



Trauma Survivors' Experiences of Kundalini Yoga in Fostering Posttraumatic Growth

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Abstract

The prevalence of traumatic events in South Africa is considerably high due to a history of political violence and the ongoing cycle of interpersonal, community-based, and socioeconomic violence. While conventional therapeutic techniques have been found to support trauma survivors in the local context, alternative approaches that focus on the mind–body connection have become increasingly popular. However, studies reporting on the use of these approaches remain scarce. This study aimed to add to the body of knowledge on yoga as a non-conventional therapy to support trauma survivors and foster post-traumatic growth. Semi-structured interviews were conducted with a sample of seven Kundalini yoga practitioners who had been exposed to trauma. A thematic analysis confirmed that Kundalini yoga was beneficial in fostering posttraumatic growth. Overall, the study findings, evidence a pocket of success in relation to value of such an intervention within a low socio economic black South African context.

Keywords Kundalini yoga · Posttraumatic growth · South Africa · Trauma

Introduction

Traumatic experiences challenge one's conceptions of predictability (Janoss-Bulman, as cited in Tedeschi & Blevins, 2015). These events disrupt one's sense of safety and negatively alter cognitive patterns related to the self, others, the world, and the future (U.S. Department of Health & Human Services, 2014). Exposure to traumatic events is exceedingly high in South Africa, where around 75% of the general population has experienced trauma (Williams et al., as cited in Kaminer & Eagle, 2017). In South Africa, trauma due to crime and violence is particularly prevalent as it is one of the most violent countries globally (Williams & Erlank, 2019). Traumatic events with high frequencies include unexpected death of a loved one and witnessing or seeing a dead body or someone getting hurt, threat to one's own life as a result

of physical violence, criminal victimisation, and intimate-partner abuse.

The effect of trauma is complex and manifests as physical and mental health problems, as well as behavioral and emotional challenges (Rhodes, 2015). Studies evidence that 'experiencing especially high or sustained levels of psychosocial stress, primary attachment deprivation and/or maltreatment in childhood severely impacts adult behavior' (Zarse et al., 2019 p 3). A strong correlation exists between childhood trauma and the development of chronic diseases in the adult years, as well as social and emotional difficulties. This include heart disease, lung cancer, diabetes, and many autoimmune diseases, as well as depression, violence, being a victim of violence, and suicide (Chapman et al., 2011; Larkin et al., 2011; Shonkoff et al., 2009; Teichner, 2006).

Trauma survivors may undergo physiological and neurological shifts that change the way the body responds to threats (Buckley et al., 2018; van der Kolk, 2014). After such an event, individuals tend to view themselves as incompetent or damaged. They also form the idea that the world and others are unpredictable and unsafe. Lastly, they perceive the future as hopeless and come to believe that personal suffering and negative outcomes are never-ending. These negative alterations of cognitive functioning cause reactions that lead to psychological stress.

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Whilst individuals may process trauma in different ways (Becker-Blease, 2017; Bonanno & Mancini, 2012), common initial reactions to a traumatic event include “exhaustion, confusion, sadness, anxiety, agitation, numbness, dissociation, confusion, physical arousal and blunted affect” (U.S. Department of Health & Human Services, 2014, p. 61). These responses are to be expected and regarded as socially acceptable following exposure to trauma. However, more severe responses that include continuous distress, dissociation symptoms, and intense intrusive recollections that continue despite a return to safety call for treatment. Trauma survivors can also experience a delayed response which is identified through “persistent fatigue, sleep disorders, nightmares, fear of recurrence, anxiety focused on flashbacks, depression, and avoidance of emotions, sensations, or activities that are associated with the trauma” (U.S. Department of Health & Human Services, 2014, p. 61).

Exposure to trauma can result in several psychological conditions such as post-traumatic stress disorder (PTSD), acute stress disorder (ASD), and bereavement-related disorder. Although not all trauma survivors proceed to develop these disorders, a vast amount do. These survivors are at a higher risk of developing other mental health conditions like anxiety disorders, substance abuse, and major depression (Lowe et al., 2015).

Trauma initiates a series of cognitive processes by which individuals attempt to conceptualise the event and reconstruct their assumptive world (Cann et al., 2011). These cognitive processes can also be referred to as ruminations. Ruminations can either be deliberative or intrusive by nature. Deliberative ruminations are voluntary and controlled cognitive processes. These processes require a certain amount of effort endorsed with the intention of reconceptualising stressful circumstances to make them meaningful and support growth (Tedeschi & Blevins, 2015). Intrusive ruminations refer to unexpected thoughts that appear in the consciousness without warning. They are usually negative in nature and cause anxiety, distress, and loss of focus and concentration. Intrusive ruminations are an expected outcome following a traumatic event. They are involuntary, and should they continue for an extended period without treatment, lead to undesired and unpleasant behavioural reactions resembling what was experienced in the actual traumatic event (Tedeschi & Blevins, 2015). Trauma survivors may therefore be constantly bombarded by visceral warning signs, even in situations where no threat exists. These misinterpretations cause either hyperstimulation or hypostimulation of the nervous system, which initiates a whole-body response that is incongruent with the internal and external stimuli.

Trauma Interventions

Globally, randomized controlled trials (RCTs) have provided evidence for diverse trauma interventions (Edwards, 2013). However, their transferability to a South African context remains under-researched. Treating trauma in the South African context proves to be a challenging practice. Firstly, it is argued that numerous victims do not have a “post”-trauma period in which they can process and attempt to adapt to the most recent traumatic experience before the next traumatic experience occurs. The reason for this is continuous exposure as for many South Africans, trauma is an inescapable part of daily life. Due to very high levels of violence in certain communities, inefficiencies, corruption, and the lack of capacity or resources in the criminal justice system, South Africans face the reality of future victimisation from which they are unable to escape. Certain groups, especially asylum seekers, are particularly vulnerable to continuous traumatic stress (Kaminer & Eagle, 2010). Providing specialised counselling services is challenging because professionals trained in conventional therapeutic treatments are scarcely dispersed across the country with 1.58 mental health practitioners per 100 000 people (Bruckner et al., 2011). It is mostly disadvantaged communities, which are at high risk for exposure to trauma, that are excluded from specialised counselling services (William & Erlank, 2019).

Although general cognitive behavioural therapy approaches have proven to be efficient and most popular among most practitioners when working with trauma, following the strict protocol embedded in these approaches poses challenges in a South African context. This is partly because of trained professionals being scarce, language and other resource barriers, and clients’ inability to attend structural sessions for the prescribed number of times (Kaminer & Eagle, 2010). Notwithstanding these challenges, the three most used therapeutic modalities in South Africa are cognitive behavioral therapy (CBT) (Kaminer & Eagle, 2010), psycho-dynamic treatment plans (Eagle, 2013) and integrative approaches like the “Wits Trauma Model” (Kaminer & Eagle, 2010). Although these therapies have been demonstrated to be useful in reducing trauma-related symptoms, they have been criticized for failing to address the neurophysiological shifts affecting trauma survivors (Werbalowksy, 2019). These modalities have been criticized as bypassing the emotional-engagement system and focusing instead on recruiting the cognitive capacities of the mind (van der Kolk, 2014). Additionally, it has been argued that verbal expression does not “eliminate flashback or improve concentration, stimulate vital involvements in your life or reduce hypersensitivity to disappointments and perceived injuries” (van der Kolk,

2014, p. 194). Mendelhall et al. (as cited in Kaminer & Eagle, 2017) argued that contexts with limited access to mental health services, such as South Africa, should consider approaches that enable treatment to be delivered at the community level by non-professionals.

Kundalini Yoga in Trauma Treatment

An increasing number of studies further suggest that trauma interventions should include a component that focuses on physiological and neurological dysregulation to improve emotional and cognitive dysregulation caused by trauma (Porges & Carter, 2017; Werbalowksy, 2019). Therefore, trauma interventions that focus on improving trauma survivors' interoceptive processes to improve self-regulation are believed to facilitate change that is not catered for by traditional approaches (Werbalowksy, 2019). Consequently, there is a need for approaches that enable the body to have experiences that deeply and viscerally reverse the helplessness, rage, or collapse resulting from trauma (van der Kolk, 2014). Additionally, mind-body practices foster emotional regulation, overall physiological functioning, resilience, and prosocial behaviors (Porges & Carter, 2017). Payne and Crane-Godreau (2015) suggest that yoga, as a mind-body practice, can induce such shifts (van der Kolk, 2014). Yoga is among the most widely used complementary healthcare treatments for posttraumatic stress disorder (PTSD; Price et al., 2017).

KY was first considered as an aid to Western psychotherapy in 1932 when Carl Jung delivered a series of four lectures on the psychology of KY. This practice, which is also described as the "yoga of awareness", is a comprehensive contemplative system of practices that incorporates physical postures, breath and mantra, meditation and mental focus, self-observation, and relaxation (Jindani & Khalsa, 2015). More specifically, a Kundalini class follows a specific sequence for each class, starting with 1) mantras which are used to tune in, 2) physical warm up, 3) yoga set including postures, breaths, and mantras, followed by 4) relaxation, 5) meditation, and 6) prayers and mantras to end the class off (Tarlton, 2020). Each component in the sequence serves a vital role in establishing a deeper understanding of one's emotions and harnessing the mental, physical, and nervous systems and bringing them under the practitioner's control. KY practitioners are invited to maintain mindfulness throughout the practice. Mindfulness forms a vital element of any mind-body practice, including KY.

Post Traumatic Growth

PTG refers to positive psychological changes experienced by trauma survivors following exposure to highly stressful life circumstances. Researchers have explored the cognitive

(Tedeschi & Calhoun, 2004), psychological, and psychosocial factors (de Castella & Simmonds, 2013) that induce growth (Elderton et al., 2016). Cognitive factors relate to the nature of one's cognitive processing. Intrusive ruminations are invasive and negative cognitive processes that cause redirection toward a traumatic event.

Mindfulness practices correlate negatively with these cognitions and positively with deliberate ruminations, which, in turn, are associated with higher PTG levels (Hanley et al. as cited as Lianchao & Tingting, 2019). Mindfulness has been proposed, extensively, as a potential contributor to the development of PTG. Mindfulness can be defined as the predisposition towards a metacognitive awareness towards present-moment experiences in a non-judgemental manner. (Hanley et al., 2015, p. 655) suggested five dimensions that are present during mindfulness practice: "observing sensory and perceptual experience; describing and differentiating emotional experience; acting with awareness; nonjudging of inner experiences; and nonreactivity to aversive thoughts and emotions". Mindfulness practices entail adaptive processes which can improve emotional autonomy through greater external and internal awareness of biological and cognitive processes (Lianchao & Tingting, 2019).

Psychological factors refer to the use of coping strategies. Negative emotions and avoidance-focused coping are not predictors of growth (Kroemeke et al., 2017), while active coping methods correlate positively with PTG. Individuals who are religious or spiritual tend to perceive growth after challenging life circumstances (Prati & Pietrantonio, 2009). These factors can provide a source of comfort, meaning, or purpose for one's experiences, while concurrently fostering a sense of intimacy and closeness with others who share the same belief system (Brewer et al., 2014).

Given that research in yoga practices have been criticized for its focus in the western countries with white participants that potentially serve a capitalistic consumer culture (Jain, 2020; Miller et al., 2020), this article serves to contribute to the evolving practice of yoga and sheds light specifically on (KY) and PTG within the context of a black, South African, low socio-economic context. The literature has emphasized the efficacy of using KY in trauma treatment, as it has been found to reduce PTSD symptomatology and increase overall well-being in its practitioners. KY programs implemented in South Africa facilitated growth, enhanced positive self-awareness and the sense of identity, and improved self-regulation, resilience, and social isolation (Jindani & Khalsa, 2015; Jindani et al., 2015). These local studies showed that KY improved insomnia, perceived stress, and anxiety, and increased the ability to be present and achieve restfulness. Although the studies attest to the feasibility of cross-cultural application and the benefits of KY, with a specific focus on trauma survivors, this area remains under-researched (Jindani & Khalsa, 2015; Jindani et al., 2015).

The present study was particularly interested in highlighting and understanding the changes that occur in relation to the experience of posttraumatic growth (PTG).

Method

Participants

The sample comprised seven black African young adults (between 20–26 years of age) who resided in the Alexandra township in Johannesburg, South Africa. The area is densely populated and characterized by poor service delivery, high rates of unemployment, and among the top ten precincts of crime in Johannesburg inclusive of murder, sexual offences, attempted murder, common assault, illegal possession of firearms and ammunition, rape, and attempted sexual offences (Ebrahim, 2019). The township covers an area of 800 ha and was designed to accommodate a population of 70 000 people. However, current estimates suggest that the population ranges between 180 000 to 750 000 (The World Bank Group, n.d.).

Whilst the possible positive influence of Kundalini yoga, as a peace building tool, has been reported in Alexandra (Kahkonen, 2021), studies exploring the valuable aspects of KY on trauma survivors' experiences of PTG in this context is absent. The scientific value of such a study therefore serves to add to the body of trauma research on alternative interventions in South Africa. More specifically, to the understanding of the response of trauma survivors to KY and its role in the facilitation of PTG.

Instruments

The Adverse Childhood Experience Questionnaire (ACE-Q) was used to determine the extent of exposure to traumatic events. The ACE is easily accessible in PDF form online and measures exposure to 10 types of childhood trauma in relation to personal and physical abuse, verbal abuse, sexual abuse, physical and emotional neglect, alcoholism, domestic violence, family member in jail, mental illnesses in the family, and loss of parent (Anda & Felitti, 2003). Participants are required to indicate the applicability of each statement to their own situation. However, the ACE was modified for the purpose of this study to allow the participants to not only report on events in the first 18 years of their life, but their whole lifespan. Given that the full capacity of the participants' accounts was not always reported through the specific use of words in the questionnaire (Koita et al., 2018), for the purpose of this study, further information was elicited through the means of semi-structured interviews.

Semi Structured Interviews Using a Posttraumatic Growth Inventory

The Posttraumatic Growth Inventory – Short Form (PTGI-SF), created by Tedeschi and Calhoun in 1996, is used to measure PTG. This inventory contains 10 statements and elicits data on five themes that foster PTG: New Possibilities, Personal Strength, Appreciation of Life, Spiritual/Existential change, and Relating to Others (Tedeschi & Blevins, 2015). The PTGI-SF is used extensively and was developed in a Western context. However, it has been translated, modified, and utilised in a wide variety of contexts across cultures, supporting the foundation of its psychometric properties (García & Włodarczyk, 2015; Heidarzadeh et al., 2017; Weiss & Berger, 2006). Otto (2019) investigated the inventory's ability to yield results that are valid and reliable in the South African context, providing support for its use in a local context.

The questions in the PTGI were adapted and used to develop a semi structured interview schedule, for the individual participant interviews. The PTGI questions were adapted to serve the objective of the research enquiry. Due to the explorative nature of the study, the focus was not solely on the degree to which the participant changed, but rather on the use of Kundalini yoga in the process of their PTG change. The following is an example of how the Likert scale question of the PTGI was adapted. The PTGI statement: Indicate the degree (*very small degree to very large degree*) to which this change occurred in your life- 'I have greater appreciation for the value of my own life' was adapted in the interview to: '*Please describe if, and how KY has had a role in you appreciating and valuing your own life?*' The aim was to obtain descriptions of the participants' experiences of PTG and whether they felt it was influenced by their participation in KY.

The semi-structured interviews were considered a more appropriate method to explore participant responses related to the PTGI for elaboration of important information about the participants' experiences with KY in the process of their development. Throughout, the researcher took a flexible stance and followed up on leads or interesting points and clarified possible inconsistencies in the participants' responses (Bryman, 2012). The interviews were originally scheduled to be conducted in a face-to-face manner. However, due to the restrictions enforced by the South African government in response to the global COVID-19 pandemic, these meetings were not permitted. Interviews were conducted via the Zoom online platform for a period of 60-90 minutes over a period of seven days. Only one interview was scheduled per day to give the researcher time to reflect on the interview as recommended by Rubin and Rubin (as cited in Braun & Clarke, 2013).

Procedure

Purposeful sampling was implemented to identify a homogenous group of young adults who have experienced trauma in the past and are currently practising KY in Johannesburg, South Africa. The sample of seven young adults, who originate from Alexandra township, were identified based on their involvement in the KY teacher training that was provided through a non-profit organisation. Most of the participants had already finished their KY teacher training in 2020, while others were in the process of completing it.

Potential participants were identified by the founder of the organization offering KY classes who were provided a detailed description, via email, of the research study, after which willing participants could contact the researcher. Those who contacted the researcher were invited to complete a biographical questionnaire and the ACE-Q via google forms. Inclusion criteria for participation in this study were adults from a resource-limited area who were exposed to traumatic events and were practising KY on a regular basis in Johannesburg, South Africa at the time of the study. Individuals of any gender, race, and cultural background could participate in the study. Exclusion criteria were limited to individuals who were not exposed to adversity, did not practise KY, and were under 18 years of age.

Seven participants who met the inclusion criteria were invited to participate in the interviews.

Ethical considerations.

Permission was sought, and ethical clearance was provided by the Ethics Committee of the Faculty of Education at the University of Johannesburg. The participants provided written informed consent to participate in the study. Steps were taken to anonymize the data, protect the participants' privacy, and store data securely. Confidentiality was ensured by not including any information/data that would disclose the participants' identity.

Data Analysis

The researcher drew on Braun and Clarke's (2006) guidelines for analysis to assist through the thematic data analysis process. The raw data from the semi-structured interviews was categorised by reviewing the audio recordings of the interviews for responses on themes relating to PTG. All relevant statements made by the participants, also referred to as horizons, were listed. Participant statements that were, outside the scope of the research objective, that were repetitive, or overlapping, were excluded. Subsequently, the researcher clustered the horizons into themes. Clustering was implemented to identify the constant constructs which would serve as the major themes (Yüksel & Yildirim, 2015). The clustered data was then indexed along the nature of the responses given and the intensity with which they were

expressed (Kienzler & Pedersen, 2014). The data was reduced to reflect sub themes, also known as textual language relevant to the main themes. The textual description served as a narrative explaining the participants' perceptions of a KY in fostering PTG. The researcher elaborated on the meaning units in a narrative format including verbatim quotes from the interviews to facilitate the understanding of the participants' experiences (Yüksel & Yildirim, 2015).

Results and Discussion

Seven participants took part in this study. Table 1 presents the demographic information of each participant which includes age, gender, and the number of years each participant has been practising KY. The participants were all young adults within the age range of 20–26 years, of which five identified as females and two identified as males. The participants practise KY through a non-profit organisation that offered these classes in the area. They were all involved at the organisation at the time of the study and had completed their KY teacher's training course shortly prior to participation in the study.

The ACE-Q results indicated that all participants experienced some form of traumatic event prior to starting KY. An ACE score is a tally of ten different types of adverse childhood experiences. Participants reported 1–8 ACEs, with the most frequently reported ACE being verbal abuse, followed by having a family member in prison. The least frequently reported ACE was sexual abuse. Table 2 provides an indication of the participants forms of adverse childhood experiences.

All participants experienced PTG to various extents. Themes and subthemes detailing aspects of the PTG amongst the participants are illustrated in Table 3

Discussion of the Post Traumatic Growth Factors Amongst Participants who Used Kundalini Yoga

The literature confirms that all the themes and subthemes in Table 3 are predictors or indicators of PTG (Buckley et al.,

Table 1 Participants' demographics

Participant	Age (in years)	Gender	Years practicing KY
Participant 1	20	Female	+—1 year
Participant 2	22	Male	+—5 years
Participant 3	28	Female	+—1 years
Participant 4	20	Female	+—2 years
Participant 5	20	Female	+—2 years
Participant 6	26	Female	+—6 years
Participant 7	21	Male	+—5 years

Table 2 Adverse childhood experiences of participants

Participant	NEGLECT							HOUSEHOLD				ACE	
	Verbal abuse	Physical abuse	Sexual abuse	Emotional neglect	Physical neglect	Divorce of parents	Domestic Violence	Alcoholic family member	Mental illness in the family	Family member in prison	Score	ACE	
1	X	X	X			X					4		
2	X							X		X	2		
3						X					1		
4	X	X		X	X	X	X		X	X	8		
5					X						1		
6	X	X			X	X	X	X		X	7		
7	X	X		X		X	X		X	X	7		

Table 3 Themes and subthemes

Themes	Subthemes
Gratitude	
Interpersonal relationships	Interest in connection Enhanced relationships with others
Personal strengths	Active coping skills Self-efficacy Awareness Compassion
Recognizing new possibilities	
Spiritual change	

2018; Kim & Bae, 2019; Shakespeare-Finch et al., 2013; Tedeschi & Calhoun, 2004. Each theme and subtheme are briefly discussed below.

Gratitude

Gratitude entails the appreciation of aspects of daily life, thankfulness, and joy for whatever one has received, from oneself, others, and nature (Emmons & Shelton, as cited in Kim & Bae, 2019). It promotes PTG by enhancing deliberate ruminations. These purposeful cognitions facilitate positive conceptualization and self-growth (Tedeschi & Calhoun, 2004).

The study participants attested to an increased sense of gratitude toward life, others, and themselves. They mentioned that KY provided them with a quiet space where they could meditate and identify their thoughts, which enabled them to reach a deeper awareness and subsequently a deeper appreciation. These practices fostered contentment, which also contributed to self-appreciation.

One of the participants testified that she experienced trauma when she tried to take her own life and that she was grateful for the new lease on life that she experienced through KY: "...wanted to die. I felt that I no longer belonged here on earth ... but Kundalini yoga changed me." She felt like KY has provided her with "a second chance" and therefore her appreciation of life has improved. She specified that "being in your own space, meditating, seeing those thoughts and imagination coming to you while you're in a quiet zone" helped her reach a deeper sense of gratitude.

Other participants noted that they have a deeper sense of appreciation for themselves. P6 said that she feels "more content with myself ... I feel like there is value in me ... KY helped me see the importance in me." Five of the seven participants expressed a greater sense of appreciation for others. P3 summarized the reason for greater acceptance of others by saying that "because we are all humans, and we are different in our own way. We have different gifts." P6

referred to one of the teachings of KY: “That’s like ... it’s one of the sutras that they taught us like ... You have to realize that the other person is you, so knowing that, you treat everyone the same”.

Interpersonal Relationships

Trauma survivors do not always evaluate the degree of safety in the environment correctly. This is problematic for social engagement, because accurate neuroception is crucial for prosocial engagement (Porges, 2011). The participants who experienced growth in their ability to form significant interpersonal relationships is thought to have increased through the KY practice, which, in turn, facilitated connection with others. Numerous studies have confirmed that improved connections positively correlate with PTG (Buckley et al., 2018; Shakespeare-Finch et al., 2013; Tedeschi & Calhoun, 2004). Herein, participants experienced growth in their interest to connect with others as well as in enhancing their current relationships.

These experiences are described based on an enhanced interest in connection and improvement in current relationships. The participants also noted that KY has helped them engage in the process of introspection, which has been strongly associated with PTG (Shakespeare-Finch et al., 2013). This enabled them to re-evaluate existing relationships and rendered some more meaningful, while others that did not serve them weakened or ended.

Interest in Connection

P2 found that he started having interest in “socializing and knowing what interests other people, because I like development.” P4 previously did not want to have friends but “because of Kundalini now I’m more interested. I want to know what the other person is thinking.” P3 said that although she was always friendly and surrounded by people, she never felt connected to them. However, KY helped her become aware of her gift of comforting and helping others, and she feels more connected to them now. P3: “I’m more into advising people, like, whenever they are around me ... they feel there is a presence, which I think is attracting them to me... that they end up connecting with me.”

Enhanced Relationships with Others

P1 said that she now knows better how to identify who she can “tell my things to or whom I really communicate with.” P7 indicated: “Last year when I first came, I was quiet and didn’t talk with anyone, as I did the practice ... yoga helped me to express myself that way.” P4 mentioned that she previously had “friends with whom I would just go out here in the streets and maybe drink and go around making

noise.” She reflected that KY has helped her to identify more meaningful friendships: “Now I think my friendships are the good ones... they [friends] put effort into being in my life ... unlike my last ones.” P6 expressed: “There’s a different connection now. The relationships with other people, it’s not something that has to do with material things and ... there’s more into relationships ...”.

The participants commented on their enhanced relationships and feelings of connectedness when they practiced yoga with others. P3 said that “I feel more connected when I’m doing it in a group ... and feel everyone’s presence.” P5 mentioned that when she started practicing with her family, she noticed a positive shift within all of them: “It also creates peace in the house. When we do meditation ... there’s peace, there’s love, we are happy ... we accept things ... I’m not the only one developing myself, but my whole family.”

The participants experienced an increased sense of trust in others because KY provides a platform through which one can feel comfortable with oneself and associate with others. KY helped them feel more comfortable expressing themselves, which encouraged them to self-disclose. The latter is important because it fosters more emotional connections and higher levels of intimacy (Tedeschi & Calhoun, 2004).

Personal Strengths

Tedeschi and Calhoun (2004) confirmed that personal strengths are strongly related to PTG. This study’s participants experienced growth in their personal strengths related to active coping skills, a drive toward development, self-reliance, communication skills, awareness, and compassion.

Active Coping Skills

Participants confirmed that KY serves as a tool through which they can soothe themselves in challenging situations to engage in active coping skills. P2 explained “as soon as I find myself in a difficult situation, I need to be creative, this is happening, what must I do, not trying to change it but trying to be creative in how to target it” and “...know what the root is, then you can approach it.”

P3 noticed that she is more accepting of her own limitations: “If I see this is too heavy for me, I will take that load off, and share it someone else.” P1 noticed that KY has helped her “calculate my moods before I do something.” She said that when she experiences anger, “whenever I feel like I could just grab something,” or sadness, she engages in the KY breathing exercises, which enables her to think clearly. P3 and P4 provided specific reference to the nostril breathing exercise and how it enabled them to calm down.

P2 said that KY has helped him turn inward and feel his emotions, and has therefore helped him express himself more freely: “It really allowed me to go deep within and

really feel what I need to feel and be open to anything, and that's when I started to see myself really cry—because I don't cry." Some participants also use KY to elevate their mood. They mentioned that they use a specific meditation depending on what they need at a given moment. "There are certain mantras that I listen to that uplift me and that I can connect with. And then I do meditation whenever I'm not feeling OK or when I'm sad." (P3). Another participant said that KY has helped her express her emotions in a more congruent manner: "Now I can—if I am happy, you'll see me laughing ... if I am not, I'm just quiet."

Self-efficacy

Self-efficacy is closely related to confidence, self-esteem, and control over one's life, which, in turn, enable PTG (Lotfi-Kashani et al., 2014). This study's participants showed improved self-belief and related tendencies, such as self-confidence.

P2 stated:

I'm willing to take risks and see where it takes me. It (KY) has helped me because before, like, I used to be very scared of disappointments. I wouldn't even try, but now I can go there and when I don't get what I'm looking for, I'm eager to move on and seek help somewhere else.

He further expressed: "This practice really gave me a tool—there is no reason to say I am lost, or there is no reason to say I can't find the path, I can't find the way."

Awareness

Self-reflection and self-awareness are important in fostering growth and change (Boyras & Efstathiou, 2011). KY has enabled all participants to reach a deeper sense of awareness. The practice has helped them tune into themselves and focus on their internal world. P2 attested that "the practice really makes you focus on yourself, and it really brought some positive energy in my life ... things that grow me as a person." P3 shared that "before, I didn't pay much attention to myself and what I want and what is actually happening inside of me, but now since I started practicing Kundalini yoga, I'm aware, I'm conscious." Porges (2011), explains that when humans are more present in their bodies and have a deeper sense of momentary muscular tension, they are better equipped to shift from a shutdown state to more active functioning.

Compassion

Gilbert (2010) describes compassion in terms of six traits: sensitivity, sympathy, empathy, motivation/caring, distress

tolerance, and non-judgment. Overall, the participants displayed different elements of compassion, as discussed below. Two participants mentioned that they used to judge others, but the practice of KY has helped them become more compassionate and understanding of others. P5 indicated that previously she would "just judge, and I can't trust this person, now I'm opening up." P1 mentioned that: "it has taught me ... not to judge... without putting myself in that person's shoes." She also noted that her increased sense of compassion has helped her "communicate more effectively with other people without hurting their feelings and without hurting mine" and taught her that "people respond in different ways because of different situations or what they think." Additionally, P7 displayed growth in his need to help others: "I had to become aware of her situation and be that person to help her, to motivate her in a way." P6 indicated: "I hardly ever forgive ... but since I've been growing into the Kundalini, I've been learning and improving in that area." She explained: "When you connect with yourself, it makes it easy ... especially during meditation... to realize that the pain that it does to you... that you have to let it go ... when you allow it [forgiveness]."

Compassion aids PTG in that it contributes to meaning-making processes by reinforcing self-agency and the belief that good continues to exist in the world despite suffering (Tingey et al., 2017). Compassion is dependent on the capacity to foster calm physiological states while inhibiting sympathetic activity when confronted with pain and suffering to project the notion of safety and acceptance of others (Porges, 2017).

Recognizing New Possibilities

Trauma survivors who experience PTG often desire to acquire new skills, pursue selfless career paths, and focus on health and well-being (Shakespeare-Finch et al., 2013; Tedeschi & Calhoun, 1996). New possibilities also include leisure activities that contribute to life satisfaction and well-being and support PTG (Anderson & Heyne, 2016).

P2 expressed participating in new leisure activities: "I started things that really will move me, grow me, and ground me, like reading. Doing activities that would really enliven my mind... like playing Scrabble..." P7 said that KY, especially the meditation that he does every morning, has provided him with a platform for discovering new interests like "maybe new music." P2 became more interested in a healthy lifestyle: "Especially with nutrition, food wise... and also noticing that your body needs to be physically fit, because I started having interest in fitness and health after practicing Kundalini yoga."

Spiritual Change

KY has provided a platform through which the participants can explore spirituality, which has helped them reach a deeper sense of love and acceptance. Some experienced deeper religious faith, while others were more connected to the spiritual world.

The participants experienced spiritual change related to either religious growth or non-theistic views, as evident in their statements. P2 expressed that “being exposed to spirituality has given me that opportunity to love and accept things the way they are.” P4 found herself moving away from religion and identifying more with spirituality: “I want to just connect to a Yogi path, be a Yogi now.” P6 mentioned that “I use Kundalini yoga as a technique ... it does deepen your spiritual life, and then it connects you with the God that you worship.” Additionally, P7 expressed that “Kundalini yoga enlightened me into the spiritual world to understand more.” Spirituality, intrinsic religious commitments, and non-theistic views are significant predictors of PTG (Cadell et al., 2003).

With all participants reporting the use of KY as being conducive to PTG, this study’s results have implications for the development and practice of KY within disadvantaged communities. The five main themes concerning PTG were 1) gratitude, 2) interpersonal relationships, 3) personal strengths, 4) recognizing new possibilities, and 5) spiritual change. Each aspect is supported by the literature as facilitating PTG. The value and efficacy of the KY practice is worth exploration in related contexts to strengthen the evidence base for the practice.

This study has several limitations worth noting. For instance, the study sample had certain characteristics that most probably positively affected their reported growth. All participants had recently finished KY teacher training at the time of the interviews, meaning that they underwent extensive training and practiced yoga on a regular basis. Some also attended life skills classes throughout the training period. Further, they had a strong relationship with the KY teacher who facilitated the training outside of the training sessions, which could have also contributed to growth. In addition, although the sample group size falls within the suggestions made by Braun and Clarke (2013), for a minor study, a larger sample would provide richer information and afford generalisability. Moreover, some of the participants mentioned that although they were introduced to KY while still in school, they were not as interested at first. They were skeptical, and it took them a while to commit to the practice. It would be valuable to explore the initial perceptions of KY of children from low socioeconomic areas, because doing so will provide insight into possible barriers that might prevent young trauma survivors from gaining support from KY in fostering PTG. It

would also be valuable to enquire about the experiences of trauma survivors who practice KY but have not undergone the training process. This will provide a wider understanding of the positive effects of KY and PTG.

Conclusion

The prevalence of traumatic events in South Africa is considerable, highlighting the dire need for efficient trauma support in the local context (de la Porte & David, 2016). Due to the limited number of professionals who can deliver conventional therapeutic interventions, alternative approaches that enable treatment to be delivered at the community level by non-professionals are worth considering (Mendelhall et al., as cited in Kaminer & Eagle, 2017). Yoga is the most widely used complementary treatment for trauma survivors (Price et al., 2017; Rousseau & Cook-Cottone, 2018; Sullivan et al., 2018).

The participants confirmed that KY has promoted PTG in various domains of functioning in their lives, including an enhanced sense of gratitude, improved interpersonal relationships, personal strengths, the ability to recognize new possibilities, and spiritual changes. KY is thought to initiate neurological shifts, which interprets PTG at a physiological level. KY promoted PTG in **Participants**, which is valuable to healthcare workers who deal with trauma survivors in that they could refer their clients to KY classes. KY is often considered a South Asian practice reserved for racially distinctive elites and upper-middle-class people who can afford these classes (Miller, 2017). This study not only confirms the efficacy of KY in promoting PTG, but also shows that this practice can be implemented across a different socioeconomic background and culture. Overall, the study findings extend the body of knowledge on non-conventional therapies, support the use of KY to foster PTG.

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Declarations

Conflicts of Interest The authors declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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