

MILITARY VETERANS AND YOGA TEACHER TRAINING:

A PHENOMENOLOGICAL REVIEW

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Department of Community Care and Counseling, Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

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Abstract

This transcendental phenomenological study aimed to discover the experiences of military veteran graduates of two Veterans Yoga Project (VYP) cohorts. The theory guiding this study was phenomenological inquiry, founded by Husserl and expanded by Hegel, Heidegger, and van Manen, as it explored the lived experiences and potential intersection of wellness in military veterans. The candidates for participation were recruited from the VYP MRYTT yoga training program 2021 Cohort 1, providing 16 graduates, and 2022 Cohort 2, providing 23 graduates. This study discovered 1) the lived experiences of yoga teacher training (YTT) in military veterans, 2) a conceptualization of military veterans' lived experiences applicable to yoga practice or yoga teaching, and 3) evidence from lived experience that VYP yoga teacher training (YTT) informs veteran wellness. Two interviews were conducted: a written pre-interview survey and a traditional formal interview. The initial survey provided ten questions and was completed online. A standard 40 to 45-minute interview consisted of 25 scripted questions and was conducted online using technology. Each interview was transcribed and summarized. Transcriptions of data were bracketed, clustered, and delineated to form themes. A qualitative research software tool was used to analyze data. The study results suggested that yoga teacher training supported posttraumatic growth and increased military veteran wellness.

Keywords: phenomenological review, recovery, resilience, Veterans Yoga Project, wellness, yoga teacher training.

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Dedication

This research is dedicated to the military veterans of the United States of America and their families. This study is also dedicated to the volunteers and staff of the Veterans Yoga Project (VYP). Finally, I dedicate this work to my loving spouse, lifelong partner, and exceptional artist, Yuson Yi.

Acknowledgments

The greatest revolution of our generation is the discovery that human beings, by changing the inner attitudes of their minds, can change the outer aspects of their lives.

- *William James*

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List of Abbreviations

Autonomic Nervous System (ANS)

Body-Mind-Spirit (BMS)

Complementary Alternative Medicine (CAM)

Complex PTSD (CPTSD)

Chronic Fatigue Syndrome (CFS)

Emotional Regulation (ER)

Evidence-Based Treatment (EBT)

Institution Review Board (IRB)

International Association for the Study of Pain (IASP)

Major Depressive Disorder (MDD)

Mental Health Professionals (MHPs)

Mindful Resilience for Compassion Fatigue Training (MRCF)

Mindful Resilience Yoga Teacher Training (MRYTT)

Mind-Body-Spirit (MBS)

Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn

(OEF/OIF/OND)

Parasympathetic Nervous System (PNS)

Pittsburgh Sleep Quality Index (PSQI)

Polyvagal Theory (PVT)

Posttraumatic Growth (PTG)

Posttraumatic Growth Inventory (PTGI)

Posttraumatic Stress (PTS)

Posttraumatic Stress Disorder (PTSD)

State Anger Expression Inventory (STAXI-2)

Sympathetic Nervous System (SNS)

Theory of Mind (TOM)

Transformative Life Experiences (TLE)

Trauma-Informed Yoga (TIY)

Veterans Affairs (VA)

Veterans Yoga Project (VYP)

Vicarious Traumatization (VT)

Chapter One: Introduction

Overview

A holistic health perspective transcended empirical science's independent and often isolated research. The emergence of neuroscience offered the opportunity to integrate seemingly disparate fields into a coherent interrelationship based on qualitative research. This study aimed to conceptualize the Veterans Yoga Project (VYP) yoga teacher training (YTT) graduates' lived experience. A phenomenological review presented core dimensions of qualitative study identifying parameters of practice in the clinical psychology of healing. Mental wellness was a crucial dimension of overall wellness relevant to human growth in posttraumatic life experiences.

Background of the Problem

The human experience was a profound experience encompassing joy, pain, love, and loss (Saldana & Omasta, 2018; Schwartz, 2022). While stress as a human being was inevitable, it was also possible to experience one traumatic experience in a lifetime. Trauma was any frightening, shocking, or life-threatening event that overwhelms the human capacity to physically cope with or emotionally process such an experience (Abram, 2018; Schwartz, 2022).

The human condition persisted in an ever-increasing complex world. Chronic issues had replaced acute health issues in the healthcare of industrialized nations. In contrast, third-world countries felt the wrath of aggressive mining of rare earth minerals, human trafficking, and persistent climate change while remaining in abject poverty. Human civilization displayed an innate predilection for preserving life after birth and collecting varied life experiences before reaching the culmination of lifespans (Hegel, 2003; Saldana & Omasta, 2018). Humans experienced pleasure and pain, clearly enjoying and avoiding the former when possible. Among

these experiences were events of tragedy that may persist beyond that event. This persistent human experience of past tragic events resulting in extreme distress was collectively identified as trauma. The nature of their service framed military veterans with a particular risk of experiencing traumatic events and developing post-traumatic stress disorder (PTSD) symptoms (Abram, 2018).

Overcoming debilitating trauma was a precipitating human problem and central concern. Trauma was a societal concern (Baranowsky & Gentry, 2014; Gentry & Block, 2016; Saldana & Omasta, 2018). Overcoming trauma was a theoretical concern (Rehorick & Bentz, 2015; Saldana & Omasta, 2018). These concerns surpass mere interest and were considered persistent life experiences to be realized and understood (Hegel, 2003; Heidegger, 2000; Van Manen, 1990; Jain, 2019). PTG conceptualization and wellness conceptualization research informed the context of the problem background (Myers & Sweeney, 2005). Historical evidence and empirical information supported this study. The study's uniqueness was the integration of relevant lived experience within the VYP program exhibited as an academic phenomenological review of the lived experience of YTT graduates (Finlay, 2013; Williams & Sommer, 2002).

Situation to Self

This researcher was a 22-year army veteran who served in the Gulf War, Desert Shield, and Desert Storm. As a result of that service, I was diagnosed with posttraumatic stress disorder (PTSD) in 2006, some four years after military retirement and 12 years after returning from the Gulf. Various therapies failed to address PTSD and a later, additional diagnosis of major depressive disorder (MDD) with limited success with both diseases. As a disabled military veteran, most of the mental health care I received was provided by the Department of Veterans

Affairs (VA). I started practicing yoga for health at the local YMCA in 2014. I continued to practice the contemplative prayer I learned from an army chaplain stationed at the Pentagon in 1984. I was unable to keep a balance of physical, mental, and spiritual health. A focus on any one element allowed the others to falter in attention.

To try and make sense of my own lived experiences with trauma, I began a graduate program in professional counseling at Liberty University. That education and subsequent experience as a counselor opened small windows of understanding my mental health issues. I realized that the more I learned and observed human behavior, the more insight I gained into myself. I applied and was accepted into the Veterans Yoga Project (VYP) Mindfulness Resilience Yoga Teacher Training (MRTT) second cohort and graduated in 2022.

This research mirrored my own lived experience that YTT supported the recovery of military veterans, allowing a growth direction or path. The literature indicated that growth is possible following trauma, aptly named posttraumatic growth (PTG). I posit that YTT can be a therapeutic tool in relieving trauma symptoms and providing a process to balance mind, body, and spirit and open lived experience to heart matters. My response to the training I received from YTT emphasized the 2023 presentation of the VYP Strategic Plan sharing my comment, "I came to VYP for my own healing needs, and this opportunity has allowed me to consider other levels of growth and service!"

Statement of the Problem

An exhaustive literature review revealed a lack of qualitative study on military veterans' lived experience following graduation from yoga teacher training (YTT). This research provided insight into this gap in the literature regarding military veterans' lived experiences with yoga,

specifically YTT. This study aimed to explore military veterans' lived experiences and the potential for YTT to inform wellness in military veterans.

Purpose of the Study

The purpose of this transcendental phenomenological study was to describe military veterans' experiences with yoga teacher training (YTT). In addition to the relevant literature on yoga and wellness, a phenomenological review examined the lived experience of a person or persons experiencing transformation following YTT. The critical elements for this research were phenomenological research methodology, YTT, and wellness. Three areas of inquiry explored these elements: military veterans, YTT, and health.

Significance of the Study

A wide range of people who have experienced trauma benefited from this research, as well as those who provided treatment to them. Military veterans, mental health providers, and researchers gained insight from this data, providing the lived experience of yoga as a conduit to PTG. "The incidence of traumatic events is increasing in our country and the world, and these can leave permanent traces on individuals (Dursun & Söylemez, 2020, p.67)."

A clear impression of awareness in the 21st century over previous periods confirmed that stressful environments can have significant effects on an individual, often leading to burnout in the short term and an overall decline in health in the long term. While not all stress indicated the certainty of trauma, the psychological consequences of burnout included trauma reactions, depression, anxiety, and substance use disorders (Abram & Jacobowitz, 2021; Schwartz, 2022). Resilience, a protective mechanism with the potential to mitigate the negative impact of burnout, was a common term, yet rarely understood or used before trauma (Abram & Jacobowitz, 2021; Schwartz, 2022).

As military service was a given as to the possibility of encountering traumatic events, in contemporary society, the range of professions that also faced such potential range from first responders, healthcare workers, and others that faced many challenges along a continuum from managing day-to-day stressors, to reacting and responding to global pandemics such as COVID-19 or school shootings or natural disasters (Abram & Jacobowitz, 2021; Schwartz, 2022).

For example, professional nurses comprised the largest segment of healthcare workers and spent most of their work hours providing direct patient care. Irrespective of the clinical setting, healthcare was highly stressful and involved risks to the personal safety of healthcare workers. To that end, psychiatric nurses experienced increased stress levels due to the patient population receiving care, which included patients with suicidal ideation, violent behavior, and verbal and physical threats (Abram & Jacobowitz, 2021; Schwartz, 2022). Provider health was important as military veterans relied on this segment of the healthcare population for their trauma care.

Mental health professionals (MHPs) were at risk for burnout, compassion fatigue, empathy fatigue, and vicarious trauma, even PTSD-like symptoms through exposure to clients' trauma narratives, without having been directly exposed to traumatic events (Finklestein et al., 2015). The literature described this phenomenon as vicarious traumatization (VT). It became more common for some MHPs to experience the same traumatic event or events as their clients. In other words, they treated clients for trauma-related distress while being exposed to the same traumatic events themselves (Finklestein et al., 2015). MHPs exposed to concurrent primary trauma and VT were at increased risk for psychological distress and required targeted interventions to boost their resilience.

Opportunities for rest, interventions to increase professional self-efficacy, and appropriate professional support buffered the effects of concurrent primary trauma and VT exposure. These professionals needed to practice the same self-care regimen suggested for trauma survivors (Schwartz, 2022). Again, these professionals were at the forefront of supporting military veterans and their families.

For these reasons and others, veterans benefited from participating in complementary alternative medicine (CAM) practices that provided support (Abram, 2018; Avery, 2016). These practices included yoga, tai chi, martial arts, and massage. This study indicated whether yoga teacher training as a form of CAM supports veterans through mindful resilience (Dursun & Söylemez, 2020; Tehranineshat & Torabizadeh, 2021).

Phenomenological Review

Qualitative research used interpretive and theoretical frameworks to inform the deep dive into research questions; it focused on the meaning that individuals or groups were assigned to a social or human issue that gave the research shape (Creswell & Poth, 2018; Salanda & Omasta, 2018). This study sought to find and share the ordinary meaning for human beings of their lived experiences of a specific phenomenon encompassing trauma, growth, and yoga. Gathering the descriptions of these experiences identified what was experienced and how it was experienced (Hegel, 2003; Heidegger, 2005; Moustakas, 1994). The lived experiences of research participants in this study served as role models for other military veterans who want to experience the same growth journey and provided valuable information for mental health professionals, yoga instructors, and caregivers who sought to support them in their search for healing from trauma.

Posttraumatic Growth

Experiencing traumatic events was a part of the human condition and humankind's lived experience (Dursun & Söylemez, 2020; Tehranineshat & Torabizadeh, 2021). Less well known was the idea that these traumatic events can and do provide radical human transformation and positive change in a person's life, as lauded in the philosophical, literary, mythological, and spiritual traditions of civilizations for centuries (Dursun & Söylemez, 2020; Tehranineshat & Torabizadeh, 2021).

A PTG model defined the term *trauma* as a significant crisis, primarily unexpected and not foreseen life-altering experience that exceeds the coping skills, disturbs, or destroys personal schemas as well as the shared assumptions of the suffering individual (Tedeschi & Calhoun 2004; Tedeschi et al. 2018; Tehranineshat & Torabizadeh, 2021). *Growth* was described as a move beyond a human being's functioning and awareness before trauma. On the other hand, the definition was a passage to the life-altering experience of personal change following trauma (Moulds et al., 2020; Tedeschi & Calhoun, 2004; Tedeschi et al. 2018; Tehranineshat & Torabizadeh, 2021). This separates PTG conceptually from similar experiential concepts such as *recovery*, *resilience*, and *adjustment* while not excluding any of those processes as part of growth (Dell et al., 2021; Dursun & Söylemez, 2020; Tehranineshat & Torabizadeh, 2021).

Automatic intrusive rumination started the PTG process as core schemas and mindsets were shaken while the suffering individual experiences severe emotional distress (Moulds et al., 2020; Dursun & Söylemez, 2020). The primary goal, if any, was building new life narratives by accepting intrusive rumination instead of fighting it, editing the life story, and moving towards a PTG pathway achieved through wisdom interaction and intervention. Addressing future adversity required training including experiential learning of skills that prepared an individual to

meet trouble with greater strength, including developing flexibility in mindset and schemas to attain a matured psychological perspective. This future did not purport to provide a doorway to elusive happiness, undefined well-being, or increased life satisfaction as the ultimate goals in PTG. It did suggest the potential of military veterans suffering from trauma to achieve a level of growth to be able to deal with future stress and trauma at every stage of that experience (Bokhour et al., 2020; Dursun & Söylemez, 2020; Tehranineshat & Torabizadeh, 2021).

Yoga

It was clear from the literature that the term yoga came to stand for a wide variety of traditions, practices, and disciplines in contemporary society. As such, yoga was one of many practices that helped connect or reconnect the mind and body. Yoga came about several thousand years ago as a system of healing and restoration. Initially, it was the reaction of meditators and praying warriors that sat or stood for prolonged periods, inflicting significant physical damage to their bodies while in extended spiritual states of being (Schwartz, 2022). The practice was taught much later and aimed at calming the mind. Practically, a person can intentionally connect the mind and body through breath and movement (Abram, 2018; Saraswati, 1998; Schwartz, 2022; Veterans Yoga Project, 2022).

Progressively, the term yoga expanded, including programs such as Trauma-Informed Yoga (TIY), specifically developed to aid in the treatment of post-traumatic stress (PTS) and other mental and emotional distress experienced by survivors of trauma (Braun et al., 2021; Tibbitts et al., 2021;). TIY was adapted for most individuals regardless of physical or psychological limitations. These protocols were intended to enhance the health of the body and mind in combination with empirically validated psychotherapies (Aposhyan, 2004; Schwartz, 2022; Veterans Yoga Project, 2016). TIY introduced clients to tools and practices that address

the core symptoms of PTSD. TIY addressed the symptoms of PTSD by breaking down the PTSD symptoms into three core clusters: hyperarousal, re-experiencing, and avoidance. (McClellan et al., 2020; Schwartz, 2022).

Yoga was a traditional practice originating in India thousands of years ago. Originally linked to the Hindu religion, it became a modern secular practice focused on improving yoga practitioners' mind, body, and spirit conditions (Schwartz, 2022). While not yet an evidence-based treatment (EBT), yoga was regarded as a therapeutic approach suggested in the scope of modalities labeled as complementary and alternative medicine (CAM) and was identified with demonstrated positive effects on stress reduction and emotional regulation support (Avery, 2016). The Veterans Affairs (VA) recently added yoga to the tools offered to veterans (Bayley et al., 2021; Bayley et al., 2019). Yoga provided some potential as an acceptable and efficacious tool for treating PTSD in veterans (Avery, 2016). While yoga practice indicated some success in reducing stress and offered a similar impact on PTSD in veterans, little tangible understanding exists of how this change takes place through yoga. As research continued, the increased insight into the components of change associated with yoga makes this practice more accessible and effective as a CAM intervention. Specifically, the cognitive-behavioral aspects of change determined through the positive effects of yoga in reducing distress and alleviating PTSD symptoms, usually in the domain of psychological flexibility, led to improvement in personal experiential avoidance and attentional control (Avery, 2016).

Mental Wellness

Mental wellness was rarely easily defined or understood. The existing literature examined illness's social and phenomenological meaning, making a distinct division between sickness and disease. Disease, especially communicable disease, derived from a medical perspective, whereas

illness was a culturally determined and socially constructed phenomenon (Conrad & Barker, 2010; Thomas et al., 2021).

Mental wellness was one of the three components of whole health wellness: body, mind, and spirit; the body was physical health, including the brain, because mental health included mental wellness, and the spirit covered spiritual wellness (Thomas et al. 2021). Mental health was a global concern with the absence of mental illness, not the complete conceptualization of mental health (Thomas et al. 2021). As such, it concerned the individual ability to make healthy choices, set realistic goals and boundaries, better cope with change, and have a positive impact on self-confidence and self-esteem (Thomas et al. 2021).

Mental well-being included an awareness of balance and self-care to maintain balance and access to extra help when appropriate (Thomas et al., 2021). It was important to consider mental wellness from a holistic perspective to better cope with challenges and changes in life (Thomas et al. 2021). Mental fitness cannot be separated from physical and spiritual health to be effective (Thomas et al. 2021).

Research Questions

Three research questions posited a framework of lived experiences for military veterans graduating from YTT.

Research Question One

What factors influenced military veterans' participation in Veterans Yoga Project (VYP) yoga teacher training?

Research Question Two

How did yoga practice or yoga teaching affect military veterans' recovery from trauma? And support of wellness?

Research Question Three

What results had military veterans experienced after graduation from VYP yoga teacher training? Growth? Resilience?

Three research questions posited a framework of lived experiences for military veterans graduating from YTT.

Definitions and Key Terms

Language with relevance to the research in this project was identified.

Being: A spiritual conceptualization across human existence that gave meaning and awareness to life and lived experience; May described it as fulfilling one's own experiences with the joy and gratitude of life's experiences (May 1953).

The human condition: The tradition view within psychology describing the human natural state and the conceptualization of human existence from the present moment and across the human lifespan (Giorgi, 2020).

Life experience: The term "lived experience" points to a central methodological feature of phenomenology: it announces the concern of phenomenology to turn to the epoch and the reduction to investigate the primal, eidetic, original, or conceptual meanings passed over in daily life (Van Manen, 2017).

Mental wellness: The conceptualization of learned human ability to cope with positive and negative life experiences, to realize individual human potential, to engage with and feel connected to the community, and to make unique as well as meaningful contributions to the world (Thomas et al., 2021).

Neuroscience: Brain science is an integral component of psychology that allows neuroscience to inform the field through education that demystifies the brain, shares how the brain develops

and adapts, and better identifies the links between brain functions and psychological processes (Schwartz et al., 2016).

Posttraumatic growth: Posttraumatic growth conceptualization and research focuses on the intentional struggle to overcome trauma and how that struggle can act as a catalyst for personal development. That development includes five posttraumatic growth domains in which change takes place: feelings of emotional strength; relationships with loved ones; new possibilities or directions for a life purpose; more significant appreciation of life; and engagement with spiritual and existential directions about the meaning of life (Slade, Blackie, & Longden, 2019).

Resilience: "Resilience is one's ability to bounce back or recover from adversity. In the literature, resilience is both a trait and a process. Resilience is a positive response to stress in which the individual experiences growth and development despite challenges (Abram & Jacobowitz, 2021, p.2)."

Trauma: The term trauma, specifically *collective trauma*, refers to the psychological reactions to a traumatic event that affects an entire society; it does not merely reflect a historical fact, the recollection of a terrible event that happened to an individual or group of people. The tragedy exists in the collective memory of the group and the individual. Like all forms of memory, it comprises a reproduction of the events and an ongoing reconstruction of the trauma to make sense of it across a lifespan (Hirschberger, 2018).

Veterans Yoga Project: Veterans Yoga Project is a grassroots educational and outreach organization with a support network to improve the health and well-being of those who have experienced significant stress and trauma in military service (Veterans Yoga Project, 2021).

Wellness: One perspective in defining wellness comes from Maslow's concept whereby the pursuit or achievement of self-actualization incorporates an extension of human growth that integrates mind, body, spirit, and environment (Arloski, 2014).

Yoga: An ancient but living tradition from India that emphasizes a practice of philosophy, postures, and teachings that support the development of mind, body, spirit, and heart (Kraftsow, 2002). The ancient Sanskrit describes *yoga* as *joining* or *union* (Schwartz, 2022).

Summary

Many military veterans suffered from trauma resulting from military service. Yoga, a philosophy and practice from India, was adopted and secularized in Western culture, providing relief to those suffering from trauma through breathing, postures, meditation practice, and insight into living a more remarkable life. The organization of this research followed a traditional organization. Chapter one outlined the purpose of the study and topics explored and provides an overview of the areas for examination. Emphasis focuses on PTG, yoga, mental wellness, military veterans, and the VYP organization. The chapter included a brief theoretical framework for the initial research questions. Chapter two was a deep dive into the literature. The review considered a detailed look at the topics introduced in chapter one and expands to include relevant areas surrounding the issues. This chapter reintroduced the research questions. Chapter three considered the research design and the elements that brought the design together. A phenomenological research design identified the best method to get the lived experience of military veterans. Chapter four published the findings of the research. The analysis and results of the study indicated any potential for informed clinical progress in PTG through yoga. Chapter Five compiled the findings of phenomenological data into a conclusion based on the researcher's interpretation, ideas, data, and consideration of the literature.

Chapter Two: Literature Review

Overview

The research literature provided a rich data field of lived experience in trauma (Beck, 2021; Hanson, 2020; Libby et al., 2019; Mate & Mate, 2022; Saldana & Omasta, 2018). The literature review broadly examined lived experience across the context of mental wellness and PTG. A range of treatments, interventions, and modalities addressed the impact of trauma on the lives of those coping with PTSD. An examination of growth, wellness, and lived experience yielded a potential pathway for those ensnared by distress, trauma, and PTSD to include complex PTSD (CPTSD).

This chapter explicitly reviewed a theoretical framework and related literature. The framework considered the following: posttraumatic growth (PTG), mental health recovery as growth, emotional regulation, and yoga alongside therapy. Significant literature was examined in the following areas: trauma, narrative construction, theoretical PTG, mental wellness, mind-body-spirit interrelationships, salutogenesis, recovery in health, and components of growth.

Theoretical Framework

Whole health and wellness were more than buzzwords to describe a 21st-century fad in psychology. Whole health wellness was at a crossroads with the choice of more pharmaceuticals as the external solution to chronic illness or internal efforts such as lifestyle changes to achieve homeostasis. The legacy human choice of internal practices from ancient to present-day applications offered measurable opportunities and outcomes in wellness. Sustaining wellness in the face of the human condition included the presence of flawed humanity, injustice, and uncertainties in life experiences that often lead to trauma experiences.

Various events and experiences included disasters, war, violence, and more, resulting in a significant lifetime crisis or trauma (Bianchini et al., 2017). Posttraumatic growth (PTG) was the intentional behavior that characterizes subjective, adaptive psychological changes (Mate & Mate, 2022). Results included the restoration of an appreciation of life, personal resilience, meaningful relationships, and spiritual well-being. Additional results often had resetting life priorities, individual openness to new opportunities, and the continuous presence of positive mindset changes. In essence, PTG allowed positive coping strategies following the aftermath of trauma when an individual's perceptions of self, others, and the meaning of the traumatic experience are positively reconstructed (Bianchini et al., 2017).

A phenomenological review provided a perspective and lens for this examination. Life experience is a direct and indirect product of human behavior (Hegel, 2003; Van Manen, 1990; Heidegger, 2005). This production of life experience revealed the phenomenon of being (Heidegger, 2000). The theories of PTG and mental wellness presented a foundation for this research. The phenomenological analysis brought the lived experiences of *being* into a qualitative framework (Heidegger, 2005; Rehorick & Bentz, 2015).

Historical Information

Various terms appeared in the literature to describe the phenomena of trauma. The early technology of railway traffic transformed transportation. This also brought the tragic impact of railway accidents that became known as "railroad spine" to indicate the effects on the health of survivors (Crocq & Crocq, 2022; Lehrer & Woolfolk, 2021). Over time, military conflicts provided terms such as soldiers' hearts, shell shock, battle fatigue, and cryptic war neurosis (Crocq & Crocq, 2022; Lehrer & Woolfolk, 2021).

Consider the plight of American Indians labeled historical trauma (Gone, 2014). The individual impact identified the collective effect of indigenous suffering resulting from the documented history of colonial oppression. These First Nation people groups experienced the loss of land, culture, and people that has not been resolved and is today termed a *soul wound* impacting their present-day lived experience (Gone, 2014).

Other terms from neurosis, psychosis, and hysteria gave way to a nervous breakdown (Moskowitz et al., 2018). In a review of literature in 1894, William James suggested that hysteria was always initiated with a shock and essentially became a disease of the mind, potentially becoming "thorns in the spirit" (Moskowitz et al., 2018). The modern definition of trauma used most often is the criteria of the 1980 *Diagnostic and Statistical Manual of Mental Disorders* (DSM), leading to the subsequent revisions to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) and the *International Classification of Diseases* (ICD-11).

Statistical Information

While many researchers sought to understand the prevalence of PTSD among military veterans, these efforts produced divergent PTSD statistics. Because the fields of medicine, psychiatry, and psychology defined and assessed PTSD research in different ways without a cohesive perspective over time, estimates of prevalence vary widely. One meta-study revealed researchers found the estimated incidence of PTSD among veterans ranged from modest figures such as 1.09% to significantly higher rates of 34.84% (Xue et al. 2015). Uniformly, determining the true prevalence of PTSD among veterans required much further research. Service members deployed to the Middle East in support of Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn (OEF/OIF/OND) were at high risk of experiencing traumatic events, including being shot at or witnessing a unit member die. Estimates of

posttraumatic stress disorder (PTSD) among veterans of these operations ranged from 9% shortly after returning from deployment to 31% a year after deployment (Cushing, Braun, Alden, & Katz, 2018).

Overall, the incidence of PTSD among veterans is 12.9% (Xue et al. 2015). The estimated lifetime prevalence of PTSD in the general population is 6.8% (Xue et al. 2015). As many as 87% of veterans were exposed to potentially traumatic events (Xue et al. 2015). Veterans, on average, experienced 3.4 traumatic events during military service (Xue et al. 2015). A 2017 study involving 5,826 United States veterans indicated that 12.9% were diagnosed with PTSD (Müller et al., 2017). Veteran PTSD was a considerably higher rate compared to the incidence of PTSD among the general population; just 6.8% of the population experienced PTSD at any point in their lives. Only about 8 million adults had PTSD each year (Müller et al., 2017).

A 2014 study involving 3,157 United States veterans indicated that 87% reported exposure to at least one potentially traumatic event (Wisco et al., 2014). On average, veterans said that they experienced 3.4 potentially traumatic events during their lifetime (Wisco et al., 2014). Cushing et al. (2018) found that among veterans of post-9/11 conflicts, estimates of posttraumatic stress disorder (PTSD) ranged from 9% shortly after returning from deployment to 31% a year after deployment. Suppose the lingering impact of war exhibited by Vietnam-era veterans was any indication. In that case, the potential flood of the millions of veterans who served in operations in Iraq and Afghanistan will surface decades beyond the end of those conflicts.

Posttraumatic Growth

Any PTG model in pursuit of growth after trauma was neither automatic nor inevitable. On the contrary, it was a deliberate, intentional process of understanding, interpretation, and

intervention comprising conscious efforts. Before this conscious decision, a person struggling with PTSD faced intrusive, harmful, and often dysphoric rumination for varying lengths of time, realizing that old schemas do not remedy or provide relief, requiring new schemas to emerge from the fog of trauma (Nolen-Hoeksema & Morrow, 1991; Nolen-Hoeksema et al. 2008; Tehranineshat & Torabizadeh, 2021). An oppressive rumination stage caused severe emotional distress, which was characterized by intense thoughts on the "how" and "why" of the traumatic event and the futile self-dialogue as to "what ifs" on how to avoid trauma (Nolen-Hoeksema & Morrow, 1991; Nolen-Hoeksema et al. 2008; Tehranineshat & Torabizadeh, 2021). Individual action to regain control and routine daily functions was lost in trauma, and efforts became lost in ruminative thoughts resembling worry (Nolen-Hoeksema et al. 2008; Watkins 2004, 2008). Ironically, this confusion of intrusive rumination triggered within the traumatized individual the need for and pursuit of PTG (Brown, 2021; Dursun & Söylemez, 2020; Tehranineshat & Torabizadeh, 2021).

Recovery as Growth

While experiencing less mental illness did not necessarily equal experiencing better positive mental health, it did highlight the possibility of achieving a high level of positive mental health even with enduring psychiatric symptoms and deficits (Provencher & Keyes, 2011). Over the last two decades, recovery had become another consideration in mental health services in many countries, including Australia, New Zealand, England, Scotland, and the USA (Slade et al., 2008). Positive mental health corresponded to feelings, thoughts, and behaviors required for a good life, which had been studied in subjective well-being for more than four decades (Provencher & Keyes, 2011).

Traditionally recovery was defined pathogenically, focusing on psychiatric symptoms and impairments as outcomes (Provencher & Keyes, 2011). However, a salutogenic view of recovery had emerged during the last two decades, focusing on pleasant and fulfilling experiences despite the presence of mental illness. A salutogenic theory suggested that recovery was a personal and social process (Schwartz, 2022). The emphasis here was on personal transformations that emerge throughout this growth journey, such as positive changes in views about oneself, purpose or meaning in life, relationships, and ways of perceiving and managing a mental illness. These personal changes interacted with behavior taken to make transformations at the community level, eliminating barriers to social exclusion (e.g., stigma, discrimination) and the opportunities and niches for increasing social participation and civic engagement.

Through personal narratives and scientific research, people had particularly endorsed the view of recovery as a life-changing process, accepting the unique, non-linear, and subjective aspects of this life experience. Such conceptualization is observed in personal recovery (Slade, 2010). Relief and healing from mental illness, including the optimization of positive mental health, represented two distinct but complementary processes providing recovery outcomes. The alleviation of mental illness and the promotion of mental health were considered necessary for recovery and growth (Provencher & Keyes, 2011).

Emotional Regulation

Unfortunately, standardization of process did not exist in mental health clinical practice. One initial step that was clear across the spectrum was the need for client stabilization and safety (Ord et al., 2020). The preponderance of evidence in the literature pointed to emotional regulation as the key to gaining client stabilization and safety (Vohs & Baumeister, 2016). Once achieved, a critical client and therapist alliance can move the client forward in treatment (Vohs &

Baumeister, 2016). This alliance remained the highest possible key to positive outcomes in therapy or treatment over any evidence-based medicine. Therefore, interventions that promoted cognitive flexibility and emotion regulation would be expected to strengthen resilience (Ord et al., 2021).

The polyvagal theory of Dr. Stephen Porges was critical to understanding emotional regulation and how to gain client regulation (Schwartz, 2022). The sympathetic nervous system (SNS) was complex, providing multiple pathways connecting synapses on a ganglionic plexus that terminates at various organs (Gervitz, 2021). Physiologists had posited from the earliest decades of the 20th century that the SNS was the primary modulator of the human stress response. While the SNS remained the critical candidate for symptom mediation, the parasympathetic nervous system (PNS) provides inhibitory influences on the SNS, creating a phenomenon labeled *accentuated antagonism* (Gervitz, 2021).

These competing adaptive responses highlighted the dorsal vagal complex. The unmyelinated vagus nerve activated under survival threats (Gervitz, 2021). Survival threats also activated the sympathetic adrenal system. Daily stressors decreased the myelinated vagal response and the corresponding increase in the sympathetic drive. Restoring calm and decreasing the sympathetic drive can be achieved by relaxing muscle tension, reducing mental ruminations, and controlling breath (Gervitz, 2021). The myelinated vagus quickly adjusted cardiac functions, promoting social engagement (Gervitz, 2021).

Yoga as Therapy

Yoga was not an evidence-based treatment (EBT). As such, this paper acknowledged that yoga was best understood as a treatment tool that supports EBT in clinical practice. To that end, trauma recovery was found to be as much about healing the body as it was healing the mind

(Schwartz, 2022). As such, yoga was recognized as an effective support tool and emerging treatment in therapy. Many parallels were found between the constructs of polyvagal theory, a contemporary neuroscience model, and yoga, a noted ancient model of human anatomy and function (Schwartz, 2022).

A view of yoga as solitary, silent contemplation was only part of the practice. Yoga was also highly dynamic, meeting the human body where it was and entering a dialogue of flexible experience with human beings' external and internal worlds. Yoga helped integrate all facets of life experience, grounding and energizing, and in the present moment as a form of preventative medicine (Abram, 2018; Schwartz, 2022). A portion of yoga as a healing agent was the education of a flexible nervous system (Schwartz, 2022). This dynamic continuous exchange of energy provided veterans full access to a wide-aware experience of the world, less the hypervigilance, overwhelming fear, numbing, or other maladaptive responses that many developed to cope with trauma (Abram, 2018; Schwartz, 2022).

The core work of yoga as a philosophy and a practice was to bridge a path of healing between the *psyche*, Greek for "the soul," and the body (Schwartz, 2022). Yoga taught physical postures, intentional breathing, mindfulness, and a spiritual perspective to recognize that traumatic events catalyzed growth (Schwartz, 2022). Another suggestion was that trauma sufferers can make meaning out of their suffering by attending to the pain, despair, and grief in a way that creates a meaningful life (Schwartz, 2022). Compared to traditional therapies, yoga as a tool turned victims toward their suffering as a path to healing (Schwartz, 2022).

Related Literature

Not all trauma resulted in posttraumatic stress (PTS). Not all traumatic stress resulted in posttraumatic stress disorder (PTSD). Not all PTSD becomes informed by or leads to

posttraumatic growth (PTG) (Collier, 2016; Mate & Mate, 2022). A fundamental idea in social psychological neuroscience advocated by Premack suggested that humans had an innate ability to comprehend that other humans have minds with unique desires, interests, intentions, beliefs, and mental environs that created the human capacity for theory of mind (TOM) (Gazzaniga, 2011). When people found meaning in the aftermath of trauma, they experienced profound positive psychological transformation and increased levels of psychological functioning than before the traumatic event; in other words, posttraumatic growth (Eames & O'Connor, 2022). Several areas of research provided insight into this human capacity to experience growth in trauma.

Trauma

The twenty-first century provided an environment of uniqueness and similarity to previous times (Mate & Mate, 2022). Unfortunately, trauma thrived in the new millennium that is often unexpected and undesired (Hanson, 2020). Terrorism, while not new, had appeared in places and at events never experienced before. School shootings, once an outlier, were now more common than any community, school, student, or parent would understand or accept (Beck, 2021).

The research literature documented many traumatic events that become experiences in the form of a bewildering range of cognitive, emotional, and physical symptoms (Fisher, 2011). Trauma experiences became re-activated neurobiological responses and an inadequate memory record (Fisher, 2009). Trauma victims reported puzzling, intense emotional reactions to connected and unconnected events, often without words or intention (Fisher, 2011).

Traditionally, trauma was defined as an event outside the range of everyday human experience (Fisher, 2014). A more modern description emphasized a healthy or unhealthy

experience. Trauma survivors often interpreted re-activated somatic responses as harmful (Fisher, 2014; Fisher, 2011). Changing beliefs obfuscated identity or selfhood, gradually reflected in unhealthy changes to the body, such as posture, breathing, movement, heart rate, and respiration (Fisher, 2014; Fisher, 2011). Traumatized individuals continued to experience extreme emotions of fear, shame, and rage (Fisher, 2014; Fisher, 2011).

The body reflected sensations of numbness, pain, and loss of physical energy (Fisher, 2014; Fisher, 2011). The mind-body became stuck and cannot take purposeful action; even the most straightforward daily functions became impossible (Fisher, 2014; Fisher, 2011). Without resolution, painful negative beliefs about the self were embedded in the human schema and often intensified these distressing feelings and bodily responses (Courtois & Ford, 2009; Fisher, 2014; Fisher, 2011; van der Kolk et al., 1996).

The literature provided ample descriptions of the horrors of trauma, war in particular. Missing from the literature was the capacity of military veterans struggling with debilitating trauma to recover from that trauma and build resilience with a yoga practice. This phenomenological study attempted to share the lived experience of yoga teacher graduates about recovery, growth, and resilience.

Narrative Construct

Distinguished psychologist Donald Meichenbaum (2017) pointed out that human beings were a bit more than *homo-sapiens*; humans make meaning, and one way that was accomplished was through narrative as *homo narrans* or storytellers. Meichenbaum suggested psychotherapy be viewed as an individual repair to narrative building. Narrative reconstruction included benefit-finding, meaning-making, and self-development (Hawkins, 2019).

These efforts helped survivors find a path of resilience (Meichenbaum, 2017). With assistance, trauma memories became organized and streamlined, making them coherent, with a beginning, a middle, and an intentional redemptive ending. Meichenbaum found human stories as a pathway from which coping efforts emerge. It was possible to replace maladaptive narratives with healing stories, an individual narrative in progress. Survivors found a workable account that provided a satisfactory lived experience (Meichenbaum, 2017).

Post Traumatic Growth

Transformation following trauma was possible in the form of posttraumatic growth (PTG). The theory of PTG identified this transformation as developed by Tedeschi and Calhoun in the 90s (Collier, 2016). The theory's premise suggested that people enduring psychological struggles following adversity can achieve growth afterward (Collier, 2016). Tedeschi described this process as a traumatized person developing new understandings of themselves, the same for the world in which they live, relationships with others, a potential future, and a better view of how to live life (Collier, 2016).

PTG and a related construct, resilience, often needed clarification. PTG may be synonymous with resilience, as increased resilience can be an example of PTG based on his experience as a researcher and survivor of the Kobe earthquake in Japan (Collier, 2016). Growth required significant amounts of time, energy, and struggle, whereas resilience was the property of returning from adversity (Collier, 2016). PTG was the experience of a trauma victim who cannot bounce back from a traumatic event that challenges core beliefs, included psychological struggle, and to a process of sensing personal growth (Collier, 2016).

Resilient people did not experience PTG as their core was not shocked, and there was no need to restore a belief system (Collier, 2016). The need arose in those suffering from trauma

with less or no resilience to overcome a traumatic event. Such a less resilient person would experience distress and confusion when trying to understand what had happened and how to overcome it (Collier, 2016). That this terrible thing had happened required reevaluating core beliefs and a personal worldview.

The Posttraumatic Growth Inventory (PTGI) created by Tedeschi and Calhoun looks for the following traits: appreciation of life, relationships with others, new possibilities in life, personal strength, and spiritual change (Collier, 2016; Mate & Mate, 2022). To that end, Tedeschi acknowledged two traits that make some more likely to experience PTG: openness to experience and extraversion (Collier, 2016). Other people had a more significant potential to examine their belief systems. In addition, extroverts were likely to respond to trauma by seeking out connections to others (Collier, 2016). According to Tedeschi, the research indicated that females reported the growth experience more than men (Collier, 2016). Another differential factor was age, as children under 8 lack the cognitive capacity for such a growth experience. Adolescents and young adults opened to a growth experience following trauma as they were in the process of determining their worldview (Collier, 2016).

Mental Wellness

Jahoda (1958) provided a timeless description of *mental health* as being vague, elusive, and ambiguous. So began the dilemma of mental health as the opposite of mental disease when there was just as much difficulty in an agreed-upon definition or even an understanding of the term. At this time, the World Health Organization (WHO) proposed that a state of health included the presence of physical as well as emotional well-being (Jahoda, 1958). Decades before Seligman and positive psychology, Menninger suggested, "Let us define mental health as the adjustment of human beings to the world and each other with maximum effectiveness and

happiness (Jahoda, 1958)." The conclusion of Jahoda's exhaustive study was rejecting the absence of disease as the criteria for the presence of health (1958).

Mind – Body – Spirit

The unity or "oneness" of mind, body, and spirit in connection to pain and suffering had long been recognized in the East's cultures. Philosophers, researchers, and medical practitioners began exploring Eastern practices in the late 19th century. Even Darwin wrote about the body-brain connection in 1872, and in 1889, Janet published the first Western scientific account of traumatic stress, suggesting that its origin was intense emotional arousal (van der Kolk, 2014). Interestingly, Darwin and Janet influenced Freud, who, along with Breuer, explored the connection between hysteria and trauma (Arnaudo, 2018; Hawkins, 2019). Whole health in wellness recognized the mind, body, and spirit as the necessary components (Mate & Mate, 2022).

There was a demonstrated linkage between human adverse experiences and the subsequent development of disease, all relevant to a mind-body connection (Conyne, 2015; Mate & Mate, 2022; Ng et al., 2020). Related issues included the neurobiology of stress, dysregulation, and the impact of attachment on the bio-psycho-social homeostasis of the human experience (Conyne, 2015; Mate & Mate, 2022; Ng et al., 2020). Factors included age, gender, type of trauma, duration of trauma, defensive presence of dissociation, and dysfunctional attachment style (Courtois & Ford, 2013; Van der Kolk, 2014). The increasing scope of impairment, risk behaviors, disease, and disabilities were influencers at times, resulting in comorbid physiological and psychological conditions. These adverse outcomes included depression, addictions, obesity, suicidality, autoimmune disorders, heart disease, chronic pain as well as a chronic illness (Hawkins, 2019; Kerr, 2013). Various aspects of spirituality were valid

experiences that encouraged spiritual interest, fostered spiritual well-being, and improved health (Csala et al., 2021). Regular yoga practice was essential to achieve outcomes. Physical fitness appeared to be the most critical initial aspect of yoga practice in Western society, and spiritual benefits were still reported (Csala et al., 2021).

Spirituality Matters

Spirituality matters in wellness, PTG, and yoga. The challenge was in the secular perspective of these three domains. Swarbrick (2012) contended that spirituality was metaphysical, presenting difficulties in objective definition. Regarding wellness, spiritual health was determined by the extent to which a person's need for spiritual expression and growth were met. Spirituality contributed to health and healing and was considered a strength (Swarbrick, 2006; Swarbrick, 2012). Additional conceptualizations of spiritual wellness defined it as the inner harmony with others and the universe and the evidence of a positive balance between mind, spirit, and body (Ciziceno, 2022). Spirituality and PTG shared views on a search for connection, meaning-making, and a sense of purpose (Boynton & Vis, 2022). Secular yoga encouraged an individual choice and practiced of personal spirituality, affirming that support in practice (Cushing et al., 2018).

Another challenge was with the faith perspective of yoga. Yoga practice and spirituality were associated with beneficial mental health outcomes (Csala et al., 2021). As a practice, yoga did not require adherence to a specific faith. Originally, yoga developed as a spiritual practice within the orthodox paradigm of ancient Hindu philosophy (Varambally & Gangdhar, 2012). In that traditional practice, yoga was a means of self-realization (Varambally & Gangdhar, 2012). In modern practice, significant attention had focused on the relationship between yoga and physical and mental health (Varambally & Gangdhar, 2012).

Spirituality was derived from the Latin "Spiritus," meaning breath. Spirituality was generally considered a broader concept than religion (MacDonald, 2013; Varambally & Gangdhar, 2012). Common practice suggested that all faiths value the spiritual outlook on life and employed different methods to promote this (MacDonald, 2013; Varambally & Gangdhar, 2012). In the Indian tradition, yoga was as a pathway for attaining a spiritual goal (MacDonald, 2013; Varambally & Gangdhar, 2012).

Yoga was not a particular religion but a traditional practice based on a balancing system for the moral-spiritual body, mind, and spirit to attain inner peace and liberation (Sruthi et al., 2022). Yoga was not a formal Buddhist element (Gokhale, 2020). Methods characterized yoga and Buddhism as means for achieving intuitive knowledge through applying consciousness, searching beyond language, and experiences beyond object distinctions (Hanna et al., 2017). Yoga was a welcome match to Buddhist practice due to a focus on the breath, the key to meditation, and the relief that yoga postures brought to long periods of seated meditation (Gokhale, 2020). The Buddha practiced yoga, incorporated some concepts into Buddhism after enlightenment, and added practices such as mindfulness (Hanna et al., 2017). While Buddhists practiced yoga individually or collectively, yoga was not formally integrated into Buddhist doctrine per se (Gokhale, 2020). As a philosophical framework, yoga was a collection of physical, mental, moral, and spiritual practices to enhance overall health, well-being, and self-awareness (Sruthi et al., 2022).

In contemporary society, the success of yoga crossed the boundaries of health, sport, faith, and popular culture (Griera, 2017). Research supported the potential of yoga to foster well-being and promoted self-transformation (Griera, 2017; King, 2022). A person who practiced yoga did not have to subscribe to a particular faith to experience these positive outcomes. Yoga

was recognized as a resilience-building tool with or without a spiritual component (Griera, 2017). "Experience is a place of growth and maturation if interpreted soundly according to a coherent philosophy of the body. Lived experiences need to be named to bear fruit, which presupposes access to an appropriate vocabulary and also to a hermeneutical framework that is capable of making sense of these experiences in a global understanding of things, as well as to a structure that can bring both the experiences and their fruit to life (Blee, 2022, p.11)."

Holistic spirituality had no formal organizational structure, and yoga was far from a private and individual form of religion (Griera, 2017). Yoga was a socially forged, culturally grounded, and physically sustained system of meaning that blends the boundaries between the therapeutic, spirituality, and organic popular culture (Griera, 2017). Most yoga centers were disconnected from religious references (Blee, 2022).

Christianity and Yoga

Yoga practice allowed specific attention to the body and the practice of postures that contributed to the success of yoga in the West (Blee, 2022; King, 2022). Whereas secular yoga focused on postures and not a specific religious orientation, the alignment followed a contemporary conception of a human being (Blee, 2022; Jain, 2014). Some Christians believed it was possible to practice yoga as a kind of areligious physical activity encouraging prayer and devotion (Blee, 2022; Jain, 2014). Some Christian circles advocated that yoga can be a source of inspiration to live the Gospel message more deeply (Blee, 2022; King, 2022). Christian yoga and Christian alternatives to yoga attempted to solve the dilemma of accessing non-Christian spiritual resources while remaining faithful (Brown, 2018). The label "Christian yoga" worked to repurpose a physical practice for Christian use and, second, to market a product segment to Christian consumers (Brown, 2018).

The analysis of yoga from a lens of sociology in religion continued to raise issues on the boundaries between religion, spirituality, health therapies, and sport (Griera, 2017; King, 2022). The numerous benefits of secular yoga had decreased many of those fears over time (King, 2022). Elements of yoga, often labeled mindful movement, had entered faith groups with little opposition (Brown, 2018). Evangelical adaptations of yoga and the creation of yoga alternatives presumed that practices were Christianized through linguistic substitution (Brown, 2018). The body was not an obstacle to the spiritual life, to life in the Holy Spirit, but rather the place provided to human beings to experience life and those issues that must be overcome (Blee, 2022; King, 2022).

Surprisingly, there was just as much opposition from Hindu purists to the secularization and appropriation of yoga by the West as there was from conservative Christian faith groups that yoga threatened the essence of American culture (Jain, 2014). Fundamentalist protestors from each side continuously proposed a return to the unchanging purity requirements of their respective faiths before the popularization of modern yoga (Jain, 2014).

The history and tradition of yoga demonstrated a flexible nature as yoga functions across a wide range of meanings and physical activity (Jain, 2014). That history included yoga practice by individuals from numerous faith groups, including Hindu, Jain, Buddhist, Christian, and New Age traditions (Jain, 2014). That flexibility had been demonstrated by the construction, deconstruction, and reconstruction to meet individual or collective cultural constraints (Jain, 2014). Various symbols, practices, and ideas emerged across the West's independent yoga studios and teachers, making a universally accepted yoga practice or philosophy impossible to define, practically or spiritually (Jain, 2014). Considering all the principles and practices that yoga can provide to Christianity, there was also a fundamental Christian Value that were

imparted to the yogi: Christianity sought God's help to develop the individual life as part of a larger social and spiritual body (King, 2022).

Salutogenesis

Aaron Antonovsky introduced the concept of salutogenesis in his 1979 book *Health, Stress and Coping* (Mittelmark et al., 2022). The model focused on the framework of life experiences forming a shape of coherence. A sense of coherence mobilized the resources that cope with stressors, anxiety, and tension, providing successful outcomes (Mittelmark et al., 2022). The research consideration was the ease/disease continuum that pitted salutogenesis with pathogenesis, which was the study and focuses on disease. The salutogenic orientation referred to scholars' interest in studying the origins of health and assets for health instead of illness and risk factors (Mate & Mate, 2022; Mittelmark et al., 2022).

The key concepts included constant positive psychology and broader positive human relationships despite lacking a universal lexicon. Such integration across social sciences promoted a better understanding of the positive aspects of human experience. It was not a wholesale rejection of the medical model but the opportunity to inform and refine the mind–body conceptualization with a whole health concept.

Recovery in Wellness

Recovery was about finding homeostasis. Rarely did PTG mean a return to a baseline level of functioning (Groenewald, 2004). It is a change of the personal narrative from survival to the potential of thriving. Science was the objective collection and interpretation of data. At the level of the research of purely physical phenomena, science was the only accurate method for establishing universal facts as lived experiences (Burton, 2019).

Similarly, it was possible to establish a false narrative in a physical world to explain phenomena that could not be reduced to absolute facts or when, by extension, incomplete data led to general conclusions, perhaps telling stories. Science was not at fault. On the contrary, science did provide the antidote to false narratives. It was an irreplaceable means of understanding the world. But despite the realities of science, many vital questions compelled the creation of narratives that ventured beyond the facts. Despite all the sophisticated methodologies in science, especially in psychology, there was a need beyond the story as the primary way to make sense of life experiences (Burton, 2019). Five specific recovery areas were identifiable and measurable: awareness, resilience, self-care, altruism, and yoga practice.

Awareness

The classic work by Herman outlined the first stage of trauma treatment as beginning the healing process, where safety and trust were developed within therapy (Zaleski, Johnson, & Klein, 2016). Herman further suggested therapy should focus initially on control of the body, restoration of the biological rhythms of eating and sleep, and reduction in hyperarousal and intrusive symptoms.

Using neurobiological language, "safety" could now be summarized as focusing on the survivor's ability to self-regulate and begin to control the autonomic nervous system's (ANS) response to danger and trauma. Once managed, many biological symptoms can be caused by autonomic arousal, such as sleeping disturbances, eating disturbances, concentration difficulties, and other extreme forms of being overwhelmed. Engaging a client in therapy depended on a new ability to trust the therapist and begin to learn skills that help awareness in the body determine regulation. Herman identified that survivors experience a loss of control in the very place that is most needed, in their bodies (Zaleski et al., 2016). Modern neuroscience had now identified that

this process occurred on an autonomic, cellular embodied level, not in the mind alone (Mate & Mate, 2022; Zaleski et al., 2016).

Resilience

Resilience was the human resource that provided a capacity for positive adaptation in overwhelmingly adverse circumstances (Conyne. 2015). People cannot control every possible event or experience but possess the ability to cope well with challenges. Maintaining, sustaining, or restoring health was not just a choice but the intention to act (Conyne. 2015).

Whatever the case, for a person to be resilient, in essence, meant to have experiences. Difficulties, had made it through, and being more robust on the other side (Workman, 2021). Merely exhibiting positive traits or outcomes does not alone qualify as resilience. Nor was resilience simply experiencing human hardship. For a narrative to represent true resilience, a person needed first to have trouble and then emerged on the other side of the difficulty with positive outcomes (Workman, 2021).

Herman described neural integration as fragmented components that need an organized, detailed, verbal account oriented in time and historical context (Zaleski et al., 2016). This organized and articulated account (narrative) permitted the survivor to use the brain's left hemisphere to logically recall events and the right side to acknowledge the embodied experience (Zaleski et al., 2016). Additionally, this process of resilience allowed the lower parts of the brain, including the limbic areas, to move wordless memory toward the frontal executive portion of the brain to make meaning of life events, especially trauma.

The presence of feelings and sensations of the trauma were included in any recollection to preclude an incomplete memory (Zaleski et al., 2016). A client restoring resilience experiences affected tolerance, requiring safety on the client's part. The client created a

functional sense of safety and skills to regulate the ANS from sympathetic states of arousal and parasympathetic states of freeze and numbness in response to these implicit memories before engaging in remembrance and mourning (Zaleski et al., 2016).

From a neurobiological lens, this work was accepted as integrating the explicit self (left hemisphere of the cerebral cortex) with the implicit, bodily-based reactions to trauma (right hemisphere of the cerebral cortex). The technique of implementing this differed depending on the practitioner's skill set, but examples centered around the client–therapist relationship, in whatever form felt best for the therapist and client, and was linked with the bodily-based psychotherapy common among therapists today. Somatic experiences such as the Trauma Resiliency Model and sensorimotor psychotherapy were examples of this kind of intervention (Miller-Karas, 2015).

Self-care

From philosophy to medicine to social sciences, there was agreement that human capital was the most critical resource in human existence (Conyne, 2015; Ng et al., 2020). The universal consensus supported efforts to sustain and foster human well-being. Integrating this intention into organizations and agencies where humans exist was different than expected. Some studies suggested that concentration on symptom reduction may have limited short-term effects (Ng et al., 2020). Identifying work stress as a negative was an oversimplification, and it was self-defeating. The workplace needed to incorporate conditions beyond the traditional coffee break. After several decades of research and trials, the general trend was moving toward a more holistic and positive-oriented approach to workplace well-being intervention (Ng et al., 2020).

This emphasis corresponded to the nature of humans being responsible for their health. The biomedical model provided many powerful lifesaving treatments to patients. This allopathic

approach considered the individual as a biological machine, defined health as the absence of illness or disease, and emphasized that the role of clinical diagnosis and intervention, as well as the purpose of treatment, all were to maintain the physiological parameters within the established traditionally acceptable levels (Butto, 2020). However, this model failed to prevent diseases, leading to continuously increasing rates of chronic illnesses and conditions worldwide (Butto, 2020).

Altruism

A return to homeostasis was identified as the absence of those symptoms that resulted in dysregulation (Mate & Mate, 2022). The evidence of growth was more difficult to ascertain. One such measurable goal was the participation in and preference for behavior that resulted in the care, concern, and development of others (Mate & Mate, 2022).

Yoga Practice

As more significant progress was made in understanding human regulation and dysregulation, various techniques had been shown to provide interventions successfully. Yoga was one such tool to assist in this area. Veterans and service members with PTSD benefited from yoga as activation of the parasympathetic system decreased hyperarousal symptom cluster activity (Hanson, 2020; Mate & Mate, 2022; Papp et al., 2013). Often referred to as the "rest-n-digest" element of the autonomic nervous system (ANS), the parasympathetic nervous system (PNS) regulated functions including heart rate, blood pressure, digestive functions, and normalization of stress hormones (Papp et al., 2013). The slow rhythmic breathing and stylized postures of yoga that sync together in body movements associated with yoga practice increased the PNS, and helped stimulate vagal activity (Papp et al., 2013). In addition, the literature

confirmed that yoga can reduce cortisol levels and help restore the HPA balance (Gothe et al., 2016).

Numerous yoga studies had demonstrated improved mental well-being, whether as an adjunct or primary treatment for multiple health conditions. Specifically with PTSD, several studies indicate that trauma-informed yoga can help those who have PTSD, including women suffering PTSD following interpersonal violence (Clark et al., 2014; van der Kolk et al., 2014), children exposed to interpersonal trauma in urban settings (Beltran et al., 2016; Spinazzola et al., 2011), and communities suffering from PTSD due to natural disasters (Cushing, 2017; Descilo et al., 2010; Thordardottir et al., 2014).

Components of Growth

A range of treatments and therapies contributed to stabilization and growth. Practices had been added and removed since Freud and psychoanalysis. Several therapies and interventions suggested the importance of body awareness with an emphasis on the potential of yoga.

Traditional Therapy

Talk therapy originated intentionally from Freud's initial psychoanalytic traditions (MacWilliams, 2017). The relative theories of attachment, bonding, and relationships were the cross-link. The challenge often occurred when "Perhaps I am without words (MacWilliams, 2017, p.18)." At times, such as grief or trauma, as MacWilliam points out, it was not a case of adequate description; there just were no words. The same could be said for trauma.

Talk therapy as a treatment for trauma was exceptionally challenging and not an evidence-based recommendation (Beck, 2021). For instance, the treatment of trauma-related depressive disorders, anxiety disorders, and PTSD was complicated not just because of autonomic and affect dysregulation but also because of the potential range of secondary

symptoms that developed as mind-body "survival" reactions (Fisher, 2011). These include addictive disorders, eating disorders, self-harm behavior, and suicidality (Beck, 2021; Hanson, 2020; Mate & Mate, 2022).

Traditional talking therapies utilized sensorimotor psychotherapy, psychodynamic psychotherapy, psychoanalytic methods, cognitive-behavioral treatment, and exposure techniques to effectively address the emotional, relational, and cognitive symptoms of trauma-related disorders and manage the secondary symptoms to ensure patient safety (Fisher, 2011). Unfortunately, traditional psychotherapy models generally lacked techniques that directly relieved the continuous autonomic and somatic effects of the psychological symptoms. It was in this arena that the use of nontraditional psychotherapy helped treat the autonomic and affective dysregulation that constituted a "legacy of trauma" (Fisher, 2011).

The sheer increased volume of trauma research in the 20th and early 21st centuries began with the recognition of PTSD in Vietnam veterans (Hawkins, 2019). A similar release of research on trauma, abuse, and neglect in a psychological context was joined by the physiological impact of trauma (Hawkins, 2019). The most significant influence was the release of the seminal research by Felitti on adverse childhood experience (ACE) and the connection to the development of debilitating mental disorders (Hawkins, 2019).

Another aspect was self-talk (Voge, 2010). An adaptation of psychoanalysis and once a pop psychology fad in the mid to late 20th century, there was a link to a human schema. One of the most common purposes was to overcome procrastination. Voge (2010) advocated using self-talk to replace counter-productive statements with beneficial albeit motivational mindsets that overcame avoidance and supported goal achievement.

Somatization

Somatization remained a common term used to describe the conversion of emotional stress and anxiety into physical symptoms and classification as a mind-body defense mechanism (Hawkins, 2019). Chronic pain syndrome emerged in the 20th century as a joint presentation for non-organic pain. As late as 2001, pain was identified as a psychosocial disorder in which the preoccupation with pain causes maladaptive, incapacitating behavior. More recently, some primary chronic pain conditions had been identified as complex trauma and chronic pain with discernible medical causes referred to as Functional Somatic Disorders (Hawkins, 2019).

Included in this group were conditions known as fibromyalgia, chronic fatigue syndrome, irritable bowel syndrome, temporomandibular pain syndrome, chronic pelvic pain, and multiple chemical sensitivities (Hawkins, 2019). The International Association for the Study of Pain (IASP) inclusion of "experience" in their definition of pain as "an unpleasant sensory and emotional experience" broadened the mind-body context of lived experience. Bio-medical bias invalidated pain with no organic detectable cause by assuming this pain was psychogenic (Hawkins, 2019).

Trauma was responsible for alterations in the autonomic nervous system (ANS) individuals experience in daily life stress as well as any reminder of traumatic experiences (Fisher, 2014; Fisher, 2011; Hawkins, 2019). Survivors of trauma often reported difficulty when affect regulation becomes dysregulated as the nervous system does not quickly recover from either a heightened state of emotion or states of depression and numbing (Fisher, 2014; Fisher, 2011; Hawkins, 2019).

Human affect was blunted, disconnected, and numbed, or autonomically functioning systems related to emotional arousal become overwhelmed and unmanageable (Fisher, 2014;

Fisher, 2011). Maintaining equilibrium, calm, or emotional regulation was continuously challenged by heightened sensitivity to trauma-related stimuli (Fisher, 2014; Fisher, 2011). Reports of lived experience included powerful internal forces to impulsive, unintended action or being frozen in terror, unexplainable collapses of mental and physical, and complete passivity (Fisher, 2014; Fisher, 2011).

Research by Herman highlighted that non-threatening situational cues activated sympathetic nervous system (SNS) activity and fight-flight-freeze responses (Fisher, 2014; Fisher, 2011; Herman, 1992). Every dangerous situation paradoxically elicited parasympathetic non-responsiveness and submission-compliance responses (Herman, 1992). Traumatic experiences, chronic over many years or that had occurred in the context of "enduring conditions" of physical, emotional, or sexual abuse combined with neglect, the body and nervous system procedurally learned adaptive habitual responses to a trauma-conditioned environment (Fisher, 2019; Fisher, 2011).

Observable and reported behaviors include automatic obedience, hypervigilance, loss of sensation, and a heightened tolerance for pain (Fisher, 2019; Fisher, 2011). The procedural memory system that governed the learning of habit and function became operational at birth. Before the operations of declarative memory, these repetitive somatically based responses often functioned independently of any conscious narrative context that would explain them (Fisher, 2019; Fisher, 2011).

Schore's research suggested that somatic learning leads to self-regulatory conditions in the context of secure attachment relationships providing reliable external regulation (Fisher, 2011). In situations of neglect and trauma, including environments where caregivers failed to regulate and dysregulate an infant, individuals were most likely to develop autonomic reactions

toward sympathetic hyperarousal (Fisher, 2011). The mind-body reacted to provide hypervigilance and hyper-readiness in situations identified as dangerous (Fisher, 2011). The autonomic propensity was towards a parasympathetic informed hypo arousal state of numbness, detachment, and passivity that conducted a total submission response (Fisher, 2011).

Yoga as Intervention

Whether as a legacy or modern approach, yoga could be found in military practice and training protocols. Following the lengthy military combat occurring globally in the 21st century, various yoga interventions had emerged and became adopted by certified yoga instructors, such as the trauma-sensitive *Warriors at Ease* protocol (Cushing et al., 2018). In a welcoming and non-triggering environment, this yoga intervention was designed to provide a Vinyasa-style yoga that was appropriate for a military setting. The three critical components of Vinyasa yoga were breathwork, physical postures, and meditation. The Vinyasa style focused on moving extremely slowly from pose to pose and coordinating with long, slow breathing. With origins in ancient India, Yoga had multiple sub-types, with Vinyasa being just one of them. *The Warriors at Ease* and Meghan's Foundation protocol was trauma-sensitive, allowing the room to be a safe space for all participants (Cushing et al., 2018).

Strict protocols included not assisting or adjusting participants in yoga poses, avoiding vulnerable type positions such as happy baby, using the English language name for the yoga pose instead of the Sanskrit name or the common English term, and allowing participants to close their eyes only if they were comfortable to do so. The emphasis was on invitational language and not the strict direction of *must-do* instruction. This philosophy was paramount in the practices of the Veterans Yoga Project (Abram, 2018; Libby, Renner, & Power, 2019).

Each session was very similar in sequence, starting with a 10-minute warmup inclusive of 3-5 minutes of meditation. This seated meditation component referred to bringing mindful awareness to internal cues (such as bodily sensations, breath, thoughts, physical areas of comfort or discomfort, and emotions) and external cues (such as sights and sounds in the room). The seated meditation was followed by 25 minutes of standing (or chair) yoga, 10 minutes of balancing yoga (standing, chair, or mat), and 10 minutes of mat yoga. The final pose of yoga was known in Sanskrit as *Savasna*, which was translated as a corpse pose. Since corpse pose was associated with death, this word was not used. Instead of the term "corpse pose," the phrase "resting pose" was used (Cushing, 2017).

The primary purpose of yoga interventions was to reduce PTSD symptomatology and support mental health recovery (Schwartz, 2022; Swanson, 2019). A research project by Jinani and Khalsa (2015) studied an 8-week yoga program with the primary goal of understanding the effects on people with PTSD symptoms. Participants in this study included 31 female and nine male adults with PTSD who attended 90-minute yoga sessions once a week for eight weeks and were interviewed at the end of the eight weeks. The researchers found that yoga helped improve self-care skills and heightened awareness that could help participants respond better to stressful situations (Jindani et al., 2015).

Stoller et al. (2012) examined the effects of an intensive 3-week yoga program with 70 military members who had been deployed to Iraq. The researchers measured anxiety levels using the State and Trait Anxiety Inventory (STAI) and sensory processing characteristics using the Adult Sensory Profile Instrument (AASP) (Brown et al., 2002) before and following the intervention. Military members participating in the study also completed a self-report questionnaire developed by the researchers Stoller et al. (2012) to explore the quality of life

through occupational performance, hyperarousal symptoms of PTSD, mood, interpersonal relations, and cognitive functioning issues. Yoga as an intervention was found to be effective in reducing both state and trait anxiety. The participants also reported improved quality of life, and 54% said better sleep despite the ongoing environmental disruptions in deployment settings, as well as better anger management and increased feelings of calmness (Stoller et al., 2012). The researchers concluded that a regular yoga intervention was a viable and effective nonpharmaceutical option to enhance the quality of life among active military personnel.

Staples et al. (2013) also examined the use of yoga as a method for treating PTSD in veterans 58 through 64 years of age through a six-week intervention. The researchers measured PTSD symptoms with the PTSD checklist-military version (PCL-M), sleep patterns through The Pittsburgh Sleep Quality Index (PSQI), and the State Anger Expression Inventory (STAXI-2) to assess state anger. The researchers found significant reductions in PTSD hyperarousal symptoms and improvements in overall sleep quality following the intervention, as well as good levels of adherence and acceptance of the intervention from the participants (Staples et al., 2013).

Cushing et al. (2018) examined the effectiveness of a yoga intervention on PTSD symptomology in a sample of veterans with ages ranging from 26 to 62 years. Following six weeks of once-a-week, 60-minute yoga practice sessions, PTSD symptoms were found to be significantly lower among participants, as assessed by the PCL-M (Weathers et al., 2013).

Cushing et al. (2018) proposed that yoga could be used independently or as an adjunctive therapy for PTSD in the military population. The researchers also emphasized the need for interventions to be tailored according to a knowledge of military culture to realize desired outcomes (Cushing et al., 2018). Hurst et al. (2018) conducted interviews to explore the attitudes, perspectives, and preferences of military personnel and veterans toward yoga as a therapeutic modality, with the

additional goal of gaining knowledge about the appropriate design of yoga interventions for this population. Participants included twenty-four individuals with both yoga experience and current or past military service and twelve instructors who had taught yoga to military personnel and veterans. The content analysis revealed that the participants perceived that mental and physical health benefits could result from yoga practice designed for veterans. In addition, the participants experienced the belief that there is a stigma about yoga in the military. They emphasized that instructors need to be sensitive to the unique mental health issues and perspectives of the veteran population.

The primary purpose of this study was to generate a greater understanding of the influence that a mindful physical activity intervention, through yoga, can have on the psychological well-being of veterans. An additional goal explored the motivational characteristics of student veterans participating in this study and the possible influence of these motivational characteristics on the psychological well-being outcomes that they experienced through the mindful yoga intervention.

Knowledge concerning mindful physical activity and the veteran population was important. Obtaining data was still relatively recent. This knowledge potentially impacted new methods for addressing the mental health issues of the veteran population. The study was intended to contribute to the knowledge base in this area of interest. The primary goal of this study was a deeper understanding of the effectiveness of a mindful yoga intervention on the psychological well-being of veterans. The study also examined the initial characteristics of participants and their motivation during the conscious yoga intervention as possible influences on the effects of the intervention on their psychological well-being (del Mar 2019).

Yoga Efficacy

Potentially, yoga provided an effective integrative treatment option for veterans with PTSD (Abram, 2018; Libby et al., 2012). Yoga practices directly addressed symptoms of PTSD and provided coping skills to decrease their negative impact on quality of life. The present-focused breathing and concentration used in most yoga traditions reduced worry and anxiety and decreased fears involving people and events usually out of an individual's control, such as trauma. The cultivation of acceptance and nonjudgment mitigated avoidance behaviors, and modulation of the breath ameliorates hyperarousal. In addition, yoga postures helped release trauma that has been physically stored in the body and activated through the regulation of interoceptive and sensorimotor neural pathways (Abram, 2018; Libby et al., 2012).

Yoga research and study indicated efficacy in assisting trauma survivors (Abram, 2018; Zaccari et al., 2020). Research suggested that cognitive functioning was impacted negatively by exposure to chronic stress due to the overactivation of the stress response. Yoga had demonstrated benefits when practiced by individuals diagnosed with post-traumatic stress disorder (PTSD) (Zaccari et al., 2020). An empirical evaluation of yoga to manage stress syndromes such as PTSD in veterans was logical given the evidence base for the use of yoga for other medical and psychophysiological illnesses in different populations and because PTSD was a psychophysiological condition (Doyle & Knight, 2017). Ashtanga yoga was an ancient system of mind-body practice emphasizing breath and posture, known to provide improved focus, peace, equanimity, and physical and mental strength (Doyle & Knight, 2017).

Breath-based yoga had been shown to improve veterans' quality of life and mental and physical health (Doyle & Knight, 2017). Clinical studies suggested breath-based yoga can address the physiological underpinnings of PTSD symptoms, particularly hyperarousal

symptoms and other related comorbid disorders (Doyle & Knight, 2017; Mehta et al., 2020). A 2012 qualitative study documented the effects of yoga on veterans with PTSD that reported improved sleep, reduced rage, reduced anxiety, decreased emotional reactivity, and improved self-awareness using a yoga nidra intervention (iREST) (Doyle & Knight, 2017). Subsequent results of additional studies provided preliminary support for the practice of yoga to improve cognitive functioning (response inhibition) related to symptoms of PTSD while also improving mental health symptoms, sleep, and quality of life (Zaccari et al., 2020). Positive correlations affirmed the role of sleep-in mood symptoms and indicated the need for further examination of the role of cortisol in life satisfaction. A recent study demonstrated that intentional breathing-based yoga improved veteran emotional regulation (ER) compared to trauma-focused therapy (Mathersul et al., 2022).

Yoga had become a prevalent secularized practice in the 21st century, increasingly being leveraged as a part of veterans' PTSD recovery programs (Lang et al., 2021). While initial evidence suggested the usefulness of this strategy, the increasing number of people practicing yoga added efficacy for clinical applications for veterans, including whether it was differentiated from other types of exercise and understanding its mechanisms of action. Such consideration was critical to delivering yoga to veterans for symptom management and understanding who may benefit most from these interventions. By focusing on key variables that were linked to the development and maintenance of PTSD and that were impacted by yoga, it was possible to identify pathways to change. This information, in turn, optimized yoga practice and created delivery guidelines for veterans (Lang et al., 2021).

Yoga Matters

Yoga as an individual or collective practice mattered. Modern yoga espoused a secular philosophy and mindset that mirrored Socrates' admonition to "live right." Yoga exposed the need for the mind-body-spirit (MBS), sometimes referred to as body-mind-spirit (BMS), to work together, a joined union (Abram, 2018; Schwartz, 2022). Most healthcare systems were organized as a disease-based model of care and pathogenesis (Swanson, 2019). Yoga alleviated symptoms, even chronic pain, establishing the focus on a health-based model of care (Swanson, 2019).

Recorded lifestyle shifts and mindset changes from yoga practice moved people beyond a disease focus to the possibilities of human flourishing and the flow of lived experience described by Csikszentmihalyi (Swanson, 2019; Schwartz, 2022). Yoga fit appropriately in the biopsychosocial-spiritual model of well-being (Abram, 2018; Schwartz, 2022; Swanson, 2019). Emerging yoga therapy considered evidence-based research, client values, and clinician experience (Swanson, 2019). Yoga combined the widely accepted intervention of polyvagal theory while integrating non-aerobic exercise readily acceptable and applicable to most people right where they were (Swanson, 2019; Schwartz, 2022).

Interestingly, yoga was culturally inclusive as a concept developed by brown people to relieve the excessively long practices of sitting in meditation to becoming an expanded global practiced system of health supported in a modern secular package open to all people colors around the world, skin color being no barrier, nor an advantage. Yoga provided practical guidelines for self-control, *yamas*, and self-regulation, *niyama*, which bear striking similarities to the other psychological, spiritual, and ethical guidance prevalent in society (Schwartz, 2022; Swanson, 2019). Rather than calling practitioners to a life of isolation, yoga calls humanity to

community and sharing loving-kindness and gratitude as a way of life and lived experience (Schwartz, 2022; Swanson, 2019).

Veterans Yoga Project

In 2011, Dr. Dan Libby, a Yale-trained psychologist, established a non-profit, Veterans Yoga Project, to focus on caring for military veterans suffering from trauma (Abram, 2018; Veterans Yoga Project, 2021). Many organizations were established to serve the veterans of the long-running wars in the Middle East. The unique mission of VYP focused on expanding yoga and mindful resilience to improve the lives of veterans with PTSD (Abram, 2018; Veterans Yoga Project, 2021). In addition to introducing yoga to veterans and active-duty military, VYP offered programs in mindful resilience and compassion fatigue.

The organization's mission: Veterans Yoga Project supported recovery and resilience among our veterans, military families, and communities (Veterans Yoga Project, 2021). The organization's vision: To support the mental health and well-being of all veterans and military families, one breath and moment of gratitude at a time. The organization values: Veterans Yoga Project believed in **balance**, **respect**, **equality**, **acceptance**, **thankfulness**, and **honor**. We live and believe in the **breath** (Veterans Yoga Project, 2021).

In 2021, VYP conducted the first Mindful Resilience 200-hr Yoga Teacher Training (MRYTT-200) training of yoga teachers, successfully graduating 16. The second cohort of the second MRYTT-200 training program graduated 23 yoga teachers. The third cohort in 2023 trained additional teachers in 2023. Over 60 people were trained in Mindful Resilience for Trauma Recovery Training (MRT). Over 150 people had been trained in Mindful Resilience for Compassion Fatigue Training (MRCF). The foundational effort of the organization saw 17,000

people participate in yoga practice with VYP in 2021 and some 24,000 participants in 2022. The organization estimated participation in yoga practice will reach 65,000 in 2025.

Opposition to Yoga

Although the term *yoga* was commonly used to refer to an instructor-led or self-directed series of postures coordinated with breathing and cognitive attention, yoga was a broader philosophy and set of intentional practices that encompassed many activities outlined in the ancient Vedic texts (Brown, 2018; Groessl et al., 2015). Practices included meditation, breathing exercises, and behavior towards oneself and others, such as diet and ethical principles. Thus, many diverse techniques were rightly described as yoga or yoga-based.

Despite being practiced in the West for over a hundred years, yoga had yet to warm to all segments of society. Religious organizations especially denounced it due to the origins of Indian Vedic traditions and the link to Hinduism (Jain, 2012; Kim, 2009; Nicholson, 2013). Strong vocal opposition appeared throughout the 20th century, especially from protestant groups opposing yoga in public education. Yoga in a secularized form popular in the West had found increased popularity and less opposition (Brown, 2018; Kim, 2009; Nicholson, 2013). The emergence of Christian yoga provided evidence of reduced opposition in the 21st century (Brown, 2018). The rise of modern yoga in a secular form had resulted in professional organizations providing standardized training and criteria for certification in training (Abram, 2018; Swanson, 2019; Schwartz, 2022).

Summary

Significant literature formed the foundation for wellness, yoga, and the VYP organization's mission of recovery and resilience in military veterans. Finding the intersection of these three areas required a consideration of the continuum within each. The scope of

examination revealed that the observations were rarely linear and more often resembled a more circular routine emphasizing consistency and growth. One of the linking elements in this study was the potential trauma present in the lived experience of military veterans. A known factor was that growth following trauma was verified in the literature and allowed PTG to become an intentional consideration of those suffering from trauma. Yoga in a secularized form provided a process and practice of breathing, postures, and self-awareness to allow self-insight into healing practices. Wellness was not just the absence of disease; it was a conceptualization that a better, healthy life is possible by leading from an intentional mindset of whole health. The Veterans Yoga Project (VYP) offered resources to allow trauma victims to pursue a path of recovery that supported healing and built resilience. What needed to be clarified was the actual lived experience of veterans participating in a yoga practice about that conceptualization. This study proposed to address that gap with a phenomenological inquiry into the lived experiences of veterans in yoga teaching training (YTT).

Chapter Three: Methods

Overview

Without fanfare, phenomenology, as a research methodology, involved certain degrees of complexity (Errasti-Ibarrondo et al., 2018). No article, research, or author developed a set of didactic guidelines that prescribe phenomenological research. Errasti-Ibarrondo et al. (2018) posited that the theoretical-practical view of Max van Manne's *Phenomenology of Practice* was seen as a rigorous guide and a directive on which the phenomenological researcher found support to undertake complex phenomenological research. Further, this model of inquiry allowed a view of transformative life experiences (TLE) addressing fundamental universal concerns of death, freedom, loneliness, and meaninglessness (Davidov & Russo-Netzer, 2021). "According to phenomenological theory, the ultimate ground for all knowledge is in the ecstatic, self-constituting, intersubjectively determined transcendental subjectivity (Louchakova-Schwartz, 2022, p.2)."

Therefore, this study was important as an examination of lived experience. Specifically, it helped narrow the research gap in the area of yoga and military veterans. As such, phenomenology always questioned the true nature or meaning of something, of a "lived phenomenon." When a particular phenomenon was studied, such as yoga-informed recovery, the attempt was to determine which experiential structures make up this experience and make that experience what it was and not another experience (Dahlberg & Dahlberg, 2020; Davidov & Russo-Netzer, 2021; van Manen, 2015).

Re-Statement of the Problem

Consideration of a phenomenological study of YTT in the lived experiences of military veterans merited an understandable and replicable research problem. The present literature

revealed a lack of qualitative study on military veterans' lived experience following yoga teacher training (YTT) participation. This research explored this gap in the literature regarding military veterans' lived experiences with yoga, specifically YTT. The focus of this study was the exploration of military veterans' lived experiences and the potential for YTT to inform wellness in military veterans.

This chapter described the methodology of the research. Yoga as a human construct was definable and observable to the scrutiny required in phenomenology practice. The design addressed the purpose of exploring veterans' lived experiences. The research questions were presented again to focus on the direction of inquiry. Sufficient criteria and rigor were required to meet successful phenomenology inquiry. The participant population was drawn from two VYP yoga teacher training (YTT) graduate cohorts. The procedures outlined the steps taken in the research. The researcher's role was clarified with an emphasis on preventing researcher bias. The process of data collection was stated, describing elements of the method. Data analysis was executed deliberately and presented in detail.

Design

The purpose of this phenomenological study was to explore veterans' perspectives on yoga concerning PTG after graduation from training. A phenomenological study described the ordinary meaning for several individuals of their lived experiences of a concept or a phenomenon, i.e., becoming a yoga teacher (Creswell & Poth, 2018; Davidov & Russo-Netzer, 2021; Saldana & Omasta, 2018). This study provided in-depth insight into veterans' perspectives, values, and motivations. Recommendations emerged that could lead to changes and implementations to promote an increase in veterans practicing and teaching yoga.

My approach was to examine how veterans perceive YTT following graduation. I used the phenomenological research design because it was flexible and helped provide a deeper understanding by allowing the participants to have a voice (Hays & Singh, 2012). The questions captured the veterans' perceptions, motivations, and values. The study examined veterans' lived experiences and perceptions of yoga training based on their motivations and values. A primary goal of phenomenology was a detailed and rich description of the perspective of individuals experiencing a specific phenomenon (Auerbach & Silverstein, 2003; Dahlberg & Dahlberg, 2020; Davidov & Russo-Netzer, 2021). This design process included the organization authorization, confidentiality measures, participant criteria, participant recruitment, and data collection.

Phenomenology described the phenomenon through individual experiences with the phenomenon. The researcher chose an area of study and interviewed individuals who have experienced the specific phenomenon of YTT. I examined themes by analyzing the interviews and other qualitative design methods, such as observations. The themes conveyed participants' structural (how) and textural (what) experiences. This data was combined to provide an overview of the participants' experiences concerning conditions, context, and situations (Creswell, 2007; Dahlberg & Dahlberg, 2020). This information was beneficial in understanding the lived experience of yoga training informing PTG. This study contributed to the current body of knowledge related to the experience of becoming a yoga teacher. I wanted to examine the perceptions of veterans regarding volunteering for yoga training. While military veterans' perceptions, motivations, and values were similar, a constructivist perspective validated the data (Hays & Singh, 2012). Military veterans were recognized as a unique group of individuals; it was conceivable that there were several distinctions related to the phenomenon of growth

through yoga training. Social constructivism permits the examination of various distinctions or realities, enabling the researcher to work with participants to describe, comprehend, and address the research problems (Davidov & Russo-Netzer, 2021; Hays & Singh, 2012;).

Phenomenological Review

Hegel (2003) insisted that philosophy played a role in determining "absolute facts" in research and study. Phenomenology was adapted as a qualitative inquiry examining nature and states of lived experience (Saldana & Omasta, 2018). Heidegger (2005), in a translation by Dahlstrom, posited that "only facts of the matter are of significance (n.p)." The avoidance of illusion and the intent of phenomenology contributed "to bring something to the light of day (n.p)." Qualitative PTG research indicated that recovering and thriving from trauma created a new awareness and the heightened importance of the body (Davidov & Russo-Netzer, 2021; Hefferon et al., 2009;). Survivors displayed an increased responsibility for improving their health. Improved behaviors included diet, exercise, and stress reduction. A new identification of their body included health monitoring, cessation of risky behaviors, and regularly listening to their own body (Davidov & Russo-Netzer, 2021; Hefferon et al., 2009).

The experiential life experiences of PTG progressed through losing physical and mental stability and then "re-humanizing" by an identifiable reconnection with the body (Hefferon et al., 2009). Based on the work of Brentano (1838 – 1917), the concepts of an "intentional nature of consciousness" and the "internal experience of being conscious of something" provided a rationale for reality research (Groenewald, 2004; Hefferon et al., 2009). Husserl (1859 – 1938), a student of Brentano, expanded that expression of phenomenology to include those realities are treated as pure *phenomena* and the only absolute data from where to begin exploration. Husserl named this philosophical method *phenomenology*, the science of pure 'phenomena' (Dahlberg &

Dahlberg, 2020). A methodology of the research process executed 1) the bracketed and reduced phenomena, 2) delineated units of meaning, 3) clustered units of meaning to form themes, 4) summarized interviews, and 5) extracted general and unique themes from all the data and made a composite summary (Groenewald, 2004). While the origins of phenomenology were traced back to Kant and Hegel, most scholars regard Husserl as the "fountainhead" of phenomenology in the twentieth century (Dahlberg & Dahlberg, 2020; Groenewald, 2004).

Obtaining the results of yoga practice and education concerning trauma experience and the pursuit of growth, as well as the meaning that research participants made of those experiences required a qualitative design based on process and not total outcomes (Dahlberg & Dahlberg, 2020; Davidov & Russo-Netzer, 2021; Maxwell, 2013). The value of quantitative design approaches measured data variance across individual or collective data sets and examined relationships between variables. This comparison was not in contrast to the better fit of this study in using the strength of qualitative design as the basis for reviewing human beings, environments, situations, events, and the variety of processes that connected these (Dahlberg & Dahlberg, 2020; Davidov & Russo-Netzer, 2021; Maxwell, 2013). Therefore, the selected research questions allowed for deep engagement with personal experiences, a qualitative approach to capturing lived experience and resulting sense-making matched the research intent over a quantitative approach capturing data through standardized assessments, which lacked the flexibility of phenomenological study needed for the emergent human nature of this research topic.

The solid foundation of phenomenology rested in the discipline of philosophy, with the origins firmly credited to the work of Husserl (Dahlberg & Dahlberg, 2020). Primarily, phenomenology was concerned with the study of experience. Phenomenology utilized deep and

detailed data collection with a specific, small number of individuals and consistently through developed intentional interviews. A phenomenological approach was especially applicable for the analysis of a distinctive phenomenon, in this case, growth after trauma, especially one shared by several individuals in the practice of yoga (Creswell, 2013; Dahlberg & Dahlberg, 2020; Davidov & Russo-Netzer, 2021).

In the case of this dissertation research, phenomenological methods were apt for investigating the phenomenon of overcoming trauma through growth with the study and practice of yoga. Individuals doing so experienced and assigned meaning to each phenomenon separately, and the overlay of the two meanings created a third phenomenon. An essential characteristic of phenomenology was that descriptions were analytic rather than merely illustrative (Dahlberg & Dahlberg, 2020; Davidov & Russo-Netzer, 2021).

Yoga as criteria

Yoga was recognized as an ancient Indian system of philosophy and practice. The modern practice of yoga was noticeably influenced by the "Eight-limbed Path" as described by Patanjali in *The Yoga Sutras* in 200 C.E. and the text *Hatha Yoga Pradipika* of the 15th century (Uebelacker et al., 2010a). Yoga developed in India and spread across Europe and the United States later in the last century. The West became enamored with the non-tradition healing arts of the East, including yoga, specifically for the physical, emotional, and spiritual health achieved through the physical practice of yoga. Many branches of yoga have developed, including Hatha yoga, which focuses on training the body and heightening mental awareness to balance or improve physical, emotional, and spiritual health (Uebelacker et al., 2010a). For therapeutic purposes, particularly since most yoga practitioners do not have medical or

counseling qualifications, Iyengar and Viniyoga were the most appropriate for those with specific medical conditions (Riley & Park, 2015).

Hatha yoga was part of the nonsectarian philosophical system of yoga that emerged from the Indian culture approximately 4,000 years ago and was designed to foster the attainment of self-awareness (Riley & Park, 2015). Hatha yoga comprised breath control, *pranayama*, physical postures, *asanas*, meditation, and *dhyana* (Brown & Gerbarg, 2005). Prana, found in the breath, was the life force or energy without which nothing moves. This potent source of energy fueled thoughts, emotions, and behaviors. Prana was regulated through inhalation, exhalation, and retention of breath. This breathing was a process called *pranayama*. Controlling the prana made it possible to regulate the mind because the two always go together, resulting in non-dualism, the separation of the mind and body (brain). If one was controlled, the other was also automatically controlled (Satchidananda, 2003). Hatha yoga's asanas (physical postures) involved standing, balancing, forward bends, back bends, and twists. The pranayama (controlled breathing) focused on the mind and cultivates relaxation, which calms the autonomic nervous system. The dhyana (meditation) helped to calm and focus the mind (Riley & Park, 2015).

B.K.S. Iyengar was a revered Master of Yoga tradition and practice and the author of *Light on Life*, a treatise outlining his perspective on yoga. Iyengar wrote that yoga asserted that health begins with the body. When performing asanas, one experienced three levels of a health quest: the external quest, which brought firmness to the body; the internal quest, which brought steadiness of intelligence and the innermost quest, which brought benevolence of spirit. Even if people were aware of these aspects while performing the asana, they were present. Yoga revealed that the only way to heal the mind was through the body. The body's intelligence communicated with reason in learning to move the body following the mind. This interest was a

contradiction as instead of allowing the brain to tell the body what to do, the body was the executive agent in yoga, and the brain was the observer. After the action, there was a reflection, in which the mind received knowledge from the body and guided the body to refine the action further. This reflection progressed to attention. In this stillness, there was awareness. The slow motion created space for reflective intelligence. If a person experienced the silence of the body, they understood the silence of the mind (Iyengar, 2005).

By revisiting a traumatic memory and exploring the many layers, new explicit memories that were larger and provided a more coherent framework were created (Siegel, 2010). There was a recasting of the self in the new understanding of the story (Doidge, 2007). In the setting of emotional safety, the retrieved memory carries with it less emotional charge (Siegel, 2010). With a newfound ability to identify sensations as recollections, the pieces of memory were integrated into a larger, more coherent sense of self (Doidge, 2007). Next, the hippocampus performed integrative functions; memories occurred in an active and open life narrative (Siegel, 2010). In a 12-week study by Cohen et al. (2009) on the effects of Iyengar yoga practice on cerebral blood flow, asanas were designed to rest the participants in supported postures and promote a relaxation response. Participants were novices to yoga and did not have a significant medical or psychiatric history. The participants were instructed in a specific flow of asanas and meditation to facilitate opening and relaxation. On the first day, subjects listened to the teacher speak about history and background. Baseline and meditation scans, before and after training, were compared. A significant decrease between the pre-and post-program baseline scans in the right amygdala, which underlid emotions, the dorsal medial cortex, and the sensorimotor area, which underlid the perception of sensory phenomena, was observed.

There was significant activation in the right dorsal medial frontal lobe, prefrontal. The cortex and right sensorimotor cortex showed greater overall activation in the right hemisphere than the left in the post-program compared to the preprogram. The activation observed in the amygdala and sensorimotor cortex was engaging since these areas were connected to emotions and the perception of sensory phenomena (Cohen et al., 2009). Based on theories of trauma previously discussed, the amygdala played a crucial role in the development of PTSD symptoms, more so than the hippocampus. This data suggested that it was the emotion, the overwhelming feelings of terror, fear, and helplessness, that created PTSD symptoms, not the memory itself. If practicing yoga increased blood flow to the amygdala and the sensory-motor cortex, then it followed that the psychological feelings and the physical feelings of the trauma can be integrated and processed in a way that they were not before because they were not attached to a memory that could be incorporated into a narrative of the trauma. (Johnson, 2013).

Posttraumatic growth as criteria

The literature detailed the stress response in human beings (Fricchione, 2020). Briefly, the common physical manifestations included headaches, back pain, trouble sleeping, and irritable bowel syndrome (IBS). Collectively in the body, the hypothalamus, pituitary gland, and adrenal glands make up the HPA axis, which is pivotal in triggering the stress response. In response, nerve endings in organs, blood vessels, the skin, and even sweat glands released epinephrine and norepinephrine in the body (Fricchione, 2020).

Initially, moving from the stress response took a component of growth and resilience to gain momentum (Fricchione, 2020). Once harnessed, the strong connection between mind and body addressed distress. The relaxation response formulated by Dr. Herbert Benson was produced by various techniques, such as yoga, meditation, or prayer, which allowed the body to

enter a more calm, relaxed state (Fricchione, 2020). Resilience adaptation from stress and recovery from the same stress was observed. Some consider resilience a trait, but it was a capacity that was developed, making recovery another element of growth (Fricchione, 2020).

When the body experienced the stress response repeatedly or when such arousal was never completely switched off, the stress response was considered maladaptive and unhealthy (Fricchione, 2020). Unfortunately, the stress response kicked in sooner and more frequently than usual, increasing the burden a body must handle. This stress led to health problems, primarily chronic, such as high blood pressure, a significant risk factor for coronary artery disease (Fricchione, 2020).

Vietnam veterans had shown that PTSD persisted throughout the lifecycle with emergence at any time of life as well as lifetime prevalence (Goldberg et al., 2016). Gulf War veterans, '91-'92, did not all present with PTSD upon return to the USA; the prevailing issues included fatigue, muscle/joint pain, headache, difficulty concentrating, memory loss, sleep disturbance, and skin rash (Kang et al., 2003). While some veterans met the illness resembling chronic fatigue syndrome (CFS), variance in studies ranged from 16.8% to 2.2% of that serving population (Kang et al., 2003). All these rates were significantly higher than that in a nonveteran population. The fact that the prevalence of CFS was so much higher among veterans deployed to the Persian Gulf suggested two possible etiologic considerations: 1) environmental factors specific to the Gulf region and 2) the stress of deployment and combat (Kang et al., 2003).

Significant research outlined the progress of posttraumatic growth (PTG) in the lives of those experiencing trauma. Continuing research was even more relevant due to the potential for positive emotional and physical health benefits from experiencing such growth (Zeligman et al., 2018). The ability to benefit from crises or complex life events was directly related to increased

coping skills and a greater sense of well-being (Danahauer et al., 2013). The presence of PTG directly attenuated negative influences on PTSD symptoms (Bluvstein et al., 2013). In some cases, the results reveal increased empathy and altruism (Joseph & Linley, 2006). Additional studies confirmed positive physical health benefits of PTG in the areas of strengthened immune systems, decreased hospitalization stays, and increased medication adherence (Zeligman et al., 2018).

Rather than a linear perspective, a circular lens highlighted that PTG and post-traumatic depreciation (PTD) were considered, respectively, as positive and negative changes in the aftermath of trauma (Zięba et al., 2019). These changes were assigned to the PTG domains: personal strength, relating to others, new possibilities, appreciation of life, and spiritual and existential change. Such research explored the possibility that positive and negative effects of trauma can coexist and explored the categories of that effect (Zięba et al., 2019). The bottom line was that meaning became another critical component of PTG (Zeligman et al., 2018).

Neuroscience as criteria

The human body's nervous system – the brain, spinal cord, and nerves- was crucial for life (Bear et al., 2020). Early on, scholars connected the apparent correlation between structure and function. Brain study grew from the curiosity about brain damage to the science of brain research. Neuroscience was the emergent science of the 20th century on into the 21st century with molecular, systems, and behavioral neuroscience areas.

The most challenging area might be cognitive neuroscience and the neural mechanisms of self-awareness, imagination, and language (Bear et al., 2020; Gazzanga et al., 2014). The level of research was now at the forefront of where the activity of the brain created and sustained the mind (Bear et al., 2020; Gazzanga et al., 2014). This level of study intersected the focus of this

research on PTG, yoga, and wellness. The process of how the nervous system functions was relevant in removing the ignorance of how the brain functions, integrating an understanding of how tools such as yoga can benefit those with mental illness (Bear et al., 2020).

The rise of neuroscience was supported by technological advances that allowed the measurement of electrical impulses in the brain, fluctuations in blood flow, and the utilization of oxygen and glucose driving brain function (Gazzanga et al., 2014). Modern instruments included positron emission tomography (PET), a non-invasive sectioning technique that presented brain functioning; magnetic resonance imaging (MRI) based on principles of nuclear magnetic resonance, contrast material was injected into the bloodstream revealing blood volume in the brain, blood flow and excellent anatomical images (Gazzanga et al., 2014). Taking advances in PET into account, functional magnetic resonance imaging (fMRI) joined cognitive psychology experimentation with brain imaging that allowed human available brain mapping (Gazzanga et al., 2014).

As it pertains to the process of learning to teach yoga, interpersonal neurobiology (IPNB) offered insight into the unique ways that neurobiology can inform the brain's natural development and repairing capacity as part of group processes such as learning (Gazzanga et al., 2014). While at this time, yoga was not considered actual group therapy, it was a recognized group learning experiential activity (Gazzanga et al., 2014). IPNB focuses on the ability of human beings to inform one another's brains across the lifespan, making human interactions, more profound minds, and relational patterns a natural fit in yoga and human growth contexts. The group considered that unique context to trigger, amplify, contain, and provide attunement for a broad range of human experiences suitable for changing the brain, such as yoga practice and

teaching (Gazzanga et al., 2014). Finally, there was the miracle of *neuroplasticity*. The human brain was not static but dynamic and allowed change.

Research Questions

Three research questions linked military veterans, VYP, and YTT into a framework of lived experiences. The research questions were developed to meet the gap in the literature regarding military veterans' lived experiences with yoga, specifically YTT. This design was achieved by addressing veterans' participation, recovery, and experiences after graduation. The posttraumatic growth (PTG) theoretical framework identified in Chapter Two supports the research questions as well as the problem and purpose of the study to investigate, describe, and examine the lived experiences of military veterans completing a YTT program.

Research Question One

What factors influenced military veterans' participation in Veterans Yoga Project (VYP) yoga teacher training?

Research Question Two

How did yoga practice or yoga teaching affect military veterans' recovery from trauma? And support of wellness?

Research Question Three

What results had military veterans experienced after graduation from VYP yoga teacher training? Growth? Resilience?

Setting

This study was conducted with the cooperation and participation of the Veterans Yoga Project (VYP). This unique organization taught military veterans and their families yoga to provide trauma recovery. I chose this organization after successfully participating in the second

cohort of yoga teacher training in 2022. To expand outreach, the organization trained and graduated 16 veterans to become certified yoga instructors in 2021 and the second class of 23 veterans in 2022. These two classes recruited volunteers to participate in pre-interviews and formal interviews. The VYP organization had the right population of military veterans and the availability of participants who were graduates of YTT for such a study. As a graduate of the yoga teacher program, I had access to the organization and the support of the leadership to dig into the lived experience of the two teacher cohorts.

I conducted the study online from Tennessee under the auspices of the Liberty University online program. Participants were interviewed over distance using Google Meet and the telephone. Times were available to match participants' schedules. The basic Google Meet did not have a recording feature, and a Samsung video camera was used to capture a screenshot and audio recording of each interview.

Participants

I requested permission from the Institution Review Board (IRB) to conduct the study. The candidates for research participation were identified from the VYP MRYTT yoga training program Cohort 1 from 2021, providing 16 graduates, and Cohort 2 from 2022, providing 23 graduates. I recruited veterans from each cohort to participate in the study. This population was selected based on two criteria: military affiliation, a veteran, a retiree or family member, and a graduate of YTT. The data was collected, documented, and bracketed to better understand veterans' perspectives, values, and motivations as lived experiences. Bartholomew et al. (2021) suggested at least six participants were needed for this type of phenomenological study. The six participants allowed this criterion to be met. Minimal participant demographic data was collected to ensure the confidentiality of the participants. An APA table was not provided to preclude the

identification of the 6 participants from among the 39 graduates of the VYP YTT. Participants were highly concerned that their identities were not disclosed in the body of this research to share their individual life experiences.

Procedures

I contacted the VYP to determine the support to recruit participants for this research. The organization sent an email to all 39 graduates of yoga teacher training advising them of this research project. Recruiter guidance informed potential participants that the researcher would contact them directly once they expressed interest in participating in the study.

Information was sent directly to each graduate on the purpose of the analysis, the participant's role, the researcher, and an explanation of informed consent. The target population for the study was six graduates from each cohort. The researcher followed up with each interested volunteer to ensure an understanding of their role: to complete informed consent, two scales, a pre-interview survey, and a formal interview of between 40 to 45 minutes in length. All participants information was confidential and all instruments, recordings, and research materials was safeguarded until discarded adequately after the research and study were complete.

Communication took place with the researcher's email account. An online platform was used for the formal interview. An online survey tool was used for the pre-interview survey. Before any research, an application for study was submitted to the Institutional Review Board (IRB). Research began after IRB approval was received and with the consent of the dissertation committee. Participants were recruited from two VYP yoga teacher training cohorts that graduated in 2021 and 2022. That graduating population was 39, and the total target participation was six graduates from the two cohorts. A pre-survey was provided before the formal interview with participants. Each interview was conducted online, recorded, and then transcribed for data

collection. After each participant completed the online survey, an appointment was set for the formal interview. I contacted each participant through the online platform or the telephone to conduct the interview. The interview was recorded by a video camera as primary and by cell phone as secondary to ensure a recording was captured. The recording was then used to prepare the transcript of the interview. All recordings and transcripts were secured on the researcher's external hard drive and available only to the researcher. A copy of the completed transcript was provided to each participant for their review and to ensure the quality and validity of the interview transcript.

Researcher's Role

As a military veteran and graduate of the VYP yoga teacher training, I wanted to bring out the lived experiences of fellow graduates with the research questions posed for this study. While I had a personal interest in the research topic, the research design was predicated on allowing the participants' experiences and voices to be collected outside of any bias as to the data collected and analyzed. The varied outcomes of a shared experience provided rich insight into the potential of yoga to support veteran recovery from trauma better and find a path of individual growth. As a VYP yoga teacher program graduate, I was aware of the need to mitigate any potential researcher bias. My lived experience was not the measure or direction for the data analysis. The procedures outlined in the data analysis prevented personal views from being included in that part of the study.

Data Collection

Participants were recruited from two VYP yoga teacher training cohorts. After the IRB and committee approved the contact, VYP initiated recruitment. A copy of the approved IRB was be found in Appendix A, IRB Approval. I worked with the VYP staff to obtain participants.

I requested that VYP send an information email to each graduate informing them of this research and that the study was conducted with the support of VYP. Appendix B, VYP Recruitment Support Letter, provided a copy of that request. Once that email was sent, I followed up with each interested graduate. A copy of the participant recruitment email was provided in Appendix C. Once the participants were identified, informed consent was obtained. A copy of the informed consent was provided in Appendix D. Personal information will no longer be used, and each participant was given an identifier from Yogi1 through Yogi6. Yogi1 through Yogi6 was utilized for Cohort 1 and Cohort 2 volunteers. I notified VYP staff when sufficient participants were recruited and all consent forms were completed. The participants were emailed the pre-interview survey and asked to select a time for the formal interview. Each participant was checked for completion of the pre-survey and an appointment for the formal interview. The pre-surveys were collated for general information. The formal interviews were conducted online or by telephone when the internet was unstable. A Samsung camera recorded each interview, as basic Zoom did not provide a recording function. Once the recording was completed, a transcript of each interview was made. The transcript was emailed to the participant to ensure proper information was received. Once all transcripts were prepared and reviewed, the research moved to the data analysis step. All project research data was safeguarded to be kept for the three years required by law and university policy.

Interviews

Two interviews were conducted: a written pre-interview survey and a traditional formal interview. Each participant was informally interviewed via a written survey. The survey consisted of 10 questions. This survey was completed using an online tool. That survey was provided in Appendix E, Pre-Interview Survey.

The second interview was conducted via an online platform or telephone. The interview lasted between 45 to 50 minutes. This interview consisted of 25 initial questions. All questions were asked, recorded, and documented. Those prepared questions were provided in Appendix F. The online interview allowed participants to expound on their lived experience and follow-up questions by the researcher if relevant to the explored question.

Surveys/Questionnaires

Instruments used in this design included a survey and an interview. An example of each instrument was provided in Appendix E, Pre-Interview Survey. The questions in the study were directly related to the research questions.

Pre-Interview Survey – Online

The initial pre-interview consisting of 10 questions was completed as a written survey online. Those questions were provided here and in Appendix E.

Written Survey Questions

1. Have you experienced trauma during or following military service?
a. yes, during b. no, did not experience trauma c. yes, following d. n/a
2. Are you pursuing posttraumatic growth (PTG) to alleviate any trauma suffered?
a. yes, in therapy b. no c. yes, on my d. n/a
3. Do you practice yoga regularly?
a. yes, online b. no c. yes, at studio d. n/a
4. How many years have you practiced yoga?
a. less than five years more than five years c. do not practice yoga d. n/a
5. Is your yoga practice related to your growth plan or path?
a. yes, intentional b. no, not related c. n/a

6. Is VYP relevant or a part of your growth through trauma?

a. yes, intentional b. no, not relevant c. not on a growth plan or path d. n/a

7. Is VYP relevant or a part of your yoga practice?

a. yes, intentional b. no, not relevant, c. no consistent yoga practiced. n/a

8. Do you plan to teach yoga classes now to veterans?

a. yes b. no c. n/a

9. Do you plan to teach yoga classes with VYP?

a. yes with VYP b. no c. yes, but with another organization c. n/a

10. Will teaching yoga classes to veterans support your desire to grow through your recovery from trauma?

a. yes, intentional b. not intentional, but yes c. no d. no, not in recovery e. n/a

Interview – Online

The most intimate portion of data collection was a face-to-face interview of 25 questions conducted using basic Zoom or equivalent technology. The researcher personally interviewed each participant. Those questions were provided here and in Appendix F, Interview Questions. Any additional questions added to these prepared questions during the interview was recorded and identified.

Individual Interview Questions

Lived Experience

1. How did you become a part of VYP?

2. What does VYP yoga training mean for your life? Please explain.

3. What does VYP mean to your growth through trauma? Is this a life change?

4. How is yoga relevant to your life right now? Can you give an example?

5. How is yoga relevant to your growth as a human? Please explain.

Perspective

6. What do you like about yoga? What do you dislike about yoga?

7. What do you like about VYP? What do you dislike about VYP?

8. What did you like about VYP yoga teacher training? What did you dislike about VYP yoga training?

9. Have you started or completed your volunteer teaching? Why or why not?

10. What advice would you recommend to other veterans considering teaching yoga? Why?

11. What advice would you recommend to VYP looking to recruit veteran volunteers to train to teach yoga? Why?

12. What about your military experience prepared you for teaching yoga?

13. How would you describe your volunteer experience? How do you avoid burnout?

14. What is your overall perception of VYP?

15. How do you perceive volunteer work, i.e., as a patriotic duty, a divine calling, a combination of the two, or another way? Explain your answer.

Values

17. What contributes to your commitment and dedication to teaching yoga?

18. What contributes to your commitment and dedication to VYP?

19. Would anything cause you to stop volunteering?

20. Do you have opportunities to teach yoga outside of VYP?

Motivations

21. What drives or motivates you to teach yoga?

22. What is your preferred type of volunteer work?

23. What can you do to encourage other veterans to try yoga?
24. What can you do to encourage other veterans to learn to teach yoga?
25. Why do you volunteer? If not, why? What motivates you to continue volunteering?

Questions one through five were designed to assess veterans' lived experiences. Questions six to fifteen examined the participants' perspectives. These questions were straightforward and geared toward veterans' thoughts and feelings. Questions seventeen through twenty were seeking information about veterans' values. Questions twenty through twenty-five were focused on veterans' motivation. What drives their desire to volunteer? What keeps them going even during challenging times?

Document Analysis

The interviews were recorded to compare and validate notes taken during the formal interview. The data was analyzed and compiled in a written format. The researcher asked each participant to review any information that would appear in the final research for accuracy, clarification, and validation.

Focus Groups

No focus groups were used in this research design.

Observations

Observations consisted of synthesizing the survey with the formal interview to gain each participant's lived experience.

Data Analysis

Qualitative methods generated rich, detailed research materials that keep individuals' perspectives intact and provide multiple contexts for understanding the phenomenon under study (Carter et al., 2021; Kostewicz et al., 2016; Sutton & Austin, 2015). Data was bracketed,

clustered, and delineated in units to form a theme. Each interview was summarized. The qualitative research software tool Taguette was used to analyze data. Taguette allowed data to be uploaded as research material documents. Sutton and Austin (2015) found that qualitative research allowed researchers to access the thoughts and feelings of research participants, which enabled an understanding of the meaning that people ascribe to their experiences. In the coding process, three types of coding were considered: descriptive, In Vivo, and emotional (Carter et al., 2021; Kostewicz et al., 2016; Sutton & Austin, 2015). All three were present in this study.

There was no specific manual or text-guided phenomenological research (Saldana & Omasta, 2018). Various help existed in the form of suggested protocols or checklists (Moher et al., 2015; Saldana & Omasta, 2018; Shamseer et al., 2015). Those helps had been incorporated into the steps that follow. The first two steps were done manually. The software was utilized in step 3.

Step 1

I quickly read through all participant transcripts and made margin notes of first impressions. In a second reading, I slowly read through all transcripts, going line-by-line to identify anything that stood out.

Step 2

I identified and labeled relevant pieces of data. I looked for three areas of continued interest: 1) words, phrases, sentences, or sections; 2) actions, activities, concepts, or differences; 3) opinions, processes, impressions, and anything relevant to research questions.

Step 3

I took sections of each transcript and entered the data into Taguette. I created data documents for each transcript. I completed a view of each transcript in Taguette.

Step 4

I compared the manual data notations with the Taguette notations. I completed indexing and coding with the software program.

Step 5

I reviewed and identified the most important codes. I merged similar codes. I linked codes. I created categories and themes.

Step 6

I labeled categories and looked for connections between themes. I identified any new knowledge.

Step 7

I reviewed the accumulated data. I found a hierarchy present in the themes. I saw relationships present in the data. I found relevance to the literature. I found outliers present. General and unique themes were extracted to make a composite summary.

Trustworthiness

The data was consciously bracketed better to understand veterans' perspectives, values, and motivations. The goal accurately conveyed their perspectives. The audio recordings were reviewed to summarize the interview and write the report. Each participant reviewed their written information for accuracy, correctness, and validation. Participants were provided a copy of the final research if requested. All data was secure and kept confidential. The design, process, and execution of this research contributed to the study's trustworthiness (Sutton & Zubin, 2015).

Credibility

Each participant was asked the same questions. The interviews were recorded, and answers were documented. The interviews were summarized, and a transcript was written. The participants reviewed their transcript excerpts for accuracy for any direct. All participant data

was secure and kept confidential. Participant demographics in the study were limited to preclude the identification of study participants.

Transferability

The data collected during the formal interview was documented and recorded. Notes were also taken from the pre-interview survey. Data provided in the appendices indicated the data used. The literature suggests that the data design and collection allow for appropriate data analysis in the phenomenological study (Kostewicz et al., 2015).

Ethical Considerations

The participants were assigned fictitious names, Yogi1 through Yogi6, to ensure confidentiality. The interviews lasted between 40-45 minutes. The data collected was safeguarded and controlled (i.e., stored in a secure facility). No participants were triggered from participation in the survey or the interview. The conduct of research allowed for the full range of participants, data, and analysis considerations (Bartholomew et al., 2021; Carter et al., 2021). All data was retained for three years as law and university policy required.

Limitations

Interview timeslots (date and time) were pre-arranged and subject to change. Participants were given a link to choose an interview timeslot. Interviews were audio-recorded for documentation accuracy and subject to access to working technology. This qualitative study did not compare and contrast data. This study was not designed to provide empirical evidence that practicing yoga results in posttraumatic growth and total wellness. The overriding challenge in qualitative research was gaining participant's trust to speak in depth about personal, private, and challenging issues (Carter et al., 2021). Interviews conducted via technology achieved a different rapport and support of face-to-face interaction. Online data collection risked excluding or creating additional burdens and considerable stress for participants who felt they need to be more

competent in the use of technology or have access to technology (Carter et al., 2021). The interview process was not an easy task. The participants shared very personal experiences that were fresh or challenging past experiences (Sutton & Austin, 2015).

Summary

A phenomenological qualitative study was conducted on military veterans graduating from YTT. The study had three questions: 1) What was the relationship of the Veterans Yoga Project to wellness in military veterans? 2) How did the conceptualization and lived experience research of the Veterans Yoga Project inform the field of growth psychology and clinical practice of PTG? 3) Did neuroscience support the integration of VYP to inform growth psychotherapy? The researcher recruited six veterans who graduated from Cohorts 1 and 2 of the VYP MYRTT yoga training program. The interviews were audio-recorded; notes were taken during the initial interview, and observations were documented. Collected data was analyzed, bracketed, and consolidated in a written document. The participants validated the data to ensure trustworthiness, i.e., credibility, dependability, conformability, and transferability. Ethical guidelines were followed throughout the procedures. This research moved forward to build on the collected data of participant lived experiences and determined specific findings in chapter four. The collected data in this chapter started the connection of phenomena to the research questions of the study and the identification of specific themes.

Chapter Four: Findings

Overview

This phenomenological study aimed to examine and describe the exploration of military veterans' lived experiences and the potential for YTT to inform wellness in military veterans. This study explored the types of lived experiences veterans experienced before, in, and following the process of YTT. Study participants included six military veterans who graduated from Cohort 1 and Cohort 2 of VYP yoga teacher training (YTT). Chapter four presented the findings of the phenomenological data analysis. Participant descriptions were limited to preclude the identification of the training graduates. Fortunately, the pre-interview survey provided rich insight into the makeup and mindset of the participants relevant to this study. Following this information, the results section identifies themes and sub-themes used in the qualitative analysis and the participant-provided data to support the findings. Chapter results included any outlier data related to the lived experience findings and specific responses to individual questions. The chapter ended with a summary.

Participants

The candidates for participation were recruited from the 39 graduates of the VYP MRYTT yoga training program Cohort 1 from 2021, providing 16 graduates, and Cohort 2 from 2022, providing 23 graduates. Two participants were Army veterans, three were Marine veterans, and one was a Navy veteran. No Air Force veteran participated in the research group of volunteers. Each participant was provided a pseudonym from Yogi1 to Yogi6. All six participants experienced trauma while in the military. Five graduates were pursuing PTG in therapy, and one pursued growth independently. Five graduates established yoga practice as a part of their growth plan, while one participant still needs to answer. All six participants viewed

VYP as relevant to their growth past trauma utilizing yoga practice. All six graduates indicated plans to teach yoga to veterans; five will guide with VYP, and one will train with a studio. The six graduates of YTT expect teaching yoga to veterans to contribute to their growth through trauma. The complete pre-interview survey results are in Appendix G. In addition, six participants were sufficient for this phenomenological research (Bartholomew et al., 2021).

Results

This study examined three research questions to reveal the experiences of veteran yoga teachers. This section shows three major themes identified through extensive data analysis. The themes are discussed and supported through participants' lived experiences, contributing to the resulting narrative. The three overall themes emerged as perspective, purpose, and uniqueness. Sub-themes identified for each theme align the participant's lived experience into a narrative. Exploring the first theme, perspective, were the sub-themes of life and connections, including camaraderie. Next, I examined purpose through the sub-themes of awareness and health. The third theme, uniqueness, was supported by the sub-themes of recovery and validation. These themes emerged through an extensive review of all data collected, transcription analysis, data coding, and data analysis. The following steps were completed:

Step 1

All transcripts were reviewed to include recording first impressions. A second reading consisted of line-by-line identification

Step 2

Data was identified and labeled in three areas: 1) words, phrases, sentences, or sections; 2) actions, activities, concepts, or differences; 3) opinions, processes, impressions, and anything relevant to the research questions.

Step 3

Taguette was used to analyze each transcript and create data documents to review each transcript.

Step 4

The manual data notations were compared with the Taguette notations. The software was used to complete indexing and coding.

Step 5

The most critical codes were reviewed and identified. Similar codes were merged. Codes were linked. Categories and themes were created.

Step 6

Categories were labeled, and connections identified to include were any new knowledge.

Step 7

The accumulated data was reviewed, and hierarchies were identified in themes. General and unique themes were extracted to make an overall summary.

A combination of qualitative and manual software coding developed initial themes. The Taguette codebook was provided in Appendix I. The initial themes aligned as textural descriptions of the individual lived experiences of the participants. Initial analysis of individual lived experience allowed a composite textural description (Dahlberg & Dahlberg, 2020; Davidov & Russo-Netzer, 2021; van Manen, 2015). I explored these phenomena from various viewpoints to develop a preliminary narrative encompassing the participants' collective lived experience (Saldana, 2021). The identified themes and sub-themes were explained in this section.

Theme One

All participants related that YTT changes a person's perspective. Perspectives shared by the participants included a range of descriptions. Those descriptions included YTT as life-changing, lifesaving, life-restoring, life-healing, providing direction, and providing meaning. This theme relates directly to RQ1 and the influences on military veterans' participation in Veterans Yoga Project (VYP) yoga teacher training. Yogi4 said, "VYP helped me to get my act together through yoga. I have grown through my PTSD. I am a better person than before the training. Much of my anger and bitterness is gone, but the past does not haunt me every day like before." YTT introduced and supported emotional regulation. Yogi3 said that,

I attended Cohort 1, which was during the COVID-19 pandemic. I was in a safe activity that kept me focused on healthy things in a secure container. It was fantastic for me. This yoga has taught me regulation and how to practice yoga to achieve self-regulation. I learned how to calm my mind and body down, which I had never learned how to do growing up and in life.

YTT and yoga practice reconnected the mind to the body. Yogi1 recounted, "It means everything to me; it saved my life. It allowed me to see there is another way to deal with the human experience. I learned how to look within and become kinder to myself. Yes, this was a life change." Yogi6 explained that,

Yoga helps to take me out of my mind and reconnect me to my body. I used to focus on my disorder and all the negative symptoms that contributed to my daily life. Now, I can rely on yoga to help me stay connected to my body. Practicing yoga has increased my awareness of my thoughts, emotions, and behavior. I can regulate myself whenever any of the three get out of balance.

Yoga practice and YTT restored a health perspective to veterans' lifestyles. Yogi6 said, "VYP training was a life-changing experience for me. I have PTSD from combat military service. I had basic yoga practices. This training widened my understanding of yoga and encouraged me that it could help many veterans and their families."

Yoga and YTT were relevant to restoring health, allowing growth, helping emotional regulation, reconnecting mind to body, and increasing awareness of thoughts, emotions, and behaviors. Yogi2 stated, "I see the positive benefits for myself physical, mental and flexibility. Just calming my mind can benefit others, and that life can be better." Yogi3 shared that,

I have trauma, ADHD, and other issues in my life. The VYP and the yoga training I took saved my life. Yoga teacher training gave me back my life on many levels. I went from not having any kind of life to speak of to a place where I could deal with the things I needed to deal with. I was not thriving; I was just surviving.

Veteran teachers in YTT were able to relate to veteran students. Veteran students in YTT were able to respond to veteran teachers. Yogi5 said, "First of all, it opened my eyes to the true parameters of yoga. I was only familiar with the practice of yoga as a student. I became aware of yoga as a life experience or a lifestyle for the first time. Yoga is not about postures; it is much more than that. I was surprised to learn about life as more about 'being' and not always about 'doing.'"

Veterans experienced the philosophy of yoga in addition to the physical movement in YTT training. Yogi6 said, "VYP helped me to transition from PTSD to posttraumatic growth. This level of support changed my life for the better." Yogi5 said that,

Oh, the yoga teacher training is very intense. It is not just practicing postures. A considerable philosophical component of yoga must be learned and integrated into a

person's life. It is not just academic; it is life experience. The final week-long in-person training was the best and most meaningful part for me. Preparing and leading my yoga class was challenging, but it was all worth it. The highlight was being with veterans and seeing veterans succeed at becoming yoga teachers. The only thing I disliked was that so much training took place in such a short time. More time would help me gain better yoga teacher skills.

YTT provided shared safe space, healing time, and relational experiences. Yogi4 said, "Following my military career, I realized through others that I had a lot of baggage from the long years of service, including service in the first Gulf War and then the Iraq War. My marriage had ended, and all my relationships with family and friends were gone. I was getting counseling, but that was a slow road to getting better. Yoga teacher training did help me to focus and become better aware of what was going on with me. I can say that this participation did change my life."

Volunteer work was accepted as a chance to give back and to help with individual growth and self-care. All graduates asserted that yoga allowed veterans to connect and share camaraderie. Yogi2 said, "Yoga and VYP helped me get to a better place in my life, and I would like for others to know they can do that as well." In the case of the first theme, the relevance of the first research question was considered: What factors influenced military veterans' participation in Veterans Yoga Project (VYP) yoga teacher training?

These descriptions of lived experience, the pre-interview survey results, the formal interview and analysis pointed to the veterans' changed perspective. This analysis confirmed theme one was linked to the question of identified factors that influenced military veterans' participation in Veterans Yoga Project (VYP) yoga teacher training. The next emerging theme

was veteran purpose and meaning following YTT. Exploring the primary themes now moved from perspective as the initial theme to a second theme, purpose.

Theme Two

The participants confirmed that YTT changes lives and supports the development of life purpose. These changes relate directly to all three research questions. Yogi1 explained, "Yoga and VYP made a big difference in my life after service, so it is a chance for me to keep meeting and sharing with veterans." As evidence of change, the participants experienced yoga as a lived experience and a lifestyle change.

Participants noted a personal refocus on health and experiencing the sensations of "being" instead of the usual "doing" emphasis in life functions. Participants accepted that whole health consists of mind, body, and spirit. This perspective directly relates to RQ2 and yoga practice or yoga teaching affecting a military veteran's recovery from trauma. Yogi4 said, "Honestly, I did not realize the scope of yoga. I thought it was just about exercise and meditation. It is actually about your philosophy and lifestyle. If you want to teach yoga, you better practice yoga. Yoga students want to improve and grow, so the teacher better be good at it."

The participants shared the benefits of yoga and teaching yoga, such as increased flexibility, mental calmness, stress reduction, and self-care. Yogi5 shared, "I never expected to be working alongside the military at a deployed location as a civilian. It is such a great and real experience for me. Because of my past military experience and my yoga teacher training, I can meet with these young soldiers very well right where they are."

Overall, the graduates improved in their awareness. That awareness was experienced in a better understanding of self, the ability to set intentions, and the opportunity to establish a life purpose due to practicing yoga. YTT allowed life changes and developed a purpose to serve

other veterans. Yogi2 experienced this, "Just being comfortable with myself, letting my mind and body come together as one. I work in emergency services and high-adrenaline situations, so I'm just getting a chance to de-stress. Nice to have that grounding and a stable reset."

YTT calmed mental states, changed minds about yoga, and made a life transition. Yogi6 said, "I did experience trauma from combat service in the Gulf War. By participating in this training, I see the practical side of pursuing a growth mindset instead of a disordered mindset by participating in life change for me as I learned a broader view of yoga and how yoga could support my growth."

YTT shared the flexibility of yoga and how a trained teacher can support veterans at all stages of life. Yogi3 explained, "I have limitations with my body, and yoga lets me move, but also, I have learned how to be gentle with myself. My body needs yoga daily, and teaching keeps reminding me there are things I can do for myself that contribute to healing." Opportunities exist inside and outside of the studio to reach veterans with yoga. Yogi2 shared that,

You know the program provided a lot for the students in the online classes, the resources, the travel to in-person training, and then the in-person training. It was so great. The training was in-depth, and I had a lot of choices for yoga teacher training. This program was challenging, and they wanted to set us up for success. I learned a lot. Not sure what I was getting into. I am enjoying teacher yoga now.

YTT is not an advanced yoga practice. It is an intentional, essential yoga practice and the fundamentals of teaching basic yoga. The same discipline and training required in the military were applicable in YTT, including peers' care, concern, and support. Yogi2 said that,

I get to meet and share with veterans and active duty military. I like the exposure and camaraderie with others in the military. It is great to get other veterans together in a

deployment and practice yoga together on a Sunday; release some stress and benefit from the practice. It becomes something for everyone to look forward to each week."

Teaching yoga as a volunteer was a great experience, and practicing yoga helped prevent burnout.

The lived experience of veterans completing YTT emerged in the second theme building the connection to the second research question: How did yoga practice or yoga teaching affect military veteran veterans from trauma? And support of wellness?

The second theme of purpose connected to RQ2. Specifically, the pre-interview survey results, the formal interview, and data analysis indicated that YTT influenced military veteran's awareness and insight relating those results to an individual need for purpose. This analysis confirmed theme two was linked to the question of identified factors that YTT influenced veteran recovery from traumatic experiences. After examining this theme of purpose, the lens shifted to uniqueness as the final identified theme.

Theme Three

Participant consensus found that VYP is a unique veteran organization. This result was the most distant from the research questions of the three themes. The best alignment is to the uniqueness of VYP, which leads to development, growth, and resilience. These links the three with RQ3 and the results military veterans experience after graduation from VYP yoga teacher training. Yogi1 shared that "VYP is a quality non-profit with many dedicated civilians helping veterans." Participant interviews revealed interesting views on VYP as a veteran organization. Yogi5 explained that "Military service is a unique contribution to the nation, and support of VYP helps to care for and support veterans. VYP wants to help veterans that suffered trauma through yoga."

All agreed that VYP seeks veterans' recovery and encourages a purposeful life. Yogi4 said, "Yoga has helped me with my trauma; I think yoga can help anyone who wants to practice." Yogi6 said, "I am very attracted to and supported by VYP, so I like that it is an organization focused on veterans and their families. VYP is hard to integrate into my life as I adjust to military retirement, to PTSD, and to working part-time as a civilian. I am trying to find a way to better participate in VYP and support other veterans."

VYP honors veterans of military service and the lived experience that service provided. Yogi5 said, "Veterans are a small segment of the American population. We are very proud of our service as a group and would like to support each other to honor that service. Teaching veterans chair yoga is a way for me to do that." Veterans in the research said that VYP validated their military service while sharing yoga-teaching skills to serve even more veterans. Yogi3 said, "Middle of a pandemic and that whole Cohort 1 protected me that year. I was able to go with my intuition and be with veterans. The safe space and healing time were so beautiful, and I will be grateful for the rest of my life. The experience and relationships are lifesaving. Just grateful."

All six participants related the significance of being trained to teach yoga by veterans, learning alongside other veterans, being supported by additional veterans, and observing the success of all these veterans at every level of participation in the training. Yogi2 said, "People often think they are alone, but they are not, and yoga can help with that." All participants looked forward to the volunteer requirement of VYP: 2 participants have completed the volunteer hours, 2 participants have started the volunteer hours, and 2 participants still need to start their volunteer requirement. YTT required significant commitment in time and effort such that graduates provided the following suggestions for veterans considering YTT: 1) practice yoga before training, 2) embrace a lifestyle change, and 3) accept moving outside your comfort zone.

When recruiting veterans as yoga teachers, graduates suggested that VYP consider an applicant's ability to teach or learn to teach. Yogi4 said that,

I like that VYP is made up of and run by veterans. I come in contact with all kinds of veterans, which is encouraging. I am careful about the veterans' groups I participate. Because many things trigger me. I would like VYP to screen who attends training or volunteers. Some of the people involved are not service-minded, but that is probably just my take on it.

The positive benefits of yoga, such as flexibility, mental calmness, and physical health, encouraged and motivated graduates to teach yoga to other veterans. Also, YTT provided stress reduction and supported self-care. Yogi5 said, "I have always supported veteran organizations. I was not career military but did serve in the Gulf War. Because of the trauma I experienced in the military, finding a way beyond trauma has taken a long time. I can say that VYP has strongly influenced my life and the service opportunities I like to participate in serving veterans."

Graduates indicated a preference to volunteer with veteran groups and to volunteer to assist veterans. Graduates encouraged veterans to try yoga for their health: mind, body, and spirit. Yogi4 said, "I think volunteer work is a way of contributing to society. I like the idea of volunteering to veterans. Society neglects veterans. Veterans were neglected by society. They do not understand our small part of the contribution to the nation." Volunteering allowed graduates to validate their military service, share their yoga teaching skills, and serve veterans. Yogi5 said, "I had the opportunity to serve my country. When I left service, veterans assisted me as a civilian. Now, I can re-pay that care given to me by caring for today's veterans. VYP allows me to practice yoga as a teacher to veterans." The resulting themes from this area linked the lived

experience to research question three: What results had military veterans experienced after graduation from VYP yoga teacher training? Growth? Resilience?

Analysis of the data as described in theme one and theme two continued to provide insight of veteran experience following YTT graduation as explored in RQ3. The analysis suggested that veterans' lived experiences included development, growth, and resilience that opened a consideration for wellness and emphasis on veteran self-care. This analysis further linked the determination of theme three of veteran uniqueness to RQ3. Veterans confirmed that their lived experiences were validated and revealed a commonality of military service as unique allowing, even desiring the opportunity for community between and of veterans. This completed a review of the three primary themes and sub-themes as the next section provides further data to complete the research questions. A compilation of all the major themes and sub-themes were provided in Appendix H. Go

Research Question One

What factors influenced military veterans' participation in Veterans Yoga Project (VYP) yoga teacher training? All six participants suggested that it was a spur-of-the-moment opportunity that allowed them to participate or even learn of the YTT conducted by VYP. Yogi1 said, "A friend from a triathlon group was involved with VYP and suggested I apply for a VYP scholarship to train to be a yoga teacher. I applied and was accepted. That, that is how I became involved."

Data analysis coincided with theme one, *perspective*. The major influence to veteran participation was a change of perspective connecting the lived experiences and analysis to RQ1. Yogi4 found, "A veterans group and the VET Center I met with had information about a yoga program, and I applied for it. I had practiced yoga off and on for several years and thought this

might help me have a stronger practice." While these six participants may not have had independent plans to attend YTT, they did accept an opportunity to learn and grow. Yogi3 said, "I was learning yoga from VYP teachers supporting the VA here. These two veterans inspired me to learn and practice yoga at a time in my life when I needed it."

Additional influences caused some participants to apply for training. Yogi2 shared, "I am still active in the reserves and deployed. Honestly, I found an advertisement on social media while deployed in Africa. Usually, I do not pay attention to social media. I kept seeing the information about VYP and yoga teacher training." Yogi5 found out, "Several veterans contacted me about a program training they heard about and that I might be interested in it. I found an application and applied for the yoga teacher training. I practiced yoga and had never thought about being a yoga teacher. Since this was related to veterans, I was very interested and thought I would try it." Still, another veteran found out from other veterans' organizations. Yogi6 found out by saying, "I received an unsolicited email about a training program for veterans. It was from an organization providing education to veterans who have PTSD. I contacted the organization VYP and learned that it was yoga teacher training. That interested me, so I applied and was accepted." The specific influences were summed up as an invitation by veterans or veterans' groups reaching out to veterans to attend a YTT developed specifically for veteran learners. Research question one was answered as veterans contacting and engaging other veterans influenced veteran motivation including theme one as a refreshed perspective.

Research Question Two

How did yoga practice or yoga teaching affect military veterans' recovery from trauma? And support of wellness? In the pre-interview survey and the individual interview, the participants expressed that YTT assisted in their recovery from trauma and supported a transition

to a wellness lifestyle. Analysis confirmed a link between theme two, purpose and RQ2, in that recovery from trauma allowed veterans a renewal of purpose and potentially meaning in life.

Yogi1 said, "In many ways, it means my life. It has given me a purpose after leaving the military. When I left service, I did not have a plan on what to do. I was training a lot for triathlons. The teacher training gave me a direction in life after the military." The support towards a wellness transition takes work. Yogi2 said, "It has challenged me in a good way. I am usually reserved. It has pushed me out of my comfort zone. It has increased my confidence." Recovery includes the awareness and effort to change.

Yogi6 said, "I used to just focus on my disorder and all the negative symptoms that contributed to my daily life. Now, I can rely on yoga to help me stay connected to my body."

Another participant, Yogi3, said, "My experience with VYP is significant as I was able to reconnect to my body, and their support continues today. I cannot thank VYP enough, and I am quite amazed to be a part of it." Yogi4 said, "I know that I am better for participation. I know that I can teach basic yoga now. I am sure my yoga practice is better than before the training."

Research question two was answered as yoga and teacher training supporting recovery in trauma which included theme two as purpose.

Research Question Three

What results have military veterans experienced after graduation from VYP yoga teacher training? Growth? Resilience? Graduates of YTT and participants in this research experienced specific results after completing training. The analysis confirmed a connection between RQ3 and theme three on veteran uniqueness. Veterans' lived experiences revealed a range of results that indicated gains in personal development, growth, and improved resilience. YGooga3 said, "VYP

and yoga practice has allowed me to deal with the range of trauma in my life as well as how to heal myself and make other choices in my life that are healthier for my body."

In some cases, it was what was received in training and what would be given after training. Yogi1 said, "To help others. Yoga and VYP made a big difference in my life after service, so it is a chance for me to keep meeting and sharing with veterans." The results of the training experience included the chance to be with and assist other veterans. Yoga2 related that "I get to meet and share with veterans and active-duty military. I like the exposure and camaraderie with others in the military. It is great to get other veterans together in a deployment and practice yoga together on a Sunday; release some stress and benefit from the practice. It becomes something for everyone to look forward to each week."

Participants experienced growth differently from the collective experience. Yogi4 said, "VYP helped me to get my act together through yoga. I have grown through my PTSD. I am a better person than before the training. Much of my anger and bitterness is gone, but the past does not haunt me every day like before." Yogi5 said, "I have always been involved with veteran organizations. I was not career military, but did serve in the Gulf War. Because of the trauma I experienced while in the military, it has taken a long time to find a way beyond trauma. I can say that VYP has strongly influenced my life and the service opportunities I like to participate in serving veterans." Yogi6 shared, "Practicing yoga improves my health and my being. In being a better person, I can offer the best of my life experiences in the service of others." The summary of experiences for the participants' YTT results in relation to research question three centered on personal growth, increased resilience, and a capacity to service other veterans to include the determination that veterans' military service and lived experiences contributed to an overall uniqueness of this community.

Summary

This chapter provided the primary themes revealed in data analysis. A narrative of the themes and responses to the research questions shared the phenomenological data and linked themes to the specific research question. Three themes emerged and supported the analysis of the research questions: 1) YTT changed participant perspectives, 2) YTT changed participant lives and developed personal participant purpose, and 3) Participants found VYP to be a unique veteran organization. Succinct responses to the research questions found that for RQ1, participants were influenced by veterans for veterans organizations to participate in YTT and allowed for a change in perspective, theme one; for RQ2, YTT, as well as yoga practice, contributed to the recovery of veteran participants from trauma and supported an understanding of veteran personal purpose, theme two; for RQ3, participant data and analysis resulted from YTT centered on personal growth, increased resilience, and a desire to serve other veterans culminating in a veteran awareness and acceptance of their unique contribution by virtue of military service individually and collectively.

Chapter Five: Conclusion

Overview

This transcendental phenomenological research project aimed to describe military veterans' lived experiences with yoga teacher training (YTT). This phenomenological study investigated, described, and examined the lived experiences of military veterans completing a YTT program provided by the Veterans Yoga Project (VTP). The importance of this study rested in the contribution to the gap in the literature on military veterans' lived experience in completing YTT. This chapter included a summary of the findings, a discussion of the study findings, implications of the relevant literature and theory, and theoretical and methodological implications. Additional discussion identified study limitations and delimitations to include recommendations for future research. The completed research findings and exhaustive literature review addressed the research questions. The importance of this study was reflected in a contribution to the impact of YTT on military veterans. This study's benefits were the veterans' specific lived experiences shared in the research results.

Summary of Findings

This research examined phenomenological data through a pre-interview survey and a structured formal interview. After data collection, interview transcripts were uploaded into Taguette qualitative data analysis software. A modified version of phenomenological analysis used both software coding and manual coding. The data analysis assembled codes into developing themes. Then, themes emerged from the coding analysis: perspective, purpose, and uniqueness. A synopsis of the findings portrayed the themes analysis as answers for the central research questions posed in Chapter One. The results from this study provided future researchers

a foundation to study the efficacy of yoga and yoga teacher training (YTT) with veterans suffering from trauma.

Research Question One

Veterans were highly influenced by opportunities to connect with other veterans. These connections allowed for activities or events that validate veteran military service and experiences. In this case, YTT provided the opportunity for connection and validation to fuel within participants a sense of camaraderie and a renewed appreciation for personal health. Participants reported that YTT met this sense of purpose and validated their lived experience. The positive influence of this research and the impact of this research question revealed that veterans were motivated to pursue wellness and wellbeing. Not all veterans were relegated to the prevalence, patterns, and associated characteristics of suicide mortality after separation from active military service (Bergman et al., 2019; Ravindran et al., 2020; Schulenberg, 2020). Veterans do face the reality of resolving any trauma associated with their previous military service (Bergman et al., 2019). The responses to this research question were connected to theme one which indicated the veterans' realization of changed perspective.

Research Question Two

Participants accepted a broad view of recovery as part of personal growth and development. That acceptance included a wellness perspective that requires an appreciation of overall health. Participants took the realignment of a unique perspective YTT presented in the training program. Yoga was a safe personal practice that encourages personal growth and development (Awan & Laskowski, 2019). Teaching yoga was an additional private practice that assists others in their growth and development (Thomas et al., 2021). The results of this research

question linked recovery, personal growth, and development to theme two as the overall validation of purpose.

Research Question Three

The study supported the participant's viewpoint that VYP was a unique organization. The identification of yoga and YTT as a conduit for veteran recovery and health stood out among participant experiences with veteran organizations. The uniqueness of VYP also encouraged participants to remain engaged in VYP participation, teaching, and volunteering in the future. Without a recovery focus, most veteran organizations were not equipped to help veterans with dysregulation. By promoting yoga and YTT, VYP provided a unique outlet for emotional regulation awareness in veterans (Davis et al., 2020; Sippel et al., 2016; Thomas et al., 2021). The response to this research question matched theme three, uniqueness, to the determination that veterans preferred working with, supporting and engaging with other veterans as a unique community of shared common lived experiences. Following this look at the research questions, empirical and theoretical literature discussions were considered next.

Discussion

Veterans brought a tremendous amount of lived experience from military service to civilian life. This research validated the perspective, purpose, and uniqueness that the lived experience revealed as phenomenological data and narrative reality. This section aimed to discuss the study findings in relationship to the empirical and theoretical literature reviewed in Chapter Two, an exhaustive review of relevant literature. This discussion focused on a phenomenological review, emotional regulation, and therapy-related yoga.

Phenomenological Review

Veteran lived experience as phenomenological data from this research formed the foundation for understanding the relevance of yoga and YTT to improved military veteran well-being. This research approach created the description and interpretation of veteran lived experiences while recognizing the meaning and importance in pedagogy, psychology, and sociology of the rich experience collected (Fuster Guillen, 2019; Sundler et al., 2019). The goal of phenomenology in this research was to reveal the participants meaning of their YTT experience (Neubauer et al., 2019). Specific themes emerged as to the what and how of that lived experience. The what and how of human experience of the research participants explored the themes of perspective, purpose, and uniqueness. Phenomenology proved to be a valuable tool and research strategy matching specific research purposes and goals (Lindseth & Norberg, 2021; Neubauer et al., 2019; Sundler et al., 2019). This study supported the findings in the literature that yoga offers a holistic movement practice consisting of physical exercise, opportunities for the mind–body integration, and spiritual growth (Cagas et al., 2022; Davis et al., 2020).

Emotional Regulation

This research indicated a clear opportunity to achieve emotional regulation consistently with yoga practice and teach that self-regulation to other veterans through YTT. Any conceptual divergence in emotional regulation was the emerging research that advocated self-compassion as a proactive coping strategy (Rabon et al., 2019; Winter et al., 2018). Participants in this research experienced emotional regulation with yoga practice. In addition, YTT trained the participants to teach yoga to other veterans, which teaches and achieves self-regulation in other veterans. Unfortunately, military veterans were at a 1.5 times greater risk for suicide, with veteran suicides accounting for 22% of suicides in the US (Rabon et al., 2019). Veterans with PTSD engaged in

impulsive aggression, usually unplanned, emotional, and uncontrolled (Miles et al., 2017; Tull et al., 2020). This dysregulation required teaching veterans with trauma exposure how to regulate their emotions before traditional treatments (Miles et al., 2017; Tull et al., 2020). Interestingly, yoga was a mind-body intervention to alleviate psychological distress (Harvey et al., 2019). This study confirmed that yoga-based practices provided psychological benefits, including addressing trauma, decreasing feelings of anxiety, and revealing depression naturally and safely (Tull et al., 2020; Wiese et al., 2019).

Yoga and Therapy

This research did not present yoga or YTT as a mental health therapy. Results here supported additional evidence in the literature to indicate that yoga was used as an appropriate intervention for veterans (Bergman et al., 2019; Davis et al., 2020; Reeves, 2019). YTT was an effective means of teaching this intervention (Conboy et al., 2010). Movement-based mindfulness interventions (MBI) were complex, multi-component interventions with limited reported design processes and results (Thayabaranathan et al., 2022). Emerging evidence reported on the benefits of movement-based mindfulness interventions (MBI), primarily yoga, as an appropriate adjunct therapy to mitigating high blood pressure, cholesterol, and problems with anxiety or depression (Thayabaranathan et al., 2022). This study identified reductions in stress, anxiety, and distress by veterans practicing yoga and YTT participation with VYP. These three considerations led to implications of the research findings.

Implications

The present study corroborated and presents specific implications of the literature, findings, and results. This study had particular recommendations for specific stakeholders: providers, veterans, yoga teachers, and veteran administrators. The juxtaposition of the study

results in view of stakeholder participation offered valid opportunities for increased support to veterans in their consideration and participation in YTT.

Recovery Perspective

Yoga and YTT provided a recovery perspective for military veterans. A recovery model of mental health was not cited as a go-to model in treatment—research advocated for the viability of a recovery model after several decades of on-again, off-again use. The recovery model encompassed a fundamental shift from the medical use of the word recovery, which traditionally meant a return to health following treatment (Cruwys et al., 2020). Recovery provided a process, an outlook, a vision, and a conceptual framework, such as a guiding principle for choosing health over a premorbid level of functioning (Jacob, 2015; Winsper et al., 2020). YTT matched the paradigm presented by this model (Conboy et al., 2010). The practice of yoga supported the parameters of this model (Oosterbroek & Dirk, 2021; Reber et al., 2013). While traditional mental health care emphasized living and removing distress symptoms, mental health recovery promoted living well with illness and pursuing wellbeing to live better (Oades et al., 2017; Reber et al., 2013). An emergent recovery paradigm prioritized adaption to veteran mental illness and encouraged personally meaningful goals (Winsper et al., 2020). Stakeholder participation included the opportunity to promote veteran involvement in activities such as yoga and other mindful movement.

Personal Purpose

The lived experience data of this research identified military experience as highly personal. These results confirm that veterans require a personal intervention to address trauma (Bergman et al., 2019; Oades et al., 2017). Yoga was a highly personal intervention with growing support in treating complex interpersonal trauma (Bennett & Starnino, 2022;

Schulenberg, 2020). The YTT provided by VYP introduced veterans to a highly personal training experience that encouraged growth, development, and resilience. The phenomenological narratives collected from the veterans specific to this study indicate areas where mental healthcare was improved through more significant consideration and integration of yoga and YTT. Stakeholders' encouragement of veterans' growth and development through YTT would be supportive of the personal nature of veteran trauma.

Experiential Uniqueness

The literature confirmed a longstanding cultural gap between American civilian society and the military (McCormick et al., 2019). The uniqueness of the military veteran community and the participants of this research matched the unique organization that VYP operated for the greater community of veterans (McCormick et al., 2019). The results confirmed that veterans view themselves as unique. Even more, veterans viewed their life experiences as unique compared to the public. Developing a clear awareness of military culture was crucial for honoring an army veteran's core values and beliefs, impacting the delivery of mental healthcare services (Schulenberg, 2020). The collective identity of veterans represented the value structure that guided conduct in military service and promoted expressions of service in return to civilian life (Bergman et al., 2019; McCormick et al., 2019; Winter et al., 2018). Stakeholders' willingness to understand the complex nature of military society would help stakeholders understand veteran experiential narratives.

Spiritual Worldview Considerations

Christian worldview considerations or spiritual concepts were not woven into Chapter Five discussions due to the secular nature of the research topic. Generally, yoga practiced in the West was secular (Kepner, 2014; Neumark-Sztainer et al., 2020). The YTT of VYP was secular-

based yoga. Whereas yoga was secular, the practice was widely used as a complementary treatment in clinical practice (Adams et al., 2022). Any spiritual component of yoga was personal and determined individually by the person pursuing that aspect (Cruwys et al., 2020; Oosterbroek & Dirk, 2021). A spiritual worldview was not considered and did not inform the findings of this study. Stakeholder research into the analysis of the spiritual worldview of military veterans was needed to further perspectives on spiritual concepts.

Delimitations and Limitations

Limitations and delimitations were present in this study.

Delimitations

The design decision in Chapter Three was to complete a pre-interview survey followed by a formal interview with each participant. A focus group of participants should have been considered. This rationale allowed individual interviews to provide the bulk of the narrative data. This additional step may have offered additional phenomenological data. After all the personal interviews, a focus group would have accomplished this other data collection. In addition, a focus group was convened after completing all interview transcriptions, which would have allowed for narrowed interview questions for the focus group. The design allowed for the formal portion and then the phenomenological extension of the data (Creswell & Poth, 2018; Davidov & Russo-Netzer, 2021; Saldana & Omasta, 2018).

Limitations

Of the 39 YTT graduates recruited, six volunteered and participated in the study. While no control was exercised over this select target group's participation, it limited the pool of recruits. This limited pool may have reduced the narrative data gathered from the limited participation. As the purpose of the phenomenological study is lived experience, the little pool

did result in restricted participation and constrained narrative data collection. For example, although the number of participants was small, a survey and an interview were conducted. The consideration of a focus group was rejected prematurely and may have removed some additional lived experience from being shared by the participants (Creswell & Poth, 2018; Davidov & Russo-Netzer, 2021; Saldana & Omasta, 2018).

Recommendations for Future Research

Three deliberate recommendations for future research corresponded to the findings and results of this study. The first recommendation was a phenomenological study on military veteran spirituality in posttraumatic growth (PTG). A descriptive phenomenology study design would have been appropriate to gain narrative data on the veteran's lived experience of PTG. The current literature on PTG did admit the presence of a gap in the relationship of spirituality in PTG. The second recommendation was a qualitative study on the efficacy of yoga practice as an intervention for trauma for military veterans using grounded theory. Grounded theory design was appropriate to discover or construct theory from available data, systematically obtained and analyzed using comparative analysis and exhaustive literature review to achieve theoretical saturation. The final recommendation was a quantitative study on military veterans practicing yoga to increase well-being. The data collection methods in quantitative research required measurable variables within the broad yoga community that are detailed to the specific focus of military veterans practicing yoga.

Summary

Millions of veterans wore the scars of their military service. Various nations and organizations worldwide were still at work addressing the needs of this unique community. The military veterans in this study were adamant about several points. Veterans tended to view

civilian life through their lived experience perspective. Veterans found purpose in service and the camaraderie of their fellow veterans. Veterans viewed their service and the veteran community as unique. To that end, working through those military experiences, veterans required the encouragement and practices of broad interventions, therapies, and treatments to alleviate distress, anxiety, and trauma. Moving from lives of emotional dysregulation to regulation and routine life functions required a framework of care beyond the systems of medical and mental healthcare currently in place. Yoga practice was efficient and effective in mitigating many veteran issues. Veterans appreciated the opportunity to learn yoga from veterans trained to be yoga teachers. Those veterans completing yoga teacher training (YTT) reported benefits in growth, development, and resilience. The program established by the Veterans Yoga Project (VYP) made a distinctively positive contribution to the lives of the participants in this research project. Overall, yoga and YTT supported a recovery perspective that established a pattern of self-care that enabled the veteran community to thrive and flourish collectively.

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Appendix A: IRB Approval

IRB approval

LIBERTY UNIVERSITY

INSTITUTIONAL REVIEW BOARD

June 6, 2023

Stephen Rego / Stephen Ford

Re: IRB Exemption - IRB-FY22-23-1638 MILITARY VETERANS AND YOGA TEACHER TRAINING: A PHENOMENOLOGICAL REVIEW

Dear Stephen Rego, Stephen Ford,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d): Category 2. (iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,

G. Michele Baker, PhD, CIP
Administrative Chair
Research Ethics Office

Appendix B: VYP Recruitment Support Letter

VYP recruitment support letter

Hello Veterans Yoga Project MRYTT Graduates!

I am writing to offer you the opportunity to participate in a study with Dr. Steve Rego. Steve (DBA, EdS, MAPC) is a 22-year Army Veteran who graduated from the VYP MRYTT program, class of 2022. He is a Doctoral Candidate at Liberty University earning an EdD in Traumatology. He's also currently working part time as a Mental Health Counselor in Nashville, TN.

Dr. Rego is conducting research with the School of Behavioral Sciences, Community Care & Counseling Program at Liberty University. The title of the research project is *MILITARY VETERANS AND YOGA TEACHER TRAINING: A PHENOMENOLOGICAL REVIEW* and the purpose is to identify the lived experience of military veterans that have graduated from yoga teacher training (YTT).

If willing, participants will be asked to complete a pre-interview survey (10 questions) and then participate in an individual, recorded online interview. It should take approximately 10-15 minutes to complete the survey and approximately 40 minutes to complete the online interview. Names and other identifying information will be requested as part of this study, but the information will remain confidential (participant identities will not be disclosed).

If you're interested in participating, or if you have any questions or concerns, just email Dr. Steve Rego at [REDACTED] or you can call him directly [REDACTED].

--

Alexandra Cordle, E-RYT200, RYT500 & YACEP

Chief of Training

Programs ▪ Eugene OR Area

Manager ▪ Veterans Yoga Project

[REDACTED]

[REDACTED]

Appendix C: Participant Recruitment Email

Participant recruitment email



June 12, 2023

Dear Veterans Yoga Project graduates,

I am writing to invite you as a graduate of Cohort 1 or Cohort 2 to join my study. I am conducting research as part of the requirements for a doctoral degree in traumatology, School of Behavioral Sciences, Community Care & Counseling Program, at Liberty University. The title of my research project is *MILITARY VETERANS AND YOGA TEACHER TRAINING: A PHENOMENOLOGICAL REVIEW* and the purpose is to identify the lived experience of military veterans that have graduated from yoga teacher training (YTT).

Participants must be graduates of Cohort 1 or Cohort 2 of VYP yoga teacher training (YTT). Participants should also have a military affiliation, either a veteran, retiree, or family member. If willing, participants will be asked to complete a pre-interview survey and then participate in an individual, recorded online interview. It should take approximately 10-15 minutes to complete the survey and 40 minutes to complete the interview. Names and other identifying information will be requested as part of this study, but the information will remain confidential (participant identities will not be disclosed).

If you would like to volunteer to participate please review the consent form attached to this email. After review, please complete the form and email it to [REDACTED]. Upon receipt of your consent form, I will forward a pre-survey consisting of 10 questions and work with you to schedule an appointment time for the interview.

Participants will be provided a copy of the final project once completed and accepted by Liberty University. I can be reached at [REDACTED] for additional information at any time.

Sincerely,

Steve Rego

Stephen L. Rego, DBA, EdS, MAPC, RYT200
Doctoral candidate,
Liberty University

Appendix D: Participant Consent Form

Participant consent form

Participant Consent Form

Title of the Project: MILITARY VETERANS AND YOGA TEACHER TRAINING: A PHENOMENOLOGICAL REVIEW

Principal Investigator: Stephen L. Rego, doctoral candidate, School of Behavioral Sciences Community Care & Counseling, Liberty University.

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be a graduate of VYP Cohort 1 or Cohort 2 yoga teacher training and have a military affiliation, either a veteran, retiree, or family member. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to identify the lived experience of military veterans that have graduated from yoga teacher training (YTT).

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:

1. Complete a pre-survey consisting of 10 questions. After you complete the pre-survey, I will contact you to schedule an online interview.
2. Schedule an online interview. The interview will consist of 25 questions and take approximately 40 minutes to complete. This interview will be recorded in order to prepare a transcript of the interview to be used as research data.
3. Once the transcript is complete it will be forwarded to you for a review and any correction or clarification. This review is estimated to take 10 minutes. Any changes are requested to be returned to the researcher at stephenlrego@yahoo.com.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

The results of this research will help provide data on military veterans completing yoga teacher training (YTT) and their lived experiences.

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Benefits to society include closing some of the gap in the literature on military veterans and YTT.

What risks might you experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records. It is anticipated that all gathered data to include any recording of interviews will be destroyed once the final project is approved and accepted by Liberty University.

- Participant responses will be kept confidential by replacing names with pseudonyms.
- Interviews will be conducted privately online with the researcher in a location where others are unable to overhear the conversation.
- All data will be stored on the external hard drive of the researcher and not on any laptop or personal computer. The laptop access is password protected and only used by the researcher. Data may be securely retrained for up to 3 years after the completion of the study.
- Audio recordings of the online interview will be stored on an external hard drive. Once participants have reviewed and confirmed the accuracy of the transcripts, recordings will then be deleted. Only the researcher will have access to these recordings while the transcripts are prepared.
- All transcripts will be stored on the researcher's external hard drive. Once the research is completed, accepted, and approved by Liberty University all data will be deleted from any drive used in the research project.

How will you be compensated for being part of the study?

Participants will not be compensated for participating in this study.

What are the costs to you to be part of the study?

No costs are associated with participation in the research, you will need to pay for.

Is the researcher in a position of authority over participants, or does the researcher have a financial conflict of interest?

The researcher is in no position of authority over participants nor does the researcher have a financial conflict of interest.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email: [REDACTED]. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Stephen L. Rego. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact Stephen L. Rego at [REDACTED]. You may also contact the researcher's faculty sponsor, Dr. Stephen W. Ford, at [REDACTED].

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

The researcher has my permission to audio-record/video-record me as part of my participation in this study.

Printed Subject Name

Signature & Date

Thank you for your participation!

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Approved on 6-6-2023

Appendix E: Pre-interview Survey

Pre-Interview Survey

Written Survey Questions

1. Have you experienced trauma during or following military service?
a. yes, during b. no, did not experience trauma c. yes, following d. n/a
2. Are you pursuing posttraumatic growth (PTG) to alleviate any trauma suffered?
a. yes, in therapy b. no c. yes, on my own d. n/a
3. Do you practice yoga on a regular basis?
a. yes, online b. no c. yes, at studio d. n/a
4. How many years have you practiced yoga?
a. less than 5 years b. more than 5 years c. do not practice yoga d. n/a
5. Is your yoga practice related to your growth plan or path?
a. yes, intentional b. no, not related c. n/a
6. Is VYP relevant or a part of your growth through trauma?
a. yes, intentional b. no, not relevant c. not on a growth plan or path d. n/a
7. Is VYP relevant or a part of your yoga practice?
a. yes, intentional b. no, not relevant c. no consistent yoga practice d. n/a
8. Do you plan to teach yoga classes now to veterans?
a. yes b. no c. n/a
9. Do you plan to teach yoga classes with VYP?
a. yes with VYP b. no c. yes, but with another organization d. n/a
10. Will teaching yoga classes to veterans support your desire to grow through your personal recovery of trauma?
a. yes, intentional b. not intentional, but yes c. no d. no, not in recovery e. n/a

Appendix F: Interview Questions

Interview Questions

Lived Experience

1. How did you become a part of VYP?
2. What does VYP yoga training mean for your life? Please explain.
3. What does VYP mean to your growth through trauma? Is this a life change?
4. How is yoga relevant to your life right now? Can you give an example?
5. How is yoga relevant to your growth as a human being right now? Please explain.

Perspective

6. What do you like about yoga? What do you dislike about yoga?
7. What do you like about VYP? What do you dislike about VYP?
8. What did you like about VYP yoga teacher training? What did you dislike about VYP yoga training?

9. Have you started or completed your volunteer teaching? Why or why not?

10. What advice would you recommend to other veterans who are considering teaching yoga?

Why?

11. What advice would you recommend to VYP looking to recruit veteran volunteers to train to teach yoga? Why?

12. What about your military experience prepared you for teaching yoga?

13. How would you describe your volunteer experience? How do you avoid burnout?

14. What is your overall perception of VYP?

15. How do you perceive volunteer work, i.e., as a patriotic duty, a divine calling, a combination of the two, or another way? Explain your answer.

Values

17. What contributes to your commitment and dedication to teaching yoga?
18. What contributes to your commitment and dedication to VYP?
19. Would anything cause you to stop volunteering?
20. Do you have opportunities to teach yoga outside of VYP?

Motivations

21. What drives or motivates you to teach yoga?
22. What is your preferred type of volunteer work?
23. What can you do to encourage other veterans to try yoga?
24. What can you do to encourage other veterans to learn to teach yoga?
25. Why do you volunteer? If not, why? What motivates you to continue volunteering?

Appendix G: Results Pre-Interview Survey

Results Pre-Interview Survey

Q1 Have you experienced trauma during or following military service?

Answered: 6 Skipped: 0

Answer Choices

Responses

a. yes, during

100.00%

6

TOTAL 6

Q2 Are you pursuing posttraumatic growth (PTG) to alleviate any trauma suffered?

Answered: 6 Skipped: 0

Answer Choices

Responses

a. yes, in therapy

50.00%

3

—

c. yes, on my own

50.00%

3

TOTAL 6

Q3 Do you practice yoga on a regular basis?

Answered: 6 Skipped: 0

Answer Choices

Responses

a. yes, online

33.33%

2

—

c. yes, at studio

66.67%

4

TOTAL 6

Q4 How many years have you practiced yoga?

Answered: 6 Skipped: 0

Answer Choices

Responses

a. less than 5 years

50.00%

3

—

b. more than 5 years

50.00%

3

TOTAL 6

Q5 Is your yoga practice related to your growth plan or path?

Answered: 5 Skipped: 1

Answer Choices

Responses

a. yes, intentional

100.00%

5

TOTAL 5

Q6 Is VYP relevant or a part of your growth through trauma?

Answered: 6 Skipped: 0

Answer Choices

Responses

a. yes, intentional

100.00%

6

TOTAL 6

Q7 Is VYP relevant or a part of your yoga practice?

Answered: 6 Skipped: 0

Answer Choices

Responses

a. yes, intentional

100.00%

6

TOTAL 6

Q8 Do you plan to teach yoga classes now to veterans?

Answered: 6 Skipped: 0

Answer Choices

Responses

a. yes

100.00%

6

TOTAL 6

Q9 Do you plan to teach yoga classes with VYP?

Answered: 6 Skipped: 0

Answer Choices

Responses

a. yes with VYP

33.33%

2

—

c. yes, but with another organization

66.67%

4

TOTAL 6

Q10

Will teaching yoga classes to veterans support your desire to grow through your personal recovery of trauma?

Answered: 6 Skipped: 0

Answer Choices

Responses

a. yes, intentional

100.00%

6

TOTAL 6

Source:

https://www.surveymonkey.com/summary/K5dg8KOa_2B7OkUeL8qZ_2BEzytw5B5YP_2BDDU0rTwtYRZ_XQ_3D?tab_clicked=1

Appendix H: Major Themes & Sub-themes

Major Themes & Sub-themes

Major Theme

Perspective

YTT changes perspective.

Sub-themes

1) Life

2) Connections and Comraderie.

Descriptions: life-changing, life-saving, life-restoring, providing direction, providing meaning, and life-healing.

Yoga allows connections and comraderie.

Major Theme

Purpose

YTT changes lives and develops purpose.

Sub-themes

1) Awareness

2) Health

Yoga as life experience and life style.

Refocus on health and on “being.”

Health: mind, body, and spirit.

Benefits: flexibility, mental calmness, stress reduction and self-care.

Awareness: self, intention, yoga, and purpose.

Major Theme

Uniqueness

VYP as unique veteran organization.

Sub-themes

1) Recovery

2) Validation

Recovery of veterans and encourage purposeful life.

Honor military service and lived experiences.

Validate military service, share yoga teaching skill, and serve veterans.

Trained by veterans, learning with veterans, and supported by additional veterans while observing veterans succeed.

Appendix I: Coding Summary

Coding Summary - Taguette Codebook

interesting

2 highlights

organization

10 highlights

VYP

61 highlights

mindfulness

17 highlights

healing

41 highlights

growth

29 highlights

yoga teacher training

65 highlights