

The Efficacy of Yoga Therapy on Dissociation as a Symptom of Anxiety

Melissa Holt

C-IAYT Applied Yoga Therapy, VSOHA

February 2024

Abstract

This singular case study explored the efficacy of **yoga therapy** on **dissociation** as a symptom of fear-based **anxiety** in an adult female with a history of **complex trauma**. The foundation for therapy protocol included building upon the client's **interoceptive awareness** through the application of various yoga techniques targeting the root and solar plexus chakras. Findings presented successive **nervous system** healing as qualitative and quantitative data showcased a decline in dissociation over both short- and long-term periods. Recommendations for future research, highlighting the need for progressive macro-level shifts in healing approaches were also discussed.

Keywords: anxiety, complex trauma, dissociation, interoceptive awareness, nervous system, yoga therapy

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Introduction

Trauma is a complex and multifaceted phenomenon that has become a worldwide problem, one that some might even consider an invisible epidemic. Although its effects have a detrimental impact on the individual lives it touches, its scope stretches far beyond the daily life of its survivors. The recent global upheaval that transpired from the COVID-19 pandemic serves as a compelling illustration of trauma's pervasive societal influence. Encouragingly, perspectives on the matter are evolving as scientific inquiry begins to shed light on its underlying mechanisms. Research monitoring the healing journey from this kind of adversity has yielded promising results, specifically with the integration of yoga into therapeutic approaches. These developments are especially heartening as such investigations have demonstrated notable improvements in various mental health conditions.

In addressing the rising tide of trauma, and to aid with the imperative shift in reshaping healing and mental health practices, this case study explored the efficacy of yoga therapy on alleviating dissociation as a symptom of fear-based anxiety. Within these parameters, therapy protocol focused on rehabilitating the nervous system of an adult female with a history of complex trauma. Echoing positive outcomes observed in related analyses, this examination likewise revealed significant progress, evidenced by both quantitative and qualitative data showcasing a reduction in dissociation. Nevertheless, before delving into the implications of these findings and the methodologies employed, it is paramount to first establish a thorough understanding of trauma itself.

Linklater (2014) characterizes trauma as a person's response to a grievous event, emphasizing its external origin despite its internal manifestations. It is crucial to discern that it is not a disorder but rather a reaction to extraneous stimuli. Additionally, it is unique in that the individuals exposed to the same circumstance may exhibit varying degrees of impact (Linklater, 2014). Mate and Mate (2022) elaborate on how the psychic injuries from the incident embed themselves in one's nervous system, mind, and body, persisting long after the initial encounter and harvesting the potential to appear at any time. Left unresolved, these wounds warp perceptions of the world and others, constraining personal ability and obstructing access to the present moment (Mate & Mate, 2022). Furthermore, this notion extends to complex trauma, which encompasses exposure to multiple, often interconnected distressing experiences (Complex Trauma Resources, 2024). Intergenerational trauma serves as a poignant example of this, wherein harmful behaviours and patterns are recycled across generations (Linklater, 2014).

Method

In comprehending the premises for the therapeutic approach of this inquiry, it is essential to appreciate the body's physical response to an occurrence that impedes safety. To support this, Van der Kolk (2014) explains that the human regulatory system is governed by the sympathetic and parasympathetic branches of the autonomic nervous system. The sympathetic nervous system is responsible for arousal and includes the fight or flight response, while its parasympathetic reciprocal pacifies through self preservation functions such as digestion and wound healing. In situations where threat is detected but fighting or fleeing is not conducive to survival, the dorsal vagal complex activates, shutting down the body by disengaging, collapsing,

and freezing. All of this is carried out as a means to prolong the body's existence for as long as possible. In the case of trauma, the stress hormones that the body secretes to protect itself during this process continue circulating after the commotion is over. As a result, defense strategies and emotional responses that were necessary for viability during the dangerous episode replay when they are no longer needed (Van der Kolk, 2014).

Dissociation occurs within this natural defense system, arising during parasympathetic shutdown (Psych Central, 2024) and acting as a form of escape, as well as an ongoing coping mechanism. In referring to the latter, this symptom presents through the disconnection from thoughts, feelings, memories, behaviours, physical sensations, and/or sense of identity (International Society for the Study of Trauma and Dissociation, 2020), and takes on varying forms known as depersonalization, derealization, and dissociative amnesia. Depersonalization entails detaching from oneself when distress arises, and is more common among people who are mistreated as children. With derealization, one's sense of the external world changes and/or does not seem real. Dissociative amnesia involves the inability to recall major events or parts of one's life as traumatic information, emotions, and memories cannot be fully integrated. Identity confusion and/or alteration, along with disturbances of movement and/or sensation can also happen with this kind of dissociation (International Society for the Study of Trauma and Dissociation, 2020).

Client Profile

The therapeutic approach for this study was established from the client's acknowledgment that her mental well-being was most affected by anxiety, particularly in terms of her perceived

sense of safety. An inventory of how anxiety materialized in the client's life was compiled into a list of forty distinct symptoms. Figure 1.0 can be found in Appendix A, showcasing all forty of these manifestations, categorized according to kosha and accompanied by a yogic energetic assessment of each. Further insight into the client's profile, including her experiences with trauma and other pertinent health and lifestyle factors is described in Appendix B.

Research Protocol

To assist with empowerment and safeguard against re-traumatization, a client-led, trauma-informed approach was implemented for this inquiry. Upon client selection, a generic email was disseminated to the researcher's network, outlining the parameters of the project. Prerequisites for participation included having a history of complex trauma and a current mental health affliction. Those who responded and met these specifications were screened via video consultation calls during which trauma and mental health histories were carefully reviewed. Discussions also delved into the availability of support systems, coping strategies, and expectations for contributions. Once the final candidate had been designated, the intake process ensued with the collection of additional client information and the completion of legal documentation. Finally, follow up video calls were conducted with the remaining applicants in order to provide alternative resources for trauma and mental health support.

Therapy session structure and data collection involved many dynamics, with sessions lasting between two to three hours every Wednesday for eight weeks, beginning on October 11 and finishing on November 29, 2023. Session length was dependant on client reflection time, as data collection surveys were completed prior to and after psychoeducation and technique

offerings. At the client's request, all forty symptoms of anxiety were measured, in addition to tracking overall anxiety as it related to sense of safety. Pre-offering surveys required information on client experiences throughout the week since the last session, along with information on the client's state directly before offering commencement. Instead of reporting on the previous weeks' experiences during the first session, data was gathered on overall experiences one month prior to therapy. In contrast, post-offering surveys only required information on the client's state directly after offering completion. Numerical ratings were given for intensity of overall anxiety, as well as for each symptom, both for long-term experiences, and, short-term, pre- and post-offering experiences. An open ended space to report on narrative information relevant to each symptom for long- and short-term experiences was also provided. Help was available during pre- and post-offering survey reflections to accommodate symptoms of ADHD and dyslexia. In closing data collection, a final survey was issued one month after all eight weeks of therapy had been completed, gathering information on overall experiences post-therapy.

At the halfway point check in during session four, it was agreed that symptom measurement would be reduced to half for the remainder of sessions, as the client had expressed her preference for more time outside of reflections themselves. Successively, with a commitment to holistic inclusion, the client selected twenty-one symptoms that resonated most with her current needs and interests. These symptoms are highlighted in figure 1.0 in Appendix A. Within final survey reflections completed one month post-therapy, the client reported on her experiences for all forty symptoms.

Data examination encompassed qualitative and quantitative records obtained from all data collection surveys. The numerical rating scale that the client referenced to assess her ratings

is portrayed in Figure 1.1 in Appendix C. To evaluate long-term symptom effects, weekly numerical ratings for each symptom were averaged and compared to overall pre- and post-month therapy ratings. The lowest, numerical, long-term, weekly rating was also noted, while numerical differences between pre- and post-offering ratings were calculated for each symptom across every session. The narrative data pertaining to long- and short-term experiences was analyzed in tandem with their corresponding numerical ratings, further enriching the depth of interpretation.

Amongst the data collected for all forty symptoms of anxiety, dissociation was revealed to be at the centre of all healing. This symptom was measured according to disconnection from thoughts, feelings, and sense of identity. Despite the numerical data exhibiting prominent decreases in several other symptoms, one month post-therapy, anecdotal, client records disclosed that the impact of therapy was most profound here. The client stated that because she was able to reconnect with herself through a consistent, slow-paced practice that involved breathwork and meditation every week, her perception surrounding her additional symptoms expanded, and as a result, she was equipped to respond to her needs in a more conscious and prompt manner. Moreover, this new information allowed for a refined thesis that could explore the effects of yoga therapy, specifically on dissociation as a symptom of anxiety, particularly in the context of enhancing sense of safety.

Therapy Protocol

With therapy protocol centred around healing sense of safety in relation to anxiety, the foundation for all sessions consisted of helping the client build her interoceptive awareness in order to aid with nervous system regulation. Interoception is characterized as essential for

discerning one's present emotional and physiological state by attuning to internal cues such as biological and emotional responses, heart rate, respiration, temperature, and pain. Analogous to conventional senses like touch, sight, sound, smell, and taste, it is likened to a sixth sense.

Research maintains that the criticality of nurturing this sixth sense is underscored by the potential adverse outcomes that can emanate from prolonged neglect of physical and emotional sensations, including the increased susceptibility to various mental health disorders (Weir, 2023).

To foster the expansion of interoceptive awareness, session evolution comprised the fusion of Western neuroscience principles with the elemental science of yoga and Eastern philosophies surrounding the root and solar plexus chakras. Situated at the base of the spine, safety and the primal survival instinct is harboured within the first chakra. Alternately, the third chakra, nestled in the solar plexus, houses traits of power and will, significantly influencing self-esteem and autonomy (Judith, 2004). These energy centres were targeted to assist with liberation from anxiety and to elicit feelings of empowerment. As a matter of course, the fundamental tenets of yoga were applied to work towards achieving homeostasis. This included employing methods rooted in water and earth elements to mitigate excesses of fire and air elements. Working with the element of space was also an integral part of supporting wholesome boundary progression. Supplementary to client reflection time during survey completion, therapy reflected a deliberate, leisurely pace that allowed for stillness, meditation, breathwork, psychoeducation, and synchronized movement with breath. Customized physical postures were tailored to facilitate nervous system relaxation, often involving prone positions and the gentle use of weighted blankets in supine positions.

Weekly practice was determined according to the condition of the client's nervous system upon session arrival. Early on in the therapeutic process when the client exhibited heightened arousal, sun salutations were offered to support the transition to a more centred state once heart and breath rate decreased. Slow, rhythmic movements in cat-cow and cobra positions were also utilized to help with grounding and to aid with the discovery of physical sensations. As therapy proceeded, psychoeducation surrounding interoception, the nervous system, and the koshas and spirituality was introduced to enhance the development of embodied awareness. Latter sessions prioritized connection to lower body, with offerings containing steady upper body twisting movements in dragonfly position. Supine knees to chest posture, including a gentle sway from side to side was also completed, along with supine forward fold, supine figure four, and exercises targeting the ankle joints. Breathwork, frequently executed in constructive rest pose and woven throughout all sessions, consisted of belly breathing, three part breath, ujjayi breath, and extended exhale breath. Furthermore, intention setting and mindful self check-in meditations were regularly incorporated before the implementation of breathwork and physical postures.

Previous Research

Accompanying the positive findings observed within this investigation, beneficial results have been shown in previous research on the efficacy of building interoceptive awareness, as well as on reducing trauma-related mental health symptoms. Price and Hooven (2018) highlight that in learning how to accurately detect, evaluate, and appropriately respond to the body's internal signals, effective emotional regulation can occur in those who have encountered adverse life events. Additionally, yoga's cultivation of the mind-body connection has been linked to

diminished experiences of dissociation (Gaffney et al., 2023). One study specifically focusing on individuals with PTSD, reported similar improvements from trauma-sensitive yoga interventions (Danielly & Silverthorne, 2017). Compatible data was also shared by Rhodes (2015) who discovered that peaceful embodiment in adult women with complex trauma histories was at the core of healing through yoga, as correspondence to body, emotions, and thoughts were refined. Likewise, mindfulness-based yoga has been documented for reducing anxiety associated with trauma (Owen-Smith et al., 2021).

Results

Long-Term Findings

Graph 1.0 can be found in Appendix D capturing the detailed numerical ratings for dissociation prior to therapy, during therapy, and post-therapy. Computations revealed a decrease of 4.3 points from the pre-month therapy rating of 9 (shown as the first point in time on the graph), when compared to the seven weekly ratings' average of 4.7. The weekly ratings that were used to calculate this average are displayed from the second to eighth point in time on the graph. In addition to therapy sessions themselves, these weekly ratings were influenced by the integration of learned techniques into daily life between sessions. Finally, the 4.7 weekly rating average further declined by 1.7 points, to a post-month therapy rating of 3 (shown as the ninth point in time on the graph). Post-month therapy data determined that yoga technique utilization had been maintained after therapy completion.

The lowest numerical rating for dissociation was seen at the halfway point of therapy in session four. At this time, the client reported noticing several positive changes, all of which seemed to be directly related to advances with association. It was stated that self-regulation became easier as more time was spent on self-replenishment. When completing daily tasks such as brushing her teeth, the client explained that she was able to ground into her experience by calling on techniques she had learned during previous practices. Moreover, declarations were made about developments in mindfulness. This encompassed allowing for more rest, slowing down and doing things with intention, and reconnecting with goals.

Dissociation-specific, descriptive data that was gathered over the duration of this project also showcased the overall momentum of healing. Throughout several sessions, newfound client acknowledgements arose regarding correlations between dissociation and symptoms of hypervigilance, racing thoughts, negative self talk, and restlessness. Early on in the therapeutic process the client recognized that in order to avoid uncomfortable emotions and thoughts, she would distract herself by engaging with multiple electronic devices. While completing previous week reflections during the pre-session survey at week five, a consciousness surfaced pertaining to a discrepancy between what was thought to be experienced (and was about to be documented in the survey) and what was actually experienced. At week six, a greater connection to self was disclosed after reuniting with old friends on a road trip. In contrast, upon returning home from the trip, the client mentioned feeling somewhat removed from this sensation. Subsequently, an embodied nervous system cognizance started to blossom for the client at this time as she began to understand how her body responded to her long-term nervous system dysregulation from living in an unsafe environment as a child, and how she adapted to survive her suffering by

disconnecting. By week eight, despite lapsing into previous patterns of hyperfocus and overachievement, the client proclaimed a strengthened sensitivity to internal signals, something that was not usual when these symptoms were present. In post-month therapy reflections, recordings affirmed a general rise in self-presence as well as an improved ability to identify the onset of dissociation.

Short-Term Findings

Graph 1.1 can be found in Appendix E capturing the detailed numerical ratings for dissociation before and after all eight therapy sessions. With the exception of sessions five and seven, which both saw a slight increase of 1 point in post-session ratings, this symptom either maintained its pre-session rating or exhibited a reduction. Following session five, the client attributed her rating of 2 to thoughts concerning what lay ahead after session closure. Conversely, post-session seven narratives confirmed that the rating of 1 was due to awareness oscillations between connection and disconnection to self. Notably, session eight resulted in the most drastic decrease, dropping 6 points to a post-session rating of 0. The client did not provide any information coinciding with this change.

What is more, post-therapy reflections demonstrated association beyond that of just thoughts, feelings, and sense of identity. Attunement to physical sensations and limits first appeared in earlier sessions, playing a significant role in the progress made with dissociation. Successively, during mid- to final therapy sessions, the client's relationship to self and others started to deepen, with session seven transpiring as especially momentous. The details surrounding this session can be found in Appendix F. In conclusion, the practice of mindful self-

check-in meditations, extended exhale breath, and ujjayi breath (which eventually became the preferred breathwork technique), all characterized particularly influential markers that nurtured the growth of this extensive sense.

Discussion

The evolution of dissociations's decline was additionally demonstrated in the final session while focusing entirely on lower body movement and stretching. Only when the client was guided through positions that specifically released this area, did elevated hip tension consciousness emerge. This cognizance showed improvements from what was observed during prior sessions as direction of pelvis preference in cat-cow posture could not be identified. Moreover, speculation about this distinct disconnection alluded to theories pertaining to nervous system survival channels serving to delay the processing of emotions that might be stored here. Just like when the client was a child dissociating for life preserving purposes, natural functions may have instinctively shielded her from what she was not yet prepared to confront.

Considering this proposed innate defense mechanism hypothesis in conjunction with the client's expanding perceptions and the autonomic nervous system's survival duties, the vitality for alleviating our psychic wounds is not just reiterated from the need for reconnection with our bodies, but also in honouring the insights gained from these connections. As Mate and Mate (2022) elucidate, healing entails a journey towards wholeness that involves the retrieval of authenticity, something that can only happen by virtue of embodiment itself. This begins with the full acceptance of self, independent of the opinions and judgements of others, and can often be a painful procedure. In spite of dissociation arising as a coping strategy in the presence of pain

though, pain does not have to be interpreted as the enemy. Instead, suffering can be used as a way to simply alert us to what is amiss so that we can realign with our true nature. In doing so however, one must first unlearn the notion of protection against pain (Mate & Mate, 2022). Accordingly, the spiritual practice of yoga's offerings can be understood via this concept. Chopra (1995) expands on the idea of anguish by suggesting that through acceptance comes the energy of abundance, peace, intelligence, and creativity, all of which are held within connection to the present moment. From here, it can then be suggested that when the body is ready to engage with its discomfort, tapping into the here and now will provide a lifetime of sustainability.

Correspondingly, the client's success in embracing pain as a catalyst for reclaiming authenticity during this project can be ascribed to many factors. First and foremost, the intrinsic personal qualities of resilience, perseverance, determination, and inner strength were what fuelled the progress and all of the healing that was accomplished preceding this examination. Characteristics like these are the driving force behind the findings of all trauma-related research. Without the unwavering dedication of the participants, data this rich would not exist. Supplementarily, apart from yoga therapy itself, client learnings from counselling sessions and the pursuit of a Master's in Counselling degree, both contributed towards this inquiry's results, as newfound knowledge and therapeutic techniques from all forms of support were adopted into daily life.

Conclusion

To continue to sustain the mental well-being of trauma survivors, recommendations for future explorations are important when navigating a progressive approach. The harm and agony

inflicted by societal systems, that often unwittingly create unhealthy constructs, significantly affect the cycles of trauma. Similar to Linklater's (2014) perspective on trauma that was mentioned earlier, Afuape (2011) states the indispensability of identifying the source of a person's distress as something that originates in the external world. Although trauma involves internal processes, its onset does not arise here. From this viewpoint, healing as part of a social, cultural, and spiritual process, rather than one that is confined to the individual realm, becomes apparent. Concertedly, the practice of empathetic appreciation, along with engagement in supportive relationships and meaningful life experiences is necessary to achieve this, and, is especially paramount in counteracting psychiatric and pharmaceutical dominance as a form of oppression. When complex identities are replaced with stigmatizing labels and the ability to live freely is impeded by the constraints applied from the judgement of others, cultural norms become toxic (Afuape, 2011). Regrettably, some of the data collected in this analysis indicated that the client struggled with exposure to comparable conventions.

Contemplating the ramifications of macro institutions like these sparks an opportunity to envision the transformative potential that could be unlocked. What revelations might materialize from the essence of paradigm shifts that embrace compassion amidst diversity? How might the landscape of healing evolve, not only on a micro level but also on a societal scale, if the model of care prioritized emancipation and welcomed what may seem uncomfortable? What would the collaborative efforts of a diverse spectrum of healthcare providers with a unified, trauma-informed, patient care stance produce? In taking this a step further and evaluating the deployment of interdisciplinary research teams alike to generate the evidence required for this kind of change, perhaps the utmost quality of care could be issued, adjacent to upholding

objectivity and ensuring a balanced workload for all. Establishing numerous, robust alliances that reinforce these standards can help to address the complex and multifaceted phenomenon of trauma. Undoubtedly, this poses an extraordinary challenge; nonetheless, with humanity at the forefront, headway can prevail with unceasing fervor and diligence.

References

- Afuape, T. (2011). *Power, resistance and liberation in therapy with survivors of trauma: To have our hearts broken*. Routledge.
- Chopra, D. (1995). *The way of the wizard: Twenty spiritual lessons for creating the life you want*. Harmony Books.
- Complex Trauma Resources. (2024). *Complex trauma: What is it and how does it affect people?* <https://www.complext trauma.org/complex-trauma/complex-trauma-what-is-it-and-how-does-it-affect-people/>
- Danielly, Y., & Silverthorne, C. (2017). Psychological benefits of yoga for female inmates. *International Journal of Yoga Therapy*, 27(1), 9-14. <https://doi.org/10.17761/1531-2054-27.1.9>
- Gaffney, I. O., Gulden, A. W., Jennings, L., & Mackenna, L. P. (2023). Yoga and the healing of interpersonal trauma: A qualitative meta-analysis. *International Journal of Yoga Therapy*, 33, Article 5. <https://doi.org/10.17761/2023-D-22-00048>
- International Society for the Study of Trauma and Dissociation. (2020). *Trauma related dissociation: An introduction*. <https://www.isst-d.org/public-resources-home/fact-sheet-iii-trauma-related-dissociation-an-introduction/>
- Judith, A. (2004). *Eastern body western mind: Psychology and the chakra system as a path to self*. (Rev. ed.). Celestial Arts.
- Linklater, R. (2014). *Decolonizing trauma work: Indigenous stories and strategies*. Fernwood Publishing.

Mate, G., & Mate, D. (2022). *The myth of normal: Trauma, illness and healing in a toxic culture*. Penguin Random House.

Owen-Smith, A., Black, H., Emerson, D., Cotner, M., Smith, H., Jackson, D., Ford, J. D., DeBar, L., DiClemente, R., & Hayat, M., J. (2021). A pilot study to adapt a trauma-informed, mindfulness-based yoga intervention for justice-involved youth. *International Journal of Yoga Therapy*, 31(1), Article 18. <https://doi.org/10.17761/2021-D-21-00032>

Price, C. J., & Hooven, C. (2018, May 28). Interoceptive awareness skills for emotion regulation: Theory and approach of mindful awareness in body-oriented therapy (MABT). *Frontiers in Psychology*, 9, 798. <https://doi.org/10.3389/fpsyg.2018.00798>

Psych Central. (2024). *What's the link between trauma and dissociation?* <https://psychcentral.com/pro/coping-with-trauma-through-dissociation>

Rhodes, A. M. (2015). Claiming peaceful embodiment through yoga in the aftermath of trauma. *Complementary Therapies in Clinical Practice*, 21(4), 247-256. <https://doi.org/10.1016/j.ctcp.2015.09.004>

Van der Kolk, B., A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin Books.

Weir, K. (2023, April 1). What is interoception, and how does it affect mental health? 5 questions for April Smith: The Auburn University psychologist explores how awareness of physical and emotional sensations can contribute to eating disorders and suicidal behavior. *Monitor On Psychology*, Volume 54(3), 33. <https://www.apa.org/monitor/2023/04/sensations-eating-disorders-suicidal-behavior>

Appendix A

Figure 1.0 - Symptoms Of Anxiety & Their Energetic Assessment

PHYSICAL BODY (ANNAMAYA KOSHA)	ENERGETIC ASSESMENT
Muscle Tension/Cramping	+ Earth
Burning Sensation	+ Fire
Tingling Sensation	+ Air
Radiating Achey Sensation	+ Earth
Sporadic Shooting Sharp Pain	+ Fire
Joint/Muscle Stiffness	+ Earth
Migraine	+ Earth
Intolerance To Touch	- Air
Intolerance To Sound	- Air
Intolerance To Smell	- Air
Constipation	+ Earth
ENERGETIC BODY (PRANAMAYA KOSHA)	ENERGETIC ASSESMENT
Hypervigilance	+ Fire + Air
Restlessness	+ Fire + Air
Sleep Disturbance	+ Fire + Air
Overachievement	+ Fire + Air
Reactive Responses	+ Fire + Air
Irritable Mood	+ Fire + Air
Shallow Breathing	+ Air
Adrenal Fatigue	+ Fire + Air

ENERGETIC BODY (PRANAMAYA KOSHA)	ENERGETIC ASSESMENT
Low Libido	- Water

MENTAL BODY (MANOMAYA KOSHA)	ENERGETIC ASSESMENT
Racing Thoughts	+ Air
Negative Self Talk/Thoughts	- Earth
Self Doubt/Low Self Confidence	- Earth
Dissociation	- Earth
Mistrust In Others	- Earth
Group Social Engagement Unease	- Earth
Avoidance/Procrastination	- Air
Emotional Eating	- Earth
Feelings Of Pressure To Please Others	+ Space
Prioritizing Needs Of Others Before Own	+ Space
Feelings Of Guilt	- Earth
Fear Of Judgement	- Earth
Fear Of What Happens If There Is Nothing Left To Achieve	- Earth
Fear Of Rejection In Romantic Relationships	- Earth
Fear Of Failure In Romantic Relationships	- Earth
Self Sabotage In Romantic Relationships	- Earth
Fear Of Lack Of Control Over What Life Presents	- Earth

WISDOM BODY (VIGNANAMAYA KOSHA)	ENERGETIC ASSESMENT
Disconnection From Perspective Outside Own Immediate Experience	- Space
Negative Pattern/Cycle Repetition	- Space

BLISS BODY (ANANDAMAYA KOSHA)	ENERGETIC ASSESSMENT
Disconnection From Unifying Connection To That Which Is Greater Than The Self	- Space

Appendix B

Client Profile Detail

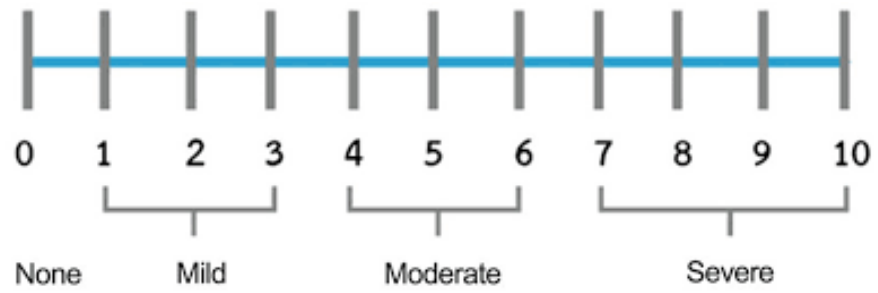
The client's history of complex trauma stems from a series of events spanning her lifetime. While still developing in the womb, she was first impacted by her mother's grief from the loss of a child that had been carried seven months to term, approximately nine months before the client's conception. Following her birth and throughout her formative years she experienced direct physical, verbal, and psychological abuse from her father, and also witnessed her father subjecting her mother to physical intimidation and emotional torment. Subsequently, at the age of twenty-seven, she entered into a romantic relationship with a man who later became the father of her child. For the whole of their time together, she endured further trauma from his abuse in the form of physical intimidation, verbal attacks, psychological manipulation, and financial exploitation.

Moreover, a comprehensive understanding of the client's overall health and lifestyle yielded valuable supplementary information, specifically pertaining to the interpretation of therapy effects. Firstly, despite engaging in an intermittent yoga practice for approximately fifteen years, five of which were predominantly across online platforms such as Yoga With Adriene, the client's exploration of spirituality had only recently begun. Additionally, in considering her physical and mental state, the client self-rated both as satisfactory, acknowledging a notably low level of physical activity during the six months preceding the onset of this research. During the intake process, the client reported that she had just started incorporating regular, short walks and hikes into her routine, and that she was stretching daily to

address low back and hip discomfort. Furthermore, she was grappling with symptoms of depression, dyslexia, and ADHD alongside her anxiety, and albeit ADHD had not been formally diagnosed, she was taking 5mg of Adderall a day, as prescribed by her family physician. In tending to her physical and mental health tribulations, the client had previously participated in EMDR therapy. Current ongoing therapies included counselling (approximately once a month), massage therapy (approximately every two months), and osteopathy (two to three times a year). The client maintained that her coping strategies for stress involved walking, spending quality time with friends and family, listening to music, and using anxiety apps, while her reported personal strengths comprised resilience, self-awareness, practices of kindness, and mindfulness. Lastly, concurrent with finishing a Masters in Counselling degree, she had initiated legal proceedings concerning the co-parenting arrangement for her young child just prior to therapy session commencement.

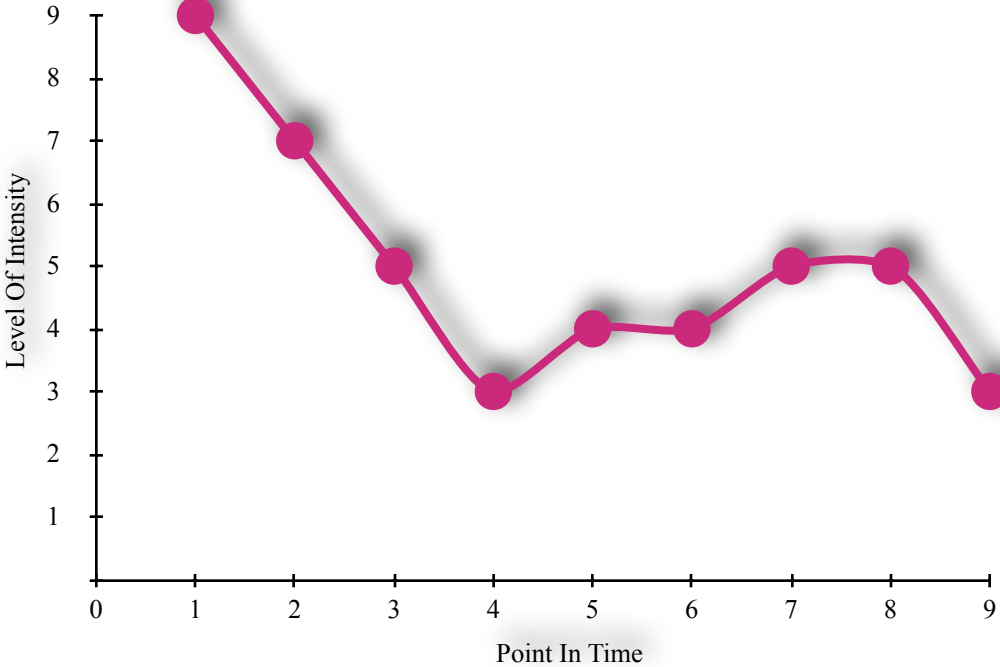
Appendix C

Figure 1.1 - Numerical Rating Scale Reference



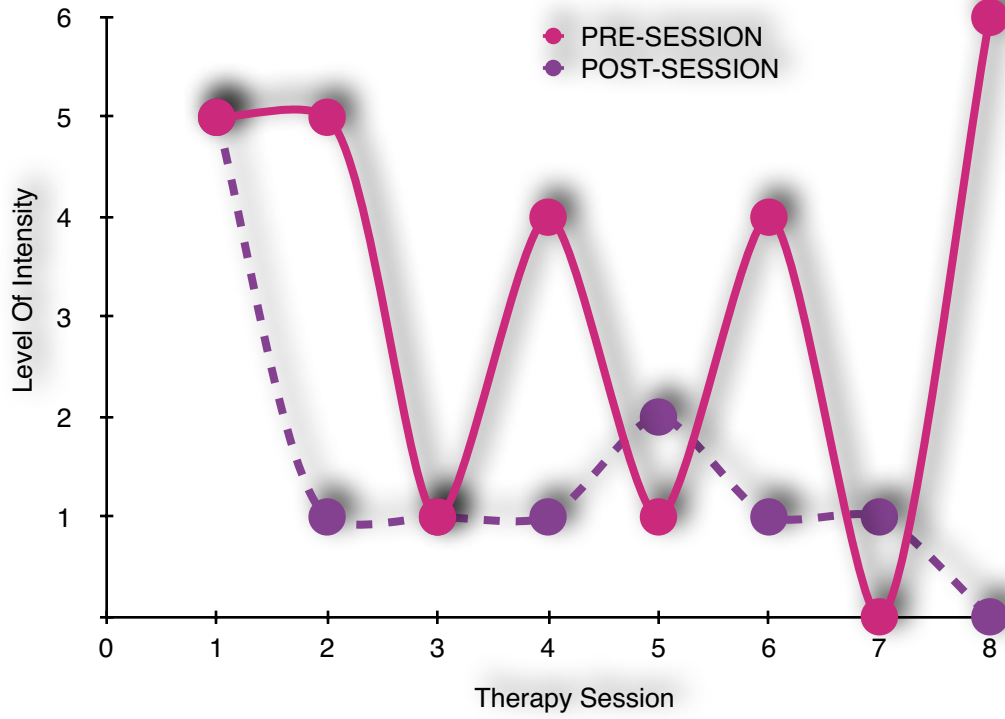
Appendix D

Graph 1.0 - Long-Term Dissociation



Appendix E

Graph 1.1 - Short-Term Dissociation



Appendix F

Session Seven Detail

Although all sessions contributed towards interoceptive fortification and emotional regulation refinement, session seven stood out for substantial client attainments relevant to these objectives, particularly with reference to the symptom of dissociation. Ensuing the actualization of dissociative childhood survival adaptations in the previous week's practice, a profound visualization and emotional release transpired during this session as the assimilation of the coping mechanism's roots unfolded. From the effective infiltration of the subtle layers of the body, not only was the client able to align with her authentic self, she also became more conscious of her fluctuations between association and detachment, and as a direct result of the growth made with amplifying interoceptive awareness, triumph was achieved in obtaining a sense of safety during this experience.

Customary protocol consistently embraced organic shifts to address the immediate needs and revelations of the client; nevertheless, this session's unique framework hosted a variety of components, some of which had not previously been introduced during the therapeutic process. After finishing the pre-offering reflection questions, the client was guided through a mindful self check-in meditation, succeeded by extended exhale and ujjayi breath executed in a seated position. These exercises were applied to support the development of interoception by way of grounding and mind-body connection revitalization. Subsequently, dragonfly posture was employed, and later modified with the integration of steady, upper body, twisting movements. This was orchestrated to continue to assist with grounding, as well as to open the hips and release

the low back. To evoke feelings of inner strength and resilience, the spine was used as a central axis for upper body rotations aimed at opening the chest and broadening the shoulders. Finally, in facilitating a serene resolution to the transformations that occurred within this practice, the client returned to stillness in dragonfly stance for a few, final moments before completing the post-offering reflection questions.