collins,1998; Granath et al., 2006; Ross & Thomas, 2010; & West et al., 2004). Yoga practised as a routine over time has been shown to facilitate physical adeptness and enhance a mind-body connection, in which awareness of one's subtle body and energetic movements is felt, fostered, and understood (Lohman, 1999; Shapiro, 2013).

Yoga therapy is a formalized practice conducted in an individual or a group setting with a certified yoga therapist that focuses on the healing aspects of yoga applied for a specific purpose (Kraftsow, 2010). There has been some recent adaptation of the practice for the trauma population, namely Trauma-informed and Trauma-Sensitive Yoga (TSY) that combine traditional yoga instruction with trauma theories (Emerson & Hopper, 2011). Research suggests that yoga has the potential to offer tools to CSA survivors to help them notice, acknowledge and manage emotional, physical, and sensory experiences, which can increase self-regulation and self-awareness (Van der Kolk, 1994, 2015; Price et al., 2007; Emerson & Hopper, 2011; Langmuir, Kirsh & Classen, 2012; & Ogden et al., 2006).

### 1.8.1. Overview and origins of the practice

According to archaeological evidence, yoga began in India around 3000 B.C. (Raj, 1995). Yoga's emphasis shifted from being a religious and spiritual practice towards its healing properties in the 1920s when the interest in its therapeutic application emerged in India (Gharote, 1982; Khalsa, 2007). Yoga is a holistic practice that unites mind, body, and spirit through breath work (*Pranayama*), meditation and chanting *(Dhyana)*, and postures (*Asana*) (Emerson & Hopper, 2011). Patanjali systemized the practice by structuring it within eight sutras, stating the purpose of yoga as knowledge of the true "Self" (God), and outlined eight steps for direct experience of "Self." It is

also seen as "a process and discipline of self-knowledge, understanding, awareness, and union with the highest consciousness as the ultimate development" (De Michelis, 2006). In its indigenous sense, yoga strives to achieve internal and external harmony; it wishes to attain "enlightenment" (samadhi). The concept of "enlightenment" can be construed as equivalent to the western idea of "self-actualization" (Cohen et al., 1997; & Maslow, 1968). Many variations of yoga, developed over time, coming from interaction with different schools of thought, ideas, and cultural discourses (De Michelis, 2008) (Appendix-II). In simplistic terms, it can be suggested that most schools of yoga share a common philosophical underpinning of the oneness of mind, body, and spirit, the highest goal of enlightenment (Braxton, 2017; Emerson & Hopper, 2011; De Michelis, 2008). The standard features of these practices are postures, meditation, and breathwork, which may vary in the speed and intensity of the movements.

The National Center of Complementary and Alternative Medicine (NCCAM), a department under the U.S. Department of Health & Human Services, states,

*"Yoga is an ancient and complex practise, rooted in Indian philosophy. It began as a spiritual practice but has become popular to promote physical and mental well-being. Although classical yoga also includes other elements, … typically emphasizes physical postures* (asanas)*, breathing techniques* (pranayama)*, and meditation* (dhyana)." (Yoga: In depth, 2018)

This thesis adopts this definition. Three elements of yoga, *postures (asanas)* aligned with the breath, breathwork (*pranayama*) and meditative practices (*dhyana*), are described below-

### Breathwork (Pranayama)

*"Prana",* in Sanskrit, is defined as a vital force or energy which is visible on the physical plane as "motion and action" and in the mental plane as "thought". *"Ayama"* denotes

the expansion, and thus together, pranayama or breathing is an extension of the life force (Sri Swami Sivananda, 2018). Pranayama forms the basis of yoga; it means restraint of vital energies that helps individuals sense the external world and be aware of their internal thoughts. "He who conquers this is not only the conqueror of his existence on the physical and mental plane but the conqueror of the whole world" (Sri Swami Sivananda, 2018). Breathwork has been found very useful in calming the nervous system (Van der Kolk, 2006, 2015; Kabat-Zinn, 1994; & Streeter et al., 2012) and is taught in many trauma-based interventions such as MBSR and many other derivatives of CBT such as Compassion Focused Therapy (CFT), Mindfulness-based CBT (MB-CBT), Acceptance and Commitment Therapy (ACT), and Dialectical Behavioural Therapy (DBT) as part of grounding and stabilization techniques (Lee et al., 2008; Kabat-Zinn,1994).

### Meditation (Dhyana)

Meditation is associated with quietening the mind and achieving stillness within. It has long been found to be helpful to individuals healing from PTSD symptoms by inculcating in them an awareness and acceptance for the past and present experience (Lang et al., 2012). In the west, meditation has been adopted widely as mindfulness meditation, such as the Vipassana practice (Smith & Novak, 2005). However, the clinical utilization of mindfulness is different from the spiritual, transcendental purpose of meditation. While meditation lacks scientific evidence, mindfulness has increasingly been accepted as one of the effective strategies for managing re-traumatization, facilitating an increased sense of control and an attitude of kindness and compassion that are considered pertinent in the face of past trauma histories (Treleaven, 2018). One of the key elements of mindfulness involves cultivating an ability to pay attention to the present moment with intention (Kabat Zinn, 2003). Mindfulness has also been incorporated into several evidence-based approaches and practices, such as Mindfulness and stress reduction programme (MBSR) (Rudaz et al., 2017; Twohig, Woidneck, & Crosby,  2013). MBSR utilizes mindfulness practices and yoga as a clinical intervention to help with psychological distress such as anxiety and depression (Kabat Zinn, 1994).

**Postures (Asana)**

Postures are body movement to a "position which is comfortable and steady" (Saraswati, 1969/ 2008, p.9). Each posture is conceptualized to align with breathing, control, awareness, sequence, variations, and contra-indications. Postures are believed to open the energy channels and provide a stable foundation to foster body awareness. Asana aims to harmonize and integrate these two and achieve them in visible physical knots and bends corresponding to knots in the mind and body. Saraswati (1969, p.11) explains that "Asanas release mental tensions by dealing with them on the physical level, acting somato-physically, through the body to the mind". Postures involve movements of the body in standing, sitting, kneeling, lying, balancing, and inverted positions. It also involves stretching, twisting, contraction, and expanding muscles, producing a steady flow of movements and breathwork (Nayak & Shankar, 2004). It is recommended to start yoga practices slowly with slow, smooth, controlled, coordinated movements with complete control at every stage (Emerson & Hopper, 2011). Postures have their names in the Sanskrit language, and the English translation of their name usually corresponds to the meaning of the word in Sanskrit like Shavasana- "corpse pose", Padmasana- "lotus pose", Bhujangasana- "cobra pose". Postures have been linked to various physical and mental benefits such as strengthen and increase the tone of weak muscles, developing correct breathing patterns, bowel habits, increasing energy levels, and regular sleeping patterns (Kristal et al., 2005; Malhotra et al., 2005; & Streeter et al., 2007; & Payne, & Crane-Godreau, 2013).

### 1.8.2. Neuroscientific research on yoga

Neuroscientific evidence suggests that *practising and holding onto postures, mindful breathing, and meditation* in yoga have been found to calm the mind and decrease reactivity to stimuli in the environment that may serve as reminders or triggers of sexual abuse (Riley & Park, 2015). Streeter et al. (2012) also proposed that yoga could be used as an intervention for stress-related disorders to ameliorate some of the symptoms for people who do not respond to pharmacologic interventions. Yoga can

be beneficial for women who struggle with hypo- or hyper- ANS activity (Emerson & Hopper, 2011; & Van der Kolk, 2006, 2015). Yoga has also been found beneficial in reducing heart rate variability (HRV), baroreflex sensitivity, increase PNS activation, decreased perceived stress while reducing the activation and reactivity of the SNS and the HPA axis (Sengupta, Chaudhuri, & Bhattacharya, 2013; Purdy, 2013), prevent the release of the stress hormones cortisol and catecholamines (Ross & Thomas, 2010).

The vagal nerve has been linked to regulating the heart rate, blood pressure, gastric acid secretion, and functions in many other organs. High vagal activity is suggested to correlate with regulation and resilience of the adaptive top-down and bottom-up processes such as attention, affective processing, and flexibility of physiological systems response to the environment (Thayer & Lane, 2000; Porges, 2011; Streeter et al., 2012; Strigo & Craig, 2016; Sullivan et al., 2018). Vagal control has also been shown to mediate with differential activation in brain regions that regulate responses to threat appraisal, interoception, emotion regulation, and the promotion of greater flexibility in response to challenge (Streeter et al., 2012). Body awareness or mindfulness is associated with decreased impulsivity and increased affect regulation (Hasse et al., 2015; & Neal, 2021). Thus, linking intentional breath to movement in the yoga practice can lead an individual's body and mind to a calmer state, decrease reactivity to difficult situations, increase management of stress, interoceptive awareness (Malathi & Damodaran, 1999; Michalsen et al., 2005; Brown & Gerbarg, 2005; Evans et al., 2011; Field, 2012; Payne, & Crane-Godreau, 2013) and reduce stress hormones, Cortisol (Field, 2012).

Breathing has been associated with physical, neurological, and emotional benefits, regulation of body chemistry such as reinstating homeostasis, acid-base balance, electrolyte balance, oxygen, blood flow, kidney function, glucose delivery, and self-regulation, and has also been linked to the capacity to reduce stress responses (Rama, Ballentine, & Hymes, 2007; Sengupta, 2012; & Sullivan et al., 2018). Streeter

et al. (2012) explain that breathing is a necessary bodily function for survival. Hence it is attended to and noticed immediately by the nervous system, making it the only autonomic function that can easily be voluntarily manipulated to send messages through PNS, SNS, and interoceptive systems. An individual can affect how their brain perceives, interprets, and responds to stress or threat (Streeter et al., 2012). The yoga breathing used to treat depression, anxiety, and PTSD has increased stress resilience, alleviated self-compassion, and interoceptive awareness (Brown & Garberg, 2005). Ley (1999) notes that breathwork could evoke emotions, thoughts, and behaviours controlled by the central and peripheral systems. For CSA survivors, who often suffer from high anxiety levels due to highly activated SNS, controlled breathing can create relaxation and stimulate PNS activity, linked to the vagus nerve that is known to mediate the nervous system (Gerritsen, & Band, 2018). Breathwork practice also been related to the increased neural activity in parts of the brain associated with sensory input and attention, alter gene expression for energy metabolism, insulin secretion, and immune function (Benson & Proctor, 2010; Jerath et al., 2006).

### 1.8.3. Review of the literature examining yoga as a potential therapeutic resource

Although there is a recent surge in the empirical literature examining the efficacy of yoga for individuals with a range of psychological difficulties, the literature focusing on the potential usefulness of yoga for female CSA survivors is nearly absent (Hutchinson, 2015; Sigurdardottir et al., 2016; Braxton, 2017; & Stevens, & McLeod, 2018). Since there are some commonalities in the difficulties associated with women with a history of violence and abuse (Creamer et al., 2001), this section also evaluates research on examining the potential therapeutic benefits of yoga for survivors of IPV and other forms of childhood adversities. This section critically reviews the existing quantitative and qualitative literature.

**Research examining yoga for individuals with post-traumatic stress**

It has been suggested that including the contemplative focus on the body in therapy or conjunction with traditional talking therapies can be one of the skill-building resources to help women develop the capacity to notice, acknowledge, and tolerate inner emotional and bodily sensations (Streeck-Fischer & Van der Kolk, 2000). Like, among a sample composed of trauma-exposed adults, Vujanovic et al. (2009) found that severity of total posttraumatic stress symptoms and PTSD Re-experiencing, Avoidance/Numbing, and Hyperarousal symptom clusters were inversely associated with non-judgmental acceptance; PTSD Re-experiencing symptoms were also inversely associated with responding with awareness. Among a college student sample, Thompson and Waltz (2010) found an inverse association between non-judgmental acceptance and posttraumatic stress avoidance symptoms, such as experiential avoidance – general tendency to avoid the experience of unwanted private events coupled with actions taken to prevent them (Thompson & Waltz, 2010).

Van der Kolk et al. (2014) examined yoga as an adjunct intervention to therapy for women who met the criteria for chronic and treatment-resistant PTSD and had a history of interpersonal violence (IPV). They studied a homogenous group of 64 females aged 18-58 years old, randomly assigning them to either TSY or the supportive women's health education group. Participants were required to be in ongoing supportive therapy and not have extensive experience (>5 sessions) of yoga before participation. After employing ten weeks of TSY, they concluded that women could sustain present moment awareness and control their impulses, moving from non-responsive PTSD to reducing their PTSD symptoms. The Clinician-Administered PTSD Scale (CAPS) showed that 16 of 31 participants (52%) in the yoga group no longer met the criteria for PTSD compared to 6 of 29 (21%) in the control group by the end of the intervention. Both groups showed similar improvement in the first half of the treatment, but the control group couldn't sustain the progress in the second half of the treatment though improvement in the depression scores was maintained till the end. The findings suggest that although the group's presence with a similar presentation and support was helpful, yoga intervention improved PTSD symptoms. This study elicited the preliminary support for yoga as a complementary treatment intervention for PTSD though it lacked follow-up data to review if the progress was sustained over time and what elements of yoga were instrumental.

The authors conducted two subsequent studies, after 1.5 years, one being quantitative (Rhodes et al., 2016) and the other a qualitative study (Rhodes, 2015). The second study carried out a follow-up review with 49 women and found that the frequency of yoga practice showcased an inverse relation with PTSD and depression severity. Thus, this study showed a significant impact of continued yoga practice and its ability to maintain PTSD symptoms- a low or below clinical diagnostic range for the treatment-resistant PTSD clinical population. In addition to the yoga group, the control group started and sustained the yoga practice. In previous studies (Rhodes et al., 2016), the consistency and frequency of yoga practise were significant contributors to the positive change. Due to these recommendations, Price et al. (2017) increased the intervention dosage of yoga from twelve weeks to twenty weeks and introduced intentional assignment and monitoring of home practice for women with chronic and severe PTSD. They found that 83% of treatment-completers lost their PTSD diagnosis, and 64% sustained reduction in PTSD at the 2-month follow-up, indicating significant improvement after treatment completion.  This study highlighted significance of the consistent practice, where women were encouraged to practice at home in addition to their weekly class. Though there was an indication of significant symptom-improvement and promising potential of yoga as an adjunctive practice, these studies lacked insight into women's subjective yoga experience.

Jindani et al. (2015) carried out a random control trial (RCT) to examine the efficacy of Kundalini yoga for PTSD symptom reduction. They randomly assigned a group for eight sessions of Kundalini-yoga interventions compared to the wait-list control group with no intervention. Jindani et al. (2015) linked the increased interoceptive-sensory awareness of the participants who attended yoga sessions to their increased sense of resilience and self-efficacy. They also pointed out that yoga may not suit all individuals, as reflected by the higher (30%) drop-out rates. It is noteworthy that participants had a wide range of traumatic histories ranging from an accident (single event) to sexual abuse and complex trauma. Given participants' differences and varied experiences, such as interpersonal abuse, chronicity, and severity, it is not easy to generalize the results. It raises the question, whether the needs and difficulties faced by the survivors

of single trauma versus complex trauma could be different (van der Kolk, 2006, 2015; Herman, 1992, 2015) and if that would lead to different outcomes and responses (Brewin, 2020; & Cloitre et al., 2018). Also, the varied styles of yoga and the difficulty level of the practice make it difficult to generalize these results to all survivors of trauma (Emerson & Hopper, 2011).

**Shift towards the embodied and subjective experience**

The experiential and embodied nature of yoga is an individualized subjective experience. Thus, it is vital to understand the yoga practitioner's perceptions and values relating to the practice and its potential role in their healing. For example, Rhodes (2015) conducted a long-term phenomenological investigation to understand women's yoga experience after 1.5 years since they attended the TSY program in the initial study (Van Der Kolk et a., 2014). Out of 20 participants, 74% reported that they continued practising yoga less than a week, 20.5% practised once a week, and 5.1% had stopped yoga practice at the time when they were interviewed. Most women in the study reported experiencing a "felt-sense" improvement in their body regulation, control, and awareness of their emotions and sensations. Researchers postulated themes reflecting women's journey of regaining a sense of agency and ownership, increased body-awareness and an increased ability to connect with the present moment, making it easier for them to communicate with others. Overall, these 3-part studies (Rhodes et al., 2016; Van der Kolk et al., 2014; & Rhodes, 2015) suggested that yoga could be a potential therapeutic intervention in conjunction with therapy for women with a history of interpersonal abuse and difficulties relating to chronic PTSD. However, these studies also presented potential reporting bias as the team conducted this three-part program associated with the Justice Resource Institute (JRI) that offered long-term therapy to the women and conducted TSY intervention (Rhodes, 2015; & Rhodes et al., 2016). Further, there was no clear indication in the long-term review about the yoga women accessed after finishing the TSY intervention at the institute. This additional information could have provided insight into whether women's yoga experience within a community-based setting shared the elements they appreciated in their initial 10-week TSY course.

Moving away from pathology and symptom reduction, Crews et al. (2016) argued that sexual violence (SV) survivors have little to do with the diagnosis but more to do with their relationship with themselves and their bodies. Their qualitative enquiry revealed that after attending adapted TSY sessions (Emerson & Hopper, 2011), the women reported increased self-compassion, self-kindness, and connection to their community. Though this study suggested yoga improved women's relationship to their sense of self, there were several methodological issues. These issues included- lack of in-depth accounts (interviews only lasting between 12-35 minutes), the possibility of bias (one of the interviewers also conducted yoga sessions as an instructor) and missing information about the length and frequency of yoga practised by women before data was collected.

Nonetheless, Crews et al. (2016) noted that the commonly held perceptions such as yoga practice perceived in opposition to an individual's religion or assumptions about the postures requiring physical strength or flexibility could be a barrier in people considering yoga as a potential therapeutic resource. These initial perceptions presented some difficulty in recruiting women to attend the yoga intervention. On the one hand, these assumptions emerge from the traditional roots of yoga in religion and spirituality. On the other hand, they also signify the tension within the adaptation of yoga in the west that excessively focuses on posture-based yoga (Singleton, 2010). The difficulty in recruitment highlights the need to tailor the practice for trauma-exposed individuals and address their fears and perceptions before starting the practice (Crews et al., 2016; Emerson & Hopper, 2011; & Treleaven, 2018). This also reflects upon the need to understand individuals' needs and preferences and educate them about yoga philosophy to help people choose whether they would like to utilize this practice (Connolly, 2014).

As discussed earlier, most studies look at the clinical utilization of yoga, whereas Dale et al. (2011) examined the effectiveness of yoga for women within community settings. The participants were recruited from the yoga centres and various community settings. They collected information about abuse history questionnaire (child or adult abuse),

the yoga experience questionnaire gathering information about the depth and experience of yoga, Profile of Mood States (POMS; McNair, Lorr, & Droppleman 1992), Tennessee Self Concept Scale: Second Edition (TSCS:2; Fitts & Warren, 1996) and the COPE inventory (Carver, Scheier, & Weintraub, 1989). The hierarchical regression analyses revealed that individuals' experience of yoga improved the predictive model. Individuals who reported yoga as part of their lifestyle indicated higher endorsed benefits than those who practised as a form of exercise or something they were trying. Findings suggested that the frequency of yoga practice directly correlated to an increase in the positive self-concept and improvement in dysfunctional coping. Although child abuse most accounted for the total mood disturbance scale, the inclusion of the yoga experience variables did not significantly improve the prediction of Total Mood Disturbance.

Although Dale et al. (2011) highlight the benefits of practising yoga more frequently, they do not clarify the type of yoga practised by the women and what elements of the practice were beneficial. Further, the difficulty in measuring the affective states using the mood scale could be due to the western conceptualization of emotions, categorized into bi-polar dimensions, which may not be an appropriate tool to encapsulate the gradual change process during yoga practice (Desbordes et al., 2014). Women also reported experience of yoga from two months to forty-four years. It may have been helpful to know whether the longevity of the practice and other factors such as therapy or other life circumstances mediated the endorsed positive benefits from yoga.

**Yoga for women who experienced sexual violence or abuse**

Only one study examined the phenomenological experience of yoga for women with a history of sexual violence (SV) in the UK (Stevens and McLeod, 2018). In this study, female survivors of SV agreed to attend the eight-week Forrest-Yoga workshop. Forrest-yoga is a variant of yoga adapted for survivors of trauma (Appendix- I). The main themes of this study utilizing Interpretative Phenomenological Analysis (IPA) were- "the importance of being in a group"; "Yoga as a means of facilitating personal

learning and change"; and "Yoga as an ongoing resource for living", evidenced by their experience of feeling empowered and hopeful after attending this course. While the study illuminated yoga's therapeutic potential for women, the findings were based on a short-term experience of this practice. Thus, posing a question of whether this experience could be generalized to other variations of yoga and whether the positive changes were sustained over time. Authors identified that the homogeneity of the participants perhaps was weakened by using the umbrella term SV that constituted a range of experiences including rape, to sexual assault.

**Yoga and the experience of child abuse- pilot studies**

Some pilot studies have examined the experience of the practice for female survivors of CSA. For instance, Lilly and Hedlund (2010) designed an eight-week program, "Healing Childhood Sexual Abuse with Yoga program" (HCSAY), for adolescent female survivors of CSA. They stressed a strong alliance between yoga- teachers and therapists to allow more apparent distinctions in holding space for the healing, as safety and stability are paramount for the survivors. They also highlighted that the implementation of yoga into treatment programs might need careful considerations about the boundaries of therapists and the yoga instructor from support to issues like "touching", "use of some props", and "lighting" in the room, which might be triggering for CSA survivors.

A pilot programme at the Rape Crisis centre in Israel took a different approach by carrying out a pilot study with women who had survived CSA along with therapeutic input (Havron & Edan, 2019). Adopting a psychoanalytic multi-modal framework, they incorporated a yoga session followed by a psychotherapy group session, each lasting for 75 minutes. Women first practised yoga and were then invited to talk about their observations and impressions while engaging in the practice. Havron and Edan (2019) emphasized the healing of disrupted "parental envelope" (Shahar-Levy, 2012) after CSA through therapeutic facilitation of "area of need" (Rav-Hon, 2017) and  "optimal responsiveness" (Bacal, 1998). They conceptualized "Area of need" as the therapist's

embodied understanding of the client's need and "optimal responsiveness" as the empathic attentiveness and responsiveness towards the client's need. The authors found improvement in the domain of the body-self relationship for the client. They concluded that women in their case study found yoga helpful in establishing their sense of safety and connection with their body, and the support from the teacher and the psychotherapist offered them a healing relationship to help them recover from the effects of CSA (Havron & Edan, 2019). Though this is a case-study approach, the evidence offers limited representation from a psychoanalytic perspective, signalling some change in the body-self relationship for a small sample. It is also not clear if the participants were familiar with yoga or were practising for the first time. Although the bibliography notes that yoga teachers specialized in teaching adapted yoga training for trauma survivors, particularly sexual assault survivors, it is unclear what style or particular yoga interventions were incorporated in the sessions.

## Yoga as a resilience-building resource

The contribution of yoga as a resilience-building resource was highlighted by few authors (Braxton, 2017; & Singh et al., 2010). They also highlighted yoga's cultural significance for different ethnic communities. Braxton (2017) linked CSA to inter-generational trauma for African women living in the US and yoga's potential in facilitating women's resilience and PTG. Similarly, Singh et al.'s (2010) study identified that South- Asian women survivors of CSA, living in the US, utilized yoga as their resilience strategy as it aligned with their collective meanings of self-care and cultural acceptance of yoga as a healing resource. These findings highlight the community-based intervention of yoga as a means to overcome the cultural barriers towards traditional therapies and highlight the move away from a pathogenic, medical model towards a salutogenic model embracing individual's choice and preferences rather than the symptoms and disease (Antonovsky, 1988; & Antonovosky, 1996). It implies a shift in the focus on personalized care, placing the individual at the centre of the decision-making, fostering active participation, and supporting the individuals and their communities (Howarth et al., 2020). Additionally, the efforts to deepen the understanding of user-led approach needs to shift focus from reliance on top-down

approach imposing a formal, expert-driven, government-managed services to an alternative approach of community-driven, bottom-up work that opens avenues for a nonformal–formal collaboration and alignment, greater use of standard services, self-driven social change, and high levels of community ownership (Wessells, 2015).

## Potential adverse effects of yoga for trauma-exposed survivors

Many researchers have warned about the harmful effects of mindfulness meditation and yoga, highlighting that it can cause emotional dysregulation or physical injury for some individuals who have experienced trauma (Shapiro, 1992; Doob, 1992; Vallejo & Amaro, 2009; Van Gordon, Shonin, & Garcia-Campayo, 2017; & Treleaven, 2018). They stressed that professionals and teachers need to skillfully help the individuals manage their arousals, flashbacks, and trauma-related dissociations (Treleaven, 2018; & Emerson & Hopper, 2011). Emerson & Hopper (2011) identified the importance to have a trauma-focused adaptation of the practice. They emphasized that although there are different practice styles, a slower and gentler postural yoga such as Hatha yoga may be a good starting point for the individuals new to the practice. Forfylow (2011) recommended that the practitioners incorporating yoga into their service or treatment plan familiarize themselves with the styles, orientation, or teaching methods and should have links to the yoga teachers. They should also investigate yoga teacher's training and orientation as it can be an essential factor affecting the application of the practice.

### Metareviews

A qualitative synthesis of 12 quantitative studies (Nguyen-Fang, Clark, & Butler, 2018) echoed similar concerns as they stressed that there is a need to have more robust research, possibly with dose gradient and varied styles, to aid useful implementation. The synthesis included studies where yoga was used as a (Primary or secondary) intervention. Quantitative syntheses revealed that Cohen's effect size (d) for yoga was large, indicating that yoga intervention reduced PTSD symptoms. Between-groups effect size was large, with positive d indicating a positive effect of yoga in bringing

changes in pre- and post-intervention than comparison condition. For Random Control Studies (RCTs), effect size was medium-large (d=0.76; n=8); large for non-RCTs (d=2.00; n=2). The review noted that the evidence for PTSD was low. Some studies showed a high risk of bias others were found underpowered, affected by non-standardized clinical instruments or measures, missing data, or low on validity or reliability, especially including the articles translated into a language other than English. Also, there was a lack of standardization as yoga was used as primary / as an adjunctive to treatment. Although this review conducted a robust quantitative synthesis, it lacked evidence from studies with people with physiological health conditions, single-arm studies, mixed-method or qualitative research, or cross-sectional data.

Additionally, in a meta-review of 13 reviews and 185 studies, Macy et al. (2018) identified that although some preliminary evidence suggests yoga may benefit individuals with difficulties related to trauma. It also noted that studies showed high potential for bias and differed in their methods and limitations, making it hard to have conclusive evidence. The review further emphasized that the data evidencing the practice's adverse effects are still lacking (Macy et al., 2018; & Nguyen-Fang et al., 2018). Similarly, Van Gordon et al. (2017) pointed out that a more nuanced understanding of the practice and the possibility of harm should be considered to provide a comprehensive picture of the pitfalls and benefits of the practice. As noted earlier, there remains a gap in the literature that examines the meaning women ascribe to yoga in the context of their experience of CSA. Therefore, an in-depth account of yoga practice for women can help provide fuller insight into the aspects of yoga, including yoga's advantageous and detrimental factors that may mediate their recovery.

## 1.9. Personal meaning-making process of recovery

Bisson et al. (2013) highlight that the way we construct knowledge sometimes impacts what we do with that, as seen in the case of the evidence-based framework, which is value-laden by what we think trauma and its responses are, and what can be done to "fix" it. Some feminist scholars such as Warner (2009) take an issue with the constructs associated with conceptualizations of recovery models focused on the pathology. She argues that the decontextualization of women's reasonable responses to trauma as a "symptomatic" behaviour associated with a prognosis is a "misdiagnosis of misery". When the experiences are placed within the medicalized category, the focus of concern sometimes remains within pathology, orienting the treatment away from women's life to exploring their coping behaviour and internalized disorder. "Medicalization" is a process whereby the life experiences and responses to adversities come under medical influence and supervision and are understood through a medical lens, "usually in terms of illness or disorder" (Conrad 1992:209). The conceptualization of trauma shifts focus from the social (external) to psychological (internal) factors and can add to further stigmatization (Finkelhor & Browne, 1996; Warner, 2009 & Bourke 2012:17). Herman (1992, 2015) stresses that the survivors need to feel in control, which is often missing for women entangled in the "managed care system" driven by diagnosis and symptoms (Warner, 2009). Since these constructs may stigmatize and restrict the experience of CSA survivors, it might be helpful to shift the thinking and consider recovery in a more holistic sense, as noted in the earlier sections.

The academic landscape of how adult CSA survivors' engage in the meaning-making of their journey is limited. The unique meaning-making process can be defined as the social context that includes culture, norms, understanding, social reality and discourses, ideologies, beliefs, suppositions, and stereotypes (Lofland, 2009; & Lofland, 2006). Human beings are meaning-making organisms who strive to ascribe meaning to their lives and experiences (Frankl, 1963; Krauss, 2005). Thus, it is crucial to consider the social aspect of how unique and common CSA adaptation is for women who are often bound by discourses around stigma and shame associated with CSA,

particularly how they negotiate their identity in terms of their bodily agency (Springer, 1997; Ataria, 2018). There is a paucity of literature exploring how recovery is defined by experienced CSA, particularly those not currently accessing mental health services (Cunnington, 2019). The critical review of the literature suggests that there is some evidence suggesting yoga's potential use as an integrative and therapeutic modality to facilitate healing (Braxton, 2017; Rhodes, 2015; Rhodes et al., 2016 & Stevens & McLeod, 2018). Therefore, exploring the personal and in-depth accounts of how women make sense of their experience of yoga practice as survivors of CSA and its role in their understanding of embodiment is warranted.


## 1.10.  Relevance for Counselling Psychology (CoP)


This study aligns with the values of CoP, prioritizing client's needs and experiences; and endeavours to add knowledge that can foster empowerment and social justice (Larsson et al., 2012). One of the central goals of CoP is to help reduce psychological distress and promote individuals and communities' physical, social, cultural, and spiritual wellbeing by focusing on women's subjective experience. This study is interested in learning from the experts, the women themselves, if yoga contributed to their journeys of healing from CSA. This knowledge can help practitioners involved in trauma work to incorporate body using a contemplative practice such as yoga into their treatment plan. With this consideration, including the body as an object of enquiry can be an alternative to multi-modal treatment, which is of further relevance with this client group (Fairfax, 2008). Also, CoP's goal of a "holistic" view of the individual challenges the dichotomy of health services treating mind and body separately, reflecting the Cartesian dualistic thinking (Damasio, 2000; McFarlane, 2017). Hence, it is crucial to examine the advantages and barriers helping them to engage in the conversation of whether yoga has a place in the treatment and recovery of CSA survivors (Lilly and Hedlund, 2010).

## 1.11. The research question, its rationale, and underlying aims

The review of the current literature illustrated some gaps in knowledge that could help understand women's perspectives about their experience of yoga practice. Most studies focused on the pathology and symptomology rather than experience lacking the consideration of complex mediating and stabilizing factors such as autonomy, personal meaning-making, and resiliency. Moreover, women with complex difficulties and trauma symptoms after the experience of CSA only represents a section of the population and may not always be part of the clinical population. Regarding yoga's healing potential, most studies have recorded the benefits of a specific short-term yoga intervention (Van der Kolk et al., 2014; Stevens & McLeod, 2018), lacking information about the long-term effects and usefulness of different forms of yoga practised in the community settings. Most women in these studies were part of the same group attending a short-term intervention at the organization where they were also accessing psychological support, which raises a possibility of reporting bias (Van der Kolk et al., 2014; Stevens & McLeod, 2018).

Considering these limitations, this research endeavours to explore women's active utilization of yoga as a personal self-care resource with an underlying aim to understand the potential barriers and advantages perceived by women in using yoga practice as CSA survivors. The findings may help identify whether developing a trauma-informed practice is imperative or a community-based practice could offer similar healing benefits. Moreover, only one research conducted in the UK examined the short-term benefits of a specific form of yoga adapted for female survivors of sexual violence at Rape Crisis (Stevens and McLeod, 2018). The findings from the literature review suggest that regular and longer-term practice can be beneficial to women with complex difficulties relating to interpersonal trauma (Van Der Kolk et al., 2014; Price et al., 2017). Thus, this research aims to capture an in-depth account of women's journeys of healing with yoga, irrespective of the length of time it took for them, accepting each woman's perspective as unique and significant, without confining it within the bounds of objective science (Topor et al., 2018) or a particular time frame. Hence, the research question that is sought in this study is-

*"How do female survivors of child sexual abuse make sense of their lived experience of yoga practice?"*

# 2. <u>Chapter Two – Methodology</u>

## 2.1.  Overview

This chapter provides a detailed overview of how the research question is addressed in this study. First, I present the rationale for my choices of qualitative methodology, describing how phenomenological and constructivist stance aligns with my method of enquiry. Then the reason for choosing Interpretative Phenomenological Analysis (IPA) over other approaches is highlighted. After that, the outline of the recruitment, data collection, analytic process, and considerations around validity, ethics, and reflexivity. This chapter is written in the first person due to the adopted epistemological stance; interpretative phenomenological that highlights the researcher's immersion in the research process.

## 2.2.  Qualitative approach and constructivist ontology

As stated in the literature review, I was interested in examining the women's personal experiences of yoga after CSA. A qualitative approach was used to understand how women make sense of their world and their experiences; without predicting or relying on a hypothesis or causality of those experiences and making any claims of generalizability (Willig, 2013). The psychological literature on yoga for women with different forms of sexual violence or abuse leans towards the positivist paradigm and emphasizes psychopathology (Milton, 2010). On the contrary, a qualitative inquiry acknowledges no direct or simple causal link between the world and our experience (Willig & Stainton-Rogers, 2017; & Biggerstaff, & Thompson, 2008). Thus, in line with the feminist approaches, the qualitative endeavour can work in a bottom-up fashion, fostering women's voice and agency, opening up an avenue to challenge the existing forms of knowledge (Willig & Stainton-Rogers, 2017; Biggerstaff, & Thompson, 2008; & Warner, 2009). Moreover, being a sensitive research topic, it is essential to

acknowledge and reflect upon the power differential between the researcher and participants throughout the research process (Brinkmann & Kvale, 2015).

## 2.3. Research paradigm and epistemological foundations

Morrow (2007) suggests being open about a multitude of paradigms but cross paradigms knowledgeably, likewise after debating on my ontological and epistemological positions to sit comfortably within neat phenomenological attitude was challenging considering my sensitivity towards oppressive structures. However, as Willig (2012) stressed, it was necessary to clarify my position to maintain coherence and evaluate whether study aims were achieved.

### 2.3.1. Constructivism

Constructivism is marked by its ontology of relativism that construes realities to present in the individual's mind that could be revealed and co-constructed by individuals through dialogue and language embedded in the socio-cultural and historical context (Ponterotto, 2005). Constructivists recognize the impact of the researcher on the research process (Willig, 2013). Constructivism highlights the human participation in the construction of knowledge, which is inseparable from the phenomena of enquiry, assuming the nature of meaning as relative, context-based, and process of learning social, inductive, hermeneutical, and qualitative (Sexton, 1997).

### 2.3.2. Phenomenology

Phenomenology is a philosophical approach that concerns an embodied and holistic experience and views knowledge as subjective where constructed meanings reflect a point of view (Manning, 1997). My epistemological stance is aligned with interpretative-phenomenology as it constitutes humans as meaning-making organisms capable of having unique and subjective truths attached to their experience (Willig, 2013; & Biggerstaff, & Thompson, 2008). The phenomenological and constructivist view of

reality allowed me to put forth women's perspectives while acknowledging my presence (my philosophical worldview) in the research. This view also aligns with CoP's humanistic and social-justice agenda (Bell & Tribe, 2018) that posits humans as meaning makers who essentially construct their realities, making them an active agent in creating and determining their life world (Morrow, 2007).

### 2.3.3. Epistemological reflexivity

Initially, it was hard to embrace the tensions between my feminist activist roots and my phenomenological and constructivist view (Ribbens, & Edwards, 1998). On the one hand, I believed that oppressive structures mediate women's lived experience, and on the other hand, my humanistic and phenomenological CoP identity upheld the importance of human agency and subjective experience (Hansen, 2004). Feminist researchers argue that qualitative research challenges the status quo, thus always has an inherent political purpose. At the same time, phenomenological researchers emphasize the focus of the study on the in-depth understanding of a phenomenon with a single goal of increasing awareness.

Hammersley (1992) postulated that the commitment to feminism could be reflected in the way feminist conceptualizes and carries on the entire research process, which is through fostering empowerment and equality. So, as my research aimed to represent female CSA survivor's unique and subjective experiences and prioritize their point of view, adopting a phenomenological and constructivist perspective was deemed helpful as it enabled me to respect and signify every woman's perspective. This stance also acknowledges how their meaning-making was produced and negotiated (Lincoln & Guba, 2000). Similar to Edward's (1990) claim, I believe that feminist research is not merely being conducted on women but for women in which the researcher explicitly acknowledges their positionality within the research process. For me, this meant carrying out the feminist research that emphasizes the respect, research-participant relationship, the issues of privilege and power, potential for exploitation, and foster empowerment in any interactions while sensitively attending to the ethics of care (Fine, 1997; & Haverkamp, 2005). Therefore, I explicitly utilized feminist principles in the

choice of my topic, literature search, research question, use of terminology, inclusion and exclusion criterion, and data collection process (Ashby, 2011). Hence, following feminist values as a perspective rather than a method of enquiry (Reinharz & Davidman, 1992), I positioned myself for this research within the constructivist ontology, phenomenological epistemology, and feminist ideological axiology.

## 2.4.    The rationale for using IPA

IPA is an inductive, pluralistic approach that is particularly interested in how people make sense of their experiences (Larkin & Thompson, 2012). Moreover, IPA helps work with under-researched populations and phenomena, in addition to its exploratory nature and the emphasis on the experience situated in the history and context of an individual's experience (Pietkiewicz, & Smith, 2014). Nevertheless, for this research, two other dominant qualitative methods, Discourse Analysis (DA) and Narrative Analysis (NA), were also considered in addition to IPA.

DA primarily concerns itself with the performative role of language in an individual's negotiation of their meaning-making (Potter, 1996). DA is interested in the nuances of the discourse and how individuals socially construct their environment and negotiate their experience using the language (Bruner, 2004, & Willig, 2012). Both IPA and DA view people as active agents within their own lives, who cannot be taken out of their context, but DA locates the origin of that experience within social discourse (Harré & Gillett, 1994). Though DA was considered helpful in highlighting the complex workings of power and ideology in the discourse around CSA and the female body in sustaining hierarchically gendered social orders, sometimes the emphasis on how the language determine women's lives can supersede the women's voices, rather than keeping it a central one.

On the other hand, NA entails how individuals construct their self-accounts through creating and using stories to interpret the world (Burck, 2005), like IPA. Both approaches seek to understand a person's life experiences, while NA aims to capture

personal and human dimensions of knowledge over time in a cultural context, whereas IPA looks at a lived experience of a particular phenomenon in detail (Smith, 2011, 2015). Also, NA adopts a social constructionist positioning that views subjective reality as a product of social structures and narratives (Willig, 2013). This positioning conflicts with my phenomenological and constructivist stance, which centralizes the personal meaning-making process of individuals. Therefore, I believe that the philosophical concerns of IPA align well with my constructivist and phenomenological view of the study of "embodied" and "holistic" experience emphasizing "rich" and "in-depth" exploration situated within their "socio-cultural" and "historical" context  (Smith et al., 2009). Hence, based on this research aim and my positioning mentioned above, IPA was deemed the best fit for this research (Willig, 2012).

## 2.5.   Interpretative Phenomenological Analysis

IPA manifests its ideas from phenomenology and hermeneutics and is interested in an in-depth examination of how people make sense of their significant life experiences (Smith et al., 2009). One of the essential features of IPA is that the researcher takes an active role in interpreting how the participants construct the meaning of their experience. It views the individual as "person-in-context" and highlights that the meaning is co-constructed (inter-subjectivity), the relational nature of our interaction with the world and with others (Pietkiewicz, & Smith, 2014). IPA draws on three essential principles: Phenomenology (the study of experience), hermeneutics (concerned with the theory of interpretation) and an idiographic approach (in-depth analysis of a single case) (Pietkiewicz & Smith, 2014).

**Phenomenology** According to Husserl, being unreflectively immersed in the "taken-for-granted" world, akin to adopting a "phenomenological attitude", is crucial rather than attempting to fix experience in predefined categories (Smith et al., 2009). IPA is also considered as holding an attentive and systemic phenomenological enquiry, like Husserl, which views the everyday experience as either first-order activity or a second-

order mental and affective response to that activity such as remembering, regretting, desiring, and so forth (Smith et al., 2009, p.33).

**Hermeneutics** refers to the theory of interpretation that stresses the analyst's presence in the research process, indelibly placing "inter-subjectivity" as central (Shinebourne, 2011). Heidegger argues that the bracketing of the researcher's pre-existing view, assumptions, and experiences can never be fully achieved (Langdridge, 2007). Similarly, IPA interpretation involves an iterative process of making sense of each participant's experience and finding the relationship between the part and the whole. IPA analysis is based on a "double hermeneutic" construction (Smith et al., 2009) of participant's experiences, meaning that the researcher makes sense of the participants' sense-making.

**Idiography** emphasises the particular and universal, committing to the detailed and finely textured analysis of each participant's experience (Eatough & Smith, 2017). Similarly, feminist research emphasizes that it is crucial to retain focus on the context of each woman while also drawing upon the commonality between their experience. This focus on the whole and the particular enables an IPA researcher to connect the findings to the extant psychological literature and ascertain how the case can shed light on the existing nomothetic research (Smith et al., 2009, p.38).

IPA is also inspired by existential phenomenologists such as Beauvoir, Sartre, and Merleau-Ponty, who united existentialism and phenomenology and highlighted the body's centrality in human experience (Shinebourne, 2011). They stressed one's body as the subject of perception, the standpoint from which the world is perceived and experienced (Smith et al., 2009). Phenomenological theorizing of the body distinguishes between the "subjective body" (as lived and experienced pre-reflectively) and the "objective body" (as observed and scientifically investigated). Merleau-Ponty (1962, 2010) postulated the ambiguity of the body, highlighting that the "lived" body is mine but also an "object" for others.

## 2.6.    Limitations of IPA

Researchers warn that sometimes the preoccupation with methods distract researchers from reflecting on how they engage in asking questions, the way they develop answers and represent and mobilize the resulting knowledge (Harding, 1987). Similarly, in the quest to remain close to participants' lived experiences, IPA researchers are critiqued for staying descriptive and insufficiently interpretive (Larkin et al., 2006). Moreover, despite phenomenological rejection for mind-body dualism, IPA research has been criticized for missing out on the embodied "speaking" speech and be overly focusing on the "spoken" speech (verbal description), again embracing the dualistic reductionism of the experience of the "body" as an inanimate object (Galbusera & Fellin, 2014). As postulated by Marleau-Ponty, body and language are intertwined and inseparable, and language is spoken and the corporeal dimensions, including silence, non-verbal communication like tone, and gestures (Galbusera & Fellin, 2014).

In response to this critique, I focused on the women's embodied experience and observed their verbal and non-verbal gestures. While interviewing women, I also engaged in bodily empathy, embodied awareness, and embodied intersubjectivity and noted my impressions and experiences in the reflexive diary before and after the interview (Finlay, 2008). Also, by recognizing that access to "experience" is both partial and complex (Smith, 1996), I endeavoured to incorporate critical and conceptual commentary upon the participants' personal "sense-making" activities attending to the cultural resources and artefacts such as objects of significance that symbolized their journey of yoga. The decision to include these objects was also inspired by previous action research, ethnography studies, my use of things in play therapy with children, and research on embodiment (Larkin et al., 2006; Coy, 2009). The rationale for including objects in the interview is explained further in section 3.8.5: Interview Design.

## 2.7. Ethical considerations

### 2.7.1. Ethical Approval

The research obtained approval from the School of Psychology, University of East London (UEL) Ethics Committee (Appendix-VII). Following difficulties in recruitment and re-evaluation of inclusion criteria, few amendments were gained (Appendix-VIII & IX). These changes were made to extend the participant pool, considering the target group and researcher's travel cost, location, and convenience. Hence, the permission to expand the area of participants to the whole of the UK, offering compensation of 10 pounds, recruiting via social media websites was added, and restriction on yoga's total experience to one year was removed. Through eliminating the limit on the maximum time of experience allowed me to carry out an in-depth enquiry of the rich experience of yoga over time. Additional permission to conduct the interviews at one of the participant's homes was obtained. Participant's home visit was carried out with due consideration and risk assessment to ensure participant's and researcher's safety and wellbeing. The difficulties and the rationale for the amendments are reflected in the challenges section below.

### 2.7.2. Informed Consent

The Code of Human Research Ethics (BPS, 2021) and the Code of Practice for Research Ethics (UEL, 2015; Code of Practice for Research, 2019) were followed throughout the research process. Since this research involved exploring a sensitive topic (Fontes, 2004) while adhering to BPS (2018) ethical guidelines, the safety and wellbeing of participants were considered carefully, without restricting their voice and agency in the research process (Ashby, 2011). The recruitment process also involved a comprehensive informed consent procedure, ensuring that participants fully comprehend the benefits and risks of participation (Fontes, 2004) and are fully aware that their involvement is not deemed suitable for their wellbeing or study aims.

### 2.7.3. Respect, Confidentiality, and Anonymity

All the identifiable details were anonymized, and pseudonyms were used. Following, feminist interview protocol perspective (Campbell et al., 2010), I ensured that questions were not leading or intrusive but respectful; and facilitated a space for women to tell their stories in their voice, however long that might take.  The recordings and transcripts were stored in different password-protected folders on my laptop. Consent forms (Appendix-V) were stored in a locked cabinet in my home. Interview transcripts with anonymized participant information are only available to me, the research supervisors, and the examiners and were not used for purposes other than those notified to participants following the General Data Protection Regulation (ICO, 2021). The recordings would be deleted after passing the Viva examination, and anonymized data would be securely destroyed five years after submitting the thesis (Appendix-V).

## 2.8.    Research Design

### 2.8.1. Recruitment

Following IPA recommendations, purposive sampling of participants comprising a closely defined group with experience of a similar phenomenon was recruited (Smith, & Shinebourne, 2012). The homogeneity of the participants was maintained (Gobo, 2004) by recruiting participants' purposefully following specific criteria: they needed to be aged 18 years or older, living in the UK, identify themselves as a female, self-report having an experience of CSA. They were also required to experience movement-based yoga practice (as noted in section 2.6.1.), which they should have continued (for at least eight sessions) in the last year. Previous findings also suggest a minimum of eight sessions to observe any change (Emerson & Hopper, 2011; Van Der Kolk et al., 2014). They also had to be proficient in English to enable the researcher to obtain a detailed account of the participant's experiences, which could be interpreted without the need for translation.

Due to the sensitive and intimate nature of the topic of the study (Fontes, 2004), participants needed to be free of current suicidal ideation, not undergo any hospitalization due to psychiatric illness(es) in the last three months and be free of present threat(s) from any of their relationship(s). These exclusion criteria were to protect participants from potential harm from their participation in the study. There were no restrictions based on marital status, psychological diagnosis, age, previous therapy experience, ethnicity, or cultural background. Though participants with ongoing mental health difficulties were not excluded, the readiness to participate in the research was assessed in the preliminary discussion. If participants felt that their mental health had deteriorated in the recent past, potentially affecting their ability to participate, then the exclusion was discussed and mutually agreed upon. As recruitment presented various difficulties (see section 3.8.2), multiple recruitment strategies were used, and appropriate inclusion criterion amendments were made.

### 2.8.2. Challenges and amendments

The initial recruitment strategy was to reach out to the women via a structured and selective method. Various charities that support female survivors of sexual violence and gender-based violence, such as "Rape Crisis", "Sutton Women's centre", "Survivors in Transition Suffolk", were contacted. The idea was to gain access to recruit women who are often excluded from the studies as they are deemed too complex or risky (Bradley et al., 2005). However, the recruitment process turned out to be more difficult than anticipated. Only two charities, "Sutton Women's Centre" and "Survivors in Transition Suffolk", agreed to place the research invitation leaflets in their waiting room and social media page. Researchers such as Witham, Beddow, and Haigh (2015) note that the identification and recruitment of vulnerable participants extend beyond ethics committees and governance to the perceptions and judgements of health care professionals in "allowing" access to a particular group which could include discourses and perceptions around the mental health status, gendered experience, and concepts of resilience (Miller & Bell, 2002). Also, a potential dilemma

around the access is the overriding ethical concern that 'coercion' has not been exerted and participation is "voluntary", especially when the participant group is deemed as "vulnerable" (Wiles et al., 2005; Miller & Boulton, 2007; &  Miller & Bell, 2012). However, an implicit power dynamic can control decision-making around access from the researcher's hands or problematize it when gatekeepers are used. These difficulties, in turn, deprive the ones who are seen as "marginalized" or "victimized", the opportunity to voice their concerns and risk repeating the abuse dynamics by treating them as highly vulnerable populations (Draucker et al., 2009). These numerous forces in play driven by ethics of care can sometimes reinforce the societal avoidance and stigmatization of abuse, making it hard to reach the population affected substantially by this experience (Draucker et al., 2009). The inability to recruit and the time pressure led me to also reach out to various yoga centres, mainly focusing on the ones that offered a therapeutic form of yoga for people with mental health difficulties. Some of the centres such as "Minded Institute", "The Yoga Clinic", "Injoy yoga", and a yoga teacher from "Belgravia Light Centre" in London agreed to display my research poster on their premises newsletters and Facebook page (Appendix-XIII).

Although two women were recruited from the charities, one woman from the yoga centre, I struggled to recruit six participants, as recommended for doctoral-level research. It was observed that many women who approached with an interest in participation lived outside London, and some of them had more than one year's experience of yoga. In consultation with my supervisor, I decided to review my inclusion criteria. The main goals of the research were to understand lived experience of what women did on the yoga mat, how this bodily practice intersected with their experience of CSA and the specific elements of the approach that supported or inhibited healing of their sexually abused bodies. Since the study was interested in accessing the experience of women's practice of contemporary yoga in the UK, I first considered adding an option of conducting a skype/ video interview with my participants to expand my location to the whole of the UK. But, due to the sensitivity of this topic and to ensure my participant's wellbeing, I decided only to conduct face-to-face interviews. Instead, I decided to gain ethical approval to travel to

their location of residence within the UK. In hindsight, I also decided to offer compensation to all my participants to contribute towards their travel. I paid the remuneration to the participants irrespective of whether they completed the interview as it was intended to thank them for their time, effort, and contribution to the research. The intent to show my gratitude and value participant's time potentially stemmed from my feminist ethics of care, ensuring that the participants have every opportunity to attend the interview or questions without feeling obliged to complete the interview (Burgess-Proctor, 2014).

I also re-evaluated my rationale for limiting the experience of yoga practice to one year. As Lussier-Ley suggests, "long-term dedication to practice does not guarantee the most acrobatic results but does confer a certain grace, ease, and skilful negotiation of its lived experience" (Lussier-Ley 2010: 203). With a view that yoga, like any other physical and mental discipline, is an incremental learned process, where various acts of movement, posture, breath and stillness, and the individualized embodied form help practitioners adapt practice according to their needs and preferences (Lussier-Ley, 2010). Therefore, the maximum experience limit (up to one year) was removed while keeping the minimum yoga practice (8-weeks) requirement in the last year to ensure a better recall of elements of the practice that were found helpful or unhelpful by the woman. Also, the exclusion criteria that women who had stopped practising yoga was taken off as this would have taken away the opportunity to hear from women who did not find the practice beneficial or could not continue the yoga practice due to some barriers.

It is essential to acknowledge that the amendments discussed above also brought about methodological challenges in maintaining sample homogeneity. Tourani and Coyle (2002) highlighted that deciding the target population's parameters is problematic or difficult; a reasonably comparable experience can present the broader themes common within participants' experiences, contributing to further evidence for the research outcomes. The sample in the study shows apparent differences in the women's experience of the practice of yoga through the varying types of yoga

performed by the participants and the length of time of their practice. Additionally, there are differences in the participants' experience of CSA and its impact on them. However, in keeping with Tourani and Coyle's (2002) recommendation, the current participant sample meets this requirement in a broad sense. The women's journey of movement-based yoga practice and their shared history of sexual trauma gave the group its homogeneity despite the differences in their experiences.

The level of homogeneity achieved in this research ensured access to get close to each woman's experience and earn a comparable experience across the group. The idiographic focus of IPA acknowledges individual experiential aspects within each interaction. Moreover, the hermeneutic cycle of looking at the parts and the whole also addresses the concerns regarding homogeneity. The distinct views of women who had a varied length of the practice offered the opportunity to recognise the individual case and consider the patterns across subjects. Similarly, Swift and Wilson (2001) also used a heterogeneous participant group which they deemed suitable for their exploratory IPA study. Thus, studying the convergence and divergence in the experience of yoga practice, in my view, facilitated exploration of the mediating factors such as women's perceptions about yoga, the frequency and length of experience of yoga, the level of difficulty, women's process of embodiment, variations within the practice and teaching style. This in-depth investigation into the complex and ambiguous experience of women survivors of CSA aligns with my epistemological and ontological understanding of the human experience that acknowledges the eccentric, complex, and ambiguous nature of the co-constructed human experience (Willig, 2012).

### 2.8.3. Participants

To preserve anonymity and consider this topic's sensitive and intimate nature, I have presented the participant's details in a brief narrative rather than a table form. Participant's details such as age and ethnicity were collected before the interview though this was optional. Out of six participants, five identified themselves as White-British and one as Black-British. The age of the participants ranged from 24 to 67 years

old. All women attended yoga at different facilities. Their yoga experience ranged from 3-5 years, with one participant attending it intermittently for almost 20 years.

Four women confirmed attending "Hatha" yoga style, one attended "Sivananda" style (see Appendix-II for list of yoga styles), and one woman was unsure about the yoga style she practised, though her description like other women fitted with the definition of Hatha style practice. All women confirmed it to be a movement-based class as per the definition (Hatha style, Appendix-I) chosen by the thesis and stated that it involved all three elements of yoga (Breathwork, Postures, and meditation). All of them reported some experience of different yoga styles and accessing therapy at some point after their experience of CSA. Two women had a diagnosis of PTSD, one was diagnosed with depression, and another one had a diagnosis of PTSD, BPD, and anxiety disorder. All of them had university-level education. Three women shared that after years of yoga practice, they studied psychology, one trained to become a body psychotherapist, another one enrolled in somatic-experiencing therapy, and three women advanced their yoga practice to become yoga teachers themselves. At the interview, none of the women reported having any ongoing mental health difficulties, and the ones with a formal diagnosis reported being in remission. Hence no one had a named keyworker assigned to them or needed a designated person at the interview site.

### 2.8.4. Preliminary discussion and screening

A preliminary discussion was offered in person or over the telephone to all women interested in participating in the study if they met the inclusion criteria. All the participants preferred to speak over the phone. The preliminary discussion (Appendix-XII) involved a comprehensive informed consent process, informing the participants about the aims of the study, the potential risks, and the benefits of participation. Women in therapy were encouraged to discuss their interest in participation with their therapist and consider arranging a therapy session after completing the research interview. The preliminary discussion was designed to offer a space to build trust and connection with the participant and included a detailed risk assessment (Appendix-X). Like, screening was carried out for current suicidal ideation, any current threat(s) from

their present or past relationships, any recent hospitalizations due to psychiatric illness, any current diagnosis(es) given to them and if they were involved with a psychiatric team, if yes then the name and number of their key worker were requested. Potential difficulties were discussed, and the distress protocol (Appendix-XIII) was agreed upon in advance if needed. People who had any current involvement with a mental health team or with diagnosis(es) or potential for the distressing reaction were encouraged to be interviewed at the service they were involved with and bring a trusted person along for the interview (this person was advised to wait in the waiting area). A risk management plan and appropriate action plan was agreed upon with the participants in advance. This discussion was necessary to avoid any surprises and disappointments during the interview and was also addressed in the preliminary meeting to ensure the researcher's safety. Participants who were excluded due to potential risk or did not meet the inclusion criteria were offered a clear rationale.

Only one participant who suspected that she was abused as a child but had no recollection of it and had never been to therapy to discuss this was invited to think about the potential risks in the preliminary call. Although this was not included in my exclusion criteria, I encouraged her to consider the potential risk of harm that may impact her due to potentially suppressed memories or unresolved trauma that may incur during or after the interview. We reflected on this together, and she agreed with my concern and decided to withdraw from the study. One other participant decided to not go further after our preliminary discussion, and her details were deleted after she withdrew her interest.

At the end of the interview, potential participants were encouraged to think about if they were still interested, ones who indicated that they were sure about the participation then the potential date, time, and location of the interview was discussed. Participants were requested to confirm their possible times and dates via email if they were still interested, and after their confirmation, interview details were finalized and, in that email, I requested them to bring an object that might represent their experience of yoga (such as pictures, accessory, cloth) on the day of the interview. The nature of

the study, possible risks and benefits, their choice to withdraw was informed at various junctures, including initial contact over email, preliminary meeting and at the start and end of the interview. Participants were also encouraged to contact me if they had any queries. Although this study was interested in the experience of yoga, as it included the context of life after abuse and before yoga, participants were informed about their choice not to answer any questions or to choose the level of detail they wanted to share.

### 2.8.5. Interview design

The data was collected through one-to-one semi-structured interviews, which lasted between 45 and 90 minutes. The semi-structured interview format offers the opportunity to collect rich experiential data (Smith, 2016). The interview schedule was created and followed flexibly and organically (Appendix-XII). Open-ended and neutral questions were asked to enable participants to tell their stories. The plan covered the main themes around the phenomenon. Many other studies inspired my interview questions, including ethnography and action research, especially those taking a feminist and strength-based stance (Campbell et al., 2010). Many researchers have highlighted the difficulty in exploring embodiment through talk (Sandelowski, 2002, 2010; Coy, 2009; Galbusera & Fellin, 2014). Moreover, Atkinson and Silverman (1997) stress that we live in an "interview society" where there is a false sense of "authenticity and security" (pp. 309-310) from interview data which has been mistaken to be sufficient to give voice to participants.

Considering phenomenological understanding of human bodies as cultural artefacts that are intertwined with material objects which can embody their goals and shape their identities, I included the exploration of meaningful things in my interviews (Csikszentmihalyi & Rochberg-Halton, 1981; Adler, Csikszentmihalyi, & Rochberg-Halton, 1983; Longhurst, 1997, 2003; & Weiss & Haber, 1999). Hobfoll (1989, 2011) explains in "The theory of conservation of resources" that "Resources are defined as those objects, personal characteristics, conditions, or energies that are valued by the individual or that serve as a means for the attainment of these objects, personal

characteristics, conditions, or energies" (p. 516). They noted that some examples of resources include mastery (Pearlin & Schooler, 1978), self-esteem (Rosenberg, 1965), and learned resourcefulness (Rosenbaum & Smira, 1986). Reavey and Brown (2009) argue that particularly in recalling events for women who have survived CSA, objects and spaces can offer us further insight into how adult women negotiate issues of agency with recollections of child sexual abuse. Even though the research did not require women to recall their CSA experience directly, they were bound to be intertwined within their use of embodied space, objects, and resources within yoga, and it may have offered some potential anchorage or stability in their recall. Therefore, I requested women to bring something meaningful, and it could be an object, a picture, a song, a poem, a smell, or anything that represented their journey of yoga. It didn't have to be physically present in their practice but symbolic of their process, similar to Reavey and Brown's (2009) study. Therefore, including objects in this research elicited narratives of embodied desire or memory of significance, which could help develop a collaborative and detailed exploration in the interview and help with an active co-construction of the knowledge.

Participants were interviewed at the Sutton women's Centre, Light centre Belgravia, a private room in the University of East London, and a privately rented space at a location familiar to the participant and researcher. One participant, who was unable to travel and preferred to be interviewed at the annexure of her house, was interviewed at her home (Appendix-IX). It was ensured that she could maintain privacy and comfort within this space. Relevant ethical approval and risk protocol was discussed and agreed upon in advance. Before the interviews commenced, all participants were given a copy of the information sheet, which provided information about the research study (Appendix-IV), and two copies of consent forms (Appendix-V) were discussed, and signed consent was obtained. Once the interview ended, participants were thanked, given the remuneration for their time and contribution, and provided time to ask questions, discuss any feelings that may have been evoked from the interview and give their feedback.  The participants were provided with a debrief sheet (Appendix-VI) with information regarding their local counselling and helpline services if they needed further support.

### 2.8.6. Pilot interview

I conducted two pilot interviews to check the appropriateness of interview questions and practice conducting interviews with a phenomenological attitude (Willig, 2013). These interviews were carried out with one of my peers and a yoga teacher. Due to the topic's sensitivity and avoid intrusiveness in the questioning process, I wanted to get feedback from my test participants. Based on the feedback received from my peer and the yoga teacher, I revised the order of my questions to ensure first build anchors of safety and comfort for participants by engaging in conversation about the general practice of yoga and what led them to it, rather than delve right into their life before yoga. I also learned that asking questions in chronological order felt artificial and directing. It also disturbed the flow and depth of the participant's account. So, I decided to interview organically, keeping my interview questions' main themes in mind. The organic nature of the conversation also facilitated respect and choice for the participant's as they felt more in control of their narrative. The feedback from the test participants helped me enhance my interview questions. I also practised applying the core counselling skills such as attentive and curious listening, warmth, and compassion, validating when something challenging was shared while also remembering my role as a researcher. Pilot interviews helped me provide a safe space for my participants to engage in an in-depth conversation safely with me.

### 2.8.7. Transcription

Transcripts were written verbatim, all the pauses, repetitions, tone of voice were noted in the bracket for psychological interpretation (Kvale, 2006). Also, vocal utterances such as "urm", broken words, facial expressions, gestures, and body language were indicated within square brackets. Transcriptions had wide margins, and the reflections and impressions were noted down on the right and left sides of the document as a commentary. Following previous studies (Smith, 2011), the words emphasized or were spoken louder by participants were formatted into "bold".

## 2.8.8. Data Analysis

As discussed earlier for the analysis process, aligning with the primary aim of the study, I adopted a strong phenomenological perspective to enable me to remain close to the women's experience, treating them as an expert in their knowledge while attending to their context rather than imposing my feminist perspective on to their subjective perspective (Willig, 2013). Each transcribed interview was analysed based on IPA guidelines (Smith & Osborn, 2015) as Smith et al. (2009) recommended. Three levels of analysis took place.

The first stage involved listening to the recorded interviews while reading the transcripts, making observations, first impressions, and reflections. The initial analysis of the data involved reading and re-reading participant's interview transcripts and making notes of their thoughts and critical claims. Immersion in the transcript helped me to immerse and reconnect with each participant's data. After following this iterative and inductive practice, I noted down the patterns of meaning and inconsistencies, such as semantic content and the use of language on the right margin. At this stage, I maintained horizontalization, kept an open mind, and jotted down notes on anything that stood out about the participant's accounts, reflecting on the participant's lived experience of the phenomenon (Smith et al., 2009). Detailed notes and comments were captured while noting my reflections and perceptions separately in the reflexive diary to ensure horizontalization and staying close to the participant's sense-making (Willig, 2012).

The second stage included applying thematic labels to encapsulate each participant's account (recorded in the right-hand margin). Themes were brought together into a cluster of themes, progressing towards a summary table where an overview of themes with relevant quotations was copied. IPA intends to help the researcher keep an initial "insider perspective", then move on to the interpretative account and examine what it means for these participants to have these concerns in this context and try and capture the essence of the experience.

In the *third stage,* the connections across emergent themes were observed by listing them and grouping them into higher-order "master themes" (Willig, 2013). This process was repeated with all six participants by following common as well as divergent patterns across them. The final stage involved creating a table of the last themes with quotations illustrating each theme (Willig, 2004). While attempting to highlight a genuine presentation of a phenomenon, I tried to maintain a holistic and contextual representation of women's narratives through the idiographic reflection of personal interconnections between themes; thereby creating a multi-faceted exploration of meaning,  a "double hermeneutic" (Smith, 2015; Biggerstaff, & Thompson, 2008) interpretation of women's accounts, which is representative of IPA.

## 2.9.   Assessing validity and quality

To assess the quality and validity of qualitative research, Yardley (2016) proposes several principles, namely: sensitivity to context, commitment, rigour, transparency, coherence, impact, and importance.

### 2.9.1.   Sensitivity to context

Sensitivity to context was demonstrated in several ways. Firstly, through thorough engagement with existing literature on yoga, the topic of investigation, and IPA, the chosen research method. Also, the participants and the researcher's socio-cultural positioning was reflected throughout the research process. Moreover, I paid earnest attention to power issues and my impact by employing reflexivity and transparency. I also ensured that sensitivity was reflected through my writing of a good IPA study that is explicit, reflexive, sensitive to participants' data, and contributes to CoP and broader literature.

### 2.9.2.  Commitment and Rigour

***Commitment*** refers to the researcher's engagement, attentiveness, and immersion in the relevant data and developing their research skills (Yardley, 2016). Emphasising the power imbalance within the research, being attentive to the topic's sensitive nature, and not over-emphasizing vulnerability over autonomy (Fontes, 2004). The interviews were kept organic and respectful, and this was demonstrated by the rich accounts of the women who gave feedback that they felt safe and comfortable during the interview.

***Rigour*** was implemented by staying thorough about every decision making, like attending to the appropriateness and homogeneity of the sample and ensuring the completeness and quality of the analysis undertaken (Yardley, 2016). Smith's (2015) framework of IPA was strictly adhered to, from coding through to the development of themes. During the interviews, the rigour was maintained through gentle exploration and probing, with due care about the wellbeing of the participants, resulting in rich data collection and detailed findings.

### 2.9.3. Transparency and Coherence

Yardley (2016) emphasizes the significance of ***transparency and coherence*** in methods and analysis throughout a qualitative study.

***Transparency*** involves having a clear outline of all stages of the research process, such as data sourcing and analysis procedure, followed by a clear overview of the emergence of themes, evidenced through quotes from the participants. With examples of transcripts in the appendix, the reader can further comprehend how data were analysed and interpreted. It also helps them distinguish what the participant said and how the researcher analysed it (Yardley, 2016; & Elliott, Fischer and Rennie, 1999). Furthermore, transparency was elucidated through regular discussions with the supervisor, whereby the themes and underlying meanings were discussed and negotiated.

***Coherence*** was achieved via maintaining clarity of the argument that Yardley (2000, p.222) describes as "the "fit" between the research question and the philosophical perspective adopted and the method of investigation and analysis undertaken". Guided by constructivism, I endeavoured to pay attention to terminology, choice, safety, and relationality to assess critically that my subjectivity does not dominate the findings and that the participants' perspectives are fairly represented (Morrow, 2007). By collating and analysing the depth and breadth of experiences, the current study attended to its theoretical, ontological, and research aims.

### 2.9.4. Impact and importance

It refers to the contribution of the research findings to theoretical knowledge and its practical implications. Qualitative research seeks to produce in-depth analyses of a small group's narratives rather than representative samples. Smith (1999) suggests that "from an idiographic perspective, it is important to find levels of analysis which enable us to see patterns across case studies while still recognizing the particularities of the individual lives from which those patterns emerge" (page 424). And, adds further that research "should be judged first and foremost on how illuminating it is of the particular cases studied and where a micro-level theorizing should be richly informative of those particular individuals and may well be fairly modest in its claims to generalization" (Smith, 1999, page 413). Thus, conclusions drawn are specific to the particular group, and generalizations should be approached with caution (Flowers et al., 1997). Similarly, this IPA research hoped to inform the service users, the professionals involved in the care of CSA survivors, and the trauma literature about the unique and subjective journey of yoga for survivors of CSA. The research intends to offer insights into how women survivors of CSA make sense of their experience of yoga, the aspects that they may have found beneficial or detrimental, and how it may have mediated their process of embodiment and bodily agency (Coy, 2009; Merleau-Ponty, 1962; 2010 & Ataria, 2018).

## 2.10. Participant feedback

Ashby (2011) emphasizes that it is not just "voice" but "voice and agency" that should be worked upon throughout the process of the research since voice is not present from the start, but it is something for the researcher to help unveil in the research process. To ensure participant's voice is fairly represented, qualitative researchers often emphasize collaborating with participants using follow-up "participant checks" (Morrow, 2007). However, this position clashes with IPA's positionality that accepts inherent subjectivity and co-construction of knowledge, recognizing the researcher's subjectivity in the analytic process (Smith et al., 2009). Following my ideological and methodological stance, it was vital for me to provide a space where women could continue to raise their voices as experts (Sinopoli, 2011; Ashby, 2011). So, I requested feedback from participants regarding the final table of themes of the study to be included in the discussion section while acknowledging my subjectivity within the analytic process. It also aligned with my choice of method, IPA, as suggested by Howitt and Cramer (2017, p.394) that "there is a clarity and transparency about data presentation in IPA which is not always emulated in other forms of qualitative research". Feedback proved to be a helpful process, as reflected in the discussion section, where participants' feedback is presented. All the participants had agreed to provide feedback. When the analysis was complete, the participants were contacted. Five women out of six responded, three women could not provide feedback due to personal commitments, and two women who agreed were included in the discussion section. Before the feedback session, the themes table was sent via email, giving them space and time to reflect on.

## 2.11. Reflexivity

Willig (2012) stresses that reflexivity involves maintaining openness and awareness of own subjectivity in the research process, contributes to the evolving intersubjective field of researcher and research, and the extent of limits of what can be found or constructed. But this process can be ambiguous and messy since it involves elements of self-analysis and self-disclosure (Finlay, 2008). My passion for working with women

survivors of CSA came from my own experience of CSA. When I first embarked on the journey of research, I wanted to choose a topic that foregrounds women's voices, probably a reparation for my inability to speak out about my experience of CSA for a very long time.

When I first engaged with the literature about the effects of CSA and started working with female survivors, I began to understand the complexity and ambiguity of this experience. Moreover, reading some of the feminist literature and empowerment model opened my eyes to the huge prevalence, oppression of women, culture of "victim-blaming", shame and stigma associated with this particular form of abuse (Kennedy, & Prock, 2018; & Randall, 2010) that keeps it invisible and hidden in society (Bouson, 2010; Christie, 1986; & Goodey, 2008). This literature helped me understand what factors made it so hard for me to tell anyone despite having a support system in place. The commonality of sufferings within survivors and their relationship to self and this world made me feel frustrated and evoked a sense of earnestness to look for ways to help women regain a sense of agency and resourcefulness. Thus, when I heard from a friend about the emerging interest in the therapeutic use of yoga for the trauma population, I instantly felt intrigued. Although I had some exposure to yoga growing up in India and was distantly aware of its holistic philosophy, I was not an avid practitioner. As I immersed myself in the literature about yoga philosophy, an indication of its healing potential, and adaptations of yoga practice for individuals with trauma history, it became pertinent for me to understand the in-depth experience of this practice from the women who utilized it.

However, this journey presented many personal and academic challenges. Though I recognised that I connected with these women's suffering at many levels, I remained disconnected from my experience as a female CSA survivor. The initial engagement with the research topic triggered some residual unprocessed fear and anger from my own childhood experience of sexual abuse. I was aware of an embodiment of trauma in theory, but clinical practice and engagement with self in therapy helped me detangle some of these emotions and understand how they linked with my chronic hyper-aroused and exhausted state. My therapist helped me recognize that my anxiety and

fear were longstanding and embodied. She emphasized regulating the body using mindfulness. With her help and motivation, I incorporated 10-15 minutes of breathing practice and meditation into my daily routine, and I was pleasantly surprised with the results. I felt that the psychological understanding and having some tools to manage my embodied dysregulation was helpful for my healing and made it more meaningful to examine the journey of yoga practice for women who experienced sexual abuse in childhood. I also started practising yoga more regularly and noticed that the sense of being in the body, connecting with breath, and reaching out to the postures, especially the opening and stretching postures in yoga, helped me feel more resourceful and stronger.

My shared experience of both yoga and CSA placed me in an "insider" position (Kanuha, 2000) in this research. I had a dilemma about whether sharing my status as a survivor would be helpful or limiting for my participants. I was aware that it could help me gain a certain amount of legitimacy and trust from my participants, but I also feared that it might stigmatize my position and be seen as less credible by outsiders, who may view this as a limitation (Kanuha, 2000). I also wondered if it would impede the depth of the information my participants may share with me, considering the commonality of our experience. This assumption was compounded by my first-generation Indian status, which in itself had the potential to evoke the possibility of a belief that I may be looking to prove a positive view of yoga. Thus, I decided to not reveal my identity of being a survivor before the interview, keeping my questions open-ended and as neutral as possible. Nevertheless, I chose to share my specialist training and experience working with CSA survivors at Rape Crisis. This decision was informed by findings from the survey report with survivors who rated charities such as Rape Crisis quite highly (Gekoski et al., 2020). In my view, this separation of the experience helped elicit women's voices and perspectives and facilitate comfort through building credibility with participants.

The self-disclosure during the research write-up is an attempt to show awe to all women who shared the intimate details of their yoga journey and its intersection with their recovery. I wish to stand with them in solidarity and pride and announce that I am

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not ashamed or fearful of revealing and accepting all aspects of my identity and life narrative. Keeping in mind my positioning as a researcher, I paid particular importance to remain aware of my preconceptions to filter these from the phenomenon being explored. So, all the issues or doubts arising from prejudices and concerns were noted in a reflexive diary for research. The apprehensions were continually raised and discussed in personal therapy and the supervision to ensure high-quality research (Finlay, 2008). Thus, I have tried to remain attentive towards my reflections on yoga and the experience of CSA and accepted it as an ongoing reflective process, which I have noted as they emerged in different phases of the research and shared in further reflexivity in the last chapter of this thesis.

# 3.    **Chapter 3 – Analysis**

## 3.1.    Introduction

As discussed in the previous chapter, the IPA approach to data analysis was employed to answer the research question, "How do female survivors of CSA make sense of their lived experience of yoga?". Three superordinate themes emerged from the analysis of the data include: ***"Coming to Yoga", "Process of becoming", "Reclaiming life".***

All sub-ordinate themes are illustrated and described using verbatim citations from the participants' narratives. "…" represent the material that has been omitted to focus on more relevant portions of the description. The [.] and [..] means a short and a long pause respectively to reflect when the participant paused for a moment or more. The sources from which the citations are obtained are from the original transcripts and are signposted by line reference numbers and pseudonyms.

## 3.2.    Overview of Super-ordinate themes

The first super-ordinate theme, titled *"Coming to Yoga",* sets the starting scene of the women's yoga journey, describing their reasons for participating in yoga and the difficulties and challenges they faced while familiarizing themselves with yoga. The second superordinate theme, *"The Process of becoming",* captures the women's experience of rediscovering themselves through generating curiosity, observation, and connection with their inner experiences, cultivating present moment awareness, resilience, and re-establishing safety in their inner experience through the healing of the inner child. It also draws the reader's attention to establishing security in the presence of the teacher and others. The final and third sub-ordinate theme, "Reclaiming Life", presents an account of an expanding coherent (integrated) self, discovering agency and choice, developing the acceptance and compassion towards self, and expanding into a larger nurturing self. Most women showed insight and the
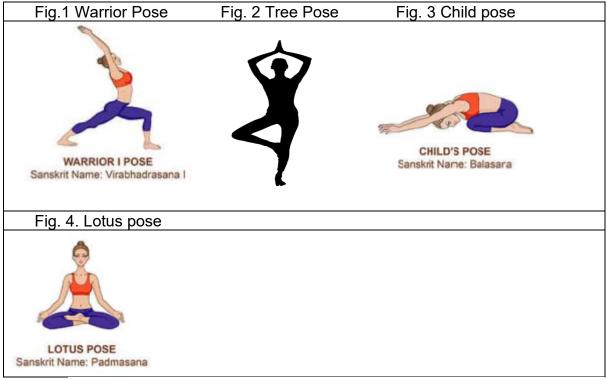
desire to reach out to other women in similar situations in many ways. One of these was to share their journey. Participants were asked to pick something that may be symbolic of their yoga experience before coming for the interview (complete list and participants' brief narrative available on **Appendix-I**: Symbolic objects). The symbolic things could be a poem, non-verbal, creative visual, audio art, diary entry, or anything meaningful to them, and reflections are included in the analysis.

### *Table 3.1: Themes and subthemes*

| COMING TO YOGA | PROCESS OF BECOMING | RECLAIMING LIFE |
|---|---|---|
| •*"Little Shrivelled Heart"*<br><br>•*"Stranger in my body"* | •*"Little light flickered*<br><br>•*"healing the inner child"* | •*"Letting the diamond shine through"*<br><br>•*Expanding self* |

Some of the postures which were discussed in the interviews are shown in the table below.

**Table 3.2. Some yoga Postures**

| Fig.1 Warrior Pose | Fig. 2 Tree Pose | Fig. 3 Child pose |
|---|---|---|
| WARRIOR I POSE Sanskrit Name: Virabhadrasana I | | CHILD'S POSE Sanskrit Name: Balasara |
| Fig. 4. Lotus pose | | |
| LOTUS POSE Sanskrit Name: Padmasana | | |

*(Source: 101 Popular Yoga Poses for Beginners, Intermediate and Advanced Yogis, n.d.)*

### 3.3. SUPERORDINATE Theme 1: COMING TO YOGA

The first superordinate theme introduces women's experience of yoga at the beginning. All women drew parallels between the difficulties associated with their initial experience of yoga and the issues relating to the experience of CSA. They quoted different reasons for starting yoga, some consciously chose it to benefit from its "holistic" and therapeutic effects on the body, and others utilized it as a form of gentle physical practice. Woven through each women's narrative was the intention to gain some sense of sovereignty over some aspect of their life, whether psychological or somatic difficulties. This super-ordinate theme identified two sub-ordinate themes: *1. "little shrivelled heart", 2. "stranger in my body".*

### 3.3.1. THEME 1.1.: "little shrivelled heart"

All women presented different emotional, intellectual, and experiential struggles. The title *"Little Shrivelled Heart"* possibly ignites an image of a woman with a little girl's shrunken and weakened heart, holding a range of emotions, involved in the process of constant internal dialogue with the little girl who perhaps herself is in a state of emotional flux and has ambiguity about her experience, which was reflected in multiple ways by all women. Many women noted that realizing their difficulties from the past was not instantaneous. They came to appreciate these difficulties when they thought about them retrospectively. Some women used various psychological constructs such as anxiety, depression, PTSD to describe their challenges associated with the experience of CSA. All women expressed an involuntary and sudden surge in their emotions and bodily sensations, making them feel overwhelmed and out of control. This sense of uncertainty of their physical experience sometimes replayed in their yoga practice evoking a range of emotions such as guilt, shame, terror, and anger. Many women also reported difficulty trusting others and having issues of low self-worth.

Like, for Anna disclosing about her sexual abuse in childhood, suddenly seem to confront her with the suppressed and hidden "little shrivelled heart" within herself:

*"for 40 odd years, I didn't cry at all, which kind of makes people think, wow, how hard is she ... but I'm crying inside [laughs] ... I [..] used to be quite tense all the time … but again, you wouldn't have seen it ... I used to say that if you cut me in half, it's probably like little shrivelled heart or little tears or black and stuff like that because that's it's all been internalized for me." (ANNA, 3:100-111)*

She further expanded on her coping strategies, one being splitting her "little shrivelled heart" and keeping it hidden from others:

*"When I disclosed … it … **overwhelmed** me … I noticed that there was a local yoga thing. So, I thought … nobody knows about me, nobody's interested in me …  it has been **hard** because there are lots of things, lots of coping strategies that I put in place as a child … that are very counterproductive [laughs] to yoga. So, like it's almost trying to work against those to actually enjoy [laugh] the yoga practice for me"  (ANNA, 1:24-35)*

Anna emphasized that she perhaps felt the need to explore yoga after disclosing her experience of CSA after 40 years. She viewed yoga practice as a space where she could shed the label of being a "survivor" and do her "own thing", perhaps illustrative of her need for authenticity and integrity when confronted with her concealed past. Within this preference to remain anonymous, maybe there is also a sense of desire to do something on her own, to find her sense of self back, lost in the narrative of abuse in therapy and her personal life. Anna's reference to "coping strategies" is perhaps representative of how she learned to respond to the chronic threat when sexually violated in childhood. In the second extract, Anna describes her two distinct selves, one visible to the world, and the other, hidden from others, perhaps also from Anna's awareness. Anna's use of the powerful metaphor "little shrivelled heart" represents somatised emotions, a child's little heart that lost its shape and suppleness. Her use

of the term "tears" seems symbolic of physical expression of sorrow and grief, and perhaps "black and stuff", signify the negative self-concept internalized within her, possibly reflecting the messages she received from powerful or abusive "others" around her during childhood.

Anna's difficulties translated into her experience of yoga practice. For her, not being able to reach the postures fully evoked a sense of judgement towards her:

*"yoga is a very difficult one for me because … I am not doing like the other people, "Look, I am not doing it right [laughs], they are not doing it like me" … that was very hard for me … 'they are not looking, they are not judging you' … it's almost like an inner dialogue with me". (ANNA, 2:55-62)*

Anna reflects on the process of quietening down her inner critical voice that stayed vigilant of the surroundings all the time. Anna asserted that it was tough for her to accept that others did not judge her. Anna also enacted a commanding and compassionate tone of voice to depict internal dialogue representing the battle she endured many times in the yoga session. In this extract, Anna's depiction seemed to reflect her stronger outer self, possibly indicating her ardent need to be not be seen as inadequate by others, thus coming into the focus of attention.

For Carol, like Anna, it was her terrified "little shrivelled heart" that drew her towards yoga:

*"I came back to yoga after having children, it was much more as a tool to help anxiety … it was recommended to me by a friend …  I was just doing lots, and lots of running and I think that was a concern may be that [laugh] wasn't almost helpful, try something new bit calmer"  (CAROL, 1:10-16)*

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Carol shared that she came back to yoga after having children, perhaps indicative of some additional motivation to take control of her "little" abused self. Carol described running as a concern, as she was running excessively, perhaps symbolic of her need to escape from the chaos she experienced in her life. This extract further clarifies Carol's description of yoga as a calmer alternative to fast-paced running, seemingly indicative of running not being helpful for Carol in her anxiety. Carol's instant laugh is noteworthy here as it indicates some level of discomfort associated with her helpless state at that time.

But this watchfulness also presented with difficulties for her anxious "little shrivelled heart":

*"**being expected to have my eyes shut,** to me it just seemed [] **absolutely … crazy and** every part of my brain was going **run …** I just remember lying there, counting the seconds until it a little bell would go … I think I left quite a few times, thinking oh I really enjoy that yoga … but that thing, in the end, is torture and just feels so **wrong"** (CAROL, 8: 330-336)*

This extract portrays many aspects of Carol's experience. She describes how she would wait for the bell to go as if the time experienced then seemed slower than usual. There appears to be a sense of conflict within her as while she enjoyed the yoga practice, the "expectation" to close her eyes and relax seemed torturous to her and perhaps a forced action that her vigilant and terrified mind resisted. This excerpt highlights Carol's experience of sexual violation, which probably evoked an opposite heightened and counter-intuitive response to relaxation during "Shavasana".

For Pam, her "little shrivelled heart" felt intimidated by the yoga positions at the beginning:

*"first time, I went to yoga, … it did feel … intimidating … I felt extremely vulnerable … some of the positions that you have to get in … other people are there in front of you ... you might have another bum on your face, do you know what I mean (R: urm, urm,*

*yeah) … I did find it **quite difficult** …that's why I dipped in and out of it … it's a bit like an act of desensitization" (PAM, 1:26-34)*

Pam began yoga to manage her physical health at a local health studio, but her initial encounter with yoga perplexed her and made her feel very vulnerable. Carrying out the yoga poses in the presence of others was intimidating for her, possibly also ascribed implicit meaning given to the movement of the female body in certain positions that can be construed as sexual. Pam's rhetorical question here perhaps reflected the implicit social meanings associated with women 's intentionality behind moving bodies in certain positions and its anticipated consequences. This quote appears to reflect Pam's assumption that she derived from both being a woman and a survivor of sexual abuse who perhaps relates to the idea of a woman's socially situated body. Even my identification with this perception of female bodily experience was evident as I instantly responded in affirmation. Pam's experience could also be related to the difference in her yoga routine that focused on physical health and was described as "crowded" by Pam. A similar critique was shared by other women who also found "posture-focused" yoga class difficult and struggled to find the right teacher to foster safety and holistic healing.

Pam reasoned that this intimidation could be a:

*"suspicion of an adult, which you don't have as a child, urm, why would she [teacher] want people to sit here with legs wide apart … Is this really a yoga exercise? Yeah, I guess I was a bit suspicious at first ... about people's motives, I wondered ... Are they just here to see women in these positions?" (PAM, 8:334-340)*

Here, Pam seems to link her mistrust of others, including the yoga teacher, with her past experiences. Her puzzlement towards the intention behind these postures also indicates the lack of safety she experienced in this space. Pam mainly refers to a movement in yoga where the legs are wide apart, possibly identifying with the societal perceptions relating to culturally acceptable movements of a female body in the social

context, thereby making her feel responsible for increasing her susceptibility to threat from men. Perhaps Pam's ambivalence towards the intention of others relates to her experience of CSA that involved both "love and manipulation". Her particular reference to men's presence in the class as intimidating and suspicious appears imperative of Pam's identification with the perception of being a woman, where the body is solely regarded as an object of sexual pleasure for men, a sentiment also apparent in Carol's narrative who shared finding mixed-gender classes difficult.

In conclusion, all women associated their experiences sometimes as a "little girl", a child who felt unsafe, sad, and devoid of agency over their bodily experience. The sense of confusion, varied emotions, and conflict were also evident within that experience. Women seemed to navigate their needs through constant negotiation of perceived internal and external judgment and feeling threatened, which was sometimes precipitated by the yoga practice. Some women described a sense of self-consciousness of their bodies further complicated with their experience of femininity.

### 3.3.2. THEME 1.2.- "stranger in my body"

All women endorsed this theme; they talked about alienation with self, especially regarding their inner body sensations. The women described it as a sense of outside force taking control over their bodily experience. This external locus of control is sometimes presented in the narrative as oppressive "others", like medical professionals and sometimes their own hostility and judgement towards their bodies. Most women in the study rejected the notion of the "medicalized" body and felt intuitively drawn towards yoga without thinking of it as a therapeutic activity in the beginning.

Like, Branda addresses the relationship to her body and situates it within the impact of her experience of the various forms of abuse within her life:

*"I was a stranger in my own body, it was like…having to focus so much on the externally other things, other people and kind of boundaries being crossed … I felt that*

*my body was ... like a **dump** ... for abuse for pain, very detached from ... I wasn't in touch with anything to do with me, Branda"* (BRANDA, 3:73-80)

Branda makes a specific reference to her body as a "dump" for abuse and pain, evoking an image of a physical space not worthy of care, respect, and love, a site where others have inflicted pain. This narrative portrays Branda as a passive observer of her agony, devoid of control or any agency over her body. Branda's reference to herself as not being in touch with "anything to do with me Branda" may indicate how disconnected and estranged she felt from her sense of self before starting a yoga practice.

Branda's sense of estrangement and disconnection was not just reflected within her body and self but also reinforced at multiple levels:

*"**I had left the cult,** so I had lost everything who I knew throughout my life ... **we** were not allowed to interact with the outside world. **So overnight I lost family friends ... was homeless ... I had the Post-traumatic stress disorder ... mixed in with childhood sexual abuse ...** there was ... yoga nearby, then I thought I need something to try and help me you know to **get into my body again** like I was going for **counselling,** but **they just** wanted to put me straight on to medication, and I was thinking there has got to be another way to try"* (BRANDA,2:54-65)

There seems to be a strong demarcation of time in Branda's life when she left the cult and her family, possibly symbolic of obliteration of her whole identity and her roots of existence. It can also be interpreted that Branda situated her estrangement to the cult's oppressive collective beliefs, which imposed their authority over her. Branda's narrative also seemed devoid of emotion, but her fast-paced narration illustrated some discomfort reflecting on when she was stripped off her "known" past to move forward towards the "unknown". Notably, Branda's reference to the professionals as "they wanted to put me on medication" carries a similar sense of external locus of control as in the cult where others took decisions about her body. Here, Branda seems to be

taking charge of her body through yoga, which is symbolic of her need to rediscover herself and her body.

She elaborates on her initial experience in the following passage:

*"when first time I did yoga … **kind of this relief feeling …fi**nally I can have this freedom of movement with my body, I can be in touch with myself again … **I was very detached from**, I remember … even crying sometimes" (BRANDA, 3:109-114)*

Branda expresses that she felt liberated when she attended yoga for the first time as she could move her body freely. Branda's act of "crying" seems like the emotions and pain she remained detached from in the past emerged while practising yoga. Her sense of which might have been suppressed due to limitations imposed on her agency. Referring to this initial phase, Branda spoke about the essay that she wanted to bring to our interview that was her way to express her inner experience when she first felt free in her body and could connect with inner experience:

*"I remember writing an essay, I was trying to find it for you actually [smiling], but I couldn't find it …how I had that first experience, a lasting impact on me, made me do it more, I realized it was kind of, it was very, it wasn't just stretching it was very therapeutic …it was an avenue for me to kind of express … get in touch with some other pain that I hadn't really, and also to feel more free in my body, have control again of my body … I would say, freedom, a release, … the initial experience of yoga was emancipating, really freeing" (BRANDA, 2-3: 121-136)*

But the intentional inner focus in yoga also presented challenges for Branda:

*"Sometimes it was hard because I was really trying to … **push back** some things … I was **resistant** … to go deeper with it or to get more in touch with it … it just felt like it*

*was overwhelming … I did stop for a bit, and then I thought ok let me get back into it again that was something … helpful"* (BRANDA, 4: 141-150)

This intentional inner focus within the practice also seems to evoke a conflict within Branda as she defines an urge to disconnect with pain as feeling "resistant". Branda's hesitation in continuing yoga and then deciding to go back perhaps represents an intention to change her old ways of responding to painful feelings and sensations, thus taking charge of her recovery.

Similar to Branda, Sarah also reflected on the disconnection before she started yoga:

*"I didn't know that I was dissociated [laugh] and … had any issues until my [.] behaviour became incongruent ... it caused a relationship break down, and ... I did have a breakdown, and went through a depression ... at the time I understood to be psychological, urm although my body went through all sorts of drama like my adrenaline must have been high for almost 2-3 years and I didn't sleep for longer than 2 or 3 hrs ... but I dismissed that, ... I felt suicidally depressed at the time… I felt that my body was just reacting to the stress … it didn't occur to me that I could support that at all,  except with medication which I, I really did not want to take"* (SARAH, 7:270-283)

Here, Sarah reflects upon the time before yoga when she felt ambivalent about supporting her body and construed her issues relating to the experience of CSA to be only psychological. Sarah's laugh portrays the denunciation of her perceived "ignorance" of her bodily existence in the past, perhaps also a sense of annoyance towards the perspective she and people around her carried for years, which she addressed later in her interview. Sarah compares her "old", "unaware" self, which was disconnected and perhaps indicated being dismissive about her bodily needs and difficulties. Her reference to her body going through "drama" perhaps depicts her perceiving her body as "acting-out" due to stress. Like Branda, Sarah also rejected the idea of treating her body with medication. Though, she also draws upon knowing only

one way to address her physical issues, which was through medication, perhaps showcasing the medicalized cultural view she held at the time.

In the interview, Sarah had bought Dr Bessel Van der Kolk's book, "Body Remembers" (2015), as a meaningful object that helped her learn that she needed to include the body in her healing process. While describing her experience of fatigue and "energy dips", she explained:

*"…he talked about working through trauma and how essential it is to include the body, and he mentioned yoga …that is when I essentially thought but to find a class … for me, more about finding a right teacher … It was that book that I realized that I must start because it could be helpful to me in a therapeutic sense like I have got to somehow include the body, I had done so much like psychotherapy" (SARAH, 1: 25-32)*

Here, Sarah explains that when she first came across this book, she began to think about finding a yoga class to help her in a therapeutic sense. As illustrated in the previous extract, Sarah seemed to struggle to understand her bodily experience, and her attempt to work with her issues through psychotherapy alone didn't seem sufficient. She expressed in the interview that Dr Van Der Kolk's reference to yoga as a therapeutic activity inspired her to look for a class, especially a teacher who could facilitate this process.

Sarah defines her initial encounter with yoga as exceeding her expectations:

**"I was amazed …** *came out of the hour class … my energy was different and instead of feeling* **more fatigued …***It did feel like the energy has moved around it was more energy when I left … it was counterintuitive" (SARAH, 2:79-86)*

Sarah shared in the earlier extract that she felt fatigued for a long time, which contrasted with her new experience of feeling energized after attending the yoga class. It seemed counterintuitive but significant to her. As Sarah had mentioned earlier, her dismissal of bodily needs and failing to recognize how to support them suddenly shifted with her yoga class experience, where she seemed to feel more energetic than she expected to be after the class.

Jane expressed an experience of alienation from the self, similar to other women:

*"I … had a number of significant traumas through my life … addiction issues … I definitely was **very shut down** …  I used to spend a lot of time **outside of my body** … the centre was **really quiet and peaceful and calm** … I used to enjoy my body in terms of like dancing or movement … but … I was not particularly connected with it, perhaps more as a child, but there was something in suddenly being able to connect with the body in that way … retreat is to kind of facilitate spiritual **awakening** … it wasn't like a medical intervention"  (JANE, 3: 101-115)*

Jane linked her difficulties in the past, leading her to have issues relating to addiction and disconnection from inner bodily experience. Jane describes that the retreat's experience was contrary to her experiences before yoga. She felt peaceful, calm, and quiet, and it seems as if she is describing the aspects of the environment in the class, the components of which may be missing from her usual experience of life. Jane, like other women, seems to reject the notion of a medicalized notion of body, with a "fixable" view of modern medicine. Instead, viewing yoga as a "holistic" and "spiritual". Jane's intensely positive experience on the first retreat perhaps is indicative of the impact of deeper immersion into the practice over five days as opposed to other women who attended weekly sessions.

Women's accounts above illustrate disconnect and estrangement from self as a significant aspect of their experience, where their sense of safety within the body seemed to be disrupted by the experience of threat. Most women opposed the view of

the body being treated medically, instead favouring a holistic way of healing. Their struggle and ambivalence towards their inner experience seem to evidence their meaning-making process when they started the yoga practice. All women drew a connection between their intentions and nonstop action, signifying some aspects that gave them hope of healing and growth from the practice.

## 3.4.   SUPERORDINATE Theme-2: THE PROCESS OF BECOMING

The second phase is built upon the first stage, where the women with regular yoga practice began to feel comfortable with the practice, which sometimes felt counterintuitive to their threatened sense of self. The contemplative observation and intentional action through movements, breathwork, and meditation helped women grow inner awareness, reconnect with the present moment, thus cultivate an embodied sense of safety within. The purposeful engagement with their mind and body also helped women feel more resilient, clear, and confident towards their experiences and gain autonomy and freedom from the pain and ambiguity they felt due to the CSA. All women except Pam stressed the role of the teacher in guiding the practice and helping establish safety and autonomy. The subthemes in this super-ordinate theme are- "*little light flickered" and "healing the inner child".* Not all the subthemes were qualitatively similar, but all women talked about the significance of one of these aspects in one manner or another.

### 3.4.1.   THEME 2.1.: "little light flickered"

This subtheme captures the essence of women's process of developing a sense of autonomy and more profound knowledge of their inner experience. All women emphasized that change was slow and gradual with many setbacks and needed rigour and continuity. These changes were observed via different experiential aspects of yoga, such as movements with purpose and intention (*asana*), meditation (*dhyana*), and conscious breathing (*pranayama*). For each woman, different aspects of the practice stood out more than the others. This sense of increased sovereignty and insightfulness within the body seemed to foster a positive self-concept and an attitude of observing and curious self, thus instilling hope and motivation to heal the "abused" self. Repeated and deeper engagement with the body also helped them feel integrated and present in the present moment and also gained resilience to acknowledge and connect with inner pain and complex sensations that were sometimes hidden or suppressed from their awareness.

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Like, for Pam, this was a process of changing perspective towards self :

*"…the person I've become ... I am of all my life experiences ...  So, I wasn't surprised that I was angry ... and the resentment ... those unhealthy feelings ... started to question ... maybe I could be someone peaceful, maybe I could be different ... I think yoga was the first place that started that chain of thought ... that little light flickered."* (PAM, 12:528-537)

Here, Pam's assertion that yoga was the first place where the little light flickered perhaps illuminates a vital milestone where the process of change initiated. It maybe helped Pam acknowledge and accept her feelings of anger and resentment, oriented her towards present reality, learned from new experiences, which motivated her to change. As noted in the earlier theme, Pam shared that some aspects of yoga were distressing while also finding peace within meditation. Pam's realization that she could be different and deserving of peace could illustrate Pam's growing sense of worth that instilled hope and desire to inculcate peace in her life.

Whereas, for Carol,  the process of "little light flickered" initiated with continued practice despite the hardships:

*"because I kept coming back and doing it, I think eventually the penny dropped ... this wasn't about anybody else this was about me ... the **whole thing of always feeling like somebody is going to do something to me … I have to be vigilant urm, but actually it's just me on my mat, and its nobody else's business and nobody is going to come over**.... you start to feel this real sense of this is my space urm, people talk … about coming on to your mat, being on your mat, and it becomes a powerful symbol, urm **particularly for women who have had that power taken away from them."** (CAROL, 9: 341-353)

In this extract, Carol beautifully describes the process of change in her inner experience. When she started the practice, Carol constantly found herself in a state of

vigilance, perceiving the world as a dangerous place. With the passage of time and sustaining regular practice, Carol perhaps developed a "felt" sense of safety within her surroundings. Carol describes "being on my mat" as a powerful symbol, perhaps equating it to the sense of taking back control of her own body and bodily space. Carol's reference to this being a commonly shared expression within the yoga community seems reflective of her strong identification with the yoga philosophy, perhaps referring to the idea of being respectful towards her own body and its boundaries. Carol also stressed the importance of finding inner strength for women. She seems to refer to the socio-cultural context, suggesting that women are usually subjected to abuse and pain inflicted by powerful others. This extract also draws attention to Carol's previous experience where her power was taken away through CSA perpetrated on her.

Branda, like Carol, needed to take back this control within their embodied being. For Branda, "finding her way back into this world" also meant finding a way back into her body through movements in yoga:

*"Tree Pose [fig.2] was one of my favourites ... it made me very strong in my body ... a **very grounding** pose ... I remember being ... really stressed and … thinking yeah "let's get into a tree pose right now" ... I could hold myself ... really feel a lot of different emotions ... at the same time, I can be vulnerable and strong ... also child pose ... it was ... for my anxieties soon as I was feeling really anxious that was my one "go-to" … because of the way how the pose is, I felt very, like releasing ... by facing it away from me... I could feel safe ... I felt  ... my anxiety was a bit further from me, and I could let go of it much more easily ... **Lotus Pose [fig. 4] was one of my favourites for the end of the session ...** feeling like ... very at peace ... like positive energy like washing over me for my life ..."* (BRANDA, 16: 676-708)

Branda's account was echoed by all women who defined moving their body in specific postures helped them to regain "power over their body"**.** Branda's assertion that "I could hold myself" possibly demonstrates her developing confidence and resilience. The willingness to let go and embrace vulnerability while trying to balance herself on

one foot in a "tree-pose" seems symbolic of testing out her strength and self-determination. This amalgamation of strength and vulnerability probably depicts her shift towards compassion and acceptance of the whole self. It also seems to indicate Branda's experience of stability in this challenging balancing pose, giving her a sense of control within her body. This extract showcases a significant experience, for Branda who earlier described being a "stranger" in her own body. Branda linked "child-pose" to a sense of bringing safety and calmness within her body, specifying that "facing it outwards" gave her a sense of release and helped her regulate the surge in her emotional arousal. Lastly, lotus-pose seemed symbolic of simulated importance of peaceful and positive energy washing over Branda, which can be interpreted as healing the old "battered" self from a threatened and disconnected state to a calm and safe sense of "being-in-this-world". It seems that the yoga postures had a specific purpose for Branda, where she utilized them as a resource to manage her day-to-day experiences to become more resilient, integrated, and autonomous within the self.

For Sarah, the light flickered for her as she was able to attend to her bodily needs :

*" I had a spinal fusion ... So, I allowed myself to do that [support self with prop] because there was actual physical evidence for why I might need support ... gradually over time, I started to experiment than with the bolsters and keeping myself warm and to be allowed to do that ... to take time to actually wrap yourself up [laughing] this sounds ... I am listening to myself ... "Oh! my goodness" ... it seems so ... sad looking back, on how ... ambivalent I have been about support ... I suppose I was used at that point used to supporting my mind with all the psychotherapy, but to start supporting my body and to recognize benefits from that was ... it's only now ... quite a delicate journey". (SARAH, 5:195-210)*

Sarah's example here, about how she had to reason with her mind in the past to support her physical needs when using "props", showcases the previous dismissal of her body. Sarah's negative perceptions towards her body could be linked to her childhood experiences, the internalized negative messages from her carers, and later with the experience of CSA. In another part of the interview, Sarah mentioned that she

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was unaware of being abused for a long time and realized in retrospect that the sense of shame and disconnection possibly led her towards refutation of her body in her young adulthood. However, Sarah's description of learning to support her body through yoga practice, like how she was used to helping her mind. Sarah's usage of the word "allowed" exemplifies a process of change from previously controlled by perceptions of her mind controlling her body. Sarah perhaps learned to allow herself to connect, respect, and accept her body. While reflecting on her struggles in the past, Sarah positioned herself as more aware at present and expressed sadness towards the earlier denigration of her body.

Collectively, this subtheme demonstrated that the process of change was broadly similar but also unique for each woman. This sub-theme illustrated women's growing sense of safety, awareness, and connection with self. For some, it instilled hope and motivation for change, for some generated curiosity and compassion for their own body, and for most women, it served as a helpful resource to manage their psychological and physical difficulties. Thus, it could be construed that with continued practice over time, all women reported gaining a sense of deeper awareness, agency, freedom, and resilience within the self.

### 3.4.2. THEME 2.2.: "healing the inner child"

This sub-theme describes the healing of the abused self, which the women described as an inner child in many different ways. For example, Pam referred to it as an "angry girl", Jane as a "regressing to a child state in yoga", and Anna's "inner child" work. This sub-theme could be considered a progression from the "little shrivelled heart" where the fearful "younger" self begins to heal. It was also apparent in Branda's search for agency and control that she didn't have as a child; Carol, Jane, and Sarah also explicitly referenced the teacher as a parental figure. This subtheme looks at the ways women process developing a nurturing self, and for some, it was in the empathic and safe presence of the teacher.

For Anna, it was the process of developing a nurturing adult self that helped her heal her inner child:

*"I ... almost reason with myself … I am safe, there is nothing … I'm not that child … I always try and go into that child's pose as well, just to kind of say, "look, we are safe here, we are okay" … "I know you probably feel, [.] **we need** to be hyper-vigilant, but we don't" (ANNA, 11:462-467)*

Anna's compassionate self-talk, evident in her tone of voice and use of statements such as "we are okay", is perhaps an illustration of Anna's progression towards becoming a nurturing adult and taking care of the inner fearful child. It seems that the "child pose" offered Anna an immediate sense of embodied safety, bringing her fearful little self back to the present moment through an intentional movement of her body to a posture that brings a feeling of security in the present, similar to Branda. Though Anna did clarify that her current intellectual understanding of "inner child work" is informed by her therapy but the "felt" sense of holding she had experienced in "child pose" from the very first time she carried out the pose preceded the logical knowledge why she found this particular pose supportive.

Pam, like Anna, learned how to take care of her inner "angry" child through yoga practice:

*"It did change quite a lot of things because it did teach me how to be peaceful. The abuse that I experienced as a teenager … left me as a **very angry [.] girl**, I was a **very angry young woman …** It didn't take anything to make me angry … yoga taught me how to feel peaceful" (PAM, 11: 458-465)*

Pam found that the peace she experienced while meditating helped her learn to live her life differently. She reflects that her childhood experience of abuse left her "very" angry, describing this anger as about "everything", showcasing the consuming and pervasive quality that seeped into all aspects of her existence. She clarifies here that

this was not a quick transition but involved years of practice and self-introspection, which not only comprised of acknowledging difficult emotions but also instilled hope for change as described below:

*"I could say a very slow process of stopping ... hating myself because I felt self-loathing feeling because I felt out of control and I felt powerless ... yoga taught me … we do have some power because I have power over my body … I didn't know of that power* ***as a child*** *and as an adult I know I have power over my bodies, … I stopped loathing myself …. it took a lot of years to love myself … to let go of all the responsibility …* ***guilt, and shame as well****. ... I think it also taught me to be a better mother … the fact that I knew this peace was so important that my children needed to live with that peace"* (PAM, 13: 561-572)

Here, Pam seems to be talking about the changing landscape of her relationship with herself, especially how she related to her body and her children. She mainly refers to "letting go" of the feelings of "shame" and "guilt" and making space for peace in her life. According to Pam, yoga practice played a significant role in helping her develop a sense of freedom and acceptance towards her body. This developed sense of autonomy perhaps helped Pam gain a new sense of personhood with a set of roles and responsibilities not based on the feelings of powerlessness and self-blame but from a place of freedom and choice over her life. What emerges from this extract is Pam's growing orientation towards reclaiming her life from an abusive and threatening past, becoming fully present at the moment, and being enthused towards a more hopeful and peaceful future, not only for herself but also for her children. This shift in Pam's perspective portrays the journey of finding a new outlook towards life. Similar to Carol's reference to the power taken away from women, Pam also highlights the importance of recognizing that power within her body, which she didn't feel like a child. Her use of "we" perhaps was symbolic of the shared experience of being a woman whose needs to regain control over their bodies is very imperative, especially in the case of CSA.

For Sarah, healing of the inner child needed the presence of safety within the environment. She emphasized that the teacher provided protection and warmth. She elucidates this through an instance in the yoga class when she suddenly realized having a sense of "womb-like" safety:

*"acoustics ... in the class, they were womb-like ... for me that all felt very safe, the warmth, her way of being, you know the, how it sounded, so, the nature, the connection with spirituality perhaps, I am not a religious person, but that for me [.] maybe it tapped into something from safer time in childhood, ... not easy things to describe" (SARAH, 4:159-165)*

Sarah expressed difficulty in describing her implicit learning of safety through her embodied experience of yoga practice. While narrating the significance of protection in the environment, Sarah recalled a particular yoga class where she first became aware of being "womb-like" acoustics. Sarah's example here seems like an attempt to describe the implicit, pre-conscious sense of safety within the child, who has no language to describe this experience. While also exemplifying the significance of security within the environment to facilitate healing of her inner child.

Sarah further emphasizes the significance of the teacher's qualities in fostering the safety and healing within the relationship:

*"…she [teacher] is very accepting of you are where you are, this is about you on your mat ... she doesn't encourage competitiveness with yourself or with anybody else ... she is quite challenging of some of my insecurities … she didn't give it any airtime nor with anybody else … she is very supportive. There is a very good mix ... of strong masculine ... the characteristics, and the feminine, which is very healing because the sexual abuse happened … with a male … the earlier stuff that enabled the abuse to happen, was … because of my mum's vulnerabilities so maybe … that's helpful, that she is a strong person but with the softness (SARAH, 11:450-465)."*

Sarah's description of the teacher here seems akin to having a parent who is nurturing as well as someone that is not afraid to set limits when needed. Sarah explains that it was helpful to have a supportive teacher who did not encourage competitiveness. Sarah's reference to the teacher's refutation of her self-judgment towards her body could be interpreted as the teacher's gentle refutation of her usual ways of relating to her body. Sarah's description of the teacher being a mix of masculine and feminine characteristics perhaps symbolizes an amalgamation of strength and vulnerability. She highlights that this balance probably helped her heal her "abused" self, where a male inflicted wounds in the form of CSA and a female in terms of her mother's vulnerabilities.

Like Sarah, Anna also cited her teacher as an anchor for support and containment and felt able to explore herself with her help:

*"I had a mother who was extremely critical ... [yoga teacher] it was just [.] **sensitive** voice for me ... it did take me a while to **hear** that voice, ... then … it was very soothing ... I was only used to hearing critical voices … **encouragements** took me a while to [.] accept ... [enacting teacher's voice] "It's just fine ... do as much or as little, go at your own pace" ... the complete opposite ... to **what** ... I [.] was programmed, I have programmed myself to be"* (ANNA, 12:519-535)

Anna's enactment of the teacher's tone and the use of the word "sensitive" illustrated the sense of compassion and warmth in the teacher's voice, which she contrasted with her mother's voice. Perhaps, the gradual shift in Anna's ability to hear and connect with the teacher's voice may indicate the process of her awareness shifting into the present moment and also beginning to appreciate the authenticity of that experience. Anna here refers to her initial disconnect with the teacher's voice as her old "programming". This reference could be linked to the chronicity of her experience of being criticized and abused by her caregivers and illustrative of Anna's increasing ability to feel worthy of sensitivity and care from herself and others.

Anna also expressed this experience when she talked about the meaningful object she had bought in the interview. It was a bracelet with a message written on it, "you are loved". Anna expanded on the reasons she wore this:

*"it reminds me … I am a worthwhile person and that … people do have good feelings for me … I deserve to have these people love me … whereas … before … if people knew the real you that they walk away … that's, generally what I was told as a kid you know, if anyone found out, they would distance themselves" (ANNA, 19: 818-827)*

Anna described that she began to wear these beads in the session and outside to remind her that she was worthy of love. It seems here Anna is linking her sense of feeling "unworthy" to the messages given by others in her childhood that if people knew her secret, her reality, they would walk away from her. She remembered that her teacher during the session would sometimes invite them to think about an inner message, as mentioned in the extract below:

*"halfway through the session, she [yoga teacher] would say, urm, "Okay, let's, let's, think about our inner message … what inner message, are we going to bring to ourselves what we're going to focus on to help us in our practice? I was like, "No idea. Oh, I don't know, but what message? no idea". And one of the ones she said was, "you are loved" … that resonated with me in that fact that I wasn't loved (R: yeah), so that is what I am going to work on."*
*(ANNA, 20: 853-860)*

Anna described the teacher's invitation to think of an inner message as helpful as it encouraged her to set up an intention within her practice and in other areas of her life. Anna reflected that she resonated with the message "you are loved", probably because she was deprived of it growing up. Anna's beads seem to symbolise her journey of moving from a place of self-criticism towards finding a positive inner message that she wanted to give to herself. She further added:

*"It was good to, to guide those thoughts to that sort of thing rather than, especially in the early days when it was, "Am I doing this right [whispering tone], oh my god, you are useless", … "remember, there's just a thought, there is a bead on that, and it's all in there". (ANNA, 19: 838-842)*

Anna describes that the intention to give this message to herself led Anna to engrave this message on her bracelet. It seems that this was Anna's effort to direct her attention away from the inner messages she received in her early life and shift it towards the message that she is worthy of love and acceptance by herself and others.

Likewise, Jane describes the process of healing through the help of the teacher:

*"I was **sitting** on the outside of **this whole circle of people ...** feeling **really, really** isolated ... yoga teacher ... she came over ... asked me if I was okay then and kind of took me into this circle ... It was a really ... nice thing to do. The other, particularly ... neither of my teachers" touch, like it, was just something that they were very clear about, that ... a touch is very loaded particular people with trauma history ... I just remember ... I was really not okay at that point ... I remember my teacher kind of putting a hand on my back ... It was just so ... it's never left me ... that's another memory that's in there of just being connected, being engaged with, eh, urm, feeling like I had a place, urm, feeling safe, really safe person to be around"  (JANE, 18-19:753-768)*

Jane recollected specific incidents in the retreat when caring gestures by her teachers felt very meaningful to her. She recounted feeling extremely isolated and disconnected from others as she had undergone a significant loss at that time. She highlighted that her teachers" attunement and attentiveness towards her, perhaps symbolic of a parental figure, helped her feel safe and connected within the yoga space. Here, Jane seems to be emphasizing the simple act of kindness and compassion that helped her feel held and supported, perhaps also rebuild her trust that she is not isolated. Jane's example of her teacher's "touch" possibly reflects their intense connection, where Jane was able to trust the intent and rationale of the teacher to do so. The experience of

"touch" as described by Jane, which otherwise was deemed inappropriate, could be associated with her experience of sexual abuse, which probably made "touch" without permission as violating and threatening. Jane seems to clarify it further by referring to the collective understanding that sudden touch could be triggering for individuals with a history of trauma.

As evident from the above extracts, all women talked about increased autonomy and connection with themselves. This transition also included healing the past abused self, the inner child with the help of a nurturing self, and for most women, in the teacher's presence. Women's narratives evidenced that achieving present moment awareness involved a constant process of engagement and curiosity. It also seemed to help women develop respect, authenticity, and compassion towards their bodies. Over time, regular yoga practice seems to take an essential place in women's journey of recovery of their "abused" bodies, which was earlier estranged from self. The next super-ordinate theme explores their strengthened resilience, new realizations, and reclaiming themselves beyond abuse.

## 3.5.   SUPERORDINATE Theme-3: RECLAIMING LIFE

This superordinate theme of reclaiming life symbolizes a women's journey of rediscovering themselves beyond abuse. This theme builds upon the last theme, showcasing their next phase of healing, where they described feeling integrated, resilient, and liberated within themselves. There are two sub-themes within this super-ordinate theme- "*re-discovering self" and  "expanding self"*. These sub-themes aim to capture the essence of the women's experience of incorporating a yoga practice into their lifestyle and taking it forward in different ways in their life. Though many women, such as Pam and Sarah, talked about the difficulty in finding the right teacher and searching for the right teachers, others have continued attending yoga sessions. However, all women shared that they have included aspects of yoga into their regular home-based practice routine.

### 3.5.1. THEME- 3.1: "re-discovering self"

This sub-theme seizes the experience of women finding safety in their bodies with a diminishing sense of danger, reflecting on their journey from a place of being overwhelmed to feeling liberated, resilient, and resourceful. The "re-discovering self" highlights their journey of growing a sense of self beyond their experience of abuse, which seemed to dictate their life before starting the yoga practice. They reported yoga as a consistent resource that helped them discover new ways of looking at themselves and rebuilding their lives with compassion and kindness that helped reconnect with themselves and others.

The growing sense of respect, compassion, acceptance for self is evident in Carol's extract below:

*"rape is so complicated … I remember previously not feeling like that ... just being completely carefree ... enjoying … feeling attractive … then suddenly feeling …* **that is the source of all my pain** *... But doing yoga … those kinds of poses, [deep breath] ... there is a beauty in it that you can't get away from. I'm not talking about looking at my body and going like, "Oh! that's* **so beautiful [in a heavier and animated voice],** *but about the way* **the body moves in yoga, it's so beautiful and so elegant … but also strong.** *... there is definitely so much of* **rediscovery of way of looking at myself** *... tie yourself up in knots, you kind of have to [laugh] look at what you are doing ... but in a really nice way." (CAROL, 17-18: 698-715)*

Carol's extract here is deeply embedded within time, the past carefree self to feeling endangered, then transcending towards rediscovering her body in a novel way with yoga practice. Carol drew attention to when she enjoyed perceiving her body as attractive, but with experience of abuse, the same body was perceived as a potential threat for Carol. Carol's long sigh, even laughter, and a deep breath all seem like the physical manifestations of an attempt to regulate the emotional upheavals, perhaps grief of the past difficulties. It may also be an effort to detach from when she felt helpless and unsafe in her body. Carol travels to the time when she began to notice

her body during yoga practice, seeing it as an object that embodied beauty, elegance, as well as strength. Carol highlights yoga's overt focus on shifting awareness towards the outside world and from outside observing within. She exemplifies by describing how reaching out into postures sometimes evoked an awareness of watching self from inside and outside. This extract marks an important advancement in Carol's journey of finding herself beyond abuse. From the point of what she described as an obliterated belief system after the rape and a constant embodied sense of threat in the world, Carol seems to be able to embody safety and resilience, and reconciliation with the world.

Carol talked about her bracelet that she called "mala beads", a symbol of "transformation" over the years as witnessed by her teacher. She had bought the beads bracelet for the interview. She explained:

*"they were given by my teacher … when she saw a real transformation in my practice and me as a person. I think she was so delighted to have witnessed this process … They symbolize this journey that I have been on, and they symbolize all the healing that has taken place, how, how incredible it has been, and how unexpected. They are very special, eh, and just the fact she gave them to me, that's very lovely, from one teacher to her student" ( CAROL, 18-19: 752-761)*

For Carol, it seems that these beads bracelets were symbolic of her long and arduous journey over the years, which involved finding many aspects of yoga triggering and terrorizing for her to find self-acceptance and peace within herself. Carol described them as a recognition from her teacher, who witnessed this journey and marked her achievement as a crucial juncture in her healing process.

However, for Anna, this insightful state meant finding her own identity:

*"I didn't have my own identity, ... I never had because I was very young when things started to happen … I was Anna but wasn't Anna, I don't know who the Anna would have been if I'd been given more choices in life … I've always been me and husband*

*or me and children ... this [yoga] was one of the first- things that I did it just for me ...
it was hard going into the room on my own ... I could have confidently walked in if it
was me and my husband ... to go ... find the room ... full of people I didn't know ... took
a while, but that was one of the first things ... it has kind of propelled me to do other
things ... I mean, I've never thought about it, but actually, ... talking to you about yoga,
it has actually helped me in quite a few ways (ANNA, 14-15:631-650)*

Here, Anna reflects that her sense of identity was lost and undermined by the
experience of CSA as a child. The feeling of sadness in Anna's voice was perhaps
reflective of how it took away the person Anna was and could have been. Her journey
of yoga seemed to shift with time and continued practice, deepening its significance in
Anna's life, from being a class that she signed up to divert her attention from being a
"survivor" to a significant stepping-stone towards re-discovering and accepting all parts
of herself including and beyond the abuse. Anna seems to identify yoga as one of the
driving forces behind her increased autonomy and resilience in taking up new
ventures. Anna acknowledges that finding herself also "propelled" her to do other
things such as help others, which showcases her increased confidence and expanding
the perceived limits of self.

For, Branda re-discovering herself involved realizing her boundaries and deepening
her practice through training of tailored approach for survivors:

*"going to the trauma-informed yoga and doing that also helped me in making healthier
choices ... I wanted to protect Branda … really take care of me first. And I shouldn't
allow that to be crossed again, then feeling this empowered feeling ... and then to
leave situations or friends or anything that wasn't too healthy for me. ... this is again
interesting how something like yoga with the body couldn't possibly help me with these
things, but **it did** ... it helped me to make better choices. ... I was **thinking my body
differently, myself differently**" (BRANDA, 13: 547-559)*

Here, Branda's reference to, "*how does that really make me feel?*", "*what does that bring up really?*", seems self-explanatory in showcasing her growing sense of awareness, trust in herself, and motivation to take care of her needs. This extract portrays how yoga became a significant resource for Branda in finding her way back into her body and this world. Notably, Branda's search for trauma-informed yoga training was also fuelled by her intention to deepen her understanding of self through yoga practice. This extract portrays Branda's shift from being a submissive recipient of abuse in the past to connecting with herself and applying her autonomy towards fulfilling her needs in different areas of life, including yoga practice.

For Jane, it seems that the continued practice of yoga and meditative practices enabled her not only to acknowledge and be aware of her deeper emotional and bodily states but also develop the ability to regulate them:

*"I've noticed every time I went on retreat; I'd have this amazing experience … then I would go home, and it will change back because the environment hadn't changed, the people hadn't changed, the internal experience hadn't really changed … which is why a lot of people talk about gradual awakenings. It's like you're clearing that, that, stuff out of the way, so that you actually inhabiting that experience … it's like … I walk through life, [.] embodied … I walk through life, [.] embodied … there are certain times I might just feel like I'm energy, ... my internal weather, ... one of my teacher's teacher would call, ..." What is your internal weather like today? Is it stormy, is it bit depressive, bit rainy, bit sun shining?"... it's like, quite fun in a way ... because that then colours my whole experience of that day unless I learn how to change my internal weather ... yoga, meditation these are just practices, they are like the tools … they are like the hammer and the chisel … to chop away … the statue … they become the tools, you know, to create the shape." (JANE, 13: 521-544)*

Jane seems to express the gradual awakening and integration of her experience in this extract. She illustrates this change with an example that initially, the tranquillity she felt in the retreat did not reflect in her day-to-day experience where she struggled to function and relate to her environment. "Clearing the experience over time" seems

symbolic of Jane's healing from past experiences. Jane's metaphorical description "learning to change the internal weather" portrays authority on self, the perceived capability of changing mental and bodily state, indicating forming a resilient, peaceful, and autonomous self. Her analogy of yoga as a set of tools shows yoga being a consistent and empowering set of tools that could help Jane create new experiences. This narrative mirrored other women's accounts as they noted that yoga continues to act as a consistent resource in their recovery and continues to help them in their self-care.

The above theme looks at the process of autonomy and resilience within women. All women echoed this heightened sense of self-attunement, agency, and freedom within themselves, fuelling them with a sense of hope and an anchor for the future. It is also evident from the above narratives that yoga seeped into other aspects of their lives, helping them heal their relationship with themselves, others, and especially their body. The next subtheme talks about the further expansion of self.

### 3.5.2. THEME- 3.2.: expanding self

Women talked about the significant impact of different aspects of yoga in their life. Some women perceived yoga's meditative and spiritual aspect beneficial, whereas others saw it as an avenue for growth in other areas of their lives, such as the motivation to help others and to feel a sense of belonging within the survivors or yoga community.

For, Carol it was finding the inner glow and sense of belonging within the yoga community:

*"sense of glow that you get where you just feel that it's just me, me and just me, there is nothing else. Why am I feeling so amazing there, is no one there. You don't need anything external to feel okay with yourself … this community, if we can find things, if we can find tools, if we can practice on our own, from within inside us, so that's just*

*amazing, we don't need to look outside for things you know. Go and get fixed by somebody, no it's all there". (CAROL, 16: 666-673)*

Carol, here talks about a sense of inner glow, possibly referring to the inner essence of a person. Similarly, Jane spoke about this inner glow as a "diamond" within. From "terror" and "overwhelm", Carol posits herself as a "resilient" and "whole" being who can be authentic within and outside without needing others to validate her inner essence. She talks about her meaning-making process of believing that everyone can heal themselves, not "fixed by others", illustrative of their agency to find the inner self rather than giving control to others. Here, Carol seems to be comparing her therapy experience with yoga, identifying yoga as her primary resource for healing. She also expands this attitude as a shared belief within the yoga community, emphasizing an individual's active role in healing self. Carol seems to describe her sense of self as developing a detached self-curios outlook, referring to self as "just me" and not needing others to feel good but at the same time have a strong sense of belonging within the yoga community. This excerpt possibly reflects Carol's sense of feeling liberated within and also connecting with others. Similarly, Branda's assertion that yoga increased her intention to care for her needs and realise that healthier choices could be made, and the inner experience didn't depend on the other person's interpretation or control.

Pam, on the other hand, felt that yoga paved the way for her journey towards faith and spirituality:

*"Looking back, yeah, I do think yoga, yeah I do … it helped me to feel something that I hadn't felt before … also helped me to question my spirituality, which in turn let me have my strong faith … all those things make for a peaceful life … make for a life that is … calmer … you feel more in control" (PAM, 14:620-625)*

Pam's relationship with yoga and its impact was not perhaps clear to her initially, as seen with her explicit reference to "looking back". Pam's stance seemed to evolve during the interview from identifying yoga that did not hold much significance initially to recognizing it as a practice that initiated the process of change. Here, Pam links yoga to her increased awareness and freedom of self and conceptualizes it as a means of finding faith and spirituality in her life, concluding it as evidence of having a more peaceful and sovereign life, perhaps symbolic of her progression to a resilient and transcending self.

Jane, on the other hand, describes her expansion as generating new existential question for her:

*"I want to understand the nature of reality, I want to … become enlightened ... I want to know how this works ... sometimes it makes it quite difficult to be in life ... it's like real life … become a million miles away ... I remember … when I first got sober … all my friends drank ... slowly, I just had to change all my friends because it's like, I just couldn't be around people who drank, and their whole mindset was different, they went outside, went to parties and ate out every day ... and I couldn't relate to these people anymore and it's kind of similar to that … it's like, all of a sudden … seeing … things that I understand … I'm not easily able to explain … perhaps not easily able to engage with ... I'm finding in this kind of life is like … point that I am thinking actually something needs to change ... you know that just from going on a yoga retreat" (JANE, 20: 820-839)*

This extract portrays Jane's transition to a transcendental self, evoking a different level of existential questions for her. It appears that Jane feels that her consciousness has risen to a level that is unknown to other people in her life. She describes that her changed attitude towards life and her "spiritual self" has perhaps also created a separation from others around her who are not on the same path. Her use of "million miles away" further illuminates the sense of the enormous gap between herself and others in her present life. I wondered if this meant having further disconnection and isolation in her life, to which she later responded, differentiating isolation in trauma

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from a detached observer view, positioning the former as an embodied sense of powerlessness and despair, and the latter being a journey of rising above the worldly desires and materiality towards a spiritual being. Jane explains "expanding self" figuratively, comparing it to when she got sober and had to change friends to maintain her sobriety, similarly now she has come to a juncture in her life where she is again re-evaluating her choices.

Sarah, on the other hand, incorporated the attitude she held in yoga practice to other aspects of her life:

*"...the benefits of the movement and the breathing … tried to take that into the walking, and to try and, my life generally, to be aware of my breath … I suppose that's one of the biggest developmental edges for me is the breathing … when I stopped doing yoga, I knew I needed to keep going somehow I did XXXXX training … which sort of started around the time the yoga finished, and that continued the journey about the breath in particular, and the body as well"* (SARAH, 8:320-328)

Sarah described that the breathing and movement synchronization, which acted as a challenge at first, became the aspect that she infused into her daily life, such as walking, being fully present within her body with awareness of the movement of limbs, synched with the conscious breath and further training. From this extract and Sarah's interview, it concurs that Sarah's particular emphasis towards the breath portrays her struggle to connect with her inner experience, being subjected to patterns or habits that Sarah embedded within her socially and culturally formed beliefs that were not available to her consciousness before yoga. Sarah seems to link breathing as a way she could gain awareness and control over her bodily experience, and by letting her breath come and go as she wished, could probably represent her sense of being able to connect with her body and claim her embodied space within her environment which was her difficulty at the time when she began the practice.

Hence, as evident in this sub-theme, all women shared transcending to a new level of awareness and sense of self, finding yoga instrumental in different ways. Some shared about finding spirituality, some discovered new meanings, and a quest for more. This superordinate theme illustrates women's growing agency, a sense of liberation and coherent self, and transcending into self beyond abuse.

## 3.6. Summary

The process of the analysis revealed several themes that describe the gradual process of change. However, the desire to carry on the practice implicitly (such as intuition) or explicitly (conscious search for a holistic or a trauma-informed class) was evident in all women. The themes summarise the reflections of the participants on their experiences of yoga over time. However, the significance of yoga in their life could be viewed as a spectrum where women found it helpful at different levels at different points of their journey as CSA survivors. Various influences such as the nature of the yoga practice, the teacher's qualities and training, longevity, and continuity of the practice seemed to mediate their experience. All women identified yoga as a positive influence in their healing from CSA, which they described as an ongoing process.

# 4.    Chapter Four: Findings and Discussion

## 4.1.  Introduction

There is no published study exploring the lived experience of varied forms of yoga for female CSA survivors in the UK. This qualitative research project aligns with the ethos of Counselling Psychology's (CoP) values, explicitly aims to elicit the voice of women survivors of CSA by gathering detailed descriptions of their experiences of yoga practice. Participants' prolific and detailed accounts illustrate yoga's beneficial role in their recovery and the significance of various practice elements that mediated this process. This study's findings contribute to the research and practice in yoga, feminist studies, integrative therapies, trauma treatment, and Post-traumatic growth (PTG). This chapter discusses key findings of the study in connection to the existing theory and literature and its implications for the practice of CoP. Subsequently, the strengths and limitations of the study are explored. Finally, the avenues for future research and the conclusion, along with my final reflections, are outlined. I use the term "women" interchangeably with "participants", "respondents", and "women in this study", they do not represent all women but are limited to the adult women who participated in this study.

## 4.2.  Overview of significant findings

There are three significant findings in this research. Firstly, with sustained and frequent yoga practice, participants reported experiencing an increase in their sense of embodiment and bodily agency over time (Van Der Kolk, 2006, 2015; Calhoun & Tedeschi, 1998; Rhodes, 2015; & Ataria, 2018). Secondly, they stressed the role of a supportive environment and defined recovery as a dynamic, non-linear and cyclical process that involved stages of recovery, similar to Herman's recovery model (1992, & 2015). Thirdly, the qualitative focus of the findings sheds light on the complexity of

participants' experiences and their corporeal disturbances entrenched within their socio-cultural frame (Fisher, 2010; & Dolezal, 2015). These conclusions further support the need for a holistic, person-centred, and resilience-based perspective towards healing from trauma (Stead, 1885; Calhoun & Tedeschi, 1998; Jackson, 2013; & Lascaratos, & Poulakou-Rebelakou, 2000). I elaborate further on these findings via three superordinate themes from participant's interviews- 1. *"Coming to yoga", 2. "Process of becoming", and 3. "Reclaiming life".*

### 4.2.1. Coming to yoga

This theme entails participants' initial experience of yoga practice. They shared that the practice of yoga invoked a sense of peace and harmony and presented challenges. There are two sub-themes, *"little shrivelled heart" and "stranger in my body".* Most women reported experiencing loss, neglect, re-victimization that might have compounded the impact of CSA on their sense of self. This highlights the complexity of childhood adversities and the role of multiple determinants and modifiers in their lives (Sedlak, 1997). Likewise, Olafson (2011) points out that the experience of CSA is often part of a pattern of poly-victimization, thus create difficulty in isolating the effects of one type of abuse from the other. Unlike nomothetic literature, the in-depth idiographic analysis of the women's account in this study helped showcase the personal and dynamic meaning-making process of recovery embedded within these women's specific context (Willig, 2012).

Women shared that they felt drawn to yoga despite feeling challenged by some of its aspects. They reported starting yoga practice for different reasons. Despite an urge to discontinue at times, they all shared an intrinsic desire to gain control over some aspect of their lives through the self-initiated and self-driven yoga journey. This finding challenges the notion of the "expert" perceptions and conceptualization of women as "irrational" (Ramon, 2009, p. 1616) and "passive recipients of treatments" (Hyde et al., 2014, p. 6). Like for Branda, yoga was meaningful in seeking awareness of an autonomous self as she had no other reality for comparison after losing her cult and family (Boeri, 2002). Whereas, for Carol, yoga was a tool to manage her anxiety. On

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the other hand, Anna joined the yoga class as a distraction from the overwhelming feelings evoked by therapy and recent disclosure; and Pam, unlike others, only began yoga practice as an exercise class to manage her osteoarthritis. This is similar to Davis's (2002) study of women with experience of IPV, where women took charge of their recovery process and identified their "intuition" as a self-protective mechanism.

Draucker et al. (2009) also suggested that the process of healing is affected by an active- as well as an avoidant-oriented approach where individuals may seek safety while also learning that the world is not safe. Participants implicit or explicit choice to utilize yoga as a resource to regain control over their body and restore their sense of self can be evidence of their increasing capacity to learn to connect with their inner painful emotions and sensations and grow in resilience. These findings signify the complex, dynamic and unfolding recovery process across women's lifecycle in which they acted as an active agent (Hayes & Flannery, 2000; & Luthar et al., 2000). The differences in women's needs and preferences also highlight the importance of identifying and building on their personal resources and strengths, which has been stressed in the phase-based approach for CPTSD (Cloitre et al., 2012, 2013). This strength-based view is also accepted by the empowerment and feminist model (Ullman & Townsend, 2008) but lacking in most CSA literature.

Participants reflected further that yoga practice helped them realize the extent of disruption of their bodily "flow" and "harmony" after the abuse (De Beauvoir, 1952; Fredrickson & Roberts, Sengupta 1997; Scheffers et al. 2017; & Talmon and Ginzburg, 2018). The realization of the difficulty in introspection and connecting with the inner experience could be identified as evidence of yoga's contribution to increased awareness, similar to previous findings (Dale et al., 2011; Rhodes et al., 2016; Rhodes, 2015; Price et al., 2017). Some participants reported a sudden surge of disconnection and conflicting emotional states while engaging in specific postures and introspective techniques such as breathwork or meditation. This experience was not simplistic and causal but evoked a conflicting concoction of negative and positive emotional and bodily states. These moments were described as "emancipating" (Branda), "energetic and counter-intuitive" (Sarah), "empowering" (Branda, Pam), and

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"spiritual awakening" (Jane) but also "scary" (Pam, Carol), "terrifying", and at times bringing sudden "flood of tears" (Branda, Sarah, Carol) for some women participants. The emphasis by participants on the sense of peace and a threatening response when they started yoga is different from other research and seem to demonstrate women's increasing ability to connect with their body and decreasing dissociative tendencies (Lev-Wiesel, 2015; & Levine, 2010).

Participant's attempts to intentionally connect with inner experience also elicited feelings of shame and dissociative responses (Dolezal, 2015). Implicit but evident in respondent's narratives was their shared urge to remain hidden from the gaze of others. Participant's adaptive survival response to protect their body in yoga class suggests the significance of meaning-making as a woman attempting to establish or re-establish body-based agency (Springer et al., 1997; Coy, 2009; & Ataria, 2018). The problems with women's sense of embodiment can be understood via Merleau-Ponty's (1962) concept of "lived-body". CSA can disrupt the unity of the lived body and can plummet situations and experiences to "body and habit", a "corporeal schema" of the habit body, based on the earlier contacts with this world, which guides our actions towards the world (Merleau-Ponty, 1962; Finlay, 2008; & Bullington, 2013). Similarly, women's experience of their gendered "habit-body" seemed like a learned response to internalized preconceived notions and activities defined by society about what is forbidden or acceptable (Parkins, 2000). In the case of CSA, this experience comprises of the violation, thus contributing to women's inherent perception that it is their responsibility to keep their bodies away from harm (Coy, 2009; & Fisher, 1995).

Moreover, the initial difficulty in sustaining yoga practice could be linked to participant's challenges associated with CSA, where an intentional bodily movement or breathwork at first acted as a reminder of past abuse, which Herman (1992) defined as "intrusion". She stated that the little reminders of the trauma aroused experiences of reliving the trauma as though it is recurring in the present. For example, intentional action of breathing with awareness around others (Sarah), needing to relax around others (Carol & Anna), or performing a movement in yoga (Pam & Sarah), swarmed some women with an involuntary sense of "powerlessness" and "helplessness" (Herman,

1992; & Lev-Wiesel, 2015). From a neuroscience perspective, women's apparent state of watchfulness and difficulty in connecting with their emotions and internal sensations may be reflective of their disrupted ANS and interoceptive processing, decreasing their ability to communicate to internal bodily states, learned as an adaptive survival response to sexual trauma (Herman, 1992, 2015; Fredrickson & Roberts, 1997; Herman & Cullinan, 1997; Fowler, 2003; Van der Kolk, 2006, 2015; Sengupta, 2012; Streeter et al., 2012 & Rhodes, 2015).

It can also be construed that the intentional inward focusing perhaps disrupted participants familiar way of responding to body-consciousness (Emerson & Hopper, 2011). Yoga also seemed to help women challenge their earlier patterns of dismissing their body's needs, seeing it as subservient to the mind. Van Der Kolk et al.'s (1996) study found that affect-dysregulation and dissociation were the only prominent reasons people seek therapy but not somatic symptoms. Similarly, the findings illustrate that most women who participated in this study held this broader social perception that views the body as separate from the issues of mind and challenged by the holistic focus of yoga (Brems et al., 2016).

The findings also revealed the challenging aspects of the practice that presented difficulties for the women, such as trouble finding the suitable class and sustaining the practice. The postures involving pelvic regions, crowded and mixed-gender classes, and relaxation techniques presented some difficulties for women. Carol's example that a relaxation technique, *"Shavasana",* evoked an instant response of her being "completely [on] the ceiling" when a man walked past her in the class while her eyes were shut depict adaptive physiological response (fight-flight-freeze) in response to a perceived threat (Herman, 2015; & Levine, 2010). Shavasana is "*a resting down posture usually towards the end or beginning of the yoga sessions, where all practitioners in the class are expected to lie down flat on the yoga mat supine with arms and legs extended, arms at the side, and palms facing up with closed eyes in a dim-lit room"* (Nayak & Shankar, 2004). This example depicts the barriers women may face in accessing the classes within community settings, specifically for women who

have a history of sexual abuse or violence inflicted by males (Coy, 2009; & Herman, 1992, 2015).

Contemporary yoga teachers, trauma experts, and researchers stress that the traditional yoga practice, which may be beneficial for trauma survivors, can also be threatening for survivors, thus need to be adapted to ensure their safety and wellbeing (Emerson & Hopper, 2011; Lily and Hudland, 2010). Emerson and Hopper (2011) add that the use of props such as strings, language like the use of certain words, such as "pose", and the accepted method of touch by the teacher to correct yoga practitioner's postures could also be triggering for people with experience of sexual abuse. Also, yoga is not free from the accusations of violation and potential harm, evident from the "#metoo" movement and the presence of an "all-knowing guru" culture in traditional forms of yoga (Emerson & Hopper, 2011; Rousseau et al., 2019; & Black, 2020). Though none of the women in this study reported any experience of feeling violated during the yoga practice, most women strongly advocated the need for the provision of safety, choice, and acceptance to be facilitated by the teacher. Similar issues have been raised by many other researchers (Emerson & Hopper, 2011; Van Der Kolk et al., 2014; Macy et al., 2018; & Treleaven, 2018) who have warned professionals and service providers to remain careful while referring their clients for yoga classes or while incorporating elements of yoga into their therapeutic practice.

### 4.2.2. Process of becoming

In this theme, change was noticed in participants' descriptions, apparent in their growing sense of safety and sovereignty over the body, present moment awareness leading to a new sense of connection and changing relationship to the body. Women reported benefitting from processes such as mindfulness, breath-regulation, movement, spiritual and philosophical aspects, all contributing to a greater sense of awareness and agency within the self (Brems et al., 2016; Rhodes, 2015). Findings suggest yoga helped women cultivate an attitude of acceptance, manage anxiety, regulate their emotions, and compassion towards themselves (Van der Kolk et al., 2014; Crews et al., 2016; & Price et al., 2017). This finding is consistent with previous

evidence that states that contemplative techniques can help with self-regulation and self-awareness (Van der Kolk, 1994; Ogden et al., 2006; Gard et al., 2014; Price et al., 2007; Emerson & Hopper, 2011; & Langmuir et al., 2012). This theme encapsulated various aspects of yoga that women described within two subthemes, *"little light flickering"* and *"healing the inner child"*, depicting their changing perspective towards self. Women emphasized the importance of breath, postures, and meditation as tools to manage their distressed state. Like, postures that need balancing and core engagement such as *"warrior-pose" [fig.1]* and *"tree-pose" [fig.2]*, provided a "felt" sense of both strength and vulnerability for women cultivating acceptance. Postures such as *child-pose [fig.3]* acted as a tool for Anna to re-establish safety and a sense of calm for her "inner child".

From a phenomenological perspective, this could be conceptualized as Merleau-Ponty's (1962) concept of motility infers that bodily intentionality allows the body to interact with space. He postulates that through muscular movements using limbs, a consciousness of the body is transported to a point in space where representation is pre-formed. Likewise, moving with intention and purpose is similar to the lived body's intentional expression seems like women learning about the capacity of their sense-organs and movement. Morley (2001) clarifies that the acquisition of behaviours serves as a learning ground for an individual's "being-in-the-world", allowing the body to evolve in new ways of acting and relating to the world. With yoga practice, the interactive "lived-body" perhaps builds a sense and perception of the environment as supportive and safe (Morley, 2001) and possibly shifting the experiential templates of personal powerlessness and dis-embodiment (Bordo, 1996; 2013 & Coy, 2009) to a new referential frame of safe existence in the world. This finding supports the idea that yoga could be an empowering resource, particularly for women who struggle to feel safe in their bodies after the sexual abuse. This finding adds further evidence to the previous literature (Lilly & Hedlund, 2010; Rhodes, 2015; Braxton, 2017; & Stevens & McLeod, 2018).

Like the lived-body refutation of subject-object distinction (Merleau-Ponty, 1962), yoga affirms the perceptual relationship between the self and world via meditative practices (Morley, 2001). Proprioception is described as an inverted perception of the body's deep tissues, which could disconnect from inward or outward in case of disruption in the body, similar to Merleau-Ponty's lived body and explication of interiority and exteriority (Morley, 2001). Breathwork allows proprioception within and outwards through the opening and closing of corporeal zones through the movement of visible external limbs, habitually experiencing the inner and the outer body in contact with the external world. Also, there is a suggestion that yogic breathing is beneficial in increasing control and awareness over physical and mental states (Somerstein, 2010; Sanderson, 2013). By being attentive, individuals can learn to recognize their capacity to choose their response to the stressors in life (Naparstek, 2007). And, by focusing on the breath and internal sensations, one can cultivate a detached, neutral curiosity and observe suffering on a moment-by-moment basis. This finding is consistent with literature suggesting mindfulness practices strengthen the connection between the body and brain (Fowler, 2003; Lutz et al., 2005; & Van der Kolk, 2006). This connection was emphasized by many women who shared that they gained consciousness of their inner sensations and emotions through yoga, which led to confidence in establishing boundaries over their bodily space and gaining autonomy within and around others.

Participants linked gentle movement of reaching a posture and breath helped them with present moment awareness and noticed various blocks, patterns, and inhibitions within their body. Although there is some suggestion of this in some empirical literature (Streeter et al., 2012; Rhodes, 2015; Dale et al., 2011; Epstein & González, 2017; & Stevens & McLeod, 2018), the mention of breath-mind-unity in this mindful action is mainly missing. This seemingly simple action to move into a posture and an out- or in-breath (inhale and exhale) proved to be challenging at first for most women who felt motivated by this new awareness gradually learned to incorporate movement that felt unconstrained, connected, and authentic. This finding is relatively different from earlier studies, particularly the freedom and agency they felt through connecting with their breath which seemed meaningful and empowering for women. Sarah expressed it as *"how hard it was for me to breathe fully around others" [3:125-126].* This experience was resonated with other women, thus indicating a growing embodied sense of safety

within, a sense of being alive and feeling worthy of the space and freedom in this world. Many trauma experts suggest that contemplative techniques offer tools to help trauma survivors recognise their tactile sensations, locate their bodies in space and time, and cultivate self-soothing and self-regulation skills (Streeck-Fischer & Van der Kolk, 2000). It has been shown to help survivors define boundaries, attune, integrate and articulate their bodily sensations, and move from a sense of helplessness to a sense of mastery (Van der Kolk & Fisler, 1995; & Ataria, 2018).

The women also talked about their inner compassion and nurturing presence through yoga philosophy (Connolly, 2014). For instance, for Anna, the change was felt through the teacher's compassionate voice and the gradual shift in her openness and self-love that allowed her to hear that voice. It can be understood by Stolorow's (2010) description of "sensorimotor schemas", which positions bodily schemas within an inter-subjective realm, the schemas formed in early childhood interaction patterns. Women's narratives depicted how women's formative beliefs and understanding of their bodies limited their personal and social possibilities (Herman, 1992, 2015). It also signifies the "fighting spirit" of the women, which Sinopoli (2009) describes as an ardent desire to get back the agency and choice taken away from women by others through violation of their bodies.

Many women highlighted the significance of the healing environment in yoga facilitated by the teacher through explicitly creating supportive space, teaching acceptance, compassion, and kindness. Women stressed the importance of having the right teacher who is attuned and accepting and encourages students to challenge and engage in an introspection where they can trust to be held. The qualities that made their practice safe and supportive were the ones that offered choices, possibilities, and acceptance for the body's abilities, as well as limits relayed through yoga philosophy or teacher's warmth and acceptance. This finding highlights the significance of a therapeutic or healing relationship between teacher and student, which seems similar to Herman's (1992) concept of "element of renewed control". Overcoming challenges (such as reaching a new movement or connecting breath with movement) gave women a sense of achievement and purpose. Like for Sarah, the surroundings and

acoustics created by the teacher offered her *"womb-like"* safety, and for Jane, it was the attunement of her teacher which she described as a parental imprint (Herman, 1992), which also seems similar to the parental envelope described in Havron and Edan's study (2019). The importance of a supportive environment highlighted by all women can also be linked to Davis et al.'s (1998) study that showed that to sustain PTG, continuous interaction with a helpful environment is required.

### 4.2.3. Reclaiming life

This theme entails women reclaiming their life beyond the experience of CSA. Women's narratives portrayed improved connections to many aspects of themselves and others. Some identified the strengthening of connection to their spirit, others to the universe, and some to God. In this final phase of their journey of yoga, women concluded kindness, compassion, and peace not only within the self, within their body, but also towards humanity (Neff, 2011). All women perceived themselves as strong and resilient, advancing to a stage in yoga where they felt resourceful and personalized their practice to suit their needs and preferences. All women stressed the longevity and frequency of yoga as a significant contributor in the process of change and achieving sustained improvement in difficulties associated with CSA (Rhodes, 2015; Rhodes et al., 2016; Price et al., 2017). There was also a sense of regaining control and finding the inner strength to recognize and identify themselves as part of the world without the need to disconnect or hide from its gaze (Merleau-Ponty, 1962; Dolezal, 2015).

Several studies report shame as playing an essential role in mental health disorders (such as PTSD, anhedonia, anxiety, and suicidality) addictive and unhelpful limiting behaviours (Chéron-Launay et al., 2011; Johnson & O'Brien 2013; Tangney & Dearing 2002). Mindfulness and Compassion have been proposed as a healthy alternative approach to shame and difficulties associated with trauma. The process of thought identification, non-engagement, and a continued return to a present-moment awareness such as breathwork, observing self with an attitude of attention, and non-judgmental acceptance help develop deeper connection, acceptance, and sense of

safety within an individual as in the case of women in this study (Germer, Siegel, & Fulton, 2016). Self-compassion has also been recognised as an antidote to shame, self-judgment, and self-criticism. Compassion is conceptualized in the psychological literature as "a sensitivity to suffering in self and others with a commitment to try to alleviate and prevent it" (Gilbert, 2017, p. 73). In this study, this was evident as women reported that yoga helped them develop compassion towards themselves and motivated them to care for their own needs and re-evaluate their choices and possibilities in life. Ability to bring back awareness to the present moment and have perceptual awareness also appears consistent with Slyter's (2012) findings that mindfulness can improve meta-cognitive skills. However, the physical component of the practice exceeds these benefits by adding another layer of bodily agency and sovereignty (Morley, 2001).

Women's description of the long and gradual process of becoming more integrated, confident, authentic, and connected beings attest to the process of PTG and yoga's role in the growth process (Beardslee, 1989; & Calhoun & Tedeschi, 1998). They described a changed perspective towards themselves, a greater sense of strength and compassion towards oneself; shifts in their philosophy such as being non-judgmental towards self and others; increased sense of meaning, and a change in life priorities; and strengthened connection with others, similar to Rhodes (2015) and Crews et al. (2016). Organismic valuing theory (OVT) highlights that people are active, growth-oriented organisms, "naturally inclined to integrate their psychological experiences into a unified sense of self" for personal gain and fulfilment (Joseph & Linley, 2005, p.269). This theme brings attention to women's active and autonomous engagement in their quest to regain control over their bodies and employ yoga as a catalyst to achieve that transformation, indicating their innate drive to pursue well-being and fulfilment (Joseph & Linley, 2005, 2007).

Moreover, the theme of reclaiming life beyond women's experience of CSA underpinned their descriptions even if, at times, they realized it in retrospect. Women's determination and engagement of their inner resources through the utilization of yoga, amid their struggle associated with past abuse, offers an essential contribution to the

literature. Similarly, in Davis's (2002) study on female IPV survivors, the women continually adapted to their difficulties during abuse utilizing the inner resources that helped them increase their resilience and PTG. This research confirms that women are active and creative agents who incorporate yoga practice as their consistent resilience-building resource in their healing journey from the effects of CSA (Singh, 2010, & Braxton, 2017). This outcome challenges the dominant view of women, with experience of interpersonal abuse or violence, as "victims" who are seen as passive recipients of treatments (Bisson et al., 2013; & Warner, 2009). Unlike previous literature that failed to attend to the survivors who exhibit resilience (Luthar et al., 2000; Banyard and Williams, 2007; & Lev-Wiesel, 2008), this study's findings emphasize the complex and dynamic unfolding process of recovery through yoga practice.

An important observation was that some women felt connected with spirituality, hope, and religion, representing new meaning-making and a sense of transcending self beyond abuse. Spirituality in yoga is understood as an element of vitality or a life force in a system that connects an organism to the internal intelligence that fosters access to our most profound meanings, values, purposes, and highest motivations (Danah Zohar & Marshall, 2004). These findings signify the transformation of the women's journeys from helplessness to power and authenticity. These women regarded yoga as their consistent resource that they perceived it as a sign of strength, increased self-awareness, self-knowledge, willingness to help others, commitment to protecting their children, greater spirituality, and faith (Himelein & McElrath, 1996). Hope and spirituality have been identified to positively contribute to the resilience-building process (Valentine & Feinauer, 1993), as seen in the case of women in this study.

With consistent yoga practice, women demonstrated that they could take charge of their bodies and recovery. Van Eeden-Moorefield (2008) describes that people who survive and grow from adversity can reconceptualize their hardship in a larger narrative, connect with humanity, and look beyond the self for spiritual answers and purpose (Bruner, 2003; Greenway et al., 2007; Kegan, 1982). As evident in women who adopted yoga's philosophy of mindful acceptance and kindness towards their own body, they discovered a new outlook towards self and others. Some women described

yoga as helping them rediscover their "inner glow", referring to finding their inner essence that was lost in the experience of CSA. This search for meaning in terms of spiritual transcendence is seldom seen in existing trauma research (Slattery & Park, 2015), thus warrants further consideration in comprehensive healing for survivors.

Barringer (1992) describes recovery "as a spiral, as a repeated traversing of the issues, layer by layer, piece by piece, sorting and resorting, until the toxicity of the abusive experiences has been released (p. 15)." In the same way, women in this study described themselves as transitioning into positive selves through a process of slow shifting perspective towards themselves, others, and, most importantly, their battered bodies. This finding is distinct from previous literature that emphasises yoga's efficacy without attending meticulously to the moderating and intervening processes of resilience and recovery that are cyclical and dynamic through the lifespan of an individual. All women described this change as slow and gradual, not linear or fixed, unlike previous findings that do not emphasize the dynamic nature of recovery. Thus, findings illustrate a significant aspect of women's journey of becoming autonomous individuals with a growing ability to accept all aspects of self, practice self-awareness and self-compassion with reliable and safe social support through the yoga community, especially the teacher.

### 4.2.4. Participant feedback

By incorporating the respondent's validation through the participant's feedback on the table of themes, I endeavoured to corroborate my interpretation of participant's sense-making of their lived experience of yoga practice. Two out of six women provided feedback that could relate to the themes, representing their journey. While giving feedback on the findings of the study, both participants liked sub-theme 1.1. "*Little shrivelled heart*" the most and also identified with the subtheme, 2.2. *"Healing the inner child"*. However, the participant who had used the metaphor, *"little shrivelled heart",* in her narrative clarified that her use of "shrivelled heart" in the interview represented a place of "emptiness", a vacuum with no emotions at all, whereas my interpretation was a heart that possibly held a range of emotions including fear and sadness. I explained

my interpretation of this metaphor to the participant, and she shared that my interpretation was partially correct as it depicted her ambivalence and concoction of emotions though it also clarified this as a stage followed by the state of "emptiness". This conversation was helpful as it gave me a better insight into her meaning-making at a deeper level and preserved her voice. I thanked her for this information.

The other participant shared that she could relate to all the themes. She expressed that "little shrivelled heart" was "beautifully expressed", which went along really well with "healing the inner child" and described her journey of yoga. Over time, she found "stranger in the body" and "expanded self" close to her evolving self. During debrief and feedback sessions, some women, similar to Campbell et al.'s (2010) study, also reported that they felt "supported" and "empowered" by the whole research process. One woman remarked that "When you said you were going to ask me certain questions, I expected that you might have them written down, but I really appreciated that you didn't … that they came organically … it helped me feel more connected to you" and, another woman shared "I am so pleased to hear you say that hearing my story today was an honour for you, I guess it comes from you working at Rape Crisis. I can also understand it from both sides from working with survivors myself and what a privilege it is to hear their story". Some women also noted that they realized things they had not thought about earlier. Anna quoted, talking to me about yoga helped her in quite a few ways that she learned something she never even considered. Thus, exploring women's experiences in a phenomenological way seemed helpful in enhancing women's meaning-making process and helped them build a more cohesive sense of self.

### 4.2.5.  Summary

To summarise, women's journey of healing and personal growth over time with a yoga practice was evident in their narratives. It seemed like a process of building an embodied experience of authenticity, safety, and acceptance for self (Atwood et al., 2002). The important and most revealing aspect of learning for the participants was addressing the body in healing from the abuse. Taking an observing and curious

stance helped women build skills to identify and acknowledge their emotional and bodily states and learn that they no longer needed to avoid them (Lang et al., 2012). The conscious shift of awareness into the present moment through yoga seemed to allow women to respond in a way they wanted to, thereby taking an effective action towards their recovery, which can also be understood as developing "effective coping strategies" (Baer, 2003). This process of increasing the ability to engage and endure difficult emotions and sensations also provides some evidence towards growing resilience and PTG for women after yoga practice (Neal et al., 1999; & Davis, 2002).

In this study, all women reported continuing yoga intermittently at the start, progressing towards personalizing and incorporating the practice to suit their preferences and current needs. The longevity and frequency of yoga were indicated as a substantial factor in the process of change by achieving sustained improvement in difficulties associated with CSA (Rhodes, 2015; Rhodes et al., 2016; Price et al., 2017). Spirituality was found as one of the essential healing attributes for many women in this study, which remains missing mainly from the clinical literature (Hudson, 2012) and research on yoga (Garcia-Romeu, 2010). Yoga also functioned as a skill-building avenue where women applied their practice to their day-to-day routine. The ability to help manage difficulties and bring a peaceful state through embodied awareness, using breath, movements and meditation provided participants with a sense of mastery and competence (Naparstek, 2007). The supportive environment was crucial in creating a sense of safety and trust within women, which helped them safely engage in the practice, thereby building their awareness, connection, and resilience to tolerate difficult emotions and sensations (Herman, 1992, 2015).

Women's actualized experience of themselves beyond abuse and transcending to higher self supports post-traumatic research achieving new levels of a more robust and resilient sense of self, more profound spiritual connection, and healthier interpersonal relationship (Green & Burke, 2007). Importantly, non-specific factors (Kazdin, 1979) such as teacher's warmth, acceptance, orientation towards the holistic and therapeutic benefits of yoga were highly conducive to most women's healing and were emphasized as necessary. Notably, most women in this study found their

practice therapeutic without requiring a trauma-informed class, highlighting the interpersonal context of recovery that Herman (1992) described as "healing in the presence of the other". All women in this study emphasized regular and long-term practice enforcing change at a deeper level. They highlighted setbacks and the fear of relapsing at various junctures, helping them identify their disconnect and challenge their urge to withdraw from the practice. This gentle challenge and intentionality were meaningful in their journey and portrayed their determination to survive and heal. Women also shared regaining power and freedom in their body and rejected the notion of a pathologized body (Warner, 2009).

It is essential to pay attention to individual differences. One participant found trauma-informed yoga for survivors of sexual abuse training empowering, whereas others were satisfied with community-based yoga classes. Some women identified yoga as their primary therapeutic resource for healing, while others positioned yoga as a complementary resource in addition to their psychological therapy and other support structures. Qualitative research, unlike quantitative inquiry, doesn't restrict itself to identify and establish cause-effect relationships. It neither intends to locate truth within self or yoga discourses of enlightenment (Lea, 2009). Therefore, the present study contributes to the field by illuminating the meaning-making and lived experiences of women attending yoga practice at a community-based venue within the UK who incorporated it as part of their lifestyle choice.

Finally, the findings also reflect the transformation towards rediscovering self beyond abuse. The most significant aspect of the study was the narratives eliciting the women's increased sense of autonomy and resilience through active engagement in yoga; their openness, rigour, and courage to heal their battered bodies. According to Dolezal (2015), contemplative practices could have transformational potential, cultivating inner awareness and the outer body, enmeshed within established frameworks of dictating appearance, behaviour, and comportment. Women in this study employed yoga as their resilience-building strategy to find their space in this world and inhabit their bodies safely and freely. Women elicited these favourable changes in the domains of self-perception, interpersonal connections (including

relating to community and others in their life), and philosophy of life through continuous interaction within a supportive environment and practice of yoga (Guidano, 1991; Joseph & Linley, 2005; & Calhoun & Tedeschi, 1998).

## 4.3. Evaluation of the Study

### 4.3.1. Limitations of this study

This study should be interpreted within the bounds of its limitations. Although the homogeneity of the participants was preserved by looking for women with similar experience of yoga and history of CSA, there remained several differences in the sample - such as participants' geographical location, nature of the experience of CSA (onset and severity), form and length of the time yoga was practised. The difficulty in recruitment presented many challenges, some of which have already been discussed in the methodology chapter. Additionally, the time-lapse between the interview and their initiation of yoga journey varied for women, especially one woman who had practised yoga for about 20 years, whereas other women practised yoga for about 3-5 years. These differences affected the homogeneity of the experience within the group.

Moreover, phenomenological research relies on participants' construction of their experiences, making direct access to experience difficult (Willig, 2012). The uniqueness of the qualitative research depends on participants' construction of their experiential understanding of the complex interrelationship among phenomenon in question and direct interpretation of events. Therefore, the emphasis is upon seeking to explore the patterns of relationships amongst phenomena. The interview involved talking about a retrospective account of a particular experience in a specific context, perhaps making it a product of a reflection of the researcher-participant interaction at the time of the interview. However, all women in the study were reflective and described yoga mainly in a positive manner. I noticed that sometimes their language implied the shared understanding of the experience of yoga and CSA, such as "you know what I mean". On many of these occasions, I encouraged further explanation of

what they meant, but sometimes I got caught up in my automatic response of responding instantly. The assumptions about the shared experience were probably sometimes due to their prior knowledge that I have worked with CSA survivors. And perhaps this was further weighed down by the assumption of being a visibly "Indian" or "South Asian" looking woman with a "Hindu" name and a noticeable "Indian" accent, interested in the usefulness of yoga. Bearing this in mind, I often tried to balance the interview with questions about their struggles and achievements in yoga.

Finally, the online recruitment process increased chances of self-selection bias, limited the chances of finding participants from diverse races, cultures, ethnicity, education, and economic background. Therefore, most of the sample in the study represented white, middle-class, university-level educated women. Some women also took further yoga teacher training, which could have changed their practice benefits. Also, the findings of this study are gender-specific; it cannot be generalized to all female survivors of CSA as the study recognizes different needs and preferences of individuals. Future research should attempt to examine the experience of individuals from various socio-economic, gender, racial, and cultural backgrounds. It is important to acknowledge here that the study aimed to gather a diverse and self-directed account of women's embodied experience of yoga within the community, and finding a group of women with broadly similar experiences of CSA and yoga was a challenge. I argue that recruiting participants from the same yoga centre or group or yoga intervention or narrowing the definition of what CSA experience or yoga should constitute would have excluded the perspectives of many women who utilized yoga based on their own needs and preferences. Along with the diversity of experience, women's narratives in the study also provided broadly similar themes of the elements of practice that mediated women's recovery.

### 4.3.2. Strengths and clinical implications

### 4.3.2.1.　　Context of the current practice

CSA is an ongoing societal issue calling for an in-depth understanding from the survivors themselves and the professionals involved in their care. Before looking at the implications of this study, it will be helpful to outline the existing governmental policies on the resources currently available to support survivors of CSA and future development initiatives. Independent enquiry with survivors of CSA (Gekoski et al., 2020) found that: unavailability and inadequacy of provision of support; long waiting lists for brief counselling programmes; limited options in terms of therapeutic techniques act as external barriers for these individuals. Survivors also emphasized in the report that multi-agency working and collaboration could be helpful in better signposting and comprehensive support for them. Based on the recommendations, the government has committed to making additional investments and improvements in the specialist support services for survivors of CSA by 2023 (Gekoski et al., 2020). Though no methodology can meaningfully put a price on human pain and suffering, NSPCC carried out a study to emphasize the substantial impacts of CSA at both a personal and a societal level (Saied-Tessier, 2014). They calculated that CSA costs the UK around £3 billion a year (2012/13 prices), estimating around £2.7 billion to lost labour market productivity due to higher unemployment and lower incomes among victims and survivors. The remainder of approximately £424 million was primarily linked to the costs to the provision of health, criminal justice, and child social services. The NSPCC attempted to monetize the human and emotional costs of CSA to victims and survivors, estimating it to be around £38 billion annually (2012/13 prices).

## 4.3.2.2.      Implications and considerations for the clinical practice

As McNiff (1981) highlighted, "probably no single feature of artistic and general human expression is as consistently missing in training psychotherapists as the language of the body" (p. 131). A body-inclusive counselling approach is critical, mainly when working with adult survivors of CSA. The over-specialization and compartmentalization of services separating women's physical and psychological needs adopt a dichotomous and detached view by narrowing the scope of intervention. With the idea of building holistic health practices as defined by eastern philosophies for centuries, this research endeavours to encourage and act as a guide for clinicians,

health professionals, and yoga teachers working with individuals with a history of CSA and other forms of interpersonal abuse.

The importance of connection and authenticity within the body, including the fun and play elements witnessed in yoga, can help clients tolerate the emotionally challenging aspects of therapeutic work. All women found the process of reconnecting with the body, learning to accept and show compassion towards their body as significant learning in their yoga practice. Similarly, therapists can incorporate various nonverbal, expressive interventions into the treatment for CSA survivors (Simonds, 1994). With the learning that yoga served as a consistent resource, a tool for women to manage their difficulties associated with their complex childhood adversities, this could be a community-based intervention. As identified in the previous section, with services stretched and the lack of support for survivors, there is a strong need to incorporate stabilizing practices such as yoga into the clinical population.

Collaboration with other professionals such as yoga teachers, yoga therapists, and organizations that offer multi-layered treatment models can help theorize the practice in different contexts where yoga could be provided along with therapy or for waiting-list clients as an additional tool to enable them to manage and relieve some of the distressing symptoms, thus finding answers not only within the therapy room but also outside in the communities (Fairfax, 2008). Therefore, it seems essential to building a multi-modal approach to address the complex needs of women, especially that fosters choice, agency and empowerment (Ataria, 2018). Yoga could also be a helpful complementary intervention for women who find it hard to engage in therapy or show signs of disrupted bodily integrity. Yoga's wider cultural acceptance within Asian and African communities ( Braxton, 2017; & Singh et al., 2010) can facilitate culture-specific adaptation of the treatment for the individuals and families, which may help with overcoming stigmatization and cultural specific barriers about accessing talking therapies and in some cases even disclosure (Radford et al., 2011; & Singh et al., 2010).  In the US, Trauma-informed versions of yoga have been implemented in many rape crisis centres, which are being studied and improvised based on survivor's recommendations. Improvement of services is within the role of CoPs who could help

devise a similar system in the UK within NHS and with third-sector charities (Standards of Proficiency – Practitioner Psychologists, 2015).

Findings also illustrated the need for a supportive and holistic element of yoga, especially when fostered choice, control and empowerment within the practice. Also, the teacher's non-judgmental and compassionate presence, trauma-informed or holistic perspective were found helpful. Thus, the importance of intensive training and expertise of the yoga teachers who spotlight the inherent therapeutic elements of yoga is emphasized (Khalsa, 2007; & Forfylow, 2011). Similarly, practitioners aiming to incorporate bodily interventions such as integrating body movements or breathwork into their clinical practice need to familiarize themselves with the essential yoga elements while respecting their client's needs and expectations (Emerson & Hopper, 2011). Considering there are different forms of yoga and variations in the practice and styles, and lack of a more substantial evidence base, more research is needed and also it presents challenges in reaching an agreement within professionals about manualizing yoga practice.

However, many practitioners in yoga and trauma have started to assimilate yoga into their clinical work (Lilly & Hedlund, 2010; Van Der Kolk et al., 2014; & Havron & Edan, 2019). For instance, Emerson & Hopper (2011) have designed TSY training that incorporates trauma therapy with yoga elements that can support individuals with a history of adversity without the triggering aspects that may endanger the wellbeing of survivors. In TSY, five aspects of Hatha yoga have been adapted to make it accessible to trauma survivors, including- environment, exercises, poses, teacher qualities, physical assists, and language. All TSY yoga teachers must have an intensive level of training and certification as yoga teachers and undergo a 40-hour certificate program. There is also a two-day certificate program for the teachers and clinicians interested in incorporating yoga into their clinical practice (Emerson & Hopper, 2011). Some examples of adaptations of yoga are- fostering choice and empowerment over challenging postures and a "no-touch" policy. The program also aims to abolish the potentially exploitative elements of yoga practice, such as "guru" culture and "body-beautiful" discourses. TSY adapts hatha yoga practice for trauma survivors,

emphasizing the inner focus and awareness, not outward appearance or challenging postures.

Jim Hopper (Lilly & Hedlund, 2010), an expert in sexual abuse and mindfulness, has outlined the essential first steps in the treatment of healing from sexual abuse: "Establishing safety and stability in one's body, one's relationships, and the rest of one's life; tapping into and developing one's own inner strengths, and any other potentially available resources for healing; learning how to regulate one's emotions and manage symptoms that cause suffering or make one feel unsafe; finally developing and strengthening skills for managing painful and unwanted experiences, and minimizing unhelpful responses to them" (Lilly & Hedlund, 2010). These tenets of best practices match TF-CBT aims that amplify the importance of establishing safety first within the body.

As identified in the study, women had different needs and preferences about how they wanted to incorporate yoga into their lives. So, for individuals who may benefit from an integrative approach, encouraging evidence comes from a clinical paper by Havron & Edan (2019) about their yoga/ psychotherapy group programme. Using the components of "area of need" and "optimal responsiveness", which was explained in the literature review, they aimed to provide CSA survivors with an avenue to investigate their inner bodily experience through yoga and express the observations, which were responded to empathically and therapeutically by a psychotherapist present in the session with them (Havron & Edan, 2019). As this case study demonstrated, if a group intervention can be appropriately designed, it can offer individuals a safe, trauma-informed, therapeutic, and holistic route to reclaiming their lives. While meditation and the physical aspect of yoga lack scientific evidence, mindfulness has been incorporated into several evidence-based interventions, including acceptance and commitment therapy (ACT), Mindfulness-Based Stress Reduction training (MBSR), and mindfulness-based cognitive therapy (Hayes, & Hofmann, 2017). Breathwork has also been incorporated within these approaches to assist people with different issues relating to stress, anxiety, and depression (Kabat-Zinn, 1994). Trauma-informed understanding of yoga from the neuroscientific, medical

and social model can benefit clinicians and yoga teachers working with individuals with trauma history.

There have been numerous implementations of trauma-informed adaptations of yoga for the trauma population all over the world. One such example is projects run by "yoga impact charity" in 16 locations in different parts of the world, training the teachers and designing yoga programs to support survivors of domestic violence, families of the Defence Forces, people in detention, Indigenous people, and frontline healthcare workers (Annual report, 2019). Similar implementations in the UK are from Minded Institute (Merrick, 2020), Yoga Clinic (Emerson & Hopper, 2011), and OURMALA (Brett, 2019) who offer trauma-informed use of yoga to the yoga teachers, trauma population, and diverse communities such as refugees and asylum seekers. There is a growing interest in the yoga and trauma field to build a strong evidence base to help develop ethical and safe treatment programmes for the survivors (Begg et al., n.d.; & Brett, 2019).

Alternatively, considering yoga's more comprehensive presence within the communities provides an alternative community-driven and bottom-up approach that could be useful for the holistic wellness of the survivors (Wessels, 2015). As the findings in this study indicated, women felt resourceful and liberated through their self-directed utilization of yoga. Similarly, the social prescribing model by health professionals within wider NHS England (NHSE) aiming to achieve the "universal personalized care" model (Howarth et al., 2019; & NHSE, 2019) can facilitate a comprehensive, personalized, and holistic approach to the clinical and non-clinical population. The contemporary social prescribing model is informed by the asset-based approaches that steer away from traditional deficit-based medical models (Antonovosky, 1987). And this model supports the resilience within individuals and communities (Henry and Howarth, 2018; & Cartwright et al., 2019). For example, the Yoga4Health programme carried out by the West London NHS (Cartwright et al., 2019) evaluated 10-weeks yoga intervention using a mixed-method feasibility study. The intervention was a 2-hours long, weekly group intervention comprised of yoga postures, breathing practices, relaxation, psychoeducation, and group discussion.

Though, this evaluation excluded individuals with severe depression, anxiety, and diagnosis of PTSD.

There has been a surge in the interest in integrating physical and mental health services in the NHS, and yoga has been advocated for its potential physical and mental health benefits (Mason et al., 2018). Gillian Osbourne, Vice-chair of the British Wheel of Yoga, also highlighted the role of yoga in treating mental health issues, given its strong evidence base and could ease pressure on the NHS  (Vooght, 2020. Yoga is already socially prescribed on the NHS, but it is important to develop services within the NHS for the mental wellbeing of the service users (Vooght, 2020). There is promising evidence that yoga could be a valuable therapeutic resource for individuals with complex difficulties related to trauma. With increasing evidence supporting yoga's therapeutic benefits for people with trauma history, it is important to design programs to examine the usefulness of yoga by social prescribing for this specific population. This model can help women access resources within the community, feel empowered and integrated within self and with others, and engage in a personalized healing process.

### 4.3.2.3.      Future research recommendations

In future research, it could be helpful to collect data through video recording, noting the experiential data while practising yoga to get participants' first-hand and moment-by-moment experience. Future researchers could potentially conduct multiple interviews over some time to fully grasp the lived experience of yoga, potentially involving individuals from different socio-economic, gender, racial, and cultural backgrounds. It could be helpful to examine the impact of yoga at various stages after the CSA experience. For instance, at the initial stages of experiencing CSA or disclosure, women began to connect with their experiences. Future studies can consider yoga's potential benefits for women involved with the judiciary system or at the various junctures of their healing. Yoga could be a helpful intervention that can facilitate a phase-based and holistic approach that emphasizes psychological, social and cultural contexts, thus warrants further examination. Importantly, considering that

there are varied forms of yoga, so running pilot studies within NHS or in conjunction with yoga centres or charities that incorporates therapeutic elements of practice and minimise the triggering aspects for the individuals with mental health difficulties is imperative.

## 4.4.  Reflections and Conclusions

### 4.4.1.  Reflections on Quality and Research Rigour

To achieve further validity to the study, as mentioned in the methodology chapter, I paid attention to the four critical dimensions as proposed by Yardley (2000)- the sensitivity to context, commitment, and rigour, coherence and transparency, and impact and importance; through extensive literature research, the philosophy, theory, and practice from the qualitative and quantitative field were evaluated from the field of psychology, especially CoP. My commitment to the humanistic, social justice, and feminist agenda, kept me emotionally connected and devoted to this research project. I continually attempted to separate my experiences from the women by accessing personal therapy, supervision and noting down my views and perspectives based on my lived experience of CSA and yoga. Discussion of the anonymized transcripts and initial themes with the supervisor and colleagues helped clarify my thinking process and focus on maintaining distance from my views and the reflection in the data. I was mindfully attentive to the power differential and reflected on each stage of analysis Coherence was achieved through linking theory and method in the implementation of the study. And transparency was upheld through extensive focus and reflexivity throughout the analytic process, evidenced in the study's write-up. The importance of the study is highlighted through consideration of the clinical implications of findings that could help improve the understanding and quality of care for women with CSA-related difficulties.

### 4.4.2.  Further reflexivity

In this section, further personal reflections are recorded, along with my learnings from this research. Throughout the research process, I endeavoured to remain as attentive as possible to my personal experience of yoga and CSA to avoid conflating any detailed information provided by my participants about their experiences. When I began designing my study, I was determined to set up a yoga group with the help of a yoga teacher. I contacted many charities and yoga teachers for collaboration, but as I discussed this process at the university and with different organizations, I became aware of various challenges (like recruitment, potential risk issues, funding, timeline). I felt disappointed and upset as practical implications frustrated me and evoked a sense of failing my participants. Reflecting on these feelings in the supervision and personal therapy helped me understand that probably I was overidentifying with my participants and was also hypothesizing in a positivist stance, where I wanted to control the factors to produce a robust study providing a definitive answer about the reality of participant's experience of yoga. Probably, there was an unconscious conclusion in my head about yoga's usefulness for women, and I was set to prove it. Stepping back from the existing empirical literature and my identification, I realized that I aimed to give voice to the women survivors who took ownership of their healing journey.

As I began the process of data collection, I found it to be highly anxiety-provoking. I realized that my anxiety underpinned my perfectionism. I wanted to ask the right questions properly, giving my participants a conducive, safe, and empowering environment entrusting me with their personal stories. At this point, holding on to the CoP humanistic framework helped me employ respect, openness while remaining sensitive and protective of my participant's wellbeing but not at the cost of their autonomy (Kasket, 2012). Despite this, the interviews evoked various emotions, feeling honoured and deeply connected with the women I interviewed. I also felt drained and experienced intense sadness and anger hearing about their difficulties. I was often astounded and inspired by their stories of courage to heal, despite all the

challenges they faced as survivors, and while practising yoga, they carried on against all odds to heal their battered bodies in their unique way. Filled with inspiration, when I began my analysis, it again turned into fear, the fear of failing the women like many others who failed them in their life. I was worried about my ability to give due justice to my participants' voices. But with the constant support from my research supervisor and personal therapist, I realized that I was putting excessive pressure on myself, leaving no room for any mistake. Instead, trying to hold an attitude of transparency and openness allowed me to immerse myself in their narratives. This project has also helped me reinforce and strengthen my sense of self in therapy and feel empowered by my participants. By gaining conscious awareness of when to withdraw and break the pattern of categorizing myself in either the "rescuer" or "perpetrator" group and also through not denying the "victim" part in me, I was able to engage in the analysis process. Overall, it has been a challenging but enlightening project for me where I continually learned and got inspired by the amazing women who trusted me with their intimate stories. Nonetheless, reflexivity at various junctures in the research helped me think about the women's experiences holistically, considering contextual issues embedded within the counselling psychology perspective (Cooper, 2015).

### 4.4.3. Conclusion

In conclusion, this study witnessed the process of emerging meaning-making of yoga for women with a history of CSA. Women's narrative highlighted the process of gaining a sense of control over the "habit-body" through embodying a yoga routine and discovered their body's potential and ability to change and adapt in ways helpful to them. The women who participated in this research represented the population with a history of CSA and its associated difficulties (Finkelhor & Browne, 1985) and described the women who transcended to a life of self-awareness and self-actualization. Women transformed from the state of "terrified" self to a "higher" self, reaching beyond their experience of CSA (Knapik et al.,2010). Women's narratives highlighted their active will to self-actualize (Green & Burke, 2007) and lived a "meaningful life" and a "good life" (Seligman, 2002). This study aligns with the CoP's humanistic values, prioritizing individuals and communities' needs and experiences; and contributing knowledge that can foster empowerment and social justice (Larsson et al., 2012). Following a

constructivist/ interpretive paradigm, the disconnected embodied experience is viewed as constructed within the individual and socio-political, cultural, and gendered histories, often ignored in the psychological literature. This study has also endeavoured to highlight the socially formed bodies of the women embedded within this experience. The assimilated knowledge can probably assist practitioners and CoPs involved in trauma work to incorporate bodily intervention and challenge normative limiting experiences into the treatment when appropriate. Another important aspect to consider is that CSA being a sensitive topic (Fontes, 2004), it is of prime importance to respect women's autonomy and capacity to heal, as overprotection can further victimize the women who have survived abuse (Draucker et al., 2009). This study has the potential to contribute to the current theories, as well as inform interventions and enhance services supporting survivors of CSA through a comprehensive understanding of their embodied struggles after CSA and the potential benefits of yoga as a skill-building and stabilizing resource that helps survivors embody a sense of sovereignty and liberation within them.

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# LIST OF APPENDICES

### Appendix-I: MEANINGFUL OBJECTS FOR WOMEN REPRESENTING THEIR JOURNEY OF YOGA

| Participant | Object | Description |
|---|---|---|
| Branda | Essay | The cathartic process of releasing emotions through crying in the class was reflected in the essay when she began a yoga practice. |
| Sarah | The body keeps the score- Book By Bessel Van Der Kolk | Realizing that body's importance in healing from the experience of CSA |
| Jane | - | |
| Pam | - | |
| Anna | Beads with a message, "you are loved" | To remind her that she is deserving of self-love. It began with the teacher introducing a practice of setting an intention into the practice, in which she loved this message. |
| Carol | Beads | She was given these beads as a gift by the teacher to mark her journey of healing |

# Appendix-II: DESCRIPTIONS OF MAIN TYPES OF YOGA

| Descriptions adapted from Balasubramaniam, Telles & Doraiswamy (2013); & Beirne (2014) | |
|---|---|
| *Type of yoga* | *Description* |
| **Ashtanga yoga** | *Fast-paced series of sequential postures based on six series of asanas* |
| **Hatha yoga** | *The basic form of yoga that incorporates postures, regulated breathing, and meditation* |
| **Iyengar yoga** | *Focuses on the precise alignment of postures* |
| **Power yoga** | *Westernization of Ashtanga yoga. Popular in the US* |
| **Jivamukti yoga** | *Physically challenging postures highly meditative* |
| **Kali RayTri Yoga** | *It consists of flowing, dance-like movements, often accompanied by music* |
| **White Lotus Yoga** | *It consists of flowing movements with varying difficulty levels* |
| **Integrated yoga therapy** | *Designed for medical problems. May include meditation and guided imagery* |
| **Viniyoga** | *A gentle practice that particularly emphasizes the synchronization of poses with breathing* |
| **Svaroopa** | *Emphasizes the opening of the spine beginning at the tailbone progressing through each spinal area* |
| **Bikram Yoga (Hot Yoga)** | *It consists of a series of 26 postures performed in a space with the temperature above 100°F* |
| **Phoenix rising yoga therapy** | *Combines traditional yoga with client-centred and mind-body psychology that incorporates non-directive dialogue* |
| **Sivananda yoga** | *It consists of 12 basic yoga postures along with chanting and meditation* |

| | |
|---|---|
| | |
| **Integral yoga** | *It consists of basic hatha yoga postures* |
| **Ananda yoga** | *It consists of basic hatha yoga postures with the use of silent affirmations while holding up a pose.* |
| | |
| **Kundalini yoga** | *Focuses on awakening the energy at the base of the spine and channelling it upwards* |
| **ISHTA yoga** | *Combination of Ashtanga and Iyengar yoga* |
| **Kripalu yoga** | *It consists of three stages, namely willful practice, wilful surrender, and meditation in motion* |
| **Anusara yoga** | *It consists of basic hatha yoga postures but emphasizes attitude, alignment, and action* |
| **Yin yoga** | *Focuses on passive, seated postures, with poses held for anywhere between one and 10 minutes* |
| **Restorative yoga** | *It involves healing the mind and body through simple poses often held for as long as 20 minutes, with the help of props. Similar to yin yoga* |
| **Vinyasa flow** | *Flowing from one pose to the next without stopping to talk about the finer points of each pose. Also, an umbrella term for other styles* |

**Are you a female survivor of childhood sexual abuse with an experience of yoga practice?**

*If yes, then I am interested in hearing from you...*

I am a trainee Counselling Psychologist at the University of East London with over two years of experience working with female survivors of sexual violence at Rape Crisis and many other organizations.

I am looking for adult women with a history of child sexual abuse interested in sharing their experience(s) of Yoga practice. Participation would involve attending an audio-recorded interview (approximately 1.5 hours) conducted at an agreed location.

To participate, you should have experience of movement-based yoga for at least eight weeks in the last year. And not have any threat from the current relationship(s), have any suicidal ideation, or have had hospitalization (in the previous three months) due to any psychiatric illness. It is to avoid any undue distress from the participation.

For more details about the study, without any obligation, please contact me for a preliminary discussion -

Aditi Sharma                    Email: U1716899@uel.ac.uk

If you have any concerns regarding this research, you can get in touch with my Research Supervisor-

Dr. Jeeda Alhakim                    Email: j.alhakim@uel.ac.uk

## Appendix-IV: PARTICIPANT INVITATION LETTER

# Participant Information Sheet

*The lived experiences of yoga practice for female survivors of child sexual abuse: An Interpretative Phenomenological Analysis*

## Introduction

I would like to invite you to take part in a research project. Before you decide, you need to understand the rationale of this research and what it involves. Please take the time to read the following information carefully and contact the researcher (Aditi Sharma) about anything you do not understand. Please feel free to discuss this research with others as well.

This research is part of my doctoral thesis for the Professional Doctorate of Counselling Psychology at the University of East London (UEL). I (Aditi Sharma) will interview you, a woman who has training and experience working with survivors of sexual violence at Rape Crisis and other services.

**Your participation in this study is entirely voluntary.**

## Purpose of the study

Violence against women is a growing public health concern and a social justice issue. The project aims to understand women's experiences of engaging in yoga practice and hear about what they found helpful/ not helpful in the process. Little is known about women's experiences of body-based practices such as yoga about their experiences of childhood sexual abuse. It is hoped that this research will help raise professional awareness, improve the support available to women, empower them by offering them space to have their voices heard. The findings will potentially contribute to developing more effective and client-accepted ways of supporting people who present difficulties after child sexual abuse.

**What's involved?**

At the interview, you will be asked to sign a consent form agreeing to your participation. The study will involve discussing your experiences of yoga and childhood sexual abuse and answering questions asked by me as part of an interview. The interview will be face-to-face, individually with me, lasting approximately 90 minutes, depending on how much you want to discuss.

I will mainly focus on gaining insight into your experience of practising yoga and if it had any (useful / not useful) effects on any aspect of your life. You do not have to answer any questions that you are uncomfortable with, and I will not ask you to disclose your past elements, but you are free to do so if you wish.

There is some possibility that you may find talking about your current and past difficulties distressing. If that happens, you would be offered an opportunity to take a break or reschedule the interview for a different time or terminate the interview if you felt unable to continue.

Your wish to withdraw from the study will be respected at all times. I would also encourage you to contact organizations listed in the debrief sheet to obtain further support if required. After the interview, you will receive 10 pounds of recognition for your time and contribution to the study.

**Confidentiality of the Data**

Information that you provide for this study will remain strictly confidential. However, if you disclose that you are harming yourself or someone else during the interview or seem very distressed, the researcher will discuss this with you and may need to contact the key worker/ named person. All this will be explained and agreed upon in the preliminary discussion.

The interview will be recorded on a voice recording device. The recording will only be listened to and transcribed by me. Any names, addresses, dates, places, and other identifiable information will be changed in the transcripts to ensure anonymity. The data will only be accessible to my research supervisor at the University of East London (UEL) and the examiners assessing this thesis. The audio recordings and transcripts will be stored securely on a computer on a password-protected file. The summary of the analysis can be sent to you for your feedback with your consent.

The anonymized written transcripts and audio recordings might be used for additional articles or publications based on this research, and they will be deleted after five years following completion of the study. The thesis and relevant publications will include several quotes from interviews. I will ensure that it is not possible to identify people from these extracts.

**Location**

Interviews would take place within a private room at the support organization you currently attend or have attended in the past, or a suitable location can be discussed and arranged.

**Disclaimer**

Your participation in this study is entirely voluntary, and you are free to withdraw at any time during the research. Should you choose to withdraw from the programme, you may do so without disadvantage to yourself and without any obligation to give a reason. Your decision to withdraw will be respected. Please note that your data can be withdrawn up to three weeks after the interview – after this point, it may not be possible. Please retain this invitation letter for reference.

**University of East London**

School of Psychology

Stratford campus

Water Lane

London E15 4LZ

**Researcher**

Aditi Sharma

CONTACT EMAIL: U1716899@UEL.AC.UK

**Director of Studies**

Dr Jeeda Alhakim

CONTACT EMAIL: J.ALHAKIM@UEL.AC.UK

**University Research Ethics Committee**

If you have any concerns regarding the conduct of the research in which you are being asked to participate, please contact:

**Catherine Fieulleteau, Research Integrity, and Ethics Manager, Graduate School, EB 1.43, University of East London, Docklands Campus, London E16 2RD (Telephone: 020 8223 6683, Email: researchethics@uel.ac.uk)**

For general enquiries about the research, please get in touch with the researcher (Aditi Sharma) on the contact details mentioned above.

# Appendix-V: CONSENT FORM

## UNIVERSITY OF EAST LONDON

## Consent to Participate in a Programme Involving the Use of Human Participants.

### Professional Doctorate of Counselling Psychology

### Researcher: Aditi Sharma

Contact email: U1716899@uel.ac.uk

### Director of Studies (DOS): Dr Jeeda Alhakim

### Contact email: j.alhakim@uel.ac.uk

Please tick as appropriate:

|  | YES | NO |
|---|---|---|
| I have read the information leaflet relating to the above programme of research in which I have been asked to participate and have been given a copy to keep. The nature and purposes of the study have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed, and the procedures I will be involved in have been explained. |  |  |
| I give consent to audio-record the interview |  |  |

| | | |
|---|---|---|
| I understand that my involvement in this study, and detailed data from this research, will remain strictly confidential as far as possible. Only the researchers involved in the study will have access to the data. *(Please see below)* | | |

| | | |
|---|---|---|
| I understand that maintaining strict confidentiality is subject to the following limitations:<br><br>The data will only be accessible to my research supervisor at the University of East London and the examiners who will be assessing this thesis.<br>If there is any risk of harm to self/other presented during the interview, then the confidentiality will be broken, and the named person/<br>appropriate services will be informed | | |
| The anonymized written transcripts might be used for additional articles or publications based on this research, and they will be deleted after five years following completion of the study. | | |
| It has been explained to me what will happen once the programme has been completed. | | |

| | | |
|---|---|---|
| I understand that my participation in this study is entirely voluntary, and I am free to withdraw at any time during the research without disadvantage to myself and without being obliged to give any reason. I understand that my data can be withdrawn up to three weeks after completing the interview. After this point, the researcher reserves the right to use my anonymous data in the study's write-up and any further analysis that the researcher may conduct. | | |
| I hereby consent the researcher to contact me after the interview to share the summary of the analysis. | | |
| I hereby freely and fully consent to participate in the study, which has been fully explained to me and for the information obtained to be used in relevant research publications. | | |

Participant's Name (BLOCK CAPITALS) …………………………………………………………………..

Participant's Signature ………………………………………………………………………………….

Investigator's Name (BLOCK CAPITALS) …………………………………………………………………..

Investigator's Signature ………………………………………………………………………………………

Date: …………………………….

# Appendix-VI: PARTICIPANT DEBRIEF SHEET

Thank you very much for agreeing to participate in this research.

I hope you found your participation in this research interesting and that our discussion following the interview has alleviated any concerns you may have had afterwards.

However, if talking about your experiences of childhood sexual abuse does leave you feeling low or upset in the next few days, and this persists, there are local sources of support that you can contact.

Following this interview, if you would like to address your experiences in a safe environment further, you may find the following sources helpful:

1. You can contact your GP.

2. Rape Crisis Helpline - 0808 802 9999

3. Samaritans 08457 90 90 90 / 116 123 or email: jo@samaritans.org

   Confidential emotional support, 24 hours a day, for people experiencing distress or despair, including those that may lead to suicide.

The interviews are audio-recorded and transcribed. All names, dates, addresses, and other identifying details will be changed to ensure that you cannot be identified and remain anonymous. Audio recordings will be destroyed after the completion of the research.

Information provided for this study will remain strictly confidential. However, if a disclosure is made during the interview that you are harming yourself or others, we will discuss this, and you may be required to contact relevant services (e.g., your GP).

If you would like to withdraw from the study within three weeks of the interview, your data will be destroyed. After this time, you are still free to withdraw, but the researcher reserves the right to use the anonymized data for any further analysis and in the write-up for the study.

If in the future you would like more information about this study, you can contact me by telephone, via e-mail, or in writing c/o the university. My details are below.

Aditi Sharma,

Email: U1716899@uel.ac.uk

Additionally, if you have any concerns about how the study has been conducted, please contact the study's supervisor:

Dr Jeeda Alhakim

School of Psychology,

University of East London

Water Lane,

London, E15 4LZ

Email: j.alhakim@uel.ac.uk

Thank you again for your participation.

# Appendix-VII: ETHICS REVIEW DECISION LETTER

**School of Psychology Research Ethics Committee**

| NOTICE OF ETHICS REVIEW DECISION |
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| For research involving human participants<br><br>BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology |
|---|

**REVIEWER: Zetta Kougiali**

**SUPERVISOR**: Jeeda Alhakim

**STUDENT: Aditi Sharma**

**Course**: Doctorate in Counselling Psychology

**Title of proposed study**: TBC

**DECISION OPTIONS:**

**1. APPROVED:** Ethics approval for the above-named research study has been granted from the date of approval (see the end of this notice) to the date it is submitted for assessment/examination.

**2.** <mark>**APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES**</mark> (see Minor Amendments box below)**:** In this circumstance, re-submission of ethics,
the application is <u>not</u> required, but the student must confirm with their supervisor that all minor amendments have been made <u>before</u> the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this

decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.

3. **NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED** (see Major Amendments box below)**:** In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The same reviewer will review the revised application. If in doubt, students should ask their supervisor for support in revising their ethics application.

**DECISION ON THE ABOVE-NAMED PROPOSED RESEARCH STUDY**

*(Please indicate the decision according to one of the three options above)*

|  |
|  |

**Minor amendments required** *(for reviewer)*:

|  |
| -The recruitment method currently involves gaining permission from relevant charities to leave relevant leaflets on their premises OR contacting participants via email. The 2nd option is quite problematic as permission to be contacted has not to be granted by the participants themselves.<br><br>With regards to the 1st option (leaflets), which is absolutely fine, it is not clear why the researcher would contact participants. Please amend this section in a way that it is the participants only who can make the initial contact. |
|  |
| -There are several measures taken in the case of distress during the interview. In such cases, some of these contacts might not be helpful as they might not be aware of the participants' history of abuse. Please make sure that a named person/keyworker (from the equivalent service) is available on the day of the interview and can debrief the participant. Their name should be included in the information letter and debriefing form. |
|  |
| - Invitation letter: |

1) Please remove the quotation marks from "childhood sexual abuse".

2) Please add a sentence within the "what's involved" section, mentioning that participants will not be asked to disclose elements of their past but if they are free to do so 3) Please add the name of the relevant member of staff on p.27

Interview question: Very nice, thoughtful and non-leading, well done!

A note on confidentiality and interviews: In studies involving participants who might not have disclosed their past to others, the researchers often give them the chance to comment on any written outputs. This is so that the participants are at ease during the interview and have some form of control over this aspect. Since this is an IPA study, it could also be beneficial to get their feedback on the interpretation. Please discuss this with your supervisor.

**Major amendments required** *(for reviewer):*

**Confirmation of making the above minor amendments** *(for students)*:

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

Student's name *(Typed name to act as signature): ADITI SHARMA*  Student number: U1716899

Date:  20th May, 2019

*(Please submit a copy of this decision letter to your supervisor with this box completed, if minor amendments to your ethics application are required)*

**ASSESSMENT OF RISK TO RESEARCHER** *(for reviewer)*

Has an adequate risk assessment been offered in the application form?

Please request resubmission with an adequate risk assessment

If the proposed research could expose the <u>researcher</u> to any of kind of emotional, physical or health and safety hazards? Please rate the degree of risk:

☐

HIGH

| Please do not approve a high-risk application and refer to the Chair of Ethics. Travel to countries/provinces/areas deemed to be a high risk should not be permitted and an application not approved on this basis. If unsure please refer to the Chair of Ethics. |
| --- |

☐

MEDIUM (Please approve but with appropriate recommendations)

☐

LOW

| **Reviewer comments in relation to researcher risk (if any).** |
| --- |
|  |

**Reviewer** *(Typed name to act as signature)*:     Dr Zetta Kougiali


**Date**: 7/05/2019


*This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee*


**RESEARCHER PLEASE NOTE:**


For the researcher and participants involved in the above-named study to be covered by UEL's Insurance, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.


For a copy of UELs Personal Accident & Travel Insurance Policy, please see the Ethics Folder in the Psychology Noticeboard

# Appendix-VIII: ETHICS APPLICATION FORM

# UNIVERSITY OF EAST LONDON

## School of Psychology

| APPLICATION FOR RESEARCH ETHICS APPROVAL |
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| FOR RESEARCH INVOLVING HUMAN PARTICIPANTS |
|---|

**FOR BSc RESEARCH**

**FOR MSc/MA RESEARCH**

**FOR PROFESSIONAL DOCTORATE RESEARCH IN CLINICAL, COUNSELLING & EDUCATIONAL PSYCHOLOGY**

**SECTION 1. Your details**

**1.** **Your name**:  ADITI SHARMA

**2. Your supervisor's name**: DR. JEEDA ALHAKIM

**3. Title of your programme**: DOCTORATE IN COUNSELLING PSYCHOLOGY

**4. Submission date for your BSc/MSc/MA research:  FEBRUARY 2021**

**5. Please tick if your application includes a copy of a DBS certificate (see page  3)**  √

**6. Please tick if your research requires DBS clearance but you are a Prof Doc student and have applied for DBS clearance – or had existing clearance verified – when you registered on your programme (see page 3)**

√

**7. Please tick if you need to submit a DBS certificate with this application but   have   emailed a copy to Dr Tim Lomas for confidentiality reasons (Chair of the School Research Ethics Committee) t.lomas@uel.ac.uk**

8. Please tick to confirm that you have read and understood the British Psychological Society's Code of Ethics and Conduct (2018) and the UEL Code of Practice for Research

**Ethics** (See links on page 1)

| | √ |
|---|---|

## 9. What your proposed research is about:

This proposed study explores the lived experiences of yoga practice for the female survivors of Childhood Sexual Abuse, using Interpretative Phenomenological Analysis (IPA). Violence against women is a growing public health concern and a social justice issue. The project aims to gain a deeper understanding of women's experiences of engaging in yoga practice and its relationship (both valuable and detrimental) to their experiences of childhood sexual abuse. Little is known about women's perspectives on their experience of yoga and childhood sexual abuse. The limited research available demonstrates the potential for yoga to be helpful as a treatment for people who have survived sexual violence but haven't specifically looked at different forms of yoga in the context of childhood sexual abuse. Thus, it is hoped that the findings will potentially contribute to developing more effective and client-accepted ways of supporting people who present difficulties after Child Sexual Abuse.

**Research question-**

"How do female survivors of child sexual abuse make sense of their lived experience of yoga practice?"

## 10. Design of the research:

220

## Methods

This research forms a part of the researcher's doctorate undertaken at the University of East London, Stratford. It uses qualitative, semi-structured, individual, face-to-face interviews of approximately 6-8 participants from various charities across London and the Greater London area, namely, Rape Crisis, Women and Girls Network (WGN), and yoga centres. The Interviews will be audio-recorded and transcribed by the researcher. Ethics amendment to expand the recruitment area to the entire United Kingdon (Appendix-IX) were sought to enable the investigator to reach wider segments of the population than may otherwise be inaccessible.

A semi-structured interview format was chosen to get the participants to explain, in their own words, their experiences, their understandings, and how they find meaning in their "lifeworld". The questions in the interview guide would be open to letting participants use their own words to describe their experience and what aspects of yoga they might value or dislike in Yoga. The interview will discuss the impact of childhood sexual abuse on participants' lives, their yoga experience, any changes noticed after attending yoga, anything that stood out from the practice (complete list available in the Appendix-IV: Interview Schedule). This approach offers participants an opportunity to identify the most salient aspect of their lived experience.

The participants would be asked if there were any perceived personal changes associated with their participation in the yoga practice and would be allowed to respond without specific prompting (complete list available in the Appendix-IV: Interview Schedule). The overall aim of the interview guide and open-ended questions is to promote participant reflection on their experiences of Yoga.

Some of the examples of the questions are- "Can you describe your life before you started practising Yoga?"; "Could you please tell me about your experience of Yoga?"; and "Were there any particular aspects of the yoga program that stood out to you?" (Postures, meditation, or community); "Have you continued engaging in similar activities since? (If so, what and how often?)".

Clarifying questions might be asked to gain access to a rich and in-depth account of participant's experiences. Participants will also be asked to pick something representing their experience before coming for the interview, which could add to the symbolic meaning of their experience. These objects could be a poem, non-verbal, creative visual, audio art, diary, or anything symbolic of their yoga journey.

Towards the end, encouraging questions for participants to add something may be asked such as "Is there anything I have not asked you that you think would be important for me to know?"

## Data Collection

A rich and detailed first-person account of the participant's holistic experience is crucial for IPA.

Before starting the interview, the written informed consent, the risk and confidentiality agreement, and the right to withdraw agreement will be reiterated and agreed upon with the participants. Participants will be asked for the named person to be present at the premises on the day of the interview/ available on call. The researcher will seek permission from the participant to contact the named person/ emergency services in case of extreme distress/risk to self or others. The semi-structured interviews lasting for approximately 90 minutes, depending on how much participants would like to talk about, will be audio-recorded and transcribed verbatim. Interview questions will be open-ended and non-directive to capture the in-depth experience of the participants.

## Data analysis

Informed by IPA Guidelines, three levels of analysis will take place. Initial data analysis will involve reading and re-reading participant's interview transcripts and making notes of their thoughts and key claims. Following this iterative and inductive practice, the researcher will apply thematic labels to encapsulate the participant's account. These themes will be brought together into a cluster of themes, progressing towards a summary table where an overview of themes with relevant quotations. IPA intends to help the researcher keep an initial "insider perspective", then moving on to the interpretative account of what it means for these participants to have these concerns in this context. The last step is to integrate the group's data into high-order "master" themes.

## Procedure

Before starting this research, the ethics form will be submitted to the Ethics Committee, and registration will be completed at Graduate school at the University of East London. After receiving ethics approval from the University of East London (UEL) ethics board, the researcher will begin recruiting a purposive and homogenous sample that comprises a closely defined group that shares the experience of a similar phenomenon. The researcher will start recruiting via leaflets after gaining permission from the third-sector charities like "Women and Girls Network", "Rape Crisis", and "yoga centres" across London and Greater London area.

Leaflets will be placed in the waiting rooms / advertised via email, depending on the service requirements.

*Preliminary contact*

Steps after initial contact from the potential participants who are willing to participate-

1. Contact over the phone/ email with the information sheet and book an appointment for telephone/face-to-face preliminary discussion.
2. The preliminary discussion will involve answering any questions participants may have about the study-
a. Give an overview of the study
b. Please go through the inclusion criteria for the study to confirm that they meet the inclusion criteria requirements verbally.
c. Information regarding participant's current mental health and if they are currently seeking therapy would be taken. Participants who report that they are presently seeking therapy will be encouraged to discuss their interest in participating with their therapist and possibly arrange therapy sessions after finishing the research interview.
d. A face-to-face meeting (if requested) and research interviews will be arranged at the centres where recruitment will occur to ensure a sense of familiarity and safety.
e. The pilot interview will be conducted before the data collection with a peer to gain feedback and revise questions accordingly.
f. The details of the named person/ key worker will be taken during the preliminary discussion. And permission to have them available at the premises on the day of the interview, or contact them on the telephone if needed, will be discussed during the preliminary discussion. It will depend on the

current mental health of the participant. This agreement will be re-iterated and agreed upon with the participants before starting the interview.

The code of Human Research Ethics (BPS, 2010) will be followed in the research. Participants will be fully briefed at the beginning of the interview; risk and confidentiality agreements will be discussed. They will be informed that they can stop the interview at any point in time and withdraw their data until three weeks from the interview date. Their details will be anonymized by using pseudonyms and changing any information such as place names identifiable to them, and they will be debriefed at the end. Before the interview, participants will view an information sheet (see Appendix-I: Participants Invitation Letter) and consent to their participation in the study by signing a consent form (see Appendix-II: Consent form). They will then be requested to fill up a participant information sheet (see Appendix-I: Participants Invitation Letter).

The interview will last for about an hour and a half, depending on how much participants are willing to talk about their experiences and will be audio-recorded on the hand-held audio recording device, which a password will protect and be accessible only to the researcher. After the interview, participants would read a de-briefing sheet (see Appendix-III: Debriefing letter), discuss anything that the participant may bring up as a point of clarification or feelings evoked from the interview; in debriefing, participants will be thanked for their participation in the study, details of the support services if required and the interview will be ended. The audio recordings will be transcribed and stored on the researcher's personal computer, protected by a password. The data will be shared with the researcher's supervisors, and the audio recording will be deleted.

**10. Recruitment and participants (Your sample):**

## Recruitment

After receiving ethics approval from the University of East London (UEL) ethics board, the researcher will begin recruiting a purposive and homogenous sample that comprises a closely defined group that shares the experience of a similar phenomenon. The researcher will start recruiting via leaflets after gaining permission from the third-sector charities like "Women and Girls Network", "Rape Crisis", and "yoga centres" across the UK.

Leaflets will be placed in the waiting rooms of the services/ yoga centres or sent via email by the service, depending on their requirements/ permissions. The leaflet will provide information regarding the nature of the study, the data collection processes, procedures concerning data storage, and the limits to confidentiality, such as disclosure of risk to self or others. The amendments were sought to help the researcher recruit more participants by posting on social media such as Callforparticipants and Facebook groups and placing flyers/ information sheets in the gyms and yoga centres (with their approval, Appendix-IX).

Participants will be given an option to have a preliminary discussion with the researcher over the phone or in person. Participants will be informed that they can withdraw from the study up to the completion of the analysis. The recruitment process aligns with the ethical guidelines for the autonomy of the participants. Their decision to participate, withdraw will be respected.

The researcher is aware of the potential recruitment issues because the research participant is a potentially vulnerable group and endeavours to reach out to more organizations and social media groups involved in supporting survivors of CSA. The researcher aims to recruit 6 participants as recommended by IPA, to preserve the richness of data and to be able to carry out an in-depth analysis of the individual's experience and maintain the idiographic commitment.

*Inclusion/ exclusion Criteria*

Participants are required to be English-speaking women above the age of 18 years with a self-reported history of child sexual abuse. They are required to have practised movement-based yoga for at least eight weeks in the last year. Participants should not be experiencing threats from any previous or current relationships. Participants should be free of any current suicidal ideation, should not have any hospitalization in the last three months due to psychiatric issues such as psychosis as it may potentially impact their ability to participate in the study. Please see the Preliminary discussion document

(Appendix-V: Preliminary discussion). Later amendment was made to increase the length of the experience of the phenomena (yoga practice) from one year to a longer time-span was done based on the rationale that longer engagement with yoga practice may enrich the research data and enable a deeper understanding of participant's perception of yoga practice (Appendix-IX).

**11. Measures, materials, or equipment:**

Interview questions list (Appendix IV: Interview Schedule)

Preliminary discussion questionnaire (Appendix-V).

De-brief schedule (Appendix-III: De-brief schedule)

*Materials*

A portable voice-recorder device to audio-record the interviews.

A quiet place with comfortable seating arrangements will be required to conduct the interviews.

a notepad and a pen

tissue box

*The following documents will be required:*

-An information sheet (Appendix-I: Participants Invitation Letter).

-A participant information sheet to record participant details (Appendix-VI: Participants record).

-Two copies of the Consent Form for participation, one for the participants to keep and another to be signed and returned (Appendix-II: Consent form),

-Interview schedule (Appendix-IV: Interview Schedule)

-A list of interview questions (Appendix-IV: Interview schedule).

-A de-briefing sheet (Appendix-III: Debrief).

**If you are using copyrighted/pre-validated questionnaires, tests, or other stimuli that you have not written or made yourself, are these questionnaires and tests suitable for the age group of your participants?**

~~YES / NO~~ / NA

**Outline the data collection procedure involved in your research:**

After obtaining written informed consent from the participants, including risk and confidentiality agreement, semi-structured interviews lasting for about 90 minutes will be audio-recorded (see Appendix-IV: Interview Schedule). Interview questions will be open-ended and non-directive to capture the in-depth experience of the participants. Participants will be informed before the interview that they can stop the interview before/during/after the interview and withdraw until three weeks from the interview. They will be told they can refuse to answer any question or choose the level of detail they would like to give about their childhood difficulties.

The preliminary meeting (if requested) and research interviews will be arranged at the centres where recruitment will occur to ensure a sense of familiarity and safety. The pilot interview will be conducted before the data collection with a peer to gain feedback and revise questions accordingly. Ample time (about 20 minutes) will be kept at the end of the session to ensure enough time to discuss if the interview brings up anything distressing for them or they want to add something to what they said during the interview. The researcher will also ensure that the interviews are conducted during the daytime. And one of the staff members is present at the premises where the interviews are held.

## SECTION 3. Ethical considerations

**Fully informing participants about the research (and parents/guardians if necessary):**

Yes, after their initial contact expressing interest in participation, all participants will be sent an information sheet (Appendix-I: Participants Invitation Letter) via email. This will contain all the information about the purpose of the research, the researcher's background and details, what they will be required to do, benefits and/or limitations of taking part in the study, risk and confidentiality information, and their right to stop/ withdraw from the study.

The preliminary discussion over the phone or in-person will be reiterated and explained to make the research aims clear to the participants and their right to autonomy and respect. Participants will be screened for the interview in this discussion using questions about their current mental health and hospitalization in the recent past due to mental illness or risk to self or others. They will also be checked for any suicidal ideation and if they are seeking therapy currently (if yes then would be encouraged to talk to their therapists about their decision to take part in this study and encouraged to arrange for a therapy session after they attend the research interview) (Appendix V: Preliminary discussion).

**Obtaining fully informed consent from participants (and from parents/guardians if necessary):**

Yes, a fully informed written consent form (Appendix-II: consent form) will be signed, and a copy will be given to all the participants for their future records.

**Engaging in deception, if relevant:**

NA

No information will be upheld. Participants will be told about the aims and purpose of the research.

**Right of withdrawal:**

All participants will be sent an invitation letter (Appendix-I: Participants Invitation Letter), with an information sheet (Appendix-I: Participants Invitation Letter) outlining the right to withdraw from the research at any point, starting from contacting the researcher to three weeks from the date of the interview. This will be re-iterated at the start of the interview before signing the consent form (Appendix-II: Consent Form) to ensure the participant's willingness to participate in the study.

**Will the data be gathered anonymously?**

~~YES~~ / NO

**If NO what steps will be taken to ensure confidentiality and protect the identity of participants?**

All the participant's contact information will be collected, but this will be voluntary, and their decision to not reveal that information will be respected. All the identifiable details will be anonymized using pseudonyms and changing their details such as place or family members' names during the interview. The recordings will be stored in the password-protected recording device of the researcher and moved to the researcher's laptop for the data analysis, which will also be password-protected.

**Will participants be paid or reimbursed?**

YES

**If YES, why is payment/reimbursement necessary, and how much will the vouchers be worth?**

The researcher will offer compensation of 10 pounds to the participants irrespective of whether they complete the interview or not. This is to express appreciation for the participant's time, effort, and contribution to the research (See ethics amendment form, Appendix-IX).

**SECTION 4. Other permissions and ethical clearances**

**Research involving the NHS in England**                        **No**

**Is HRA approval for research involving the NHS required?**        NO

**Will the research involve NHS employees who will not be directly recruited through the NHS and data from NHS employees will not be collected on NHS premises?**

NO

**If you work for an NHS Trust and plan to recruit colleagues from the Trust, will permission from an appropriate member of staff at the Trust be sought and is a copy of this permission (can be an email from the Trust) attached to this application?**

NO

**Permission(s) from an external institution/organization (e.g., a school, charity, workplace, local authority, care home, etc.)?**

**Is permission from an external institution/organization/workplace required?** YES / ~~NO~~

**If YES, please give the name and address of the institution/organization/workplace:**

Permission to advertise has been obtained via email. No ethical clearance is required.

**Is ethical clearance required from any other ethics committee?**

   NO

**If YES, please give the name and address of the organization:**

**Has such ethical clearance been obtained yet?** YES /
NO

**If NO, why not?**

**If YES, please attach a scanned copy of the ethical approval letter. A copy of an email from the organization confirming its ethical clearance is acceptable.**

## SECTION 5. Risk Assessment

*Ethical considerations*

Participants will be informed both verbally and in writing that even though there are no identified risks involved in taking part in the study, there was the possibility that they might become distressed or find some of the topics discussed emotive, such as when talking about their experiences of personal difficulties arising from childhood sexual abuse. Participants will not be asked to disclose elements of their past. They are free to do so if they wish to. They will be notified that, on such occasions, a break or a different time for the interview would be offered; or if they felt unable to continue or did not wish to continue, the interview could be terminated, and they would be encouraged to contact the services provided on the information sheet to seek support.

*Anonymity and Confidentiality*

All participants were informed that all the data provided by them would be anonymized, treated as confidential, and stored securely (i.e., in a password-protected file). The collected recordings, and the transcripts, were assigned a pseudonym, with all identifying information changed to ensure anonymity. It was explained to participants that selected quotations might be used in the thesis and any following publications. This information was repeated at the beginning of the interview. Limits to confidentiality, such as disclosure of risk to self or others, will be informed at the beginning of the interview.

*Risk issues*

Participants who report any threat from previous or current relationships, having current suicidal ideation or hospitalization in the last three months due to psychiatric issues such as psychosis, will be excluded from the study as participation may be harmful to them and impact their ability to participate in the study.

The preliminary meeting (if requested) and research interviews will be arranged at the centres where recruitment will occur to ensure a sense of familiarity and safety. The pilot interview will be conducted before the data collection with a peer to gain feedback and revise questions accordingly.

It will be agreed with the participants in the preliminary discussion if a member of the staff/ named person would be required at the premises when the interview will be conducted. This would be for debriefing if needed. All interviews will be held in a secure environment where access to help is available to the researcher.

During the interview, the researcher will closely observe both participant's verbal and non-verbal communication for signs of anxiety and distress. If these are visible, based on the severity of distress (mild, severe, extreme), the researcher may intervene to discuss how they are feeling and whether they would like to pause/ terminate the interview.

In case of severe distress (like extreme agitation or verbal/physical aggression/ psychotic episode), the researcher will ensure the safety of the participant and researcher. As agreed in the preliminary discussion, if the researcher has concerns for the participant's or others' safety, she will inform the staff's named person/key member. The designated member details will be recorded on the consent form and will be called in for help or contacted if any risk issues/ concerns.

Risk to self- This would have been screened as part of the inclusion and exclusion criteria by assessing for participant mental state. If the circumstance has changed, and this is evident during the interview. A full risk assessment will explore the participant's thoughts, intension, plans, and actions. If there is a cause of concern, the researcher will contact the participant's key person/ named member. If a participant or someone else is in immediate danger, she will suggest that they present themselves to the local A&E department and ask for the on-call psychiatric liaison team.

The risk of equipment failure may cause distress to the researcher and the participant as it may disrupt the interview process. A backup device would be stored in the researcher's bag if any breakdown in the primary recording.

Risk of Fire/ accident hazard

The researcher will familiarize herself with the fire and safety guidelines of the interview premises and let the participant know the nearest exit route in case of fire.

**24. Protection of participants:**

Participants will be informed verbally and in writing about all the essential details of the research. They will be informed about the right to withdraw from the study or stop the interview if they feel distressed.

The risk assessment will be carried out to consider potential risks at the premises before the interview.

Although there is no identified risk of harm in this study, the possibility of distress caused by personal difficulties and childhood sexual abuse may trigger the participants. Participants may represent a vulnerable population considering their history of abuse, and some may have a clinical diagnosis(es) or none.

Thus, distress protocol will be set in place (see Appendix-VI: Distress Protocol) so that the participants and researcher are offered the opportunity to take a break, reschedule the interview for a different time, or terminate the interview if they feel unable to continue. In case of distress observed in the participants during the interview, the researcher may intervene and stop the interview temporarily or permanently (and debrief will begin), depending on the severity of the distress shown (e.g., Uncontrollable crying or loss of reality).

They would also be encouraged to contact organizations listed in the information sheet to obtain further support.

**Protection of the researcher:**

The interviews will be arranged at the familiar locations for the participant and the researcher, preferably at the support organizations/ yoga centres where participants will be recruited. It will also be ensured that access to a staff member is present at the premises during the interview. Family members/ friends/directors of studies will be given the address and the schedule of the interviews. Personal therapy and supervision will be utilized before and after the interviews and regularly to allow reflection and refinement.

Additional measures were added to the risk form after getting permission to interview one of the participants at the annexure of her house (Appendix-IX and Appendix-X). My rationale is that the home setting may also help balance the power between participants and researcher; participants may feel less restricted, able to be "more themselves", and more in control of the situation. It is essential as the interview will potentially involve discussing sensitive content about child sexual abuse. Safety strategies would involve assessing potential risks/ issues arising from the home visit if the participant cannot travel. Techniques such as explicit clarification about the role as a researcher, not a therapist and agreement regarding risk and confidentiality, including gaining consent to contact the key person in case of extreme distress, would be in place before the interview. As part of the preparation for researcher safety, the information will be given

to another person (e.g., a member of the research team/ friend) of the time, date, and address of the research activity. This will be with the consent of the participant. The expected duration of the venue would be included in this information and the license plate number of the researcher's vehicle. The researcher will telephone that individual when she reaches the research location and on arriving home. The safety protocol developed by the research team would be included in an expected activity for the contact individual (e.g., telephone the next of kin/police) if the researcher does not telephone within the predicted period (Appendix-X).

**Debriefing participants:**

All the participants will be given ample time for debriefing (See Appendix- III: Debrief ) towards the end of the interview. Space will be provided to thank them for their participation, check how they feel, and if sharing their experiences triggered anything. They will also be offered to ask any questions or raise any concerns at this point. Although support will be provided to the participants, they will be reminded of this interview not being therapy and will be provided information about support services that may be helpful.

**Other:**

**Will your research involve working with children or vulnerable adults? ***

YES / ~~NO~~

**If YES, have you obtained and attached a DBS certificate?**      YES / ~~NO~~

**If your research involves young people under 16 years of age and young people of limited competence, will parental/guardian consent be obtained?**

                                                                                                ~~YES~~ / NO

**If NO, please give reasons.** (Note that parental consent is always required for participants who are 16 years of age and younger)

**29 Will you be collecting data overseas?**                                    ~~YES~~ / NO

**If YES, in what country or countries (and province if appropriate) will you be collecting data?**

**SECTION 6. Declarations**

**Declaration by student**:

*I confirm that I have discussed the ethics and feasibility of this research proposal with my supervisor.*

Student's name: Aditi Sharma

Student's number:  U1716899 Date:  7<sup>th</sup>  December 2019

**Supervisor's declaration of support is given upon their electronic submission of the application**

# Appendix-IX: ETHICS AMENDMENT FORM-I&II and REQUEST FOR TITLE CHANGE TO AN ETHICS APPLICATION

## UNIVERSITY OF EAST LONDON **School of Psychology**

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**REQUEST FOR AMENDMENT TO AN ETHICS APPLICATION**

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## FOR BSc, MSc/MA & TAUGHT PROFESSIONAL DOCTORATE STUDENTS

**Please complete this form if you are requesting approval for proposed amendment(s) to an ethics application that has been approved by the School of Psychology.**

Note that approval must be given for significant change to the research procedure that impacts the ethical protocol. If you are unsure whether your proposed amendment warrants approval, consult your supervisor or contact Dr Tim Lomas (Chair of the School Research Ethics Committee. t.lomas@uel.ac.uk).

## HOW TO COMPLETE & SUBMIT THE REQUEST

1. Complete the request form electronically and accurately.

2. Type your name in the "student's signature" section (page 2).

3. When submitting this request form, ensure that all necessary documents are attached (see below).

4. Using your UEL email address, email the completed request form along with associated documents to: Dr Tim Lomas at t.lomas@uel.ac.uk

5. Your request form will be returned to you via your UEL email address with the reviewer's response box completed. This will normally be within five days. Keep a copy of the approval to submit with your project/dissertation/thesis.

6. Recruitment and data collection are **not** to commence until your proposed amendment has been approved.

## REQUIRED DOCUMENTS

1. A copy of your previously approved ethics application with proposed amendments(s) added as tracked changes.

2. Copies of updated documents that may relate to your proposed amendment(s). For example, an updated recruitment notice, updated participant information letter, updated consent form, etc.

3. A copy of the approval of your initial ethics application.

| Name of applicant: | **Aditi Sharma** |
|---|---|
| Programme of study: | **DOCTORATE OF COUNSELLING PSYCHOLOGY** |

| Title of research: | **The lived experiences of practising yoga for female survivors of child sexual abuse: An Interpretative phenomenological analysis** |
|---|---|

| Name of supervisor: | **Dr Jeeda Alhakim** |
|---|---|

Briefly outline the nature of your proposed amendment(s) and associated rationale(s) in the boxes below

| Proposed amendment | Rationale |
|---|---|

| They are recruiting through posting on social media such as Facebook groups and placing flyers/ information sheets in the gyms and yoga centres (with their approval). | To enable the investigator to reach broader segments of the population than may otherwise be accessible. The ethical consideration to be followed- |
| --- | --- |
| | *(i)      respect for the privacy and other interests of social media users* |
| | Investigator will post via/ with permission of group administrators using flyer and/or |

| | -Participant information sheet containing her contact details. |
|---|---|
| | No active recruitment strategy would be employed to avoid undue pressure on potential participants and consider their privacy—passive recruitment through disseminating information via administrators. |
| | The researcher is aware of potential vulnerabilities of the participant group and would not engage in online interactions with potential participants. |
| | To ensure eligibility, informed, and autonomous decision for participation, the standard recruitment procedure of telephone or preliminary face-to-face discussion will be followed in which no obligation to participate and right to withdraw will be reiterated. Communication will be initiated after potential participant expresses interest via email. |
| | *(ii)* *Ensuring investigator transparency* |
| | The researcher will be truthful and honest when describing the aims, details, risks, and benefits of studies. The researcher will contact the administrator of the support |

| | groups, including survivors of sexual abuse and |
|---|---|
| | |

| | Yoga but would always remain honest about the purpose of the communication and disseminate research information only through admin post and no direct communication. The communication will always occur through initial contact via email by the participant and following the same offline recruitment procedure. |
| --- | --- |
| | Participants' right to withdraw will be stipulated in the flyer and participant information sheet and verbally reminded before discussion and/ or interview. |
| Offering compensation of 10 pounds to the participants | To express appreciation for the participant's time, effort, and contribution to the research. The researcher will clarify that participants would be paid regardless of the content of their answers, even if they drop out early or decline to answer certain questions. |
| | Previous research has shown that expressed appreciation (both tangible and non-tangible) can help participants feel more positively about the relationship with the researcher and less exploited. |

| The experience of yoga practice starting from at least two months to any number of years. | This is a phenomenological study to outline the meaning structure of practising yoga for survivors of child sexual abuse. |
| --- | --- |

| | The minimum period would remain the same, at least eight weeks of yoga practice to ensure enough phenomenon experience. To ensure that the phenomenon would have been experienced for some time, the |
| --- | --- |
| | I am aware that the phenomenon experienced should be fresh in the participant's mind, but rather than defining "recently" in terms of years or months, I will leave it to the participants, willing to decide if they perceive their experience as recent. This is with a rationale that many people who might have intermittently practised yoga over the years may have only engaged with it recently or linked its role in their journey of healing from sexual abuse. |
| | My rationale to increase the length of the experience of the phenomena (yoga practice) from one year to a more extended period is also based on the rationale that longer engagement with yoga practice may enrich the research data and enable a deeper understanding of participant's perception of yoga practice. |
| | Thus, keeping the intention to recruit a purposive sample relevant to the research question and a relatively homogenous |

| | sample for Interpretative Phenomenological Analysis. I intend to purposively select candidates based on gender, experience, geographical proximity and have practised yoga for some time. Thus, I aim to recruit females, all of whom have survived child sexual abuse, live within and around London at the time of recruitment, and have practised yoga starting from at least eight weeks to any length of time. |
|---|---|

| To interview participants at their homes, if needed. | Qualitative research in participant's social space, especially the home environment, can allow for a more holistic discussion, facilitate rapport building and not only improve chances of good quality data collection but also consideration of their time and effort in participating in the research, especially if they are unable to travel for some reason/ comfortable in their home setting. |
| --- | --- |
| | My rationale is that the home setting may also help balance the power between participants and researcher; participants may feel less restricted, able to be "more themselves", and more in control of the situation. This is particularly important as the interview will potentially involve discussing sensitive content about child sexual abuse. |
| | Safety strategies would involve assessing potential risks/ issues arising from the home visit, |

| | if participant proposes that/ express inability to travel. Strategies such as explicit clarification about the role as a researcher, not a therapist and agreement regarding risk and confidentiality, including gaining consent to contact the key person in case of extreme distress, would be in place before the interview.

The researcher is aware of the possibility of power imbalance due to the participant's cultural or social context, which can blur the line between social visits and research. Open discussion in the preliminary interview regarding the study's aims and participant's perceptions about the interview environment, the material, previous difficulties, and current coping strategies in emotionally stressful situations could minimize potential safety issues in the interview setting.

As part of the preparation for researcher safety, the information will be given to another person (e.g., a member of the research team/ friend) of the time, date, and address of the research activity. This will be with the consent of the participant. The expected duration of the activity would be included in this information and the license plate number of the researcher's vehicle. The researcher will telephone that individual when she reaches the research location and on arriving home. The safety protocol developed by the research team would be |

| | included in an expected action for the contact individual (e.g., telephone the next of |
|---|---|

| | kin/police) if the researcher does not telephone within the expected period. |
| --- | --- |
| | |

| Please tick | YES | NO |
| --- | --- | --- |
| Is your supervisor aware of your proposed amendment(s) and agree to them? | √ | |

Student's signature (please type your name):　　　　Aditi Sharma

Date:　　　　　　　15/07/2019

| TO BE COMPLETED BY REVIEWER | | |
| --- | --- | --- |
| **Amendment(s) approved** | YES | |

|  |
|---|
| **Comments** |
|  |

Reviewer:      Dr Rona Hart

Date:      15th July 2019

# ETHICS AMENDMENT FORM-II

# UNIVERSITY OF EAST LONDON

## School of Psychology

| |
|---|

| **REQUEST FOR AMENDMENT TO AN ETHICS APPLICATION** |
|---|

| |
|---|

## FOR BSc, MSc/MA & TAUGHT PROFESSIONAL DOCTORATE STUDENTS

**Please complete this form if you are requesting approval for proposed amendment(s) to an ethics application that has been approved by the School of Psychology.**

Note that approval must be given for significant change to research procedure that impacts on ethical protocol. If you are not sure about whether your proposed amendment warrants approval, consult your supervisor or contact Dr Tim Lomas (Chair of the School Research Ethics Committee. t.lomas@uel.ac.uk).

## HOW TO COMPLETE & SUBMIT THE REQUEST

7. Complete the request form electronically and accurately.

8. Type your name in the "student's signature" section (page 2).

9. When submitting this request form, ensure that all necessary documents are attached (see below).

10. Using your UEL email address, email the completed request form along with associated documents to: Dr Tim Lomas at t.lomas@uel.ac.uk

11. Your request form will be returned to you via your UEL email address with reviewer's response box completed. This will normally be within five days. Keep a copy of the approval to submit with your project/dissertation/thesis.

12. Recruitment and data collection are **not** to commence until your proposed amendment has been approved.

# <u>REQUIRED DOCUMENTS</u>

4. A copy of your previously approved ethics application with proposed amendments(s) <u>added as tracked changes</u>.

5. Copies of updated documents that may relate to your proposed amendment(s). For example, an updated recruitment notice, updated participant information letter, updated consent form, etc.

6. A copy of the approval of your initial ethics application.

| Name of applicant: | **Aditi Sharma** |
|---|---|

| Programme of study: **DOCTORATE OF COUNSELLING PSYCHOLOGY** |
|---|
| Title of research: **The lived experiences of practising yoga for female survivors of child sexual abuse: An Interpretative phenomenological analysis** |
| Name of supervisor: **Dr Jeeda Alhakim** |

Briefly outline the nature of your proposed amendment(s) and associated rationale(s) in the boxes below

| **Proposed amendment** | **Rationale** |
|---|---|

| | |
|---|---|
| Recruit participants from all parts of the UK, including all the four countries- Wales, Scotland, England, and Northern Ireland. | To enable the investigator to reach broader segments of the population than may otherwise be accessible.<br><br>The structure of the networks varies between each country, but all share the |

| | the common goal of providing infrastructure to support high clinical standards for the benefit of the patients. |
|---|---|
| | This study focuses on the experiences of yoga for female survivors of child sexual abuse. It has no inclusion/exclusion criteria based on any particular ethnic, national or racial identity. Hence recruiting women from all parts of the United Kingdom who meet the recruitment criteria can be justified in the geographical location. |
| | Ethical consideration would be followed in the same way- |
| | Ensuring eligibility, wellbeing, respecting autonomy. The standard recruitment procedure of choice of having a telephone or preliminary face-to-face discussion will be followed in which no obligation to participate and right to withdraw will be reiterated. Communication will be initiated after potential participant expresses interest via email. |
| | Participants' right to withdraw will be stipulated in the flyer and participant information sheet and will be verbally reminded of before/ during discussion and/ or interview. |

| Please tick | YES | NO |
|---|---|---|
| Is your supervisor aware of your proposed amendment(s) and agree to them? | √ | |

Student's signature (please type your name):        Aditi Sharma

Date:                          08/11/2019

| TO BE COMPLETED BY REVIEWER | | |
|---|---|---|
| **Amendment(s) approved** | YES | |
| **Comments** | | |
| The amendment is fine generally – but if you are conducting face-to-face research off-campus, you need to do a risk assessment form (as your supervisor to check this). | | |

Reviewer:        Tim Lomas

# University of East London

# Psychology

**University of East London**

## REQUEST FOR TITLE CHANGE TO AN ETHICS APPLICATION

## FOR BSc, MSc/MA & TAUGHT PROFESSIONAL DOCTORATE STUDENTS

**Please complete this form if you are requesting approval for a proposed title change to an ethics application that has been approved by the School of Psychology.**

By applying for a change of title request you confirm that in doing so the process by which you have collected your data/conducted your research has not changed or deviated from your original ethics approval. If either of these has changed then you are required to complete an Ethics Amendments Form.

## HOW TO COMPLETE & SUBMIT THE REQUEST

13. Complete the request form electronically and accurately.

14. Type your name in the 'student's signature' section (page 2).

15. Using your UEL email address, email the completed request form along with associated documents to: Psychology.Ethics@uel.ac.uk

16. Your request form will be returned to you via your UEL email address with reviewer's response box completed. This will normally be within five days. Keep a copy of the approval to submit with your project/dissertation/thesis.

## **REQUIRED DOCUMENTS**

7. A copy of the approval of your initial ethics application.

| | |
|---|---|
| Name of applicant: | ADITI SHARMA |
| Programme of study: | DOCTORATE OF COUNSELLING PSYCHOLOGY |
| Name of supervisor: | DR JEEDA ALHAKIM |

Briefly outline the nature of your proposed title change in the boxes below

| **Proposed amendment** | **Rationale** |
|---|---|
| **Old Title:**<br><br>The lived experiences of practising yoga for female survivors of child sexual abuse: An Interpretative phenomenological analysis | There is a mismatch in the registered thesis title on PhD manager and the title on my ethical approval. Since grammatically the new title, which is also my registered title, makes sense requesting this change. |
| **New Title:**<br><br>The lived experiences of yoga practice for female survivors of child sexual abuse: An Interpretative Phenomenological Analysis | |

| Please tick | YES | NO |
|---|---|---|
| Is your supervisor aware of your proposed amendment(s) and agree to them? | √ | |
| Does your change of title impact the process of how you collected your data/conducted your research? | | √ |

Student's signature (please type your name): Aditi Sharma

Date:                                      05/02/2021

| TO BE COMPLETED BY REVIEWER | | |
|---|---|---|
| **Title changes approved** | YES | |
| **Comments: N/A** | | |

Reviewer:      Glen Rooney

Date: 10/02/2021

# Appendix-X: RISK ASSESSMENT FORM (WITH REQUESTED AMENDMENTS)

| | UEL Risk Assessment Form | | |
|---|---|---|---|
| **Name of Assessor:** | Aditi Sharma | **Date of Assessment** | 17.11.2019 |
| **Event title:** | Proposed Title:<br><br>The lived experiences of yoga practice for female survivors of child sexual abuse: Interpretative Phenomenological Analysis | **Date, time, and location of activity:** | **Date: November 2019-January 2020**<br>**Location of activity: Women and Girls Centre, Sutton, Local Library Rooms, University of East London Rooms, Meeting rooms, participant house (subject to appropriate risk management in place)** |
| **Signed off by Manager (Print Name)** | **Dr Jeeda Alhakim** | | |

**Please describe the activity in as much detail as possible (include nature of the activity, the estimated number of participants, etc.)**

**If the activity to be assessed is part of a field trip or event, please add an overview of this below:**

This study aims to investigate the lived experiences of yoga practice for female survivors of child sexual abuse using Interpretative Phenomenological Analysis to understand the potential benefits or limitations of yoga to help women in their journey of recovery from abuse. The researcher will recruit around 6-8 women, aligned by IPA recommendations, who are survivors of childhood sexual abuse and have practised movement-based Yoga, in the form of a group practice, for at least eight weeks in the last one year will be recruited from various

support organizations and online. The participants who indicate current suicidal ideation or hospitalization in the last three months due to psychiatric illness or threat in their current relationship will be excluded from the study.

1. **RECRUITMENT**

**Recruitment through charities and yoga centres-**
After gaining ethics approval and permission from charities such as Women and Girls Network (WGN), yoga centres, and Rape Crisis across London and other parts of the UK, the researcher will recruit at their locations. Participants will be contacted via leaflets sent through email and/or placed in the waiting rooms depending on the service requirements. The flyer will provide information regarding the nature of the study, the data collection processes, procedures concerning data storage, and the limits to confidentiality, such as disclosure of risk to self or others.

**Recruiting through posting on social media such as Facebook groups and placing flyers/ information sheets in the gyms and yoga centres (with their approval)**
To enable the investigator to reach broader segments of the population than may otherwise be accessible. The ethical consideration to be followed-

**(iii)     respect for the privacy and other interests of social media users**
Investigator will post via/ with permission of group administrators using flyer and/or participant information sheet containing her contact details.

No active recruitment strategy would be employed to avoid undue pressure on potential participants and with consideration for their privacy. Passive recruitment through the dissemination of information via administrators.

The researcher is aware of the potential vulnerabilities of the participant group and would not engage in online interactions with potential participants.

To ensure eligibility, informed, and autonomous decision for participation, the standard recruitment procedure of telephone or preliminary face-to-face discussion will be followed in which no obligation to participate and right to withdraw will be reiterated. Communication will be initiated only after potential participant expresses interest via email.

**(iv)     Ensuring investigator transparency**

The researcher will be truthful and honest when describing the aims, details, risks, and benefits of studies. The researcher will contact the administrator of the support groups, including for

Survivors of sexual abuse and yoga but would always remain honest about the purpose of the communication and disseminate research information only through admin posts and no direct communication. The communication will always occur through initial contact via email by the participant and following the same offline recruitment procedure.

Participants' right to withdraw will be stipulated in the flyer and participant information sheet and verbally reminded before discussion and interview.

## (v) Compensation in the form of 10 pounds on the day of the interview

To express appreciation for the participant's time, effort, and contribution to the research. The researcher will make it clear that participants would be paid regardless of the content of their answers, even if they drop out early or decline to answer certain questions.

## 2. DATA COLLECTION

### Location

### Private rooms

At charities/yoga centres, participants may be involved with or at a public location of their preference, such as the University/ local library.

Participant's home- My rationale is that the home setting may also help balance the power between participants and researcher; participants may feel less restricted, able to be "more themselves", and more in control of the situation. This is particularly important as the interview will potentially involve discussing sensitive content about child sexual abuse.

### At locations outside London

The researcher will travel to the locations of participants who are unable to travel to London. All the safety measures will be taken to protect the participant and the researcher.

### Safety strategies

Home visits/ travelling to another city/ country within the UK will involve assessing potential risks/ issues arising from the visit if the participant proposes that/ express inability to travel.

-Explicit clarification about the role as a researcher, not a therapist, and agreement regarding risk and confidentiality, including gaining consent to contact the key person in case of extreme distress, would be in place before the interview.

-Researcher is aware of the possibility of power imbalance due to the cultural or social context of the participant, which can blur the line between social visits and research. Open discussion in the preliminary interview regarding the study's aims and participant's perceptions about the interview environment, with the material, previous difficulties, and current coping strategies in emotionally stressful situations could minimize the risk of potential safety issues in the interview setting.

-As part of the preparation for researcher safety, the information will be given to another person (e.g., a member of the research team/ friend) of the time, date, and address of the research activity. This will be with the consent of the participant. The expected duration of the activity would be included in this information and the license plate number of the researcher's vehicle/ travel itinerary if travelling by public transport. The researcher will telephone that individual when she reaches the research location and on arriving home. The safety protocol developed by the research team would be included in an expected activity for the contact individual (e.g., telephone the next of kin/police) if the researcher does not telephone within the predicted period.

-In the case of participants' location in another country such as Scotland, Northern Ireland, or Wales, the researcher will familiarize herself with emergency numbers and relevant emergency procedures. The researcher will keep the meeting location address and participant details handy in case of any urgent need to contact emergency services.


- Mode of travel. The researcher plan to travel by public transport to all the places. However, they may drive to specific locations within and around London. In case of travel disruptions/ cancellations outside London, the Researcher will contact the participant and the individual who would be given the details of their location and itinerary. The researcher will discuss with participants if a later date or time for the interview would be possible and suit both participant and the researcher. If not, then the decision to cancel the study participants may be taken with mutual consent.


**Procedure-**

Interested participants will be sent an information leaflet before the initial discussion and interview. Participants will be given an option to have a preliminary discussion with the researcher over the phone or in person. This conversation will also screen the participants for eligibility for the study based on the inclusion/ exclusion criteria and risk assessment. Participants will be informed that they can withdraw from the study at any time up to three weeks from the date of completing the interview.

The recruitment process aligns

With the ethical guidelines to facilitate autonomy and choice for the participants. Their decision to participate, withdraw will be respected.

Participants will be required to sign a consent form before the interview. It will seek consent for: participation, audio recording, transcription, and the inclusion of anonymized material. In addition, the form will also aim to gain permission for possible future publication. The interview will occur at the Women and Girls Centre (WGN), Rape and sexual abuse support centre (RASASC), meeting rooms, and local library to ensure familiarity and safety for participants and researchers.  The individual face-to-face interviews will last for about 6090 minutes and will be conducted between 9-5 p.m.  Interview will be in a semi-structured design where open-ended questions will be asked to allow space for the participants to speak freely and in as much detail as they want to. Prompt or clarifying questions will only be used If needed. The researcher will identify whether a clinical staff's presence is required primarily for participants who have a current clinical diagnosis (es)/ difficulties at present (like participants recruited from WGN and RASASC). Supervision will be utilized before and after the interview for support and aid reflection and refinement of the research. The interviews will be audio-recorded using a digital audio-recorder device.

Participants will be informed that talking about personal difficulties, and childhood sexual abuse may trigger may cause some level of distress in the advertisement flyer, information sheet, and debrief sheet. Participants are identified as a vulnerable group of the population considering their history of abuse and with the possibility of having a current clinical diagnosis(es). Thus, distress protocol will be set in place so that the participants and researcher are offered the opportunity to take a break, reschedule the interview for a different time, or terminate the interview if they feel unable to continue. In case of distress observed in the participants during the interview, the researcher may intervene and stop the interview temporarily or permanently (and debrief will begin), depending on the severity of the distress shown (e.g., Uncontrollable crying or loss of reality).

They would also be encouraged to contact organizations listed in the information sheet and de-brief sheet to obtain further support or their GP / A&E services in case of danger to themselves or others. Information about the local support services will be updated according to where the participants are located.

All the participants will be given ample time for debriefing towards the end of the interview.

Space will be provided to thank them for their participation and check how the participant is

they are feeling and if sharing about their experiences triggered anything for them. They will also be offered to ask any questions or raise any concerns at this point. Although support will be provided to the participants, they will be reminded of this interview not being therapy and will be provided information about support services in their local area that may be helpful.

## Overview of FIELD TRIP or EVENT:

The event is a face-to-face, individual, semi-qualitative interview which will be audio recorded. The interview will be conducted for data collection as part of a doctorate in Counselling Psychology course. This study aims to explore the women's experiences of yoga practice after surviving childhood sexual abuse using IPA and endeavours to gain knowledge about the subjective experience of survivors of childhood sexual abuse and whether there are helpful/ unhelpful aspects of yoga that may help them in their journey of recovery.

Guide to risk ratings:

| a) Likelihood of Risk | b) Hazard Severity | c) Risk Rating (a x b = c) |
|---|---|---|
| 1 = Low (Unlikely) | 1 = Slight (Minor / less than 3 days off work) | 1-2 = Minor (No further action required) |
| 2 = Moderate (Quite likely) | 2= Serious (Over 3 days off work) | 3-5 = Medium (May require further control measures) |
| 3 = High (Very likely or certain) | 3 = Major (Over 7 days off work, specified injury or death) | 6-9 = High (Further control measures essential) |

| Which Activities Carry Risk? | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Activity / Task Involved | Describe the potential hazard? | Who is at risk? | Likelihood of risk | Severity of risk | Risk Rating (Likelihood Of x Severity) | What precautions have been taken to reduce risk? | State what further action is needed to reduce risk (if any) and state final risk level | Review Date |
| | | | | | | | | |

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| Whilst reflecting on the effect of childhood sexual abuse on various | Reflecting on their experience could cause distress for the participant | The participant | 2 | 2 | 2 | A risk assessment was carried out during the preliminary discussion. During the interview, the | No future action needed | 05.03. 19 |
|---|---|---|---|---|---|---|---|---|

| aspects of their life | | | | | | the researcher will closely observe both participants verbal and non-verbal communication on for a sign of anxiety and distress.  If these are visible, based on the severity of distress (mild, severe, extreme), the researcher may intervene to discuss how they are feeling and whether they would like to pause/ terminate the interview. In case of severe distress (like extreme agitation or verbal/ physical aggression/ psychotic episode)  The researcher will ensure the safety of participant and researcher; | | |
|---|---|---|---|---|---|---|---|---|

| | | | | | | If the the researcher believes that either the participant or someone else is in immediate danger, and then he will suggest that they present themselves to the local A&E Department and ask for the on-call psychiatric liaison team. If the the researcher has concerns about the participant's or others' safety, she will inform participants that she must inform any existing contacts they have with mental health services, such as a Community Psychiatric Nurse (CPN) or | | |
|---|---|---|---|---|---|---|---|---|

| | | | | | | participant's GP. | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| Disclosure of risk | The participant may reveal the danger of hurting herself or others | Participant or other members of the public | 1 | 1 | 4 | The risk to self- This would have been screened as part of the inclusion and exclusion criteria by assessing for participant mental state. If the circumstance has changed, and this is evident during the interview. A full risk assessment will explore the participant's thoughts, intention, plan, and action. If there is a cause of concern, the participant will be advised to contact their GP or professional if the risk is assessed below. If the | No future action needs to be taken. | |

| | | | | | | risk assessment reveals that they are at immediate harm to themselves or others. The researcher will inform participants of her duty to inform any existing contacts they have with mental health services, such as a Community Psychiatric Nurse (CPN) or their GP. If a participant or someone else is in immediate danger, then she will suggest that they present themselves to the local A&E Department and ask for the on-call psychiatric liaison team. If the researcher | | |

| | | | | | | has concerns for the | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| | | | | | | participant's or others" safety, participants will be informed that she must disclose any existing contacts they have with mental health services, such as a Community Psychiatric Nurse (CPN) or participant's GP but will encourage the participant to do so. If the participant is unwilling to seek immediately help and becomes violent, then the Police will be called and asked to use their powers under the Mental Health Act to detain someone and take | | |
|---|---|---|---|---|---|---|---|---|

| | | | | | | them to a place of | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | 287 | | safety pending a psychiatric assessment. (This last option would only be used in an extreme emergency). | | |
| Risk of equipment failure | The iPhone or the app fails to record content | The researcher and the participant | 1 | 1 | 1 | Backup recording device stored in researcher's bag in case of any breakdown in the primary recording device | No future action needs to be taken. | |
| When interviewing or analysing data may trigger potentially distressing content | Listening to the participant's difficult experiences and reading transcripts of the interview may cause distress | The researcher | 2 | 1 | 2 | Personal therapy and supervision will be utilized to explore and process evoked emotions and get support as necessary. | No future action needs to be taken. | |

| Protection of the researcher | In case of any risk presented to the researcher by the participant or other risk issues relating to the venue | The researcher | 1 | 1 | 2 | The researcher will arrange interviews at the venue safe for the participant and the researcher, preferably at the support organizations/ yoga centres where participants will be recruited from. Family members/ supervisor will be given the address and the schedule of the interviews. | No future action needs to be taken. | |

| Fire hazard | If the the fastest exit out of the building is not known in the event of a fire. They could face serious injuries or even death. | The participant and the researcher | 1 | 3 | 3 | The researcher will familiarize herself with the fire exit routes at the venue of the interview. She will assist the participant in and out of the building at all times. However, the participant will be shown the nearest fire exit and the fire assembly point at the start of the interview just in case | No future action needs to be taken. | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | | | | | | during this emergency the researcher and the participant separated. | | |

| Home visits/ travelling to another city/ country within the UK | Safety of the participant and the researcher | The participant and the researcher | 1 | 2 | 2 | Safety Strategies would involve assessing potential risks/ issues arising from the visit, if participant proposes that/ express inability to travel.

-Explicit clarification about the role as a researcher not a therapist and agreement regarding risk and confidentiality, including gaining consent to contact the key person in case of extreme distress, would be in place before the interview. | No future actions need to be taken. | |
|---|---|---|---|---|---|---|---|---|

| | | | | | | -Researcher is aware of the possibility of power imbalance due to cultural or social context of the participant which can blur the line between social visits and research. Through open discussion in the preliminary discussion regarding the aims of the research. and participant's perceptions about interview environment, with the material, previous difficulties and current coping strategies in emotionally stressful situations could minimize the risk of | | |
|---|---|---|---|---|---|---|---|---|

| | | | | | | potential safety issues in the interview setting. | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | -As part of the preparation for researcher safety, the information will be given to another person (e.g., a member of the research team/ friend) of the research activity's time, date, and address. This will be with the consent of the participant. The expected duration of the activity would be included in this information, as well as the license plate number of the researcher's vehicle/ travel itinerary if travelling by | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | Public transport. The researcher will telephone that individual when she reaches the research location and on arriving home. The safety protocol developed by the the research team would be included in an expected action for the contact individual (e.g., telephone the next of kin/police) if the researcher does not telephone within the expected time.<br><br>- Researcher also needs to ensure that she carries all the maps, | | |

| | | | | | | directions, interview equipment and relevant numbers of local organisations, key named person by the participant (if any) and their own buddy's number. | | |
|---|---|---|---|---|---|---|---|---|

# Appendix- XI: INTERVIEW SCHEDULE

This interview schedule provides a guide of the types of questions that will be asked during the interview. Questions might not be exact but follow the main themes of the interview. The interview will be adjusted depending on the participants' answers. Before the interview, the researcher will explain the study's aims to the participant, provide an information sheet, answer any questions, and sign a consent form.

Introductions:

1. Please introduce yourself, remind of confidentiality, the right to withdraw at any time, and remind them of the potential length of the interview (approximately 1.5 hours).

2. Ask a couple of questions to promote engagement (e.g., did you have to travel far to get here, commenting on the weather, checking how they are doing today).

Prompts:

Can you tell me about it…?

Can you give me an example of…?

What do you think…?

Information gathering

1. How old are you?

2. How would you define your ethnicity?

On a separate sheet of paper-

**Participants details**

| Name | Age | Ethnicity | Type of yoga practised | Duration |
|------|-----|-----------|------------------------|----------|
|      |     |           |                        |          |

**Keyworker/ named person:**

Phone number

**Required on the interview day: YES / NO**

Discussion areas

1. Can you describe your life before you started practising Yoga?

Prompts

a. Emotions and feelings

b. Thoughts about yourself

c. Outlook on life/future

d. The way you relate to your body

e. Relationships

f. Spirit

g. Other?

2. Could you please tell me about your experience of Yoga?

3. Is there any particular aspect of the program that stood out to you?

Prompts

a. Postures, focused breathing, meditation

b. Community (e.g., of trauma survivors)

c. Teacher-guided practice and self-guided practice at home

d. Being a part of a study/filling out questionnaires

e. Other

4. Have you continued engaging in similar activities since? If so, what and how often?

5. Is there anything I have not asked you that you think would be important for me to know?

# Appendix-XII: PRELIMINARY DISCUSSION (Phone/ Face-to-face)

Answer any questions participants may have about the study

Outline the aims and general description of the study,

Mention their right to withdraw, no obligation to participate, risk and confidentiality contract to ensure participants meet the inclusion criteria and know what to expect from the interview

Also, clarify that this discussion will be a space to explore if this study aims to match your experiences and ensure that taking part at this time is not detrimental to your wellbeing.

Screening questions

Could you please tell me briefly about whether you survived child sexual abuse before the age of 18? At what age did it happen, and for how long?

As you know, I am interested to hear about your experience with yoga. Please could you tell me what form of yoga did you practice?

When did you practice it, and for how long? Was it a programme adapted for survivors, or was it a regular yoga class?

Could you please tell me if you have any current mental health diagnoses?

Are you in counselling at the moment? (If in counselling, then suggest participants talk to their counsellor before attending the interview.)

If you are not in counselling now, have you had any counselling in the past? If so, for how long? How did it end?

Have you been admitted to the hospital for any mental health issues in the last three months?

Are you under a Psychiatric Team? Yes/ No?

If so, please give your Psychiatrist Doctor/ Nurse name and contact details (go through the risk and confidentiality agreement)

Do you currently have any suicidal thoughts? Or have you ever in the past attempted suicide? If so, when?

Debrief

How do you feel?

Is there anything that bothered you about the interview?

Do you have any questions or concerns?

If you have any questions after today, please feel free to contact me using the details provided on the information sheet. Alternatively, if you feel upset or have any concerns, please contact either Samaritans/ Rape Crisis, whose contact details are provided on the debrief sheet, or any other organization or other support that you may already have in place.

Prompts

Would you be able to tell me more about that?

How did it affect you?

Why do you think that was?

Could you give me an example, please?


Thank the interviewee and remind them that their contributions will remain confidential.

After the interview:

Note down any reflections or any other important information about the interview.

# Appendix- XIII: DISTRESS PROTOCOL

This protocol has been devised to deal with the possibility that some participants may become distressed and agitated during their involvement in the research. A three-step protocol has clear signs of distress that the researchers will look for (devised by Chris Cocking, 2008). Mild distress

Signs to look out for:

1) Tearfulness

2) The voice becomes choked with emotion/ difficulty speaking

3) The participant becomes distracted/ restless

Action to take:

1) Ask participants if they are happy to continue

2) Offer them time to pause and compose themselves 3) Remind them they can stop at any time they wish if they become too distressed

Severe distress

Signs to look out for:

1) Uncontrolled crying/ wailing, inability to talk coherently

2) Panic attack- e.g., hyperventilation, shaking, fear of impending heart attack 3) Intrusive thoughts of the traumatic event- e.g., flashbacks

Action to take:

1) The researcher will intervene to terminate the interview/experiment.

2) The debrief will begin immediately

3) Relaxation techniques will be suggested to regulate breathing/ reduce agitation

4) The researcher will recognize participants' distress and reassure them that their experiences are normal reactions

5) If any unresolved issues arise during the interview, accept and validate their distress, but suggest that they discuss with mental health professionals and remind participants that this is not designed as a therapeutic interaction

6) Details of counselling/therapeutic services available will be offered to participants

Extreme distress:

Signs to look out for:

1) Severe agitation and possible verbal or physical aggression

2) In very extreme cases- possible psychotic breakdown where the participant relives the traumatic incident and begins to lose touch with reality

Action to take:

1) Maintain safety of participant and researcher

2) If the researcher has concerns for the participant's or others safety, she will inform them that she has to notify the agreed named person/ contact relevant services.

If the participant is unwilling to seek immediate help and becomes violent, the Police will be called and asked to use their powers under the Mental Health Act to detain someone and take them to a place of safety pending a psychiatric assessment. (This last option would only be used in an extreme emergency).

# Appendix-XIV: FIRST AND SECOND LEVEL CODING

| | | |
|---|---|---|
| Search for self in the world. Rebelling against cult's ideologies and practices Questioning self "Finding my way into the world", "displaced", "dislocated" give a sense of BB's uprooting from her initial sense of self growing up. She lost her identity within a day when she had to leave home and her parents. Her way of finding herself in the world, is it a sense of child finding their sense of self through others and their experiences where they learn to relate to themselves and others through their significant others. Directed consciousness towards this world has told BB that inhabiting her body and this world around her is not safe, and she finds it hard to navigate her path through the difficult journey. | P1.8: like how was it for me in the beginning? [.] I started through a friend, and I remember being very like nervous even trying a thing like that, cult was very against it. I was in an, I was trying to find my way in the world of what worked for me (R: urm). So overall, It was it was one of the best things for me, in terms of acknowledging my pain, I was feeling my body, my certain sensations, even help me to get in touch with certain emotions, because I hadn't been in my body, and I realised this body emotion mind connection, it was really disjointed many things, very displaced, so I remember when first time I did yoga, felt very, eh kind of this relief feeling, you know oh finally I can have this freedom of movement with my body, I can be in touch with myself again, a bit more this other way that I completely hadn't even realised [smiling], I was very detached from, I remember got having it and even crying sometimes like, I went on a Saturdays you know, I was crying, instructor was saying sometimes when you are holding some stuff in you doing specific poses, or you are really getting in touch with things you had it before in your body [talking fast], the trauma can be inside the body you know, it can be even released this way, and I remember feeling like wow that something that was missing, and acknowledging that, and then the whole experience itself was very healing, I remember writing an essay, I was trying to find it for you actually [smiling], but I couldn't find it, anyway writing an essay how it was a, hmmm for myself, how I had that first experience, a lasting impact on me, made me do it more, I realised it was kind of, it was very, it wasn't just stretching it was very therapeutic, (R: urm) it was an avenue for me to kind of express (R: urm) or, get in touch with some other pain that I hadn't really, and also to feel more free in my body, have control again of my body, because that something (R: yeah) I didn't have for a long time, something didn't have for a long time, boundaries have been crossed, so it felt like I was in control of my body. I could you know have movements and have the freedom to do how I wanted to, I didn't have it for a long time, I didn't move how someone expected me to …not you know things pushed on me, there was massive freedom I | ❖ Conflict with the sense of knowledge that cult was against yoga 113 ❖ Sense of trying to find own way in the world 114 ❖ Increased awareness 116-118 ❖ Process of developing sense of autonomy 114 ❖ Sense of disjointed and dislocated self, 119-120 ❖ Crying as cathartic 126 ❖ Curiosity and knowledge about what each pose brings up for her ❖ Trying to find my way into the world 114 ❖ A relief from pain ❖ Crying as cathartic ❖ A release a sense of freedom ❖ New realization of being detached ❖ Yoga as a way to acknowledge certain sensations and pain which were suppressed ❖ Yoga as a way to release them and confront them ❖ Release during movements such as crying was experienced as cathartic ❖ Yoga fulfilling things that were missing ❖ Yoga as a healing experience ❖ Yoga not just stretching but was very therapeutic ❖ Yoga as an avenue to express ❖ Yoga to get in touch with own pain |

INTERLINK BETWEEN YOGA AND CSA.  73 - 96

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# Appendix-XVI: REFLEXIVE JOURNAL ENTRIES

On entering the room I was felt indently comfortable and calm. There was incense in the room and it had 2 yoga mats. We sat on the floor on these mats. It felt serene and I noticed I felt grounded.

Josie was very much a reminder of me and how I feel in my body. I connected with her and resonated with her story. When she mentioned the ambivalence and fatigue it reminded me of how I felt last year when the research and immersion in trauma literature and personal