

Living with Trauma and Learning to Feel

An Ethnographic Approach to Trauma Center Trauma-Sensitive Yoga in Berlin

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Cover image by Marcelo

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Abstract:

Based on ethnographic research, this thesis analyses the lives of women living with complex forms of trauma and their experiences of the feeling-facilitating practices of Trauma Center Trauma-Sensitive Yoga (TCTSY) in Berlin. Positioning the research in psychological anthropology, the author investigates affected and marginalized perspectives by firstly, asking what women living with trauma experience in TCTSY settings, and how their actions of feeling and making choices are initiated and sustained. Secondly, by scrutinising the question of what can be learned from TCTSY and participants' experiences regarding their everyday life with trauma more generally. The thesis enquires into healing practices and expert discourses and zeroes in on questions such as how far an ethnographic analysis of TCTSY can influence or alter dominant understandings of trauma and trauma healing. The author argues for an understanding of trauma which is more rooted in the experiences of trauma survivors and proposes the approach of "trauma-as-ongoing-lived-experience-in-context". Moreover, the detailed analysis of the TCTSY practice and spatial emplacement as fluid and dynamic affective arrangement that considers socialities, affects, subjectivities, spaces and the arrangement of objects and feelings within them, gives indications of what healing and empowering contexts can look like in the wake of (complex) trauma.

For those who endure.

For those daring to feel and those choosing not to.

For moments of connection and peace.

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Table of Contents

1 Introduction	1
2 Ethnographic Fieldwork in the Context of Trauma	6
2.1 Research on Illness, Suffering and Trauma	6
2.2 The Field: TCTSY in Berlin	7
2.2.1 The T in TCTSY	8
2.2.2 The Y in TCTSY	9
2.2.3 Facilitating TCTSY in Berlin	10
2.2.4 Research Partners	17
2.3 Conducting Ethnographic Fieldwork about TCTSY and Lives with Trauma in Berlin	20
2.3.1 Positionality and Research Interest	20
2.3.2 Participant Observation and In-Depth Interviews	24
2.3.3 Affective Arrangement as Methodological Orientation for Micro Analysis	26
2.3.4 The Affected Self	29
2.4 Analysis Strategies	31
2.5 Anonymity and Writing Style	32
2.6 Limits and Scope of the Research	33
3 Psychological and Anthropological Approaches to Trauma	34
3.1 Trauma as One-Event	35
3.2 Psychological and Psychiatric Diagnostics	36
3.3 Holistic and Critical Approaches to Trauma	38
3.4 Trauma-as-Ongoing-Lived-Experience	39
3.5 Trauma-as-Ongoing-Lived-Experience-in-Context: Placing Trauma within the Sociocultural	42
4 Lifeworlds Shaped by Trauma and Feeling in the Context of TCTSY in Berlin	48
4.1 Experiencing Trauma	48
4.1.1 Women’s Perspectives on Trauma Processes: From Diagnosis to Everyday Suffering	48
4.1.2 (Embodied) Self & Feeling at the Edge of Existence	55
4.2 Experiencing TCTSY	64
4.2.1 TCTSY Affective Arrangements of Safer Atmospheres	65
4.2.2 The Power (Not) to Feel: Doing Feeling and Doing Choice in TCTSY	79
4.2.3 New Experiences – Becoming, Empowerment and Embodied Feeling Selves	88
5 Becoming and Trauma: Conclusion and Outlook	94
6 References	103

1 Introduction

With trauma also comes this feeling; something is being done to you and there is nothing you can do about it. You are powerless! And there [in the trauma-sensitive yoga practice] this is given back to you [...]. I can feel myself. I can tell if I want to do something or not. Without any consequences. I believe that here you find trust in yourself and your intuition, which otherwise is very difficult to regain when you have such a basic deep feeling of [permanent] threat and insecurity. (Lyra)¹

For women² living with trauma, *feeling* is often something that is inaccessible or only partially or temporarily accessible due to their personal life stories and individual (trauma) experiences. However, feeling the world, with the world, and with oneself, feeling the body, oneself, and life, seems to be something central to human life. Feeling can be seen as the experiential aspect of what affects us, not restricted to the mind but rather an embodied experience that happens in the world (Thonhauser 2019, 52). Feeling, per se, cannot be designated as something positive or negative – it ranges from feeling hunger, joy, a warm breeze, cold ice, to tiredness, pain or the gentle touch of a friend. All of these are expressions of vitality. Feeling is a glue that connects us to our surroundings, and it is an important element for one's relationship with the self. It helps us to perceive and navigate the world, to take care of ourselves, to set limits and connect to other living beings and our own experiences.

As feeling is an important part of life, feeling-enhancing practices like some forms of yoga and other body-mind practices are popular. These practices usually enhance special ways and aspects of feeling (Scholtes 2019) and thus ways of connecting to oneself and the world. In modern yoga, for example, experiencing the embodied self through movement, rhythm, and breath is referred to as 'flow', while the breath is often seen as the symbol for life itself. However, common feeling- and embodiment- enhancing practices like yoga³ often stay inaccessible for those affected by trauma, as these practices are not adjusted to the lived realities and needs of those living with trauma. Far from such a flow, far from feelings of being in, part of and connected to the world, life and others, are the everyday experiences of many people living with trauma even in regular – meaning not trauma-sensitive –

¹ Names of most research partners have been anonymised; extracts of interviews and conversations have been translated from German to English by the author.

² This thesis is based on an understanding of gender as socially constructed (J. Butler 1993). 'Woman' and 'women' in this text include all people identifying as women. The results may also apply to the experience of trauma across other genders; however, this research explores the experiences and perspectives of women.

³ In this thesis I refer to 'yoga' in the sense of contemporary, transnational yoga which is also often referred to as *modern yoga* (De Michelis 2005). In this understanding 'modern' is not an opposition to 'traditional' because such polarisations, including their connotations of 'real' or 'authentic' and 'less real' or 'less authentic', fail to acknowledge the heterogenous, manifold, and changing nature of yoga (Singleton and Byrne 2008a).

feeling-enhancing practices. Experiences of feeling that are shaped by trauma are often framed as ‘not-feeling’ and can lead to severe suffering and huge challenges in the everyday lives of affected people.

This ethnographic research looks at the lives of women living with complex forms of trauma⁴ and their experiences of the feeling-facilitating practice of Trauma Center Trauma-Sensitive Yoga (TCTSY) in Berlin. Trauma yoga, in general, is a range of embodied healing practices which approach suffering from trauma through forms of yoga that are adjusted to the specific needs of people living with trauma – so-called “trauma survivors” (van der Kolk 2011). TCTSY, the practice in focus in this thesis, is a unique form of trauma-sensitive yoga, especially focussing on the needs of people who live with entangled, complex forms of trauma, e.g. repeated and prolonged trauma (Herman 1992b) and is to be distinguished from other forms of trauma yoga⁵. During TCTSY, different aspects of *feeling (oneself)* become relevant and are facilitated by one facilitator in a singular trauma-sensitive manner.

TCTSY was developed at the interface of psychiatry, psychology, neurology, hatha yoga and the experiences of trauma survivors, by the Center for Trauma and Embodiment (CFTE), which is hosted by the non-profit organisation Justice Resource Institute (JRI) in the U.S. In the German city of Berlin, where this research took place. TCTSY is not bound to any local institution but is facilitated by individual TCTSY-facilitators trained by the CFTE.

Looking from the standpoint of psychological anthropology, this research focuses on the perspectives of women living with trauma and aims to reflect their experiences of *doing feeling* in TCTSY. It follows the questions: How and what do women living with trauma experience in TCTSY settings? How are acts of feeling and choice-making initiated? What can be learnt from TCTSY and people’s experiences with it, and what does it tell us about

⁴ Conceptualisations of trauma vary. Also, experiences of and sufferings from trauma differentiate. How trauma should be diagnostically assessed is under debate. ‘What trauma is’ and how it is understood and accessed will be discussed in chapter 3. The women I cooperated with in this research have all suffered from trauma since childhood and have winding trauma histories. In diagnostic terms this will soon be classified in most cases as *complex PTSD* (Herman 1992a; WHO 2020b) or *complex trauma* (Herman 1992b). Despite this, in the following, I will not apply the term complex trauma but only trauma, as *trauma* was mainly used by my research partners and thus is the emic term. While it could be discussed whether in the context of trauma precise diagnostic differentiation is always useful for helping people, readers with a background in psychiatry and psychology may hereby be informed to sort the findings of this research into the category of complex trauma. Findings may also be interesting for people who identify or work with the diagnosis of PTSD.

⁵ The term ‘trauma yoga’ is not protected and thus is used in different contexts for different practices while the concepts behind practices differ. In Germany, besides TCTSY, TSY (Traumasensibles Yoga), for example, is also popular. While no scientific studies exist so far for TSY, the concept behind it is transparent (Dunemann et al. 2017). Besides that, other forms of trauma yoga are offered, for example, in crisis centres that apparently do not follow a transparent concept (e.g. LARA 2017).

everyday life with trauma in general, and about healing practices in particular? How far does this influence or alter the dominant understanding of trauma and healing from trauma?

The emergence of new approaches to trauma and innovative ways of supporting those who live with trauma is mirrored by an increasing number of people diagnosed with Post Traumatic Stress Disorder (PTSD), whereby women are more often (in Germany two to three times as often) affected than men (Frommberger et al. 2014; Deutscher Bundestag 2016). In the current context of the COVID-19 pandemic, an additional increase in PTSD diagnoses in hospitalised patients has been observed (Rabe-Menssen et al. 2021, 21). Additionally, a significant rise of violence against women and children (Ebert and Steinert 2021) and experiences of isolation during the ongoing pandemic are factors that can be anticipated to contribute towards a further rise of PTSD. Furthermore, the ongoing debates around trauma diagnoses and therapies, reflect that present approaches to lives affected by trauma are falling short. A current example is the invention of the new diagnosis Complex-PTSD in the 11th edition of the International Classification of Diseases (ICD-11) of the WHO, coming into effect in 2022. While the diagnosis will be applied in many countries (including Germany), the American Psychiatric Association decided not to include this much-debated new diagnosis in the next edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) applied in the U.S. The most notable evidence for the need to better understand trauma, are reports of persistent suffering from those affected. Looking at lifeworlds shaped by trauma, critical voices make the shortcomings of the dominant understanding of trauma and the new diagnosis a subject of discussion (e.g. Brensell 2013; Lester 2013; Thesing 2017). Instead of thinking within the boundaries of a single discipline – mostly that of medicine – it seems more fruitful to approach trauma from the inside – via the lived experience of trauma – and to integrate all spheres that seem to be relevant from this perspective. For example, ongoing and worsening suffering is, discussed in connection to forms of structural violence that are ignored socially, e.g. gender-specific violence, and insufficient or inadequate support. Different forms of structural violence may also be responsible for what is discussed as ‘silencing’: the fact that many women living with trauma state that they are not heard, not believed, or deprecated and that any form of speaking about what happened to them and what life with trauma looks like, is not desired. Experiences of silencing were also present in this research; the fact that those living with trauma were able to share their personal perspectives on trauma and all the areas of their

lives that are affected in a safer and non-judgemental space, was an important objective of this thesis. It is also an objective to de-centre pathological perspectives on trauma and instead highlight multiple and diverse aspects of trauma. The aim is to discuss trauma where it happens, develops, transforms, and possibly heals, which is in life and society. For this purpose, I apply Rebecca Lester's (2013, 755) innovative understanding of "trauma-as-ongoing-lived-experience", an experience-near concept from critical psychological anthropology that serves as the analytical basis for this thesis. I will look at the experiences of my research partners with the help of Lester's (ibid.) approach, and additionally highlight the contextual aspect of trauma, as trauma appears in different forms and in all areas of life – not only in diagnostically detectable symptoms. This patient-centred (speaking in medical terms) view on a life affected by trauma and the trauma-sensitive feeling-facilitating practice of TCTSY may enhance a better understanding of trauma and thus better support for those suffering in all areas of life. The detailed analysis of the TCTSY-practice carefully looks at experiences of connecting to life through feeling-processes of those surviving on "the edge of existence" (ibid.). The analysis may contribute to a better understanding of experiences, needs and challenges in TCTSY in Berlin and serve as an example for trauma-sensitive spaces that have the power to enhance (healing) processes. While some qualitative studies on TCTSY from a participant's viewpoint were already conducted in the U.S. (e.g. West 2011; Rhodes 2015; West et al. 2017; Silverberg 2019), this is the first study of TCTSY in Germany. In contrast to other studies, no TCTSY course was set up for the purposes of this research. Following an ethnographic approach, I approached existing contexts and facilitators at TCTSY in Berlin as well as women who already practise TCTSY as a part of their life with trauma (originally without any study objective). They were all secured as collaborators for this research.

As a methodological and analytical frame I will apply Jan Slaby's (2019) *affective arrangement*, a working concept inspired by Deleuze's and Guattari's (1987 [1980]) concept of *agencement* to look at the complex situation of TCTSY practice. This analytical lens and the analytical focus on feeling in TCTSY applied in this thesis, open up a new perspective on the practice and will hopefully supplement the understanding of how TCTSY works, how it affects participants and how it is experienced. In terms of the new diagnosis of complex PTSD, this work can provide insight, as it explores complex trauma in Germany due to complex trauma survivors being the target group of TCTSY. This diagnostic distinction is only now beginning to

be made in Germany, and thus for many care- and therapy suppliers, complex forms of trauma will become more relevant or visible.

The thesis is divided into three parts. The first part discusses research in the context of trauma, including the methodological and personal challenges of this specific research. Moreover, the field of TCTSY and living with trauma in Berlin is introduced. The second part discusses different approaches and concepts of trauma while focussing on critical psychological anthropology. While the discussion and choice of concepts in the second part are already informed by the experiences of my research partners, the third part focuses entirely on the experiences. Here, experiences of living with trauma are narrated. During their life courses (with trauma), my research partners have new experiences in the very specific context of TCTSY practice. This complex practice is analysed with the help of Jan Slaby's (2019) *affective arrangement*. The thesis addresses the facilitation with the help of Ulrike Scholtes' (2019) *wording sensitivities*. In this thesis, TCTSY is framed as an experience in the trauma process, potentially affecting the way people live with trauma and new trauma experiences.

2 Ethnographic Fieldwork in the Context of Trauma

In this chapter, I critically discuss research in the context of illness, suffering and trauma and the relevant challenges for this research. To follow, an overview of the field, research questions and research partners is given. Further, I discuss my positionality and methodology in this research project, which I see as deeply entangled. Here, my double role as researcher and person with lived experience in the context of trauma becomes relevant. For a better understanding, I also comment on writing style.

2.1 Research on Illness, Suffering and Trauma

A huge part of researching trauma is researching the nature of suffering, not only in the sense of suffering from illness but also from acts of violence, stigmatisation and from being on the margins of society. Hence, suffering here is understood in the sense of personal and “social suffering” (Kleinman et al. 1997a). This means that “trauma, pain and disorders to which atrocity gives rise are health conditions; yet they are also political and cultural matters” (Kleinman et al. 1997b, ix). As we will see within the analysis in this research, trauma is addressed in different ways and negotiated in the realms of mental health, politics, and law. Trauma affects whole lives, meaning private and public aspects of these lives.

Social- and Cultural Anthropology⁶ has extensive experience in doing research around social suffering, for example looking at war, death or illness. But no matter the professional competence, any investigation into life-worlds shaped by deep suffering is highly delicate. Fields of suffering are often difficult to access and researchers risk causing additional harm or false hopes. Therefore, researching in the context of trauma is especially challenging regarding ethics and access as is handling and reflecting on difficult emotions and experiences.

There are different dimensions to access. On the one hand, there is access to the field, on the other hand, there is access to the subject matter, because; how does one approach trauma, which is nothing less than “the edge of existence” (Lester 2013), in language, understanding, empathy and analysis? How does one do research about something that has been described as being too overwhelming and cruel to be made sense of and is thus often banished from consciousness? How does one talk about the “unspeakable” (Herman

⁶ Social- and Cultural Anthropology is the complete and correct name of the discipline, but due to the flow of reading I will use ‘anthropology’ in the following.

1992b)? How can we look at the unbearable from an anthropological perspective? How do we write about trauma? If we conduct research with the aim of understanding, the question soon comes up: “Is it possible to understand illness and suffering?” (van der Geest 2007).

This research did not aim to ‘understand’ trauma. The traumatic event, which seems so central in Euro-US-American diagnostic as the dominant understanding of trauma, was not primarily addressed in this research as, first of all, trauma is much more than only the atrocity (see chapters 3 and 4). Furthermore, asking for people to share life-shattering events can be an encroaching act, crossing lines and potentially causing deep destabilisation and harm. It can thus become a reproduction of violence. At the same time, it often presents a harmful expression of not understanding nor respecting the severity of pain and its shattering consequences for a person’s life in assuming that traumatic memories can be talked over when another person wishes. The roots of trauma are not of research interest here, but the processes and experiences of trauma-sensitive yoga, and how it stimulates feeling and affects women living with trauma. Not making trauma memory a topic in this research was also an ethical decision and a part of designing this research in a trauma-informed way. I left the decision to my research partners about how deep and far they would go in their narratives; as a consequence, deep traumatic experiences or events were the subject of some conversations in some cases, but not always. The findings of this research do not claim to be complete. Research into the context of trauma can only ever approach trauma, but never fully grasp or understand it. Instead of understanding trauma, this research is about approaching living with trauma in the context of TCTSY. Trauma here is defined as a process and thus continuously happening and is accessed through the practice of TCTSY, with changes experienced in the context of this practice. Looking at trauma as a process also means looking at people’s individual processes: going on and giving up, connecting and disconnecting to the world, the multiple facets of feeling – it means witnessing strength and encountering hope. It means entering, taking part, and listening to voices that are seldom heard but still vivid and strong.

2.2 The Field: TCTSY in Berlin

In researching the trauma-sensitive practices of TCTSY in the context of women living with trauma, I ask: How and what do women living with trauma experience in TCTSY settings? How is the act of feeling and choice-making initiated? What can be learnt from TCTSY and

the experiences people have with it about everyday living with trauma in general and about healing practices in particular? And how far does this influence or alter the dominant understanding of trauma and healing from trauma?

2.2.1 The T in TCTSY

Innovative approaches to trauma include the body as part of an embodied self and often draw on well-known (movement) practices, including yoga, and research how such practices can be organised in a trauma-sensitive way. As a result, new trauma-sensitive practices have developed. They are called *trauma yoga*, *trauma-sensitive-*, *trauma-informed-* or in German *traumasensibles Yoga*. Trauma yoga hence, may be described as a form of embodied healing practice⁷, which approaches suffering from trauma through a form of yoga practice that is adjusted to the special needs of trauma survivors.

These innovations are usually based on dominant understandings of “trauma-as-moment-of-injury” (Lester 2013, 755) in the past and thus consult dominant psychiatric and diagnostic narratives and end up including the symptomology and understandings of trauma from the psychiatric diagnosis of PTSD. But, in investigating further what trauma-sensitive could mean, it becomes increasingly clear that studies based on the diagnosis of PTSD do not necessarily cover more complex forms of trauma and thus do not sufficiently meet the needs of these trauma survivors (Spinazzola et al. 2005). TCTSY understands itself as a constantly developing practice due to the feedback of the practitioners and new research findings. It has developed towards a practice that respects the needs of people living with entangled trauma. TCTSY draws on psychiatric findings and discourses that look at trauma in more complex ways, and especially at repeated and prolonged trauma as discussed by Judith Herman (1992a, 1992b), including developmental trauma (van der Kolk 1994, 2006; Cook et al. 2003). Furthermore, TCTSY includes direct and personal feedback from those participating in the practice, as well as taking into account the experiences and knowledge of the people working in this field such as the clinicians, therapists, or social workers. As TCTSY is involved in research projects which influence academic and medical discourse, the practice itself also has a role in forming ideas and

⁷ I use the word ‘practice’, as some TCTSY facilitators refuse the term ‘therapy’. They argue not to be therapists classically trained in psychiatry or psychology and that such description may be misleading even if TCTSY is still working with trauma survivors and the term therapy was applied by one facilitator and several participants.

understandings of trauma. TCTSY also includes discourses of (structural) violence, and transgenerational trauma, and through this, blurs the line between the private and the (macro)social⁸. Therefore, TCTSY includes knowledge and discourses from the psychiatric and psychological realm of complex trauma but its access to trauma is not limited to these perspectives. I will further discuss concepts and understandings of trauma in chapter 3.

2.2.2 The Y in TCTSY

In many parts of the world, when it comes to the improvement of bodily and mental health – thought of as connected with each other – modern yoga has owned the narrative since the 1970s, if not before⁹. Psychiatry has also studied yoga in the context of health and wellbeing. Since the late 1990s, yoga has widely been recognised as a promising interventional approach or complementary treatment for mental disorders (e.g. Anjali 1994; Moodley and West 2005; Klatte et al. 2016). Yoga variations are now applied in the context of mental illness, suffering and psychiatry, including in the context of trauma and PTSD. While there is still a strong narrative that argues yoga will have therapeutic effects for almost everyone, many humans living with trauma report having extreme difficulties with yoga. The difficulties differ but overlap in many aspects, such as: not tolerating doing breathing techniques or listening to others doing noisy breathing, hands-on correction, lying on the floor, or a particular *asana* (yoga posture).

TCTSY addresses people living with (complex) trauma and is practised under conditions that aim to help these people in various ways. The practice uses yoga forms and was developed from the ideas and knowledge of modern hatha yoga¹⁰ – also one of the most popular yoga

⁸ Discourses and health practices in the U.S. - where most research on TCTSY is done - differ from those in Germany. One aspect is that therapies and treatments are to be paid privately in the U.S. and are, therefore, less restricted to the medical and private sphere. In another example of social aspects to trauma, public outcries against racial violence, most recently that of Black Lives Matter, have influenced the discourse of trauma in so far as racism is extensively discussed as a reason for (complex) trauma (e.g. McClendon et al. 2020; Metzger et al. 2020; Roberson and Carter 2021).

⁹ Health in the sense of “general health” (Larson 2011, 73), and the harmony of the body and the mind, for example, is part of the famous *Yoga Sutras* by Patanjali, the basic work for Patanjali Yoga written, “in the early centuries of the common era (roughly 350–450 CE)” (ibid.). Still, it must be noticed that health here is not as prominent as in modern yoga narratives. The work is assumed to be the basis for hatha yoga, a yoga form that is central to modern yoga. Unfortunately, it is beyond the scope of this thesis to go into detail about the histories and different traditions of yoga and their healing narratives.

¹⁰ Aspects of yoga to be found in TCTSY include that the forms practised are variations of hatha asanas and include the combining of movement with the focus of being in the moment, acting upon one’s individual (bodily) conditions, the establishment of an embodied relationship to the self - but in a trauma-sensitive way.

forms in the Euro-US-American context – to apply aspects of yoga in a trauma-sensitive way. Nevertheless, TCTSY differs extremely from ideas of yoga as a physical practice done in order to stay fit, become stress-resistant, or as a spiritual practice. Despite fundamental differences, it is worth noting, that in the context of this research, it became clear that the prevailing ideas of modern yoga remain a hindrance to understanding and especially affect access to TCTSY. Many of my research partners commented critically on yoga when seen through mainstream understandings. They said they would, for example: not go to yoga classes, not enjoy yoga classes, not even try yoga classes etc. Their reasons ranged from yoga (including other forms of so-called trauma-sensitive yoga) having proved not to be trauma-sensitive, to images of yoga as a practice that is competitive, body culture-oriented and where the practising individual is strongly judged by other practitioners as well as by the instructors. The term yoga is often linked to a physical practice where the physical appearance of the body is emphasised, physical assistance from facilitators is common and the practice follows some normative ideas of how a body should look, fit and pose and thus produces performance pressure or may even produce fears of entering a cult-like space. As seen from the above points, the Y in TCTSY is a central pillar to the practice of TCTSY even if its form differs significantly from common, modern yoga practices. Despite this difference, the term yoga, due to the findings of this research, may complicate access to the practice as mainstream understandings of yoga render some potential practitioners sceptical.

2.2.3 Facilitating TCTSY in Berlin

The research took place in Berlin, the cosmopolitan capital city of Germany, in Europe. Studying the topic of trauma, I decided to focus on trauma-sensitive yoga. After the exploratory phase, I focused on the special variation called TCTSY and found a collaboration partner in Birgit Löwenbrück who is a TCTSY facilitator¹¹ in Berlin, trainer for other facilitators and the leading TCTSY representative in Germany.

Representing a unique form of trauma-sensitive yoga, TCTSY was (and is) in particular developed for “complex trauma or chronic, treatment-resistant post-traumatic stress

¹¹ ‘Facilitator’ is the emic term in the conception of TCTSY. The term instructor is preferred not to be used because of its hierarchy-supporting character which is counterproductive to the practice.

disorder” (CFTE 2020c), and since 2017 is certified as evidence-based¹² ¹³ in the U.S. The practice is provided in many parts of the world by facilitators who have been trained at the Center for Trauma and Embodiment (CFTE), which is hosted by the non-profit organisation Justice Resource Institute (JRI). Yoga teacher David Emerson developed TCTSY interdisciplinarily in 2002, in collaboration with psychiatrist Bessel van der Kolk and a team at the Trauma Center in Brookline, Massachusetts, a health centre providing clinical care, methodological research, and method training. The practice was established at the interface of psychiatry, psychology, neurology, hatha yoga and the experiences of trauma survivors in the US-American context. TCTSY integrates findings from modern attachment theory¹⁴ and trauma theory¹⁵ (both of which have been constructively criticised in psychological anthropology), especially approaches that take a closer look at trauma and distinguish, for example, between one event and recurring traumatisation, childhood and adult trauma and thus also between the PTSD and C-PTSD diagnoses (Herman 1992b; van der Kolk 2014). The practice is also based on neurological findings regarding attachment and trauma theory (Schoore 2001; Solomon and Siegel 2003; Porges 2011). Developers of TCTSY outline that they regularly integrate feedback from their patients and only therefore, do they reach a high grade of trauma sensitivity in TCTSY (D. Emerson and Hopper 2011). Even though TCTSY positions itself inside the contemporary scientific discourse around trauma, and the knowledge from this discourse is part of the TCTSY facilitator training curriculum, the facilitated practice is experience-based and does not include any kind of psychoeducation. TCTSY was originally thought of as an adjunctive treatment in the context of (complex)

¹² TCTSY is constantly involving in scientific research projects, mainly in the psychiatric context. The evidence-based certification is mainly based on a randomised controlled trial running from 2008 to 2011 (van der Kolk et al. 2014), financed by the United States National Center for Complementary and Alternative Medicine (NCCAM). The study was followed up and extended in 2020 (Nguyen-Feng et al. 2020).

¹³ Studies proving efficacy in psychological, neuroscientific, and medical context have been criticised (Barad 2003; Fullagar 2020). Still, for my research partners the scientific proof was an important factor in gaining trust in TCTSY. Due to the limited frame of the thesis this point cannot be discussed here in detail.

¹⁴ Attachment theory is based on the findings of Bowlby (1952) and Ainsworth (1978), which trace a human’s relational capacities back to the relationship with their primary caregiver (usually the mother), dividing human relational capacity into secure attachment, anxious-resistant attachment and avoidant attachment. It has remained popular in psychiatry but has been criticised in anthropology (Quinn and Mageo 2013; Scheidecker 2019). Due to a lack of space, I cannot go further into detail here. Although TCTSY is based on ideas of attachment theory, the conceptual pillars of TCTSY are not central to this analysis as the research focuses on the practitioners’ experiences.

¹⁵ Trauma theory has been criticised and reconsidered (e.g. Brensell 2013; Lester 2013; Becker 2014), as will be discussed in chapter 3.

trauma¹⁶. Intermediary results of an ongoing multisite randomised controlled trial study recently published findings that show that TCTSY, as a stand-alone therapy, has convincing results (Kelly et al. 2021)¹⁷. This is, however, a very new perspective on the practice. Currently, TCTSY is generally still thought of as adjunctive and is facilitated by yoga teachers who have been trained in TCTSY, by psychotherapists who include TCTSY in trauma therapy, or in other professional contexts (often in social work) where the complex impacts of trauma become visible. TCTSY is based on innovative assumptions: that the experience of trauma and dealing with it concerns and affects “the person as a whole” (D. Emerson and Hopper 2011, 93), or in other words, in all the person’s forms of being (psychological, physical, social). In this view, the physical body and bodily sensation play a central role in the experience of and recovery from trauma (Rothschild 2000 and others; van der Kolk 2014; Levine 2015). While for some this might be obvious, bodily aspects of trauma, or better said, the embodied nature of trauma, must be explicitly underlined as decades of healing practices in the Euro-US-American context – predominantly psychiatry and psychotherapy – which have been based on the dichotomy of body and mind and thus treated trauma as a matter of the mind. Thereby TCTSY in the Euro-US-American therapy jungle may be categorised as a so-called, adjunctive, bottom-up approach, i.e., a concept starting from the body. Even if, at the first glance, the body and bodily sensations are most central in TCTSY, the practice offers a holistic approach that includes the entire experience of an embodied self on all levels. TCTSY also addresses the implicit, unconscious and non-verbal aspects of trauma¹⁸ in an experience-based manner, which is difficult to access in dominant cognitive-verbal therapeutic approaches to trauma. Furthermore, we will see in the analysis

¹⁶ The diagnosis complex post-traumatic stress disorder (C-PTSD) is under debate and will be included in the ICD-11 in 2022. But C-PTSD is not part of the DSM (relevant for the U.S.) and hence so far only PTSD is available as an official point of diagnostic reference. Still, TCTSY clearly addresses individuals who have experienced prolonged, mostly interpersonal, trauma which according to expert debate differs from other trauma experiences (Herman 1992b; van der Kolk 2006; Briere and Scott 2013 and others). TCTSY applies the term “complex trauma” or “chronic, treatment-resistant post-traumatic stress disorder” (CFTE 2020c).

¹⁷ The ongoing study assesses the effectiveness of TCTSY for PTSD among female veterans with PTSD related to military sexual trauma. The intermediary results show that TCTSY has equal results for PTSD symptoms to the standard of care within the Veteran Affairs, which is Cognitive Processing Therapy (CPT). TCTSY participants reached a clinically significant reduction in PTSD symptoms more than twice as fast as the CPT participants. About twice as many people completed the 10-weeks of TCTSY, than the 12-weeks of CPT. This means, TCTSY has a much lower drop-out rates compared to CPT. In contrast to earlier studies, in this study 90% of participants identified as Black or African American (in the original study, about 75% identified as white) (Kelly et al. 2021).

¹⁸ In cases of early childhood trauma, for example, trauma cannot be remembered in a narrative. Also, other forms of complex trauma seem to have aspects that cannot be verbalised but nonetheless deeply shape a life with trauma.

that language and interpersonal experiences play a significant role in TCTSY. In the current discourse, the practice is also seen in relation to mindfulness approaches¹⁹ (Clark 2020). TCTSY understands itself as ideally additive to different forms of psychological talking or group therapy, which are the therapeutic modalities that represent dominant local healing practices in the context of trauma in the Euro-US-American context. In the context of this study, all research partners were involved in psychotherapeutic support structures besides TCTSY²⁰. In contrast to interventions that are often recommended to stabilise the conditions of people living with trauma, TCTSY is not primarily thought of as a stabilising practice. On the contrary, as we will see in the analysis, experiencing TCTSY may be destabilising at times. Still, as other studies have shown, this research shows that participants do conclude to have received positive outcomes for living with trauma (e.g. Nguyen-Feng et al. 2019; Silverberg 2019).

Training courses to become a TCTSY facilitator are offered and held internationally²¹. Trainees are people working in the context of trauma, may it be as therapists, social workers or as yoga teachers, aiming to offer trauma-sensitive yoga classes or aiming to include parts of the practice in their client support or therapy sessions.

Berlin, where this research took place, plays a central role as it is currently the only German metropolis where TCTSY is offered. Berlin-based TCTSY facilitator-training courses are offered to people from all over Europe²². Facilitator-training courses must be paid privately. Depending on the training provider, points can be accrued for TCTSY-training under the points collection system of the German Psychotherapist's Association

¹⁹ Mindfulness practices are based on Buddhist meditation practices which focus on the experience of the present moment. Mindfulness practices are spreading globally and thus do take very different forms and formats in different places and times. In the context of health and illness in the Euro-US-American fields, so-called 'mindful interventions', which are mindfulness practices adapted to the health sector, reached increasing recognition in the last decades and have shown to be efficacious for many patients especially in having stress-reducing effects (Kabat-Zinn et al. 1992; Creswell 2017; Dunning et al. 2019).

²⁰ However, this is not always the case. According to the facilitators practising in Berlin, people who are desperate as they cannot find help in the German therapy system also ask to take part in TCTSY courses. Their 'falling through the cracks' is often related to severe impairment of everyday life and organisational skills through the different forms of dissociation that often come with complex forms of trauma. Whether these people are allowed and able to participate in the courses depends on their other support networks and the individual experience and decision of the instructor.

²¹ The training for TCTSY has, since its early incarnations, counted on online training and peer group support, as one of its aims is to spread the practice and enable teachers worldwide. This is a way for those far away from the Center for Trauma and Embodiment to be supported, supervised, and kept up to date to new developments in the research on trauma sensitivity.

²² Since the beginning of the COVID-19 pandemic in the involved regions, the in-person session of the European training has been held online.

(Psychotherapeutenkammer (PTK))²³, which regulates professional development for psychotherapists²⁴. In Germany, TCTSY is not included in the pool of therapeutic interventions covered by the statutory health insurance funds. Therefore, women must pay for courses privately or with the aid of victim support organisations. TCTSY participants join the courses on their own initiative and under their own responsibility.

During the period of fieldwork (2018-2019), TCTSY courses were offered by two facilitators in Berlin, both with a background in social work. I gained access to the field through cooperating with one TCTSY facilitator in particular, Birgit Löwenbrück, who was also the gatekeeper to my field and set the parameters for my research involvement with the course participants. With her help, I got to know the second facilitator, Jemma Moody. In 2021 there were three TCTSY facilitators in Berlin and one facilitator in the rural area of Hürtgenwald. Thus, due to ongoing training courses, the number of facilitators is slowly growing in Germany.

TCTSY was developed in a trauma centre, which is a place of care and research, where care for trauma survivors is bundled and different forms of therapy and support take place. In contrast to this, TCTSY in Berlin opens up a completely different field for research. TCTSY is provided by individuals acting independently. This means that besides the international website of TCTSY (CFTE 2020b), where one can find general information, local facilitators (CFTE 2020a) and online supervision for facilitators, TCTSY facilitators in Berlin act independently. TCTSY courses are usually provided outside of institutions²⁵. As a result, my field was neither characterised by a geographically bound location, nor by a stable group or community I could work with. Researching in the context of TCTSY rather, was defined by participation in various settings (courses, conferences, workshops) and conversations with

²³ Whether training courses are recognised or not depends on bureaucratic and hierarchical standards, which in turn are based on who is recognised by the German Psychotherapist's Association and who is not. The CFTE as a foreign institute is not recognised, in the same way that non-psychotherapist trainers are usually not recognised. The only possibility for facilitators like Birgit Löwenbrück, who is not a psychotherapist, but is the leading TCTSY trainer in Germany, to provide training courses that psychotherapists may get points for, is by being hired by an organisation recognised by the German Psychotherapist's Association, Berlin examples being: the AWP (Arbeitsgemeinschaft für Wissenschaftliche Psychotherapie) Berlin and the Trauma Zentrum Berlin.

²⁴ In Germany ongoing professional development is obligatory for most psychotherapists, depending on their employer and whether they have a 'Kassensitz', meaning that this psychotherapist treats patients with statutory health insurance and is usually paid directly by the health insurance fund (PTK 2016).

²⁵ TCTSY is suitable to be offered in institutions such as day clinics, in the context of inpatient trauma treatment or in youth welfare institutions. In the past it was occasionally offered in Berlin to unaccompanied minors in a crisis facility. Currently, and during the time of this research, however, there was and is no such offer.

facilitators and participants, the latter of which only temporarily formed a group during yoga practice, but separated as soon as they left the TCTSY context.

I participated in an 8-week TCTSY course, during which the group met once a week in the afternoon in a school building (which at the time of the meetings was already closed for educational purposes). The location of the TCTSY courses varies depending on the facilitator and the time. For the same reasons, the people living with trauma all have their individual way of finding out about TCTSY which often happens by chance and depends on the structures and networks facilitators use to circulate information about the practice. In the context of this research, the forms of outward communication varied: firstly, a facilitator contacted and informed a network of psychotherapists specialised in trauma therapy about TCTSY, who then recommend clients to try out TCTSY if they thought it helpful for their client; secondly, rape crisis and counselling centres – feminist centres where counsellors would do the same; and, in addition they used, social media and the official TCTSY websites. As a result, participants reported that finding out about TCTSY was more of a coincidence and/or a result of an intensive and long-term research for extra support with trauma experiences alongside psychotherapy. An access-facilitating factor for my research partners was the empirical research behind TCTSY. All of my research partners did inform themselves in detail before even considering participating in a TCTSY course and mentioned that the fact that they found scientific proof for the efficacy of TCTSY gave them trust to try out the practice.

Places to facilitate and practise TCTSY are chosen based on financial possibilities and available spaces. Affordable space in Berlin is hard to find. Facilitators, therefore, have to compromise in their choices. They reported trying to keep costs for participants as low as possible, as money is an important barrier to accessing the practice, especially as many women living with trauma have difficulty earning a living as their employment ability might be limited. Hence, the fee for one course is relatively low (usually around 130 Euro for 8 weeks). This at least needs to cover the hire costs, and the travel to and from the location. Earning a living solely from facilitating TCTSY in Berlin was impossible for both facilitators. Courses in this research took place in a classroom in the above-mentioned school building and a psychiatrist's office.

Transport to TCTSY courses and back home has to be organised individually and participants often travel alone, which, in Berlin, can take up to two hours one way. Despite this, my research partners were willing to travel long distances to attend the courses.

The safer space of the practice that is established during the course, does not extend beyond the course, in space or time. Women seldom receive any direct, locally affiliated, further therapeutic care. Because of this, the facilitator makes sure that access to support outside of the TCTSY arrangement is somehow given. This was done in a conversation prior to the TCTSY course. In general, participating women must deal with processes that may be triggered by the practice alone at first and may later discuss experiences in other therapeutic settings. On the one hand, some participants reported feeling overstrained by intense experiences during practising TCTSY and being alone afterwards with what happened or simply lacking opportunities for immediate verbal exchange. On the other hand, others reported that this format provided space for experience and maximum anonymity and self-determination, as women could decide by themselves if they wanted to do TCTSY, and if and to whom to talk to about their experiences. This, as some explained, was beneficial as it allowed them to focus on their inner processes without risking having to share those with anyone. In rare cases, the TCTSY facilitator may be in contact with a participant's therapist, but collaborative work is not the standard. Both facilitators I cooperated with for this research provided opportunities for participants to get support directly after the session if urgently needed. But this could only be provided rudimentarily due to the limited time and (emotional) capacities of the facilitators, the limited rental time of the location, and facilitators not necessarily being trained in trauma talking therapy or crisis intervention. Additionally, TCTSY is not conceptualised as talking therapy. Sharing your experiences is explicitly not part of the practice. Participant experiences may still be disturbing, and immediate support may be needed. One facilitator solved the challenge of guaranteeing psychological support by cooperating with a psychotherapist who was present in the building where TCTSY was taking place, and the participants were invited to talk to the therapist individually if they felt they needed to. The other facilitator offered the possibility to wait until she had locked the door to then talk briefly (about a ten-minute time frame). In both cases, this opportunity was taken up from time to time by some participants, but not always.

Each TCTSY group course²⁶, usually 8 weeks in succession, once a week for about one hour, was announced online on the TCTSY website and, depending on the facilitator, also on personal websites or social media. If someone decided to try TCTSY they²⁷ would need to get in touch with the facilitator and have direct conversation, and/or fill out a form, with basic information about their situation. The facilitator then informs the client about what to expect in the course and the code of conduct during and around the sessions. This is the first step towards creating a feeling of safety as usually women are sceptical, distrustful, or anxious about coming to the course. Trauma survivors are often very cautious about taking new therapeutic paths. Alongside a generally unsettled sense of trust because of traumatic experiences, this is often rooted in bad experiences with inappropriate therapeutic interventions. If a client has no access to psychological support beyond TCTSY, the facilitator might refuse their participation in the TCTSY practice. In this first conversation, the facilitator will also try to get to know the client's needs and fears, to be able to make the practice as trauma-informed and safe as possible. Besides this preliminary talk, no further conversation is intended. Practitioners do, however, have the possibility to contact facilitators during the time of the course via email or telephone or to talk to them before or after each session. In the primary conversation, the location of the practice is communicated. Then, all parties who wish to, meet to practise and experience TCTSY together.

2.2.4 Research Partners

In the context of this research, I cooperated with two TCTSY facilitators and eight women practising TCTSY while suffering from and living with trauma. I thus had two groups of experts to inform my research. The TCTSY facilitators look at TCTSY more from a conceptual angle and mainly from their experience as teachers (but simultaneously as someone practising and experiencing TCTSY as part of the group), which was helpful for orientation in, and access to, the field. This cooperation also involved many processes of negotiation, a lot of communication back and forth, and feelings of obligations towards the TCTSY community. With the help of the facilitators (who forwarded my request via email), I contacted current or

²⁶ Some facilitators also offer one-on-one sessions, but these are not the focus of this research.

²⁷ TCTSY can be practised by people of all genders. Many groups for women exclude men, as the presence of men may be triggering traumatic experiences and experiences of violence, and similarly, there are some groups offered only to trans people (although not in Berlin). This research took place in a course for women only; thus, I apply the personal pronoun 'she' when referring to one of my research partners.

former clients asking for research cooperation (mainly) in the form of interviews. They became the second and central group of experts - the women living with trauma and practising TCTSY. Their experiences form the core data of this research. Their ages at the time of fieldwork varied between 21 and 65 years of age. Levels of experience in TCTSY varied between the fieldwork partners. Some women were new to TCTSY, others had years of experience with TCTSY. Some practitioners had been aware for a long time that trauma was shaping their life, while others were new to the awareness that they were living with trauma. The parts of Berlin that they lived in, their employment status and their level of education also varied. Trauma has no age, and, as Isabelle (one of the TCTSY participants and the research partner I worked with the longest) sums up: "It affects all social classes and groups", but "sexualised and structural violence frequently affects women." I found this to be true in the field. While some women were working in paid jobs, the topics of broken careers and precarity were important topics, especially for the research partners above forty years. This was paralleled for younger research partners by studies or apprenticeships that had to be paused because the weight of living with trauma, going to hospitals or starting another period of intensive therapy was burdensome. My research partners from the participant group were all psychiatrically diagnosed²⁸ and dealt with their conditions and diagnoses in different ways. Some were relatively stable at the time of the research, while others were rather unstable, some were using medication, others were not using medication etc. What all women had in common was a high level of suffering, which they attributed to a series of traumatic experiences in their lives, usually starting in childhood. Refusing to give up, they went on searching for and finding new ways of dealing with trauma in their lives. Thus, they decided to practise or try out trauma-sensitive yoga. One research partner dropped out of TCTSY after the first session.

My research partners were all white women living in Berlin at the time of the research. Except for one facilitator (from Australia) all research partners had full access to the German health care system and spoke German fluently. While critical research shows that people at risk of experiencing racism also have a higher tendency to experience trauma (Helms et al.

²⁸ Diagnosed according to the International Statistical Classification of Diseases and Related Health Problems (ICD), 10th revision, with most diagnoses in the spectrum of "Reactions to severe traumatic stresses" (F43.) (mostly, PTSD). Also diagnoses in the spectrum of "Other anxiety disorders" (F41.-), with different forms of depression (F32-34), "Bipolar affective disorders" (F31.), "Personality disorders" (F20.-) and "Schizophrenia" (F20.-). Diagnoses changed over their life span and people often had multiple diagnoses. I will critically discuss trauma and psychiatric diagnoses in chapter 3.

2010), and intersectionality emphasises that women of colour are at very high risk, the topic of racism as a root for trauma and the group of women of colour were not represented in this research. The relative absence of women of colour in TCTSY is the current status quo in Berlin. This is also a problem in the U.S. In ongoing discussions inside the TCTSY community, reasons for this are assumed to lie in culturally different and milieu-specific understandings of, and approaches to trauma, different levels of access to and use of health care as well as the image of modern yoga as a white cis-female practice²⁹. To overcome this problem, efforts are being made in TCTSY to train facilitators from various communities. Reasons for the absence of women of colour in TCTSY in Germany needs to be explored in more detail in the future.

From the research context and the data, there emerged the (political³⁰) dimension of gender. The gender aspect informed the field of research from the beginning, as all human agents – the women practising TCTSY and living with trauma (including me in my role as a trauma-affected person), the TCTSY facilitators, and the researcher (myself in the role as a social and cultural anthropologist) – were women. I understand the descriptor of ‘woman’ as one of gender, a social construct, constructed through relations of power and, specifically, normative constraints (J. Butler 1993, x). Experiences represented in this thesis are experiences of women’s (embodied) selves. Experiences of self and feeling are individual and shaped by the individual life story of each woman. But they are additionally shaped by society-specific (gender) norms and beliefs, including gender-specific assumptions and corresponding actions around (mental) illness and one’s own body, and the power these gender norms wield over her. Based on my research data and my personal positioning, I embed the analysis of TCTSY in Berlin into a critical feminist understanding of society. Concerning my research, my field is strongly structured by experiences with gender-specific violence³¹ and violence against children, including physical and psychological abuse, neglect, rape, structural and ritual violence, as well as a certain understandings of health and illness that are also shaped by patriarchal structures. This gendered violence aspect refers not only

²⁹ Also in a broader discussion modern yoga is criticised for being a ‘colonised and patriarchal practice’ (e.g. Peter 2020). This is answered by efforts aiming to “decolonise yoga” (e.g. Vats 2016; McCartney 2019).

³⁰ I follow the feminist approach of the private as political (e.g. Ahmed 2004; Rothenberg 2008).

³¹ Traumatizing contexts and scenarios of violence described during the fieldwork were not limited to violence of men against women. Not all my informants reported to have experienced gender-specific violence and/or sexualised violence. Still, most did. Thus, the topic of gendered violence was consistently present in the research and must be taken into account.

to traumatic events per se, but also to the social handling of such experiences (Thesing 2017). In this context, the classification of the consequences of violence as a psychiatric diagnosis and thus as an illness must also be considered. These important aspects of women's lives with trauma are discussed in chapter 3, including the experiences reported in conversations and interviews, following the question 'What is trauma?'. Further, this research looks at the healing practice of TCTS and the action of *doing feeling* which is addressed here and experienced by women's (embodied) selves, shaped by and living in a patriarchal society. Due to the above-discussed sensitivity of the field and the necessity to provide maximum anonymity to my research partners, I will not introduce my research partners here individually as is often the case in ethnographies. I will also only share very few biographical data for the same reason.

2.3 Conducting Ethnographic Fieldwork about TCTS and Lives with Trauma in Berlin

Ethnographic methods are many-sided, but positionality is always part of the methodology. I will thus outline my positionality and research interest in the following section. The main research methods applied are participant observation based on affected arrangement thinking (Slaby 2019), in-depth interviews, emotion and affect reflexivity. Research methods have been adapted to trauma-informed research, which I will outline in the following.

2.3.1 Positionality and Research Interest

This research aligns itself with the feminist conviction that methodology is part of positionality, as is the choice of the research topic. Therefore, my positionality is the starting point for what I look at and it shapes what I see. Knowledges are always "situated knowledges" (Haraway 1988). So, I follow Donna Haraway's (ibid. , 589) plea

for politics and epistemologies of location, positioning, situating, where partiality and not universality is the condition of being heard to make rational knowledge claims. [...] [A]rguing for a view from a body, always a complex, contradictory, structuring, and structured body, versus the view from above, from nowhere, and simplicity.

Like many of my research partners, I am a white woman living in Germany and holding a German passport. I have a partly academic family background, I hold an undergraduate degree, and am participating in a master programme, which means that I have privileged access to education and academic knowledge. My research interest is based on my own trauma history and experience of living with trauma, combined with my long-time

experiences of doing yoga. In this research I performed a double role: firstly, as an affected person with my own experiences of living with trauma, an 'expert by experience'; and secondly, as an anthropologist investigating trauma from a scientific perspective. This additionally influenced the negotiation of closeness and distance in my field which is always a central topic in ethnographic fieldwork (e.g. Hauser-Schäublin 2008; Spittler 2014). This fieldwork is characterised by a high proximity to the topic, distance was created through study design, time, reflexivity, and supervision as I will outline in this chapter.

As a trauma-affected person, I had access to and was invited to participate in TCTSY courses. Here, I followed the course with the “dual intention of a scholar-practitioner³² [...] as a critical scholar and an active practitioner of what one studies” (Selim 2011, 16). My embodied self in its double role experienced the TCTSY practice, in which the body is the centre of interest. Following the idea of “sensuous scholarship” (Stoller 1997), I positioned the research in the embodied self to make the subject both “sensible and intelligible” (ibid., xviii). From the outset position of a lived reality with trauma, a position I shared with the other participants, but which is at the same time completely individual, I entered the embodied experiential space of TCTSY together with the other participants and as a participant and researcher at the same time. I thus profited from an advantage regarding access to the field. While empathy, in general, is key to ethnographic data (Stodulka 2020), I hope that my involvement in the topic led to more empathic writing and an enhancement of my “authority as an author of sickness and suffering” (van der Geest 2007, 16). At the same time, it was a huge challenge and at times a great burden in the course of the research as well as during writing. For the interviews with TCTSY practitioners, it was important to explicitly state my position as an independent researcher and not as one that was part of the Center of Trauma and Embodiment of the JRI, where TCTSY was developed, in order to open up a neutral space for sharing individual experiences and processes relating to TCTSY, including criticism.

After a critical period of getting access to the field, my research partners did not question this double role. The one who was deeply questioning was I, myself, educated in an academic system which predominantly avoids positioned research and pretends objectivity. Although

³² Selim (2011) here refers to the dual engagement with the subject matter of one's research as a scholar (critical and analytically trained) and as an active practitioner of what one studies. Examples for this form of ethnographic engagement are Smith (2007), Singleton and Byrne (2008b), Pagis (2010) and Selim (2011).

this involves moving further and further away from precisely that, the academic field continues to see objectivity as the crown of modern science. Even though I was aware of discourses around knowledge production and in my last years of studying had encountered empowering anthropologists who follow the above-mentioned ideas of postmodern, positioned and feminist research – despite the support I received from my supervisors – the trouble of positioned research played out in me personally during this research. Notes from my emotion diary reflect these phases of deep struggle: “Do I have the right to write this thesis? I feel like I am not allowed to be critical. Will my academic competence be challenged? Because I myself am so ... affected by the subject” (Fieldnotes, Berlin, April 2019). At times I felt deeply vulnerable, unprotected, alone, desperate and suffocated by the burden of trauma.

Overcoming these doubts, I now place this research within “radical empiricism” (Stodulka et al. 2019a) and what has been framed as “affective scholarship” (Stodulka et al. 2018). In doing so I step towards embracing and making subjectivity apparent and looking at affects and “emotions in the field” (Davies and Spencer 2020) as part of the scientific data, because as anthropologists, “we continuously affect, and we are continuously affected by the phenomena we witness” (Stodulka et al. 2018, 521). Aware that it is not easy at all to grasp the in-between (Wetherell 2015) that occurs around participant observation and formal and informal interviews, I applied methods such as atmospheric audio-recording and drawing, creative writing and writing an emotion diary (Stodulka 2014, 2017; Stodulka et al. 2019b) during the fieldwork. I included all of this in the analysis. I looked at field emotions as analytical key categories (Stodulka et al. 2019b), valuing “the methodological significance of emotions [and affects] as embodied social communicators between ethnographers and their interlocutors” (Stodulka 2017, 254). Looking at emotions as data also demands a high level of emotional reflexivity and supervision that should start even before the fieldwork begins (Stodulka et al. 2019a, 3). It was the vulnerability of research partners and myself and the fear of causing harm that prompted me to initiate supervision before the interviews. I found support from an association that runs peer counselling, i.e. trauma and/or violence-affected women advise other similarly affected women. The focus of the supervision was the equality between the interview partners and myself (in contrast to, for example, a classical interview situation or the hierarchical conversation between doctor and patient) and the associated personal responsibility each person took for their own limits. Advice from the experts helped

me to calm my fears of not being able to hold the space³³ or deal with topics that come up during interviews. The supervision also clarified many of my own assumptions and projections, which I was able to reflect on and reshape before initiating the interviews. I started distancing myself from my own identified paternalising tendencies. This helped me not to fall into stigmatising behaviour such as avoiding upcoming topics or doubting the decisions of my research partners in order to ‘protect’ the other (which was mostly about dismantling my own fears)³⁴. During the interviews, I realised that these paternalising tendencies can cause the participant to silence themselves which increases their suffering, and some of my research partners participated in the research because they were longing to speak about their suffering. Leaving the decision to the experts of the field, namely those suffering themselves, seems the only ethically right thing to do. Because it is not up to me to decide what is good or not good to speak about. Those decisions are “incredibly complex and diverse” (Thurmann 2020)^{35 36}.

The above sequence from the field notes, not only reflects the trouble with positioned research in a delicate field, it also highlights the stress and trouble that research into and writing about trauma may cause. After one interview, I locked my office and sat on the floor breathing in and out, not able to do anything else. The woman’s struggles and her burden filled up my whole being. And it took a while for me to distance myself from it. I had to pause for several days sometimes weeks between interviews as they were quite intense – ‘therapeutic interviews’ a colleague called them when we went through the interview data. It took some time to gain enough strength to listen to the interviews again and again and then some additional time to start the analysis and writing process.

³³ ‘Holding space’ is a wording often used in therapy settings. It means “being physically, mentally, and emotionally present for someone [...] [and] putting your focus on someone to support them as they feel their feelings” (The Gender & Sexuality Therapy Center 2020).

³⁴ I discussed the problem of hierarchy and power in more detail in Minow (2019).

³⁵ Not speaking about experiences of violence and trauma is often interpreted as unhealthy avoidance (e.g. Scheper-Hughes and Bourgois 2004), an interpretation that can be enraging to those affected as not speaking about experiences of violence is often “an active choice or a decision resulting from silencing and a lack of spaces which enable conversations about rape” (Thurmann 2020).

³⁶ As it is set out in the non-hierarchical model that both participants are personally responsible, I did have to pause a conversation or a topic during the fieldwork in order to protect my own limits and safety. This was problematic in several aspects also because I did not want to fall into silencing behaviours. I tried my best to balance everyone’s needs by first of all recognising the suffering of the other, secondly making clear that it was due to my personal reasons that I had to stop at this point, and thirdly, to avoid ending the conversation we took a break from the interview, then continued talking about the subject later. In my experience this did work well and meant that in the next conversation I was already prepared and also that I had some time in between to regain my energy. For me, it was more the density of information or a situation that was broken up by a pause. Still, I cannot be sure if my impression was right, and the situation worked out for everyone.

All in all, working in the context of trauma while being affected by trauma myself, often felt like a huge challenge and an extreme burden. At the same time, it always felt extremely important and meaningful. It takes a strong decision to work in the field of trauma. A decision that should be well considered and a process in which you do need a lot of balance and support. I understand everyone – especially those affected – who decide not to do so, and I value this as an act of self-protection. Taking the decision not to work on a demanding topic that deeply affects you can be empowering, in the same way that the decision to do it can be. Nevertheless, I honestly wish for more research to be carried out by researchers who position themselves inside a topic because, in my opinion, this kind of research has the high potential to enhance and broaden knowledge production in meaningful and insightful ways.

2.3.2 Participant Observation and In-Depth Interviews

Methodologically I was inspired by experience-near ethnography (Kleinman and Kleinman 1991), namely, the lived and embodied experiences of my research partners in their everyday lives and specifically in the practice of TCTSY. I used qualitative ethnographic methods (Stodulka 2021) including participant observation (DeWalt and DeWalt 2011), atmospheric audio recordings, a field diary (R. Emerson et al. 2011), an emotion diary (Stodulka 2014; Stodulka et al. 2019b), as well as semi-structured and open in-depth interviews and informal interviews. Here I followed ideas of so-called “person-centered ethnography” and used the narrative approach through biographical accounts to better capture the “subjective experience from the point of view of the acting, intending, and attentive subject [...], and to avoid unnecessary reliance on overly abstract, experience-distant constructs” (Hollan 2001, 49). My data was also enriched by private notes, diary extracts, drawings, and social media posts provided by my research partners. The practice of TCTSY is not primarily defined by the space it takes place in, as I will further outline in chapter 4. Thus, during the participant observation in TCTSY courses, I looked at TCTSY in terms of outer processes, my own inner experiences, atmosphere and affect and applied Jan Slaby’s (2019, 116-117) affective arrangement concept and the methodology deriving from it to better structure these participant observations.³⁷

³⁷ This will be described in detail in chapter 2.3.3.

During the research process, I decided to end interviews after two hours maximum because I realised that otherwise I could not handle their intensity. I assumed that the conversations were also highly exhausting for my research partners. With the intention of creating the most comfortable situation, I gave several options for the interview format, location, and length. I split interviews or suggested pausing whenever we exceeded the time or anyone's (emotional) capacities. I only cooperated with women who replied to my call for research partners via email. As I was researching in the field of healing, I did not approach women on-site in order not to disturb, influence or interrupt therapeutic processes. Being aware of the effort that it took most women to talk to me in their already burdened situation, I only planned one interview with each person and came back to additional questions via email or phone call and seldom met several times³⁸. The highly sensitive research topic did not allow for interviews to take place against the backdrop of the women's daily lives as, for most, anonymity was of big importance. This stands in contrast to ethnographic practices aiming to receive a more holistic view. However, in the context of this research, this was in most cases not possible and asking for it would have been inappropriate and not trauma-sensitive. Only with one research partner did I meet several times and participate in parts of her daily life. We developed a friendship in which an exchange about trauma-related topics constitutes a huge part. She helped me a lot with my struggles during the research. I thus also used "friendship as method" (Tillmann-Healy 2003) and with my new friend, among others, made use of "kitchen table reflexivity [in] negotiating [my] positionality through everyday talk" (Kohl and McCutcheon 2015).

The research was extended over one year with three intense research phases: 1. the explorative phase including interviews with a psychiatrist and TCTSY facilitators, 2. participation in an eight-week TCTSY-course and 3. getting in touch with and conducting interviews with women participating in TCTSY-courses. During the analysis of the research data, I also participated in the shooting of an instructional TCTSY video. To deepen my background knowledge about the development and application of the TCTSY method, I participated in an introductory seminar on the topic, which lasted for two days and was attended by psychotherapists wanting to integrate TCTSY into their trauma therapy. The introductory seminar is no training but lays the foundation for the training as

³⁸ I discussed the adaptation of methods and research procedure to the sensitivity of the field of this research elsewhere (Minow 2019, 2020b).

TCTSY-facilitator. Before the third phase, I did an intermediary analysis in the sense of a research cycle (Spradley 1980, 26-35), which helped me to prepare for the interviews with the TCTSY-course participants. I also found inspiration in the McGill Illness Narrative Interview (Groleau et al. 2006). The duration of the interviews varied between 1:30 and 2:30 hours. While interviews in the exploration phase were mostly open, interviews in the third phase were semi-structured but left much space for additional topics to be opened up by the interviewee (Schlehe 2003, 74-75). For example, the socio-political dimensions of trauma took much more space than expected. As the data of the second research phase is – among experiences described in interviews – based on auto-ethnographic data (e.g. experiences of practising feeling in TCTSY), I used the third-phase interviews to discuss my experiences in TCTSY with other participants. Being aware that everyone has their own unique trauma and feeling experience; due to shared and similar experiences of lives with trauma we at least spoke the same language³⁹. The production and co-production of knowledge was active, participatory and dynamic in the research process as my experiences were reflected and the first ideas for analysis were discussed.

2.3.3 Affective Arrangement as Methodological Orientation for Micro Analysis

The field situation of my research differs from traditional fieldwork, which usually takes place in one consistent setting, with one moving but consistent group, or at least with one artefact that the ethnographer follows. In the case of TCTSY in Berlin, none of this was the case as the practice only took place in a special context that didn't persist. The context was only created for the duration of a session, which was all in all between 45 (practice only) to 75 minutes (setting the space up and putting everything back), thus it was extremely limited timewise. Additionally, the anonymity of the human actors played a central role in the field. The location, as became clear quickly, was variable and not necessarily characteristic of the practice. The group came together anonymously and usually, no further contact between the participants in the TCTSY setting is supported. Some participants exchanged small talk after the practice, but such cases were reported as rare. The field of TCTSY in Berlin has a flexible and liquid quality. Practising TCTSY has become a part of the participant's life. These lived worlds are turned into a field of scientific inquiry by the anthropologist (Madden 2010, 54).

³⁹ Elsewhere I discussed the difficulties of language and vocabulary when talking about trauma in the Euro-US-American context (Minow 2020a).

To grasp this affective situation I looked at each TCTSY session as an *affective arrangement* (Slaby 2019). Looking at affective social contexts with the help of the working concept by the philosopher Jan Slaby “furthers both an understanding of the entities that coalesce locally to engender relational affect, and also the overall affective tonality, or atmosphere that prevails in these locales” (ibid., 109). Following the concept of the *affective arrangement* and the methodological orientation based on it (ibid., 116-17), I have methodically aligned my qualitative research with the premises of the concept. This helped me to do an affective-oriented micro-analysis of TCTSY and to structure (especially later) states of the participant observation and the analysis of the data about the TCTSY sessions. The concept of affective arrangement (ibid.) is based on an arrangement or assemblage thinking, which is an ontological perspective on local entanglements, and a form of “vital⁴⁰] materialism that foregrounds the dynamics, liveness and intrinsic performativity of matter” (ibid., 111). Based on a resonating bodies-in-relation-thinking (Haraway 1991), *affects*⁴¹ here are understood as “relational dynamics between evolving bodies [...] [designating] specifically those encounters between bodies that involve a change” (Slaby and Mühlhoff 2019, 27), a view inspired by the philosopher Baruch de Spinoza, who was interpreted by Gilles Deleuze. Entities in the process of affecting and being affected are seen as dynamic and not ready-made, stable or fixed. Thus, affective relations between actors are recognised as central factors in the process of subject making, as they may over time “– make, unmake, remake – individual capacities and dispositions” (Slaby and Mühlhoff 2019, 27). Based on this framework, the *affective arrangement* is a working concept inspired by Deleuze’s and Guattari’s (1986 [1975], 1987 [1980]) *agencement* and Foucault’s (1980) *dispositif of power*. It points to an, in each case unique and complex, constellation of a special affect-intensive aspect of social life and entails a methodological approach. Each *affected arrangement* consists of multiple human and non-human agents (materials, actors, discourses, behaviours, expressions, artefacts etc.), elements that, including their environmental contexts and conditions, “coalesce into a coordinated formation of mutual affecting and being-affected” (Slaby 2019, 109). The working concept focuses on human actors, their correlations and their

⁴⁰ Emphasis in the original.

⁴¹ *Affect* and *affective* are here understood as the relational dynamic’s intensity. This understanding is to differentiate from the psychological (constructionist) understanding of *affect* as exclusively a property of the individual human biological body, which is non-conceptual, non-linguistic, measurable and quantifiable (von Scheve and Slaby 2019, 45).

affective relations which are usually time and place-specific. The elements of the affective arrangement keep their individuality and thus are a fragmentary agencement but are related through the mode of affect and being affected and are thus inextricably entangled. In their dynamic interplay, the affective agents “sustain a local sphere of affective intensity and thereby both initiate and give shape to characteristic affective relations and agentive routines” (Slaby 2019, 110). Affective arrangements may offer the opportunity of immersion within a sphere of affective resonance⁴². In Slaby’s sense, I employed aspects of the concept of affective arrangements in the empirical research on TCTSY. Especially in the participant observations, the concept helped me in the micro-analysis of the time-limited extraordinary social domain of TCTSY in Berlin. While individual experiences of participants were central to the research, I saw, in line with a body-in-relation and arrangement-thinking, the complex formation of each TCTSY-session as highly relevant for those experiences. Through participant observation and interviews, I figured out several elements that seemed to be relevant in the affective arrangement of TCTSY. Once I had mapped interacting elements that seemed important, I focussed on one element per session during the participant observation. As my approach to the complex situation was limited due to my situated perspective, I do not claim to have identified all arrangement elements. However, this is not essential for the method (ibid., 117). While every TCTSY session is different (every social situation is unique), the set-up and elements in the performance of the session were recurrent, usually creating a similar atmosphere. During the research process, I adapted my arrangement sketches to incorporate new empirical data. It is important to mention that the experiences of the affective arrangement differed in every session and with every person. But I consider the affective arrangement of TCTSY to be essential for enabling a wide range of experiences, as they differ extremely from the everyday experiences and ways of affecting and being affected. In chapter 4.2.1 I will present and analyse the main elements of the affective TCTSY arrangement and show how their interplay is able to create affective relations through affect, resonance, and atmosphere.

In approaching and writing about TCTSY, I apply the aesthetic and stylistic means of thick description and kaleidoscope-like mappings of impressions and thoughts from a unique and

⁴² Affective resonance is a relational and processual form of resonance. It may occur in an affective arrangement, and with more detail in the interplay between the involved individuals’ affective dispositions (Mühlhoff 2019b).

personal angle, possibly reaching an immersive moment with the reader. This is in line with Slaby's (Slaby 2019, 116) idea of methodology associated with the affective arrangement concept.

2.3.4 The Affected Self

Experiencing trauma happens within a person – an embodied self in the world, with the world and with oneself. The self here is understood as an embodied self, embedded in its surroundings – always affecting and being affected by the evolving world and other beings⁴³.

I was struggling with where to put a conceptualisation of the affected self in the structure of this thesis. Finally, I think because of my methodological orientation towards relational research practices, the affected self seems to be best placed here in the methods section, because the affected self, conceptualised as follows, is located on the threshold between method, theory, and ethnography and, thus, I – based on my understanding of ethnography – am also an affected self. The research focuses on the experiences that traumatised women have in their daily lives in general and in the practice of TCTSY specifically. Experiences in TCTSY often contrast with daily experiences and focus on feeling and the felt embodied self. TCTSY is here defined as a *feeling-practice*. The practising self in this context is the methodological starting point of the study. The body or self are not objects of the study; however, they are central categories that emerged during the research and therefore need a short contextualisation. The problem of reproducing the cartesian dualism – looking at body and mind separately – in language, analysis and practice, can be addressed in different ways⁴⁴. This research, in line with its data, works towards overcoming the idea of the separation between body and mind and instead looks at a holistic human experience that cannot be reduced to either bodily or cognitive experiences. In this thesis, I understand body and mind in the sense of Spinoza's (1985 [1677]) parallelism theorem as two attributes of "one and the same thing" (III, prop. 2 schol.). My research partners mainly use the terms

⁴³ This understanding of affect as relational (in contrast to affect as an inner state) is based on Spinoza's (1985 [1677]) philosophy, complemented with contemporary ideas of dynamic-materialist ontologies or new materialism (Slaby and Mühlhoff 2019).

⁴⁴ The non-profit organisation Justice Resource Institute (JRI) established the "Center for Trauma and Embodiment", a dedicated department to further develop the TCTSY programme and research other body-oriented approaches to trauma. The department's name refers to a holistic concept of trauma therapy in which body and mind cannot be considered separately.

'self' and 'body' interchangeably to describe their experiences of *feeling* and *not-feeling themselves*.

In trauma-sensitive yoga, women transfer their experiences without further explanation, to other levels of experiencing and feeling (themselves) in their everyday lives and act upon these new experiences within the context of TCTSY and beyond. Therefore, the term *self* is central to the data. To cover all aspects of experiencing the self I find it conceptually useful to apply an "extensive definition of *self* as the totality of what an organism is physically, biologically, psychologically, socially, and culturally" (Quinn 2006, 362), aiming to better understand what people refer to when they apply the term 'self'. The self, in this extensive view, includes "implicit and explicit [...] processes" (ibid., 363) and works towards cohesiveness even if not all parts of it are integrated (Strauss 1997). I agree with cultural anthropologist Rebecca Seligman (2010, 297) in asserting that the self encompasses "cognitive-discursive and reflexive elements" as "embodied aspects of experience". These cognitive-discursive and embodied processes relate to, and inform each other in order to create and maintain the self (ibid., 298). Despite its multiplicity, the self is usually experienced as relatively coherent also due to its "embodied nature" (ibid., 299). In accordance with Seligman's findings of ethnographic research on Candomblé in Brazil, the data from this research shows that the perception of self is not static but procedural and may change. This also applies within the practice and context of TCTSY⁴⁵. Looking at the self as an embodied self, the action of feeling, or in other words *doing feeling*, can be defined as an embodied practice in the world. In the practice of TCTSY the component of bodily self-feeling is central as TCTSY, in the first place, is a training in the self-awareness of the felt body (parts, organs, movements etc.). The capacity for such self-awareness, as the data shows, is not a given, but can be learnt (see chapter 4.2.2).

As a working definition, I conceptualise the *experiencing self as a self, working towards an embodied self through feeling-practice*. That means that the self is always somehow an embodied self, as Quinn's (2006) definition makes clear, but that does not define to what extent one feels this embodiment and what this feeling of oneself is associated with. The practice of TCTSY facilitates the process of *feeling* the embodied component of self in a specific way and possibly helps to empower people living with trauma.

⁴⁵ As the data focuses on experience, implicit processes may not be displayed in a clear-cut way, however they still contribute towards the process of self-experience (LeDoux 2002, 31).

2.4 Analysis Strategies

The qualitative data kaleidoscope that resulted from this research is to be understood as “partial truths” (Röttger-Rössler 2004, 199) and as an act of “co-construction” (Riessman 2008, 28).

I used the qualitative data analysis software MAXQDA and uploaded my field notes, observation protocols, emotion diaries, interview transcripts created with the transcription software Easy Transcript, atmospheric audio recordings, poems, diary entries and social media posts from my research partners. After the second research phase, I conducted an interim analysis with the help of grounded theory (R. Emerson et al. 2011, 172-173) in MAXQDA following Spradley's (1980) research cycle. In the later phases of analysis, following the ideas of grounded theory, I first open-coded the empirical data to then sorted it into general themes (Przyborski and Wohlrab-Sahr 2014, 213). The emotional diary (Stodulka 2017, 251), into which I regularly wrote down perceived challenges and my own emotional states during the research, especially during the phase of participant observation and after the interviews, was compared to other material during every coding step. The interim analysis resulted in questions for the third research phase. After the third research phase, I went through the entire data again and obtained 102 codes, 80 memos and 1855 coding segments. I developed this coding level in relation to the initial and subsequent research themes and frequent unplanned themes that emerged. Then I entered the phase of axial coding (Przyborski and Wohlrab-Sahr 2014, 213) and reduced the number of codes for simplification and organised them according to a three-level coding scheme (Stodulka 2017, 252), for example:

Main Topic	Level 1	Level 2	Level 3
Women's experiences	# Relationship to Self	• Distance & Non-involvement	- Lack of Self-Care
Trauma	# Living with Trauma	• Regaining Life	- Broken Careers
TCTSY	# Atmosphere	• Group Dynamics	- Feelings of Solidarity

Figure 1, Coding example

This step resulted in fourteen main categories sorted into three main topics: Women's experiences, Trauma and TCTSY. The categories that helped me to structure my work are: Living with trauma, trauma and society, trauma and illness, body and self in trauma, silencing & being heard, suffering, biography, experience of time and space, researcher's subjectivity & experience, TCTSY safeR space, TCTSY-experiences practitioners, TCTSY doing feeling, TCTSY doing choice, TCTSY perceived changes.

2.5 Anonymity and Writing Style

"Writing and righting trauma" (Tamas 2009) is a challenge for everyone, whether the author is personally affected by or a witness of trauma. Many have discussed this challenge (e.g. Behar 1996; Pearce 2008; Tamas 2009; Christensen 2019) but I couldn't find an answer for how to address this topic in the 'right' way. The text thus reflects my own multiple perspectives on and multiple positioning within trauma. My writing style includes some immersive sequences. Also, in some parts the individual women and their perspectives merge. This is intentional as these topics concern more than one woman. It also helped me to raise the level of anonymity. Changes between the first person singular and plural, and the third person singular and plural are dense in some sections. This is to be understood as a style and is related to my dual research role. During the process of writing, I realised that it does not feel right for me to speak only about 'the others'. Firstly, because I see myself as part of them, and secondly because these experiences are of course unique in biography, but nevertheless representative of the experiences of so many others, especially with regard to experiences of violence. This style can also be said to have a heightened immersive function, as it abandons the distance-creating third person – usually so popular in academia – and creates more proximity to people's experiences. The text also contains poems and diary entries which represent parts of my empirical data. These texts were not written in relation to the thesis but represent private notes from different research partners that were later provided as research material. Names of women living with trauma were anonymised, names of facilitators were not anonymised.

Even though this is usually a part of ethnographic writing, due to the sensitivity of the field, details about women's lives can only rarely be written about in order to protect the research partners. Concerning the practice of TCTSY, experiences here can be reported in the same writing style with more detail because the inner experiences are so personal and

unrecognisable from the outside that they do not easily lead to the identification of a research partner.

2.6 Limits and Scope of the Research

Like every research, this research is limited. Lived experiences of trauma-affected lives in general, as well as the practice of TCTSY, are diverse.

My research partners were white women, living in Germany and so am I. Even though we did not discuss this in most interviews, it is probable that most perspectives presented were cis-female perspectives. The represented experiences were already limited in terms of gender, race and location. The gender aspect was interesting as I have no data from men even though in its first steps, TCTSY was developed in the context of trauma in (mainly) male war veterans (Emerson & Hopper 2011, 15).

Furthermore, it is important to mention that, although one of my informants stopped practising TCTSY, I mainly spoke to women who found the practice helpful for their processes. It is probable that I did not reach women who did not find TCTSY helpful for their individual process or that those in this group that I did reach were simply not interested in cooperation (except for one).

It is also important to bear in mind that this research only included women who, during the incidental time frame of my research, which of course was chosen according to my studies and personal life, were available and in the right condition and trusting state that they were able and willing to work with me. Even if various trauma processes entangled with TCTSY are represented in my fieldwork, in the context of suffering it is very likely that those who are in the worst condition are also often those who cannot speak up as it often takes someone suffering from trauma all their capacity to simply survive.

Due to the sensitivity of the field, as well as the limits of my own capacity, participant observation was limited to the TCTSY classes and the everyday life of one research partner. As a consequence, the situatedness of the knowledge that was produced in this research is limited and incomplete (van der Geest 2007, 18). I am also aware that reflexivity as a key method is limited (Rose 1997) as it may be even more difficult to know oneself than to understand the other (van der Geest 2007).

3 Psychological and Anthropological Approaches to Trauma

Inventory

I.

The depth of the wound cannot be assessed from the outside.

The depth of the wound reaches further than outside, further than outside can grasp.

It is deeper than the wound itself.

II.

Hope is possible.

Healing – Healing only if

III.

The depth of the wound

becomes the depth of the self.

The Self becomes the wound.

The Self becomes so deep that

Inside and outside pass away.

(Private notes of Isabelle, Berlin, 2018)

When we talk about trauma, conceptual ideas differ. While within research and scientific discourse this is common and expected, a socially dominant concept, in this case, of trauma, has a powerful effect on people's lives and their level of suffering. It has far-reaching consequences, such as, among other things, the discrepancy between the socially dominant discourse and what people living with trauma experience on a daily basis.

The individual and overall social understanding of what trauma is, where it comes from, who is responsible for it and how it must be approached, frames my entire field of research. This understanding has inherent consequences for the diagnostic and therapeutic field. It shapes how experiences of violence are perceived, and influence support structures. It thus has consequences for the affected person, their entire life and their environment, as for every step taken to cope with and recover from trauma. As will become clear in the following, the dominant understanding of trauma in the Euro-US-American context, only applies to the lived realities of people experiencing trauma to a limited extent. Only the question of what trauma means for those affected by it, and how it is experienced and lived, can enable a deeper understanding of a practice, like TCTSY, that is concerned with this experience and its possible transformation.

Hence, this chapter looks at different understandings of trauma. I first discuss the dominant understanding of trauma, influenced mainly by psychiatric and psychological theory. Next, I critically discuss different aspects of this understanding, drawing on views from critical anthropology (Lester 2013), critical psychology (Brensell 2013), transcultural psychiatry

(Rousseau and Measham 2007) and feminist psychiatry critique (Thesing 2017) and the experiences and circumstances of those who I worked with in this research affected by trauma. Topics that prove central and hence will be part of the discussion are diagnostic realities including the paradoxical disadvantages of being diagnosed as (mentally) ill; stigmatisation, medicalisation and pathologization of violence; the search for justice and a place in society. In this discussion, I elaborate an understanding of trauma that helps to frame the lived experiences of my research partners. This new understanding of trauma is mainly based on the ideas of anthropologist Rebecca Lester (2013), psychologist Ariane Brensell (2013), and the findings of this research.

3.1 Trauma as One-Event

In Euro-US-American societies, trauma is mainly looked at as a pathology. As this is the cultural context of this fieldwork, I will introduce the dominant narrative led by psychiatry and psychology and the diagnostics based on it.

The term trauma is established in everyday language. Even though there are probably as many concepts and ideas of trauma as there are people using the word, its meaning is still inspired by its origin as a medical term. The term trauma is originally borrowed from medical science where it mainly describes a physical injury. In the psychiatric and psychological understanding trauma describes certain kinds of events that are so deeply distressing that they can cause permanent and long-lasting psychological and physical harm⁴⁶, evidenced by persisting symptoms. Hence trauma, in this understanding, describes an event followed by the complex set of responses a person has to the event. These responses, which take different forms, are mostly framed with the term 'posttraumatic': referring to their location in time positioned after the initial traumatic event and suggesting that there is a life before trauma that is interrupted by an event or an experience that then provokes post-trauma responses and perhaps posttraumatic symptomology. Trauma is thus thought of as "linear [and] fixed" (Lester 2013, 756). These prevailing ideas of trauma also include ideas of "a very particular set of agentic relationships" (ibid.), where one person is absolutely powerless with no agency and another person or context (political regime, nature etc.) fully powerful, doing

⁴⁶ In line with understandings of medicine as the healing practice of the body and psychiatry as the healing practice of the mind, based on the Cartesian dualism, earlier ideas restricted effects of psychological trauma to the intrapsychic domain whereas more recent understandings include the body as having effects on trauma (e.g. van der Kolk 1994; Levine 2015).

harm to this person (van der Kolk 1987). If responses to the traumatic event persist, trauma quickly enters the pathological frame. For example, a person who experiences trauma and following this, lives with continuous stress, flashbacks, insomnia, panic attacks, anxiety, lack of focus or forgetfulness (Hinton and Good 2015, 51) would often be diagnosed with PTSD. So, trauma, in the dominant discourse, is thought of as a “moment-of-injury” (Lester 2013, 755) that is clearly recognisable and separable from the background of a person’s life and from which pathological symptoms may follow. This moment or event is thought to have an identifiable beginning, middle and end, as do the responses that follow it. It is constructed as something that is not taking place in the flow of life, but standing outside a person’s life and complex social world, invading that life (Lester 2013, 755). Even if not all diverse forms of responses to traumatic events are experienced as entirely distressing, for most traumatised human beings the experience, as a whole, is a deeply shattering one. People do suffer to the extent that they might lose faith in life and consider ending their lives (Rousseau and Measham 2007, 284). If they are able to, these people will reach out for help, and turn to culturally available practices and structures for orientation and in order to stay alive. In the Euro-US-American setting, this clutching at straws, struggling in an ocean of pain, mostly takes the form of psychiatric and psychological help. Here, if identified, the diagnosis of PTSD can be made. With the aid of medication and therapy the suffering individual works on dealing with what happened, in medical and private settings. Most Euro-US-American therapeutic approaches share ideas of “trauma-as-moment-of-injury” (Lester 2013, 755) and as a cut in a person’s reality and therefore position the traumatic event as the focus of their work (Rousseau and Measham 2007, 286-87).

3.2 Psychological and Psychiatric Diagnostics

The diagnosis, Post Traumatic Stress Disorder (PTSD) was only included in the Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association (APA) and applied in the United States since 1980, although the symptoms were researched long before. Today, PTSD, as diagnostic code 309.81 (F43.10), is categorised under “Trauma- and stressor-related disorders” (APA 2013, 265) in DSM-5. The diagnosis originally came as a result of studies done on war veterans with traumatic experiences of the Vietnam War. The diagnosis of PTSD was later included in the International Classification of Diseases for Mortality and Morbidity Statistics, 10th revision (ICD-10), which is applied in Germany,

among many other countries. PTSD is to be found here under diagnosis code F43.1. The latest revision of the ICD (ICD-11), which will become effective in 2022, includes a new diagnosis related to trauma called “6B41 Complex post traumatic stress disorder” (WHO 2020a) as well as PTSD. Complex PTSD (C-PTSD) is still a controversial diagnosis. It was not included in the revision of DSM and has also been discussed as “Disorders of Extreme Stress Not Otherwise Specified (DESNOS)” before (e.g. Ford et al. 2006; Blaz-Kapusta 2008). C-PTSD is based on the finding that the idea of traumatic events, such as those in war, and single events outside normal life, do not cover all kinds of trauma. Psychiatrist Judith Lewis Herman, who first described complex PTSD, looks at trauma in a more holistic way and observes that “[t]he core experiences of psychological trauma are disempowerment and disconnection from others” (Herman 1992b, 233). Herman discovered that survivors of prolonged and repeated trauma usually don’t fall under the diagnosis of PTSD because they experienced different forms of traumatisation and therefore develop much more complex pathologies (Herman 1992b). The understanding of trauma in Herman’s (1992a, 377) view has to be expanded because

[i]n contrast to a single traumatic event, prolonged, repeated trauma can occur only where the victim is in a state of captivity, under the control of the perpetrator. The psychological impact of subordination to coercive control has many common features, whether it occurs within the public sphere of politics or within the private sphere of sexual and domestic relations.

With Herman’s perspective on trauma new groups of clients were identified and included in studies, and PTSD was unmasked as above all, a white, male diagnosis from a conceptualisation of trauma in terms of war, whereas prolonged and repeated trauma with complicated and complex symptomology (Herman 1992b; Cook et al. 2003) is often found in women’s lives, where sexual violence and other forms of physical and psychological violence in intimate relationships take place extremely often. It also applies to many humans experiencing abuse and neglect in childhood, and people experiencing racism and other forms of structural and/or political violence. Herman (1992b, 233) stresses that “[r]ecover, [...] is based upon the empowerment of the survivor and the creation of new connections” and thus underlines the social aspect of trauma. Even though C-PTSD is not used in the diagnostics applied in the United States (DSM), and has not yet entered the mainstream understanding of trauma, TCTSY, the practice which constitutes the framework of this research, considers more complex understandings of trauma and explicitly claims to be

adapted to and efficacious for humans with prolonged and complex forms of trauma (D. Emerson and Hopper 2011; CFTE 2020c).

3.3 Holistic and Critical Approaches to Trauma

Facing the lived realities of my research partners, the dominant concept of trauma and its diagnostic outcomes, helped me to understand the vocabulary used and the steps people were taking due to external structures. For example, when people accepted and took on the framing of their suffering from trauma as a mental disorder, they went to a doctor to be signed off sick, applied for therapy, went to a clinic, took medication, etc. But I found the dominant Euro-US-American understanding of trauma and its related diagnostic concepts to be limiting and not able to capture the full range of what I had observed. Therefore, I turned to critical anthropological, but also critical psychological, psychiatric and feminist approaches, which point to the problem, namely that dominant concepts “of trauma are reified as representing a universal reality, rather than being recognized as concepts derived from a knowledge base that remains impoverished by its inability to incorporate nonmedical and non-Western sources of knowledge” (Rousseau and Measham 2007, 279). I aim to take in more holistic and experienced-based perspectives on trauma.

Anthropology has not taken the dominant account of trauma as a given. From early on, edge-of-existence-experiences have been a focus of anthropological work and have, for example, been looked at in the context of (religious) rituals (Turner 1967; Spiro 1987). States of consciousness that are assigned to pathology in general, and trauma specifically, in the Euro-US-American context were researched by anthropologists under totally different frameworks. Transcultural studies in particular throw multicoloured light on the Euro-US-American trauma discourse, and the analytical lens of anthropology has zoomed in and out on trauma during the last years. While psychological processes and the cultural function of these have been in focus previously (e.g. Obeyesekere 1990), trauma, as it is mostly understood and treated in the Euro-US-American context, has been critically examined and analysed as a (cultural) category (e.g. Young 1995) that was exported into other cultural settings through global hegemony e.g. in the aftermath of disaster or to post-conflict societies (e.g. Pupavac 2002). It has also been locally adapted and “enchanted” like in the case of North Maluku (Bubandt 2014, 98). A wide critical lens has been directed towards the strategic use of the category of trauma (e.g. Fassin and Rechtman 2009).

Transcultural Psychiatry and Psychological Anthropology have focused on the material basis of psychological trauma and the embodiment of traumatic experience, applying neurobiological methods (e.g. Seligman and Kirmayer 2008; Seligman 2018).

Bridging the micro and macro levels of trauma, the critical anthropology of trauma (Lester 2013) that I will outline in the following, seems helpful for the analysis of TCTSY, linking personal ongoing experiences with structural levels and putting trauma into context.

3.4 Trauma-as-Ongoing-Lived-Experience

Psychological anthropologist Rebecca Lester (2013, 754), also working as a clinician, places the experiences and processes of people in the centre of analysis and notes:

What often falls through the cracks, however, is a serious attending to the fact that, regardless of whatever social or cultural meanings might accrue, people genuinely suffer. And people not only suffer; they endure, and sometimes even transcend. People find ways to go on living—not just by resolving deep psychological conflicts or by reorganizing their experience to meet existing categories, but through ongoing, iterative, continuous processes of meaning-making that emerge *in relationship with others*⁴⁷, across a variety of levels and contexts, and through time.

To approach the lived reality of women affected by trauma I analyse suffering as many-layered existential distress. In the accounts of the participating women, I also found them surviving, progressing, feeling rage and despair, but then moving- and going on. The suffering, enduring, and transcending (ibid.) they were doing was happening before, during, and after the research; it was not a thing of the past confined to the imagined ‘traumatic event’.

In the critical anthropological view by Rebecca Lester” (ibid., 755), trauma is the process of an “ongoing-lived-experience”. And traumas are also “ongoing relational processes” (ibid., 757), where disconnection and rupture may be addressed and altered. Lester (ibid., 759) stresses that connecting and relating to other people and the world is very central when it comes to recovery as trauma is “a rupture in the social fabric that becomes manifest in the event – both as context that produced the trauma and as the individual and social responses in the aftermath”.

None of my research partners felt that their life, shaped by trauma, could be traced back to a single traumatic event. They might refer to several nameable events or conditions. Some of the events were not nameable, some were remembered, many were not remembered, some were locatable in time, and others were not locatable. For some, the desperate search for

⁴⁷ Emphasis original.

'the' traumatic event increased their suffering – the search for proof that this suffering was traceable. In the context of trauma, time travel to other moments is an unasked-for horror, so profound that a person's whole world is shaken after each individual experience. While the common understanding of trauma revolves around the traumatic event, trauma continues to take place and "affects how people relate to others, interpret new experiences, and imagine horizons for their future" (Lester 2013, 758).

The experience of trauma is an "edge-of-existence experience", a lived "ontological alienation", and a deep "relational injury" (ibid., 753-54). An experience of disconnection and pain, so deep that the world, other beings, life itself, and oneself may become unreal, unreachable, or alien. The terror, the loneliness, the distress, the "unmaking of the world" (Scarry 1987) persists. Trauma is hardly over with the event which is designated as being traumatic (Lester 2013, 754). While some may refer to what people describe as symptoms, I must say that this does not fit into what I found. The mostly multi-sensual, vivid recurring re-experience of what is not bearable, including psychological and embodied reactions (Ogden et al. 2006), often make it impossible to distinguish past from present, memory from the current moment. The recurring experience of horror and the accompanying feeling of becoming alien to life, are part of everyday life instead of one event anchored somewhere in the past that a person is fighting to "get over" (Lester 2013, 757-58). And still, these experiences change in the flow of life. How they change is not predictable. A person who has been deeply wronged and violated can survive and be strengthened by their anger. But she may be broken if she is not acknowledged, not supported and at some point, might take on the opinion that it is she who is responsible for everything that has happened to her or that she has only imagined it. She might go on violating herself, fighting herself, making sure that she is wrong and not worth being loved and cared for. Encounters with others and their stories, care, support, making sense of what happened, negotiating violence in public – before the law, compensation and so on may change her experiences for the better, or first for the worse and then for the better. Whatever happens, looking at "trauma-as-ongoing-lived-experience" (ibid., 755) means looking at trauma as an influenceable process, the past origin of which may not be changed. I, therefore, follow Lester's (ibid.) claim for

a more productive way of discussing trauma that acknowledges the dramatic and life-altering nature of experiences that push people to the very precipice of ontological alienation, and at the same time

recognizes that processes of retethering are complex, variable, idiosyncratic, temporally extended, malleable, and not always look like healing according to dominant models of recovery.

Lester's (2013, 756-757) understanding includes more complex and sometimes ambivalent forms of agency than the prevailing concept of trauma which divides the agency into victim and perpetrator. Such a complex understanding captures the reality of people better because maybe she acted in a friendly way even if she felt the other person was frightening her, she may go back to her partner even if he already beat her half to death or she loves her mother even though she didn't protect her from being raped by her new partner. Lester (ibid., 755) further notes that identifying a person with the violent event(s) that happened and thus tracing current experiences always and only back to the event(s) may be very constraining in the sense of recovery. In many cases, this backwardness generates a strong moral narrative of "the traumatised" that frames a person as "disabled, weakened and wounded" (Lester 2013, 755), and often inhibits people from repelling this stigmatised label without, at the same time, losing a part of their identity. Negotiating agency in the context of trauma does not mean negotiating guilt and fault. Even though this is often attempted. But it also means to include these complex and often ambivalent (ibid., 756) feelings and agencies to be able to capture what people really do experience. To grasp these experiences, it seems fruitful to look at "trauma-as-ongoing-lived-experience" (ibid., 755), a process that develops individually, that is not linear and has no defined end and not necessarily a defined beginning (Rousseau and Measham 2007; Lester 2013, 757-59). In this extended view, which includes the traumatic events "*plus*⁴⁸ its ongoing psychic, emotional, embodied, interpersonal life", the understanding of trauma shifts from something dark in the past to a "part of one's lived daily experience in the here and now" (ibid., 758). This also means that trauma does not always end with healing. Even more, processes of (re)connecting to life are not linear. They unfold in a constant interplay of connecting and disconnecting, "untethering and retethering" (ibid., 760), following individual rhythms and taking on different forms (Rousseau and Measham 2007, 281; Lester 2013, 757-59). She who lives in a hostile world may experience disconnection, despite all that it costs (isolation, horror, loss of livelihood and so on), as the safest place that can be found and maybe it is the only bearable state of being. Processes of "making and unmaking" of one's world (Scarry 1987), connecting and disconnecting to and from oneself and other beings may enable processes of repositioning

⁴⁸ Emphasis original.

and reorienting, thus negotiating relationships (Lester 2013, 760). Looking at “trauma-as-ongoing-lived-experience” (ibid., 755) means that the process of connecting and disconnecting is done and experienced from “*within the trauma as it is unfolding*”⁴⁹ (Lester 2013, 759). I find Lester’s approach particularly appropriate not only because it contours the reality of those affected better than other trauma concepts, but also because the processuality of trauma reframes the situation in terms of possible recovery or healing. When we act out of the process of trauma, a new perspective and new possibilities emerge – very different possibilities than if we imagine trauma as already completed. Lester points out:

With each iteration of the memories, and as the person is in different circumstances when they occur, new associations, sensations, emotions, and thoughts can accrue. Over time, the nature of the trauma-as-lived-experience can be changed. As different meanings are attached to the recollection of the past traumatic experiences, the moment of injury becomes, literally, a different event. (Lester 2013, 758)

3.5 Trauma-as-Ongoing-Lived-Experience-in-Context: Placing Trauma within the Sociocultural

Defining trauma as an ongoing heterogeneous experience, which, due to its processual nature provides possibilities and opportunities to be influenced and changed, makes clear that trauma happens within the context of a person’s life. This life is part of and connected to other lives and embedded in a socio-cultural network and within society. This life was already there, and for those living with trauma, it continues, despite unbearable experiences. Life always includes cultural, social, and personal understandings and concepts of being alive, being human, being part of society, and being satisfied. It further includes cultural norms and values, social structures, individual world views, religiosity, gender concepts and narratives, narratives of health and illness, one’s own social position, personal dreams, people we surround ourselves with and encounter, and much more. The traumatic suffering thus takes place in the flow of life and the processes of traumas are part of this flow. All these understandings influence and frame the ongoing traumatic experience, which therefore must be embedded and understood in its socio-cultural context. This societal context influences the individual’s abilities to make sense of what happened, fight back or handle violence, as well as the person’s resilience, the decision to speak out or to be silent, the ability to go on and if so, whether the person ends up in precarity. The processual nature of trauma entails

⁴⁹ Emphasis original.

that any form of support (social, financial, legal etc.), including arguing for what is right, moral rectitude, the legal steps available and anything that counteracts the acts of violence, is also not restricted to the past but forms and may change this ongoing lived experience of helplessness, loneliness, anger, shame, deep despair, and horror. This underlines the fact that people's experiences in the so-called 'aftermath of trauma' or 'post-trauma states' are important and strongly influence the ongoing process, which includes, among other things, the new (re)experiences of trauma and making sense of life (with trauma).

As all dimensions of life deeply influence the trauma process, it must be seen within the context of a biography but also in a socio-cultural, historical, and political context. The experience of trauma is not disconnected from the world or society, even if the dominant approaches to trauma may treat it this way by putting it in an individualised discourse of personal health and illness. Following Lester (2013) and others, I argue that trauma must be positioned in the middle of society and analysed over time (Rousseau and Measham 2007; Brensell 2013; Becker 2014). In line with my research data, I extend Lester's (2013) "trauma-as-ongoing-lived-experience" to *trauma-as-ongoing-lived-experience-in-context* (or "*trauma-as-process-in-context*") to highlight the importance of the social context wherein the trauma process is experienced and by which it is decisively shaped. Putting trauma into context also means admitting that harm and violence was done, recognising the consequences of this and being deeply angry (Rousseau and Measham 2007, 276-78), and it also means holding everyone who surrounds a person living with trauma and society accountable for the trauma, not (only) for the event but for the whole process of trauma (Brensell 2013, 2-6).

A society's dominant narrative around trauma has an impact on other spheres of society and thus on how people are treated, and if this understanding differs from a person's experiences, this can produce ongoing circles of harm and misery as

for example, in our system, be it the youth welfare system, be it the health system in Germany [...] there is such a naive idea of trauma [...]. But [those affected] do carry an enormous amount of suffering, some are restricted in their development probably for their whole life because they don't get adequate help [...]. The amount of suffering that is thereby produced is out of proportion! (Birgit)

Inadequate help and unhelpful conceptualisations of suffering can be related to the stigmatisation of mental illness (Goffman 1963; Foucault 1973), since living with trauma in the Euro-US-American context is, as we have seen in section 3.2, in most cases, negotiated exclusively as a mental illness. However, the link between mental illness and stigma can also

work in the other direction, in that certain problematic social phenomena that take place in the social centre and are ubiquitous, i.e., structural issues, are purposefully pushed into a more isolated and stigmatised social realm, namely that of illness. Even though therapeutic help (be it TCTSY or psychotherapy or other interventions) is often paid for by victim support institutions which acknowledges the connection between violence and crime, the framing of trauma as illness is dominant and results in the outcomes of violence, including those affected being pushed back into the medical and private sphere. This can be framed within a broad socio-cultural discourse around the pathologization and medicalisation of socio-political issues, structural violence and social suffering in general (Kleinman et al. 1997a; Rousseau and Measham 2007; Brensell 2013; Behrouzan 2015), and of gender-based violence in particular (Thesing 2017; Fullagar et al. 2019). In the Euro-US-American context, this often means that

[d]espair and sadness become articulated through psy-discourses that privilege a dysfunctional brain, problematic thought patterns or emotional responses over critical analysis of the social forces that shape mental (ill) health in gendered, classed and racialized ways. (Fullagar 2020, 173)

This also includes the trivialisation of children's and women's emotional worlds, which is an old, dominant, violent narrative that needs to be understood in the context of patriarchal societal discourses and practices (Herman 1992b; Taylor 1997; Salter 2011; Thesing 2017). Due to gendered suffering and gendered medicalisation, I put the findings of this research in a wider context of the tradition of pathologizing women's experiences (Ussher 2011; Thesing 2017; Fullagar et al. 2019). An imbalance of power together with gendered discourses deeply influence whose traumatic experiences count and whose experiences help when, how and why. Socio-cultural framings of trauma such as illness can never be unambiguous. Even in the diagnostic manual DSM-5, PTSD is one of the very few diagnoses that are connected to external influences, as PTSD is "following exposure to one or more traumatic events" (APA 2013, 274), which for Isabelle "is different to other diseases because, in the end, this is about an [pause] experience of violence or an experience of an external effect on your life".

In a critical psychological conceptualisation regarding trauma in the Euro-US-American context, Ariane Brensell (2013) speaks of the "pathologization of violence and its (intrapsychic) consequences"⁵⁰. Since Ariane Brensell herself worked in a counselling centre for victims of sexualised violence in Berlin, which also plays a role in my research, I consider

⁵⁰ Translated from German to English by the author.

her assessments to be particularly close to my data. Sexualised violence, gender-specific violence, ritual violence or violence against children played a major role for most research partners, even though these were not the only traumatic contexts. Rebecca Lester (2013) is primarily concerned with showing that the experience of trauma is very influenceable at any moment due to its ongoing nature and primarily emphasises confident conclusions for healing processes and the influence of the direct environment on the experience of trauma. Brensell (2013) argues just like Lester, for a view of trauma as a process, but from a political-activist position, whereby her social critique is based on the lived reality of those affected. In Brensell's view trauma is a process that must be looked at in historical, social, political, and individual terms. Just like Lester, she outlines that the trauma event is overemphasised (ibid., 2-3) and the subsequent course of events and what happens after the event is often much more decisive for the experience of living with trauma (ibid., 4-6). What is important here is the focus on structural violence, which Brensell identifies in the context of trauma and (sexualised) violence in Germany. Thus, she discusses trauma not primarily as a disease, but as a consequence of violence in a society that establishes this violence anew every day as part of its structure. The psychologist describes the common and further increasing de-contextualisation of sexualised violence specifically in society's dealing with the consequences that manifest in the suffering of those affected (Brensell 2013, 9-10). People are increasingly thrown back on themselves by this process, help centres are more and more overburdened, social and financial support falls away and the suffering is prolonged and/or worsened (ibid., 7-8). Precarity causes feelings of distress and helplessness, which may even be re-traumatising. The main help that is offered is in the form of medication, therapy, or clinical stays. Other attempts to build up support structures are not supported by the system (ibid., 14). It should be emphasised here that even those who decide to accept forms of help provided by the system, usually at first fall into the void (ibid., 7). The empirical data gathered from my research participants showed years of waiting for therapies, highly bureaucratised processes, energy-draining fights with health insurance companies for therapy places and hospital stays: this is all the order of the day for people living with trauma. These experiences were also reflected in Brensell's (ibid., 7-8) findings. The "Feminist Critique of Psychiatry"⁵¹ by Peet Thesing (2017) demonstrates that the limited conceptualisation of trauma is problematic but also that the conceptualisations of

⁵¹ The title and following citations by Thesing are translated from German to English by the author.

(structural) violence that many traumatic experiences are based on, differ immensely from the lived reality of those affected:

The diagnosis [of PTSD] assumes first of all an undamaged life that is destroyed by a 'stressful event'. And thus, completely ignores society and how it shapes people. Daily sexism, racism, antisemitism, homophobia and transphobia – all these are stressful permanent situations. Yet they do not destroy an apparently healthy life but are part of life. (Thesing 2017, 55)

Although the diagnosis of Complex-PTSD attempts to address multiple traumatic events, long-term traumatisation and represents a feminist achievement for some as this diagnosis also includes forms of structural, political and gendered violence. Thesing (ibid.) goes on to criticise, "[i]n a system where recognitions of pain and suffering are linked to psychiatric diagnoses, there can only be hierarchy" and refers here, among other things, to the above-mentioned struggles for therapy hours and the dangers of rating the severity of violence and horror, which in actual fact are all experiences on the "edge of existence" (Lester 2013) and not rateable. The dynamic of rating horror often leads to a decision not to reach out for help or not to report a crime. Thesing criticises that the initial problem (that of structural violence), is not touched by the new diagnosis. Thesing's critique also focuses on a central point that, in a world where sexual violence is part of everyday life, promises of the danger(s) being over are empty promises. Girls and women are already raised in fear, constantly afraid of being objectified and threatened. Many face contact with offenders in their everyday life, mostly in the private sphere (Thesing 2017, 56-59). They were not and still are not safe. Trauma therapy that works with the creation of a feeling of safety, looking at trauma as an event that is over, and pretending that the creation of safety is in the hands (and the responsibility) of the traumatised person, may therefore worsen suffering. Pretending there is safety and putting the weight of the responsibility to create safety on the shoulders of the person who experienced and experiences violence, is a responsibility that cannot be fulfilled in a violently structured society. Here Rousseau and Measham's (2007, 283) idea, coming from a clinical perspective, is the proposal "to work with the notion of *relative safety*⁵². Safety depends on anchors and holding, but may involve a protected space – partly internal, partly external – in an uncertain world where violence and aggression can occur". Being aware of this uncertain world, queer and feminist approaches often apply *safer space* for conceptualising spaces where we come together to potentially heal. Highlighting the "r" in "safer", safer spaces are processual, fluid and relational spaces acknowledging that

⁵² Emphasis original.

in lives with ongoing experiences of (structural) violence(s) we can never be safe, only safer (than in other spaces) (Bonds 2022). Even in a safer space – be it a community space or a therapeutic space – complete safety can never be guaranteed (Lewis et al. 2015).

Due to the socio-cultural positioning of trauma⁵³, living with trauma often means living without any experience of justice. The ongoing suffering experienced by traumatised people is rooted in external impact, and quite often it is a human external impact. Has no crime and injustice been done here? Does it not need to be followed up and justice established? Aren't the corresponding reactions to violence normal rather than pathological? Far from such questions, in most cases the experience of trauma is handled like any other diagnosis. The question of right and wrong finds no space in the socially institutionalised handling of trauma (ibid., 267-68). Field reports from this research tell stories of crisis centres and psychologists advising against taking legal action because it is only an additional burden with no prospect of success, and that re-traumatisation is to be expected. This desire to experience recognition and justice and the destructive despair of being thrown back on oneself with the outcomes of violence is hard and may be interpreted as one's own existence itself being wrong and unwanted. Such experiences often shape the ongoing experiences of trauma. The next chapter will look at this in more detail using the empirical data of this research.

⁵³ When talking about negotiating trauma in the middle of society, it is noticeable that gender-based violence is mostly negotiated in discourse and individual lives as a private matter, not as a collective experience. This is striking because experiences, such as in the context of war and experiences that have transgenerational effects, are often discussed under the term 'collective trauma'. However, the number of women who experience gender-based violence or encounter it through others is very high. The stories around the permanent threat and how a woman must behave in order not to fall victim to such violence are passed down through generations. It, therefore, makes no sense why gender-based violence is not treated and addressed as a collective problem. The reasons for this lie in the patriarchal structures in which these forms of violence are permitted and their concealment is promoted. This, then determines how affectedness is perceived and framed. Since the conceptual separation supports and reproduces these structures, which do not correspond to the realities of the lives of those affected, Rajiva and Takševa (2021) argue for "thinking against trauma binaries" by examining "the interdependence of personal and collective trauma in the narratives of Bosnian women rape survivors". And state as a result that the "re-conceptualisation of trauma is necessary to recognise it as an issue that concerns everyone and that needs to be addressed on multiple levels to be prevented and prosecuted" (ibid., 424).

4 Lifeworlds Shaped by Trauma and Feeling in the Context of TCTSY in Berlin

This chapter focuses on the lived experiences of women living with trauma and practising TCTSY in Berlin. The experiences the women have during TCTSY are often in opposition to how they feel about themselves in their everyday lives. After a while, some participants may report how their experiences during TCTSY begin to influence their everyday lives - in various ways. Thus, the everyday may be thought of as the context from which women come to TCTSY and to which they return after each session, with both this everyday experience and experiences in TCTSY contributing to one and the same trauma process.

Chapter 4.1 relates to the discussions about trauma from chapter 3 and draws a picture of the everyday challenges and sufferings involved in the ongoing trauma process. Besides looking at the structural and societal level (4.1.1), I also focus on the inner side of the self (4.1.2) – perceptions of the self and feeling (oneself) in the context of trauma. With the background knowledge of what kind of everyday life and feeling of being in the world the women are coming from, 4.2 enters the experiential space of TCTSY in Berlin, examining the therapeutic affective arrangement and the atmosphere produced, where *doing choice and feeling* is possible.

4.1 Experiencing Trauma

This chapter begins by giving space to the everyday experiences of women, picking up the above-discussed concepts and discourses around trauma and what living with trauma means to those affected (4.1.1). Chapter 4.1.2 takes a closer look at the body, the self, and temporality, the feeling of being in and relating to the world and one's capacity to feel in the realm of trauma.

4.1.1 Women's Perspectives on Trauma Processes: From Diagnosis to Everyday Suffering

All women in this research were seeking help in the psychological and/or medical sector – the culturally accepted field where trauma and help are negotiated. The diagnostic and therapeutic realities of this research reflect histories of distress caused by diagnostic non-recognition of trauma, which deepened and lengthened ongoing suffering, and subsequent inadequate therapeutic interventions, dragging on for years. The journeys

towards understanding and being diagnosed with trauma were often long and winding. Isabelle's life story, for example, includes deep distress and ongoing traumatisation due to several psychiatrists explicitly denying her experience of trauma, deepening wounds from childhood of being told that 'this didn't happen' or that 'it wasn't that bad'⁵⁴. Most women had multiple diagnoses besides PTSD, which very often included depression but also others such as borderline personality disorder or schizophrenia – which in most cases later turned out to be a misdiagnosis. Women over the age of 45, in particular, reported traumatising therapeutic interventions based on an older understanding of trauma as something that 'one has to go through' or something one has to face, which, for example, rendered Anke very sceptical of any therapeutic help for a period of her life during which she would rather stay alone with her pain than experience more violation through inadequate therapy. Even if more recent approaches to trauma do take into account that trauma is not necessarily something that has to be talked through in detail, such incidences are not restricted to the past, younger women report. All of my research partners did make use of psychotherapeutic help. However, finding trauma-specific therapy was or is a hard struggle for most as "they are all full" (Althea), which means that they do not accept new clients⁵⁵. Regarding therapy

⁵⁴ The violent act of power abuse where the perpetrator manipulates or disorients the victim to sow self-doubt and confusion and deny the experiences made, is also called "gaslighting". The term has gained public attention in recent years and is beyond psychological theorization and discussed as a sociological phenomenon "rooted in social inequalities, including gender, and executed in power-laden intimate relationships (Sweet 2019, 851).

⁵⁵ The difficulties in reaching adequate and sufficient help must also be linked to what is called 'secondary trauma' or 'vicarious trauma': that "trauma is contagious by nature" (Jemma). What is meant here is that trauma, as a lived reality of one person, through being an element of a social arrangement may affect another person who was not present for the traumatic event that in a linear understanding of time is positioned in the past, but who may still develop similar sufferings (Hesse 2002). This means that "all people working with traumatised people have a significantly increased risk of developing a trauma disorder themselves" (Birgit), which in turn leads to insufficient assistance for traumatised people. Secondary trauma is experienced by, for example, psychotherapists or social workers (Kassam-Adams 1995; Hesse 2002; Motta 2008). While "[s]econdary trauma is [still] an understudied and controversial clinical phenomenon" (Zimering et al. 2003), I argue that considering Lester's (2013) definition of "trauma-as-ongoing-lived-experience" will enrich the understanding of secondary trauma. Instead of keeping the focus on the so-called traumatic event and discussing whether 'only the narration of horror' may cause PTSD symptoms, with the help of the new approach it becomes clear that the person who is secondarily traumatised might have been primarily involved in the ongoing lived experience of trauma of the other person. While this person is not actually taking part in the event but still experiencing the state and atmosphere of an ongoing experience of horror at first hand. This phenomenon limits the help people can find but is not discussed broadly. This in turn reflects another dimension of how narrow the concept of trauma and recovery is and the serious consequences this has on people living with trauma. Regarding TCTSY it is important to mention that facilitators in this research reported to feel "always better after having taught a TCTSY class than before" (Birgit) and usually "calmer" (Jemma), which they connect to practising TCTSY themselves and the practised perception of their own body while facilitating. This corresponds with the findings of qualitative research by Evan A. Bodine (2018) on "The Lived Experience of Teaching Trauma-Sensitive Yoga" and leads to the assumption that „the format of T[CT]SY itself may be a buffer that may prevent vicarious trauma from occurring“ (ibid., 130).

supply, living in a metropolis is framed as a stroke of luck because at least there are more therapists and therapy forms, innovative research, and feminist support centres to be found. The research partners had different sources of information and invested a lot of time in informing themselves of the possibilities for getting adequate help. While crisis and support centres were often helpful, scientific information and ongoing research were also of interest. Clara and Anke, for example, participated in different research projects regarding trauma, which they found helpful because firstly, they stayed up to date on scientific findings around trauma and, secondly, they got the chance to contribute with their suffering to new findings, hoping that this will help others. Fighting (also legally) with insurance companies for therapy approvals, prolongation, clinical stays, or courses of treatment are omnipresent topics in this research. Thus, even when suffering is positioned in the context of trauma, the therapy hours offered by health insurance are not sufficient. It has also been criticised that many treatments are not covered by the insurance and thus become inaccessible. In cases where women went through the tedious application process, funds like the Fund for Sexual Abuse⁵⁶ pay for private psychotherapy or other forms of treatments, including TCTSY, which are not covered by the health insurance. In the reality of ongoing and entangled lives, trauma cannot be restricted to the medical and psychological sphere and above-defined forms of help. All women searched for different forms of help, for example in self-help groups, political groups, on the internet, information events and in alternative or adjunctive forms of treatment. In seeking to understand the experiences and reported processes of my research partners in TCTSY, it was essential to also grasp what living a life with trauma – the ongoing lived experience of trauma in context – can be like. “The general trembling, dissociation, constant attentiveness, insomnia, the tendency to reexperience trauma, depression, self-destructiveness [...] - the burden” (Anke), the everlasting feeling of not being safe in the world as “in the back of my mind, in my subconscious, there's always this ‘Danger! Danger! Danger!’, ‘Which way could I run if it came now?’ or ‘What is my emergency plan?’” (Lyra). Alertness and embodied stress take most of one’s life energy and often generate constant tense muscles causing numbness, bodily pain or breathing difficulties. With trauma comes countless entangled impairments which lie within each person, life story and “developmental arc of trauma” (Lester 2013, 757). They range from chronic pain, eating disorders, social

⁵⁶ Original German name “Fonds Sexueller Missbrauch”, which was funded by the German government (Bund and Länder) (BMFSFJ 2021).

isolation, distrust and fear of loss in relationships to feelings of being left alone in this world without help, autoimmune diseases, difficulty concentrating, deep feelings of guilt and shame, difficulties with or hypersensitivity to skin contact, amnesia, problems feeling separation to others or locating oneself in time and space, suicidal tendencies, low self-esteem and distrust in and disconnectedness from oneself, and many more (Cook et al. 2003). Lives affected by trauma often develop very differently from how the person living this life imagined it. While some have stopped asking painful questions about how their life would look if they had not been violated, others struggle with deep feelings of loss every day. “It feels like my life has fallen apart, [...] career, [...], manager, power woman – everything! [...] and it feels like it’s even getting worse” (Althea).

In all of the women’s narratives, it became very clear that “[t]he reality, of course, is that trauma happens within the flow of a person’s life” (Lester 2013, 755). Instead of a clear-cut event, trauma increasingly appeared to me as a complex web of (familiar, social, political) conditions with some central and more densely woven areas, which take different forms and may be remembered as traumatic events or as an increase of suffering. This web is in process; connections are spun, others are cut, new parts are formed. The idea of trauma-related illness as high-level suffering close to the initial event, which then little by little subsides, is not met by reality. It does not seem that there is a linear process. Each woman experiences different peaks and troughs, winding paths of suffering that also change and transform, not necessarily always to a better state but nevertheless do not stay the same. The conditions for an identifiable ‘before’ and ‘after’ trauma are only met by single events but not by a person’s whole trauma process. People grow up and live under conditions that are later on seen as traumatic. This means that there is not necessarily a definable life sequence without trauma. “Welcome to my life” Isabelle once said to me, accompanied by bitter laughter, when we were talking about the recurring experience of horror and the state of not really being in the world, which she connects with states of dissociation⁵⁷. What the person experienced yesterday may grow with time, and a person living with trauma cannot meet the inner and outer expectations of forgetting, integrating, or

⁵⁷ In diagnostics, dissociation is seen as highly pathological and can be linked to trauma (for example APA 2013, 278; or WHO 2020b). Dissociation is part of my research partners’ trauma processes. Still, in studies on complex PTSD, dissociation was defined only as one symptom among many others and one not experienced by all patients (Cook et al. 2003; Spinazzola 2018). Elsewhere I discussed dissociation as a representative feeling in the context of trauma (for many) - a feeling of being disconnected from the world that may be seen as a part of the process instead of only pathological (Minow 2020a).

getting over what happened and still happens to them. "Derealisation is something I must have experienced for a very long time [but] falling into the childhood stage [pause] is new for me" (Althea). Ten months, 2 days, 3 minutes or 8 seconds. When it comes to trauma, time becomes relative. The embodied self experiences it all: the rising pulse, cold sweat, trembling, nausea, numbness, colours change, hearing stops or intensifies, everything may happen in slow motion or speed up enormously.

It changes very quickly. I [...] am trapped then! [...] No longer able to react. In fact, it's like being in a vacuum - I'm aware of everything, I'm responsive but I can't react. It happens within seconds. [Pause] It can last for four days. [...] [D]uring the therapy the dissociation became so massive that I couldn't go to work. I fainted several times, lay there, couldn't do anything. (Anke)

Something happens which is not possible in our conceptualisation of experience in a linear running concept of time, but it happens, nevertheless. Ideas of a linear timeline of a person's life where experiences can be positioned as memories do not necessarily make sense in the context of trauma. A forty-year-old woman may vividly re-experience the rape of her mother that (according to the dominant understanding of time) happened thirty-five years ago. She may experience it again and again during the rest of her life, vividly, seeing her, hearing her screaming, feeling the accelerated heartbeat, the rising bodily tension, holding her breath. She also may not experience it for a while and then experience it again, but differently. This completely different experience of time compared to the shared understanding of time may cause confusion, insecurity and self-doubt, as Clara explains:

The memory comes in such an unstructured way. It comes so suddenly and with so many different things and that takes away the logic. The logic then suddenly disappears, and I often have the feeling of going crazy – I still have that today. [...] Slowly I am able to tell myself "No, that's enough, I don't need that anymore. I know what happened and that the situation was crazy. Not me".

Regarding social life, narratives in this research were shattering. The reports were heavy with the feeling of being misunderstood, not fitting in, not being enough, being crazy and entirely wrong. Lucky women find allies in one or several friends, in a mother or a sister. Others do not find anyone. "This is too much for me, I don't want to have anything to do with such things, my life is good, but this makes me sad.' And she was gone"; Althea remembers how her long-term best friend reacted when she wished to talk with her about what she was going through. Still years later the formerly best friends do not have any contact. In this research especially some women between 40 and 60 appeared desperate at some points of the interviews, like Clara, who feels her life passing by too quickly on the path of recovery, "I am trying to find my way [voice shaky], but the years have passed and that makes me very

restless and very dissatisfied, very sad.” Younger women (aged 21-35) carried more hope and reported finding social support in friends, feminist groups, peer support and in social media groups where trauma and (mental) health is openly discussed or life stories are shared. “Of course, it is very difficult when several people come together who have been shaped by awful experiences [...]. At the same time, I notice that this exchange is really important”, Isabelle explains. Still, delayed or discontinued studies and apprenticeships, difficulties in finding jobs, broken careers and financial problems were not limited by age.

In the research, it became clear that living with trauma also means living with stigma, to the extent that one woman was criticised for having a child. Clara explains that her daughter is a

wanted child – [pause] but what I feel is tragic [...] there were also many who were happy but it [was implied that] 'You should have known that from the start.' That I am sick [pause] 'No wonder the child is sick.' [...] To me this is very violent.

The silencing that comes with structural, gendered violence and stigma is also part of these realities, as “our society is very good at pushing it away, we don't talk about it, it's not thought about, it's not talked about, but therefore it didn't happen?” Althea asks, full of rage, and concludes “*that's* madness!” Living with trauma does not only mean being damned to live with the burden of experiencing horror again and again and working hard to connect to life again and to go on. In many cases, it also means living in a society that denies this violence and cruelty that exceeds any nightmare. In a social system, suffering is rated, which in conversations is often expressed through wishing for a different traumatic context, hoping for more recognition: “[T]o say, ‘I was in the war and saw really bad things there [...],’ would be *much* easier [...] than *this* [violence on children and women]! People really don't want to know about that” (ibid.). Things often become even worse when women talk about what they experienced – they are often silenced, left alone, and have to carry even more stigma.

To have experienced violence – in a society – and then to get little social recognition for the burden one carries, and to get limited help, if any at all, and only following a diagnostically defined course, is painful. It affects the trauma process immensely. It therefore becomes traceable that the search for recognition and justice is a central theme in this research:

Insomnia and anxiety are back, and I think it has something to do with the fact that [pause] I *still* haven't really found a place or the recognition that would help me. Decisions have been made in my life that defy any legal logic [...] and I have [nothing] at all that I can tackle! So, I have *nowhere* – to fight back. (Clara)

The strong desire to be heard and to experience (social) justice is a recurring part of the interviews in this research and for some of my research partners also constituted the motivation for the research collaboration. With the lack of recognition and justice comes poverty, precarity, hopelessness and anger. The fight for a place in society is inherently energy-consuming because the price is often to be forced to ‘prove’ and reconstruct the violence and suffering, which for many is impossible. Like for Althea:

Because of PTSD, I can't work much, which means I don't have that much money. There are state funds that one can apply for, but it's not easy, because you have to write down your story, you really have to disclose *everything*. I have tried this twice with my therapist and each time I simply [dissociated].

This ‘proof’ is most accepted if it can be retraced in time and refers to a completed event. Even many institutions that, at first glance seem helpful, in the end, demand too much from a person living with trauma. Clara explains:

The Victim Compensation Act⁵⁸ has not been recognised either, I have tried for years! Four years of lawyers, support, and still nothing. [...] [T]hat's why I can't change this life, that's what fills me with uneasy sorrow.

Experiences like this take energy, time, money, nights of horror and long periods of sleeplessness. The dismay then means more than just missing out on financial support and having already paid a price that is too high. It means once more not being believed, being belittled, being shamed: ‘We don’t believe you. Your pain is wrong. You are wrong’.

Most research partners were very explicit in saying that they themselves may frame the dealing with what happened, the so-called ‘symptoms’ deeply influencing their everyday lives, as illness, but not the acts of violence, as Anke outlines:

The actual trauma is not an illness. It was an attack that happened to me [...]. It is first and foremost about living with it. [Pause] It is really only about an improvement of the situation that can be achieved. And therefore, it is not really an illness [...]. They can't sort out the actual thing.

This trauma, which “they can’t sort out” (ibid.), and which, as we have seen due to the dominant understanding of trauma, paradoxically stands in the centre of therapy, constitutes an act of violence, and in most cases a crime. Despite this, it is usually not approached as such in a culturally appropriate way (an example of which would be prosecution), or only if the individual takes on the issues of money, energy and risk to do so against all ‘good advice’. On the one hand the medicalisation of women’s traumatic experiences is often used as a “protection tool [as] I also don't want to talk to everyone about what trauma I experienced, when and how” (ibid.) but also to keep others comfortable on the other hand, as Anke

⁵⁸ In German OEG (Opferentschädigungsgesetz).

explains: "I often had the feeling that it was easier for *others* when I said, I was ill than when I said 'Something bad happened to me and I can't deal with it right now'". Traumatic experiences may also absorb so much energy in multiple ways, that the productive and reproductive work usually demanded of adults can only be performed to a limited extent, or not at all. The medical certificate is often the only, half-inflated, lifebelt in the maelstrom of precarity.

Of my research partners, only Lyra adapts the medicalisation of trauma in a way that makes her more hopeful in looking at her future life and explains: "For me, [trauma] is a disease and also a treatable disease because in the end, measurable things change in the body, which then changes our life and behaviour." Lyra further relates that she uses the medical framing in a hope-creating and empowering way which is "also because if it's a disease and it's curable, then it's more tangible and nicer for me to think 'Ok, this was done to *me* and *I* can leave it again behind me someday".

Trauma processes including making sense of a life with trauma are individual. Still, precarity, stigmatisation, inadequate help (including misdiagnoses) and feelings of being misunderstood and left alone are striking factors in lives with entangled trauma as this chapter has shown. While processes that relate to societal structures and 'others', were mainly discussed here, the next chapter focuses on the inner side of experiencing trauma: the feeling self in the context of trauma. Even though these processes are happening 'inside a person' they are always influenced by the surroundings as every person is a part of networks *in* the world and society.

4.1.2 (Embodied) Self & Feeling at the Edge of Existence

The all too fragile

It is hard for me to believe that some things are of solid consistency.

It may be so, but only on the outside.

'I' is a space, a zone in an open random field. An area of vaporisation.

What from outside promises support and consistency, dissolves inside into an indefinable formless substance.

Here, desires, goals and adjectives have no direction, no power, and no contract anymore.

Their promise falls into the void.

(Private notes of Isabelle, Berlin, 2019)

Deep suffering, like trauma, is likely to have a profound impact on the self, and its subjectivity (Kleinman et al. 1997b; Lock 1999; Das and Das 2007). Suffering during and

following unbearable life episodes and “edge-of-existence” (Lester 2013) experiences like those in the context of trauma, have “the potential to undermine the coherence of lived selves and create the experience of internal conflict, disjuncture, or fragmentation” (Seligman 2010, 297). Such discontinuities in ones own experience are often perceived as stressful, particularly “when they are unexpected, unsanctioned and resist attribution” (ibid.).

While humans usually apply different forms of self-regulatory mechanisms to make sense of, minimise, smooth or dismiss experiences of inconsistency (Bruner 1994; Kirmayer 1994), in cases of severe distress these self-regulatory mechanisms may not work sufficiently to manage and cover the grade of contradiction or dissonance in the self. Then

the experience of suffering [may] result [...] in sudden, abrupt, and profound changes in affect⁵⁹, chronic emotional dysregulation, chronic stress, acute and chronic pain, and other physical perturbations that dominate perception, redirect attention, threaten cognized self-representations, and undermine taken-for-granted systems of attribution. (Seligman 2010, 300)

This is often perceived as a disruption or division of the self (ibid., 301). While suffering may already cause these unsettling processes, the experience of the “divided self” (ibid., 300) itself may then cause more distress as it contrasts with personal and normative expectations and attributions. Therefore “suffering may be both a cause and a consequence of a disrupted self” (ibid., 301). Whether or not this is the case is deeply influenced by the sociocultural context in which suffering is experienced. Cultural models of self guide one’s attention to, and experience of, human feeling, doing and experiencing⁶⁰. Culture thus influences whether one becomes aware of discontinuities and, in the case of becoming aware, whether they are culturally framed as disruptive or not, which again influences one’s experience of the experienced discontinuities (Kirmayer 1994; Hollan 2004; Seligman and Kirmayer 2008; Seligman 2010, 2018). Such discontinuities may be mediated by very different processes such as “neural action related to information processing and the allocation of attention, as well as the activation of psychophysiological systems related to the regulation of arousal” (Seligman 2010, 315-16). In other words, humans, being highly reactive, react very sensitively and extremely to stress⁶¹, which is especially the case for trauma survivors, who often have

⁵⁹ Seligman here applies ‘affect’ in the bodily sense which is contrasting to the concept of affect applied in this thesis (see chapter 2.3.3).

⁶⁰ The ability to experience one’s own experiences, which can be described as the human two-foldness of simultaneously being a body and having a body, is part of the human’s embodiment and is, among other fields, discussed in phenomenology (e.g. Merleau-Ponty 1945; Husserl 1989; Csordas 1993; Al-Saji 2010; Wehrle 2019).

⁶¹ What is perceived as stress varies and is often connected to individual life and trauma experiences.

difficulties self-regulating and attuning with their environment, which is constantly changing. Focussing on extreme states that are also expressed through the body, like high arousal, may lead to an over-objectification of the body. The body here is no longer acting in an integrable way and thus causes alienation of the embodied self and a loss of control over the body. The body here may become a stranger, an obstacle, “other” (Seligman 2010, 301). In the context of Euro-US-American societies, it has also been argued that corporal alienation may accrue in contexts of violently induced pain like abuse, torture or rape, where the embodied nature of self, embedded in the world, and its vulnerable materiality becomes more than stressful – an existential threat, shattering any concept of being oneself, being human and being alive. In such cases of extreme stress, people report out of body experiences, looking at themselves from the outside or from a distance instead of subjectively experiencing such life sequences (e.g. Cahill 2001; Wehrle 2019)⁶². Isabelle once described this violent experience as having been “involuntarily evicted from my own body” which she then, much later on her life path, among others in TCTSY, approached again. This brutal distancing from own experiences is usually interpreted in psychiatry as a mechanism to create distance to situations that an experiencing and feeling embodied self in its wholeness would not survive. “Paradoxically this split functions as a reaction in the embodied subject to retain its wholeness and dignity” (Wehrle 2019, 517). Here, besides losing other levels of shared intersubjectivity and shared cultural aspects, people living with trauma experience loss of shared and self-coherent temporality and spatiality.

Living with and suffering from trauma, in general, is, as we have seen, mainly framed in terms of illness in the Euro-US-American context. Here, the framing of women’s distress caused by the ongoing experience of structural (sexual) violence as pathological has a long tradition (Thesing 2017). This also includes so-called ‘states of dissociation’, a term which represents “alternative state[s] of consciousness” (Lynn 2005, 20) or “a shift in consciousness” (Seligman and Kirmayer 2008, 33) found cross-culturally in mild to intense forms, which may be highly socially scripted or not socially framed at all. Dissociation and traumatic re-experience are very central in the sensual descriptions of a life with trauma in this research. These states are not necessarily continuous but come and go and are often extremely intense, immersive, and recurring. Some women experience and describe this

⁶² Presumably such experiences are potentiated in contexts where a dualistic notion of body and mind prevails.

state of dissociation as a “void”, an empty space-time of conflicting feelings that affect body and mind as described in the following poem written in a diary.

From the void

*I am falling
Time stands still
At what point did I leave?*

*I am falling, into the void
I am falling into emptiness and silence*

*Nobody speaks a word here
Time stands still,
What is this place?*

*No thoughts, only existing.
How can the terrible be so calming?
The skin touches
Ice, stinging cold,
Beads of sweat on the lips
No feelings left*

*Rays of sun and cold combine
Shouldn't the body writhe in pain?
Which body? Mine?*

*Frozen and trembling at the same time
She is every breath*

*There is no time,
No boundary*

*Here I want to stay
forever remaining in nothing*

*No movement
No before
No terror
No luck*

One breath is all I have enough for

A hand stretches out into the cold

*Not a word
But the water
Brings us back
From this infinite moment of horrible rest*

(Private Notes, Anonymous, 2016)

While it has been found that less extreme forms of dissociation like daydreaming, highway hypnosis or getting absorbed in play are ordinary (L. Butler 2006), the occurrence of stronger forms of dissociation may contradict the local social script (Seligman and Kirmayer 2008, 33).

While societies vary in whether or how they frame dissociative states (e.g. in the context of religion, ritual or healing), the individuals' ability to become absorbed and individual experiences of being absorbed vary as well (Luhrmann et al. 2010, 74). The scientific disciplines of psychiatry and cultural anthropology have examined dissociation. Most research has focussed, and still does focus, on extreme forms of dissociation in both disciplines. The dominant cultural explanatory model in the Euro-US-American context, also called the "psychiatric-adaptive paradigm" (Seligman and Kirmayer 2008, 2), derives from psychiatry, and thus the medical realm. Here, dissociation is looked at with a focus on mental illness and its clinically significant forms – currently particularly in the context of trauma – and concentrates on its psychological functions and neurobiological mechanisms. The experience of dissociation is presumed to be a product of the functional triggering of underlying neurological mechanisms. It is categorised as a defence mechanism against traumatic experience that becomes maladaptive and harmful when applied and experienced outside of the traumatic event (Seligman and Kirmayer 2008, 1-6). Looking at the phenomenon only in terms of pathology has been criticised inside psychiatry (Waller et al. 1996; Greyson 2000; L. Butler 2006) as well as in cultural anthropology (Lynn 2005; Seligman 2005) and in collaborations of anthropology and transcultural psychiatry (Seligman and Kirmayer 2008), as it tends not to take into account the social dimension of dissociative experience, which has consequences for the subjective perception of an individual experiencing dissociative states (ibid., 39-42). In anthropology, the dissociation phenomenon has classically been worked on under questions of social meaning and discursive function in special cultural settings focusing on trance, healing or possession (e.g. Ong 1987; Boddy 1988). While these approaches tended to ignore knowledge from psychiatry (i.e., the emotional dimension) and neuropsychology, more recent works from the (psychological) anthropological field and the interface of anthropology and psychiatry develop and work with a more holistic and so-called "integrative model of dissociation" (Seligman and Kirmayer 2008, 19), integrating knowledge from different fields (Lynn 2005; Seligman 2005; Seligman and Kirmayer 2008). In research that goes beyond the framing of dissociation as illness, it has been found that how the experience is culturally categorised has a huge effect on the individual (Lynn 2005, Seligman 2005). It has been criticised that the psychiatric-adaptive dissociation narrative must be treated as a cultural model instead of a truth as it is backed by profound underlying cultural convictions, for example, discourses around the self which do

not allow gaps in recall (Seligman and Kirmayer 2008, 41), or the belief that dissociation is necessarily intertwined with trauma (ibid., 35-36). For these reasons a more holistic approach to dissociation has been called for that looks at the phenomenon firstly as a human capacity in context, and secondly, for the benefit of those affected by trauma and in the psychiatric realm (Lynn 2005; Seligman 2005; Seligman and Kirmayer 2008; Minow 2020a).

In the context of this research, dissociation was highly relevant. Instructors emphasised that some of the participants were highly dissociative and that this had an enormous impact on their psychological care – that they often fell through the care grid since people with high levels of dissociation are considered difficult to treat. Dissociation is also central in the women’s descriptions of their everyday life with trauma and their relationship to themselves. Here, the idea of dissociation as primarily pathological was in most cases adopted and accepted. As I have described elsewhere, dissociation is accompanied by stigma and shame on different levels: from losing control; experiences outside the social framework like not being able to recall periods of dissociation; or looking at oneself from the outside perspective; to inside and outside valuations of being crazy (Minow 2020a). “I can't explain it to anyone either”, Althea explains. “It's not like I can say, ‘Everything hurts me because my head is now starting to realise that the body has feelings.’ People would look at me and say, ‘Hello? Are you crazy?’” Dissociation is also described as strongly hurtful. Loss of control in a hostile world may, for example, cause deep fear and panic. Re-experiences of trauma are also often framed as dissociation by research partners, because they are often experiences that are disconnected from intersubjectively shared time and space, and are usually accompanied by embodied reactions like freezing, shivering, sweating etc. The cause of the distress reported in connection to dissociation cannot be reduced to the experience of an alternative state of consciousness but is entangled with the experience of behaving in a way that is not socially accepted, not socially scripted, or scripted as mental illness. Experiences of dissociation are also related to experiences of disconnectedness, distance and alienation to the embodied self. As I have argued elsewhere, the pathologized vocabulary around dissociation might be so central in descriptions of living with trauma because it is one of the very few narratives available in approaching the lived reality of trauma-affected lives (Minow 2020a). Trauma is an ontological alienation from the world, life and the embodied self (Lester 2013), and dissociation – the experience of disconnecting from the “lived-body” (Fuchs 2012, 10) in the world – represents such experiences. In this research, all research partners

reported dissociative states as strong forms of disconnectedness. These are described in contrast to experiences in trauma-sensitive yoga practice and in order to make clear what kind of a relationship they had to themselves and their own bodies at the start of this practice:

I already knew I have dissociation. But I was more aware of the textbook cases. For example, losing the last two hours [pause] like that, so suddenly [...]. And [in TCTSY] I noticed, that *every, every day*, I experience a certain degree of dissociation, in that I'm not able to feel myself at all. And then in the moments that I am feeling myself, it's so overwhelming that I use skills or other defence mechanisms, like [...] bulimia, so that I don't feel me anymore. I became aware of it [through the TCTSY-practice], because before I was so disconnected that I didn't even notice that I wasn't feeling myself. (Lyra)

The relationship to the embodied self in the context of trauma is often a paradoxical one. Perceiving, connecting to, feeling, and caring for the embodied self is difficult. The body may be difficult to perceive, it may be numb, resistant to pain, fuzzy and distant. Needs may not be identifiable. There may be a concept of an embodied self in the world that is somehow, sometimes me but not a constantly felt part of me. "In the mornings there usually is nothing inside of me. And nothing only slowly subsides", Isabelle writes in a poem reflecting upon her own trauma process. The disconnectedness, also described as numbness, can be extended to not being able to perceive basic needs like going to the toilet or hunger, but also the need to be alone or to keep distance from people or contexts that are not safe, good for one's own wellbeing, and being unable to perceive emotional states. Some have an idea of, or experience sequences of connectedness; others just disappear when they close their eyes and try to direct attention to their own (bodily) feelings.

Feeling oneself, ranging from contacting the skin with a tissue to pain, and beyond bodily needs to one's own emotions stands in the focus of TCTSY practice. The term *feeling* in everyday language is applied ambiguously. Its etymology points to the original use of feeling with the meaning of "being in a bodily relation with external objects, touching them and being touched by them" (Thonhauser 2019, 53). Its contemporary everyday usage encompasses "all forms of felt experience, including but not limited to the capacity and readiness to feel emotions" (ibid., 52). *Feeling* is often diffused and used interchangeably with understandings of sensations, affects or emotions⁶³. The application of feeling in different academic disciplines also varies widely.

⁶³ For a helpful elaboration of working concepts see Slaby and von Scheve (2019).

A central aim of the TCTSY practice is the experience and perception of the process of *learning to feel*⁶⁴. This process starts with the body (limbs as organs). Thus, the physical body plays a central role in the research and is often referred to. When aiming to approach experiences with TCTSY, the reader must keep in mind that a deeper analysis has shown that the term body must be understood as an inseparable attribute of one human instead of the widespread understanding of the body as separate from the mind (cf. chapter 2.3.4). Furthermore, in the analysis, the body is understood in a phenomenological sense, as the “scene of embeddedness into the world and of connectedness with others” (Thonhauser 2019, 59). The body is the place of experience and at the same time, it constitutes part of our relatedness to the world and other beings around us, as does feeling. When describing the key concept of feeling for the research group at the Collaborative Research Center Affective Societies at Freie Universität Berlin (2019)⁶⁵, Gerhard Thonhauser (2019) points out that feeling, the bodily experience of relational (affective) dynamics, always includes a certain amount of self-awareness or self-involvement in the situation when feeling occurs (Thonhauser 2019, 58), even if feelings must not be precisely conceptualised (in contrast to emotions⁶⁶). Still, feelings are tightly linked to emotions in the sense that the way both relate to the world is sharable, culturally modulated and concern driven. While feeling in this sense includes sensory experiences which are located within the body, it also encompasses an intentional directedness towards objects or events in the world. Experiencing the embodied self and experiencing the world are not separated. Feeling is thus “*at once feeling toward and bodily (self-)feeling*”⁶⁷ (Thonhauser 2019, 58). A feeling body, a feeling self, or an embodied feeling-self as explained above, is a body or a self in relation to the world – a being in context. Feeling thus cannot be reduced to a purely physical experience as feeling is also

⁶⁴ In the conceptualisation of TCTSY this is also described as ‘interoception’. Interoception is often applied in neuroscience (Berntson and Khalsa 2021) and psychiatry (Pick et al. 2020) with a focus on neural activity, mental disorders and body perception. It refers to the conscious sensory perception of stimuli, which are located in the body itself and are often associated with a conscious perception of the body. The concept has found its way into medical anthropology and is often used in the context of embodiment and well-being (EASA 2018). But as the conducted research does not focus on neural states but on lived experiences in an affective social arrangement, I use the emic term *feeling* used by the TCTSY participants.

⁶⁵ The research group Affective Societies (FU Berlin) works on the encompassing field of affect, emotion and feeling. In this conceptual approach “‘affect’ stands for pre-categorical relational dynamics and ‘feeling’ for the subjective experiential dimension of affective relations, ‘emotion’ signifies consolidated and categorically circumscribed [and culturally shaped] sequences of affective world-relatedness” (von Scheve and Slaby 2019). Due to the lack of space the categories of ‘affect’ (besides of chapter 2.3.3) and ‘emotion’ cannot be explored in more detail in this paper.

⁶⁶ For a detailed conceptualisation of ‘emotion’ see von Scheve and Slaby (2019).

⁶⁷ Emphasis in the original.

always an experience of the world⁶⁸; neither can it be reduced to an isolated mental state as it occurs in the interplay of affecting and being affected, which entails corporeal affection. Feeling is thus, (interactively) embodied, relational and procedural “uniting bodily affection and intentional world-orientation in a way that entails an experiential dimension with self-involvement” (Thonhauser 2019, 53).

For a fruitful analysis of the TCTSY practice, I follow anthropologist Ulike Scholtes’ (2019) understanding of feeling as something actively done by a person, an embodied self, for example in different feeling-enhancing practices, and it is thus practice-specific.

Feeling is a doing in which the self is relating to the world and itself, and through this, creating itself. Feeling oneself is a double sensation, as the embodied self is simultaneously subject and object of feeling, e.g. touching one's own right hand with the left hand is touching and being touched at the same time. It is a “subject- and object-related sensation” (Wehrle 2019, 500) which is “localised in two sites of the lived body” (Al-Saji 2010, 22), a self in the world.

In approaching *doing feeling*, women in this research described being full of suspicion and fear of what this part of themselves might hold in store, how connecting would feel and if this would be overwhelming. Feeling oneself is often imagined to be potentially dangerous because of what is discussed as “body memory” (Fuchs 2012, 17-18): the idea that the body implicitly stores all experiences, including those that are avoided and denied because of their horror and terror and therefore are not explicitly remembered. In this regard, the body can even be a hostile place or an enemy and may be treated as such, partly by reproducing the mistreatment and abuse that was done by others. At the same time, there is a longing for connection. While it might appear obvious at first glance that being connected is the more desirable state of being, perspectives of those living with trauma are often more ambivalent. Being disconnected is for many a safer state of being. It might be a lonely, desolate and isolated place but it can still be a place where one is safe from being touched and hurt by the world, oneself, and others. Therefore, it can be deeply frightening to make attempts to leave this place. However, connecting to the world is in many ways a necessary aspect of continuing to live. Recovery from trauma is not the one or the other but a back-and-forth

⁶⁸ This concept of ‘feeling’ is opposed to many cognitivist approaches, which usually degrade feelings to bodily experiences that are not world-directed at all and separate from emotions, building upon dualisms of body and mind as affectivity and cognition.

movement between relating and detaching, tethering, and untethering. While most psychiatric approaches to trauma focus on avoiding so-called harmful symptomology like dissociation, I follow others who argue that potential and hope is carried by the interplay of connecting and disconnecting (Lester 2013, 757-59; Rousseau and Measham 2007, 281). Extending this view onto the basis of my findings, I stress at this point that relating and connecting to one's own embodied self – *feeling oneself* – is a form of connecting to life and the world. Experiencing trauma as an embodied self is part of the world and social life. The embodied self is one that inherently cannot be isolated, transparent, or unreal but is entangled and connected with other beings *in* the world. The embodied feeling self is a self experiencing its embeddedness in a subjective and objective way at the same time.

In representing and analysing the research data, through the next chapters I will evolve an understanding of how feeling is done, taught, learnt, and experienced in the practice of TCTSY and how experiences of this feeling-practice relate to the self and in some cases continue to touch the feeling self beyond the actual TCTSY practice.

4.2 Experiencing TCTSY

This research focuses on how TCTSY is experienced by the practitioners who are (except for the facilitators) women living with trauma. This chapter takes the reader into the field of TCTSY and its analysis. It focuses on *the affective arrangement of safer atmospheres in TCTSY*, drawing on the methodological orientations resulting from the concept of “affective arrangement” (Slaby 2019). Next, it examines the actions of learning to *do feeling* and to *do choice* which are central to the practice of TCTSY by applying Scholte’s (2019) concept of “wording sensitivities”, looking at the “performativity of words” in practice-specific experiences of feeling selves (ibid., 1). Finally, the chapter zeroes in on the outcomes and effects that TCTSY practitioners have described. In this chapter, perspectives blur at several points. The personal pronouns alternate between 'I', 'she', 'they', 'we'. This is intentional, as at these points one citation reflects the experiences of many (cf. chapter 2.5). The text’s perspective is increasingly opened up towards the participant’s view and allows those affected to speak from their perspective (often in the first person singular).

4.2.1 TCTSY Affective Arrangements of Safer Atmospheres

When I get off the metro, I feel a release. I'm heading up. Direction light, direction air. I'm nervous. When I enter the school territory, I feel the fresh air from under the big trees. A pure blessing on a big city summer day. I walk through the playgrounds. It's late afternoon. I enter the quiet building. My steps are echoing in the empty stairway, searching for the right room. The silence of the building and its cool air calm me down. Quiet female voices. I enter. A list at the entry. Just abbreviations, no names. The facilitator welcomes me. Six chairs are positioned in the middle of the room. It's a classroom. Tables and study equipment are pushed to the walls to create space. It's still a classroom. Big windows. The sun shines bright through the deep-green leaves. Five chairs are positioned like the points of a cube. The facilitator's chair is facing the other chairs. No one has to look at anyone. I sit down. I still can look at the facilitator if I need orientation. No changing of clothes. Even shoes are on. The atmosphere is shy. A bit tense. The facilitator does some friendly chats. "May I open the window? If anyone is disturbed, I can close it anytime. Please tell me." No talking about why we are here. That's part of the deal. Only women, mixed-gender wouldn't be tolerable for most of us. No reference to the breath, not tolerable. No reference to body parts close to genitals, not tolerable. And of course, no touching or correction of poses, not even imaginable. "There are two doors through which you can always leave the room if you feel like. The doors are open." - I breathe out deeply. (Fieldnotes, Berlin, May 2018)

During the TCTSY sessions, a specific social situation and a unique situational atmosphere is created, which I, as a researcher and as a person affected by trauma, found outstanding. In this fieldwork, the locations where TCTSY took place were not used exclusively for the practice⁶⁹. It was a classroom and a psychologist's office. At a first glance, it felt somehow strange to meet in a classroom, in some random school in a metropolis together with people who are struggling in their daily lives. Was that safe? But soon I became aware that randomness was an important element for the arrangement that I took part in. It was part of the anonymity that is guaranteed to every woman who finds her way to TCTSY. Our gathering felt as though it would not be recognised by anyone, a social situation that was highly "volatile", as I noted down after the first time I went there, "with no traces left, as the classroom had been always empty" (Field notes, Berlin, May 2018). An arrangement that first works towards stability but then, after an intentionally limited time, dissolves fully and is, in this sense, fleeting. During the sessions, a particular atmosphere was created, which enabled me to immerse myself in a new world of experiences and felt like a counter-space to my everyday life. Just being in this arrangement, even without practising, focussing on learning to feel or becoming aware of my body, highly affected me in the sense that I felt different than I would feel outside of this arrangement, less judged, like I could give up hiding. I felt safer. Here it is important to take into account that the feeling of being relatively safe in the

⁶⁹ This might be different in other places where TCTSY is practised. Still, it was characteristic to the field I found in Berlin in 2018 and 2019.

presence of other human actors in a social arrangement is atypical or non-existent for most persons living with trauma. The affective change of the inside vs. the outside of the arrangement is thus extremely recognisable for the participants and changes the initial situation from which the TCTSY practice starts. As I will show in the following, I see the participants (including the facilitator who is also a participant) themselves as formative elements of the created atmosphere. They are affecting others in the arrangement and are simultaneously affected themselves. Participants experience and at the same time create and establish a safer atmosphere. Hence, I argue that the deliberately created social situation is characterised by affect. The affective situation and the resulting atmosphere frame the whole practice of TCTSY and the experiences had by the practitioners. I refer to this special situation formed during the TCTSY group practice as *affective arrangement of safer atmospheres*, based on the concept of “affective arrangement” by Slaby (2019) that I introduced in chapter 2.3.3⁷⁰. This affective situation and the sense of safety in the room was reproduced every time we met. Like other participants, I perceived the TCTSY setting as a relatively safe surrounding, safe to the extent that focusing on perceptions of my own body became an accessible option. This differed significantly from everyday experiences where the outside and possible treats usually consume all attention. While this safer environment was reproduced in every TCTSY session it always felt different. This could be due to tiny aspects in the room, different noises, an interaction, the own mood, other people's mood, new experiences made etc. Hence the "colour" of the safer atmosphere differed from session to session. A closer look at the affective arrangement of safer atmospheres in TCTSY is essential, as this situational arrangement and the atmosphere it created enabled the particular feeling practice, central to the experience of TCTSY and the process of dealing with a life with trauma. The constitution and construction of the *affective arrangement of safer atmospheres* are not primarily determined by the material space, but rather, are actively created by rules, agreements, a special form of communication and by the actors. Further arrangement elements are the actors' bodies, the stories and backgrounds that women coming to practise TCTSY carry with them, the knowing and not knowing about their own trauma process, the somatic presence and many more. In the following, I will discuss

⁷⁰ The atmosphere of TCTSY could also be approached with different methods and theories, for example Schorer and Schmitt (2018) who are “Exploring Atmospheres Ethnographically”. Even though the concepts differ, here affect also plays a central role. Due to a lack of space only one approach can be applied in this thesis.

relevant elements of the affective arrangement of safer atmospheres in TCTSY⁷¹. It is important to keep in mind that the experiences of every woman are different. Each woman starts from a different point in her relation to herself, and even if there are many parallels in experiencing TCTSY, the way each person lives through their processes is highly individual.

The Facilitator

The atmosphere [...] is created by the facilitator. That's why I think you have to be a qualified person who is able to create something like that: "Here I feel safe enough to experience myself". (Lyra)

As the quote from the practitioner Lyra shows, the facilitator plays a very important role in the TCTSY-arrangement. Still, it is not always easy to capture their functions and effects, as a lot of what they do is not material; "like these essential oils that subliminally have a very, very key function in the space, but they are not so clearly perceptible" (ibid.). However, they still fundamentally enable the practice of TCTSY as "they build up a protected space [...] where I feel secure" (Karin).

First of all, the facilitator is the initiator of the situation and the gatekeeper and thus holds a particularly powerful position. I understand power here in the sense of Foucault: as a power-relationship that is not static, but dynamically changeable and negotiable, and omnipresent (Foucault 2005). The social situation of TCTSY is opened and begins when the participants enter the room; by then the performance of the facilitator is already elementary for the atmosphere, which is built up as facilitator Jemma describes:

A lot of creating a safe space is about talking to the clients every session at the start of every session. I say things like "You're welcome to change your place in the room, to rearrange your mat [or chair] at any time, for any reason, this door is open, it's not locked, you can exit here if you need to."

The facilitator sets up the room in advance. Especially at the beginning of a course, the room in which the practice takes place is presented to all participants. Where the exits are, that doors are not locked and windows may be opened etc. is information made accessible to everyone in the room, creating maximum transparency and thus security. During the fieldwork, it became clear that a friendlier environment is more comfortable to most women than, for example, a classroom, but also that, for most, the room itself is not as important as the created atmosphere.

⁷¹ Each affective arrangement is highly complex; I only discuss aspects that became relevant in this research and do not claim the analysis of the setting to be complete.

As the one knowing most about the practice, the facilitator is the one opening up the arrangement, regulating the access to the arrangement, negotiating the rules and also protecting the rules. “[S]he makes the boundaries very clear; I can orient myself to them. I can work with it”, (Karin). This clarity creates security, as women know what to expect.

During the fieldwork, it became clear that the personality of the facilitator and interpersonal sympathy, “the production of positive resonance” (Anke) between facilitator and participant, is important to the participants. Thus, if the facilitator is perceived as personable, empathetic, trustworthy, and authentic, this influences the capability of a woman to try out TCTSY and get immersed in the practice of feeling herself. This became extra clear in a conversation with Anke who did not continue the course; she describes (ibid.): “It was not a personality fit [...] [TCTSY] sounds like the ideal approach for me, now I must find someone else”. The affective atmosphere that I dominantly characterise as relatively safe (or safer), is closely linked to how participants connect to the person who is fulfilling the facilitator role.

Once the practice starts, the arrangement is enacted through movement. The whole group, including the facilitator, practises TCTSY during the session. This means that in contrast to mainstream concepts of bodily practices, the facilitator in TCTSY would not stop their practice to observe or correct the other practitioners. While practising, they even avoid looking at the participants, which prevents them feeling observed, evaluated, or judged. Still, the facilitator is ‘with’ the participants and most of the time they are aware of the participants’ conditions. The facilitator verbally dominates the room. They moderate the start and the end, the building up and the dispersal of the affective arrangement, and during the practice they would usually be the only one speaking, facilitating everyone through the practice by referring to their own practice and the experience that they are having in the moment. Hence, they not only shape but also create the atmosphere through their voice and their choice of words. Based on the theory behind TCTSY, the facilitator works on the arrangement themselves, to reduce the power imbalance of the arrangement, especially their own powerful position and dominance. This is because they are aware that the women present have usually all experienced negative use, or misuse, of power over them in different forms, which may trigger trauma experiences. Power and the unequal distribution of power “is also the basic issue of violence” (Isabelle) and thus a highly sensitive topic in the context of trauma. TCTSY works towards every participant taking power over their embodied self. It aims to avoid a reproduction of the experience of being caught in constellations where

others rule over oneself. As there are no normative rules about which positions and movements have to be done and who or what has to be felt or experienced, the facilitators repeatedly underline that they do not teach or instruct people but facilitate TCTSY. This feeling-practice is individual and can only be experienced by each participant. In the interviews it became clear that participants expect and rely on the facilitator to take on this role and the responsibility that comes with it, thus putting them in a powerful position. But it is a power position that is distinctly used to lead to a positive effect, guaranteeing a certain safety for everyone for the duration of the practice. Katrin describes: “I feel very safe and in good hands with [the facilitator]. [...] She radiates a lot of security and competence. [...] And I know she's looking out for me. That already plays a big role.” The facilitator is not only perceived as a producer and maintainer of safety and a model for the practice, but also as an empathetic and trustworthy person who is “thoughtful and [...] with us”, (ibid.). The facilitator actively and continuously works on creating a safer atmosphere – with the help of the participants – through integrating remarks of what might not be tolerable for some (e.g. choice of words) into their facilitation and through the rules agreement that they follow as well as everyone else. TCTSY is designed to be trauma-sensitive and respects many factors that might be triggering – in contrast to common yoga practices or other forms of trauma-sensitive yoga, with which some participants had had bad experiences:

Breathing is a big problem. Especially in the case of sexual violence, [the sound of] respiration is a big problem. [...] There was another trauma yoga offered [...] and I would have liked to take part, but I stopped after the first session. I just couldn't take part in it because it happened on the floor lying down and it included breathing, and it was with guided movements and I couldn't cope with it at all.
(Karin)

Even if TCTSY respects the needs of trauma survivors to the best of psychological knowledge about trauma, triggering constellations are not always predictable for outsiders (and sometimes not for the person affected) as they are individual and trauma-specific⁷². Here, the feedback from the participants comes into play and success in creating a safer arrangement depends on each woman's ability to label and communicate what is difficult for her and what alternatives would be possible. Facilitator Birgit recalls one case where one woman was badly triggered by a word the facilitator used:

⁷² This is one reason why so-called ‘trigger warnings’ have been criticised (e.g. Thesing 2017, 56). Of course, the reproduction of (sexual) violence itself might be triggering. But triggers are mostly individual. It might be the constellation of a locked door and the smell of alcohol, or a certain temperature combined with earplugs, which are very ordinary factors - because violence, abuse and rape *do* happen in the ordinary every day.

[I]t must have been so bad for [her] that she couldn't sleep for days and had nightmares because the word was the trigger for her. I would never have known this if this participant had not written to me in confidence. [...] Apparently, she had enough trust in me [...] We spoke on the phone and I addressed her as an expert "Advise me! How else could I possibly say it?" And we found ways [...] and she kept on coming [to the course].

While shaping and holding the space and guiding participants through practice, the facilitator constantly assures everyone that they are free to choose what is best for and feels safe to them: "[b]oundaries are always respected and it is pointed out that each participant decides for herself", (Jane). This situation-based experience of relative safety includes being sure that no matter what happens, the boundaries of the personal space are guaranteed. One of the main concerns of people living with trauma is thereby reduced, as a huge proportion of attention and energy is usually used every second to scan the environment for potential dangers: "Usually every noise shatters my concentration", (Anke). Of course, no place, or better said, no moment is ever safe, as a condition of life is that no one ever knows what is going to happen. But for trauma survivors, this inherent insecurity of life is not a subtle imagination but an actual, ongoing, lived experience – always present and consuming most energy through avoiding, fighting and enduring the constant threat. Traumatic experiences do not necessarily always have a specific time and space and may reoccur at any time, but they are of course intertwined with time and space, specific threats, or contexts. Thus, there are huge differences between constellations and social situations that favour the creation and recreation of trauma and others that do not.

The Rules Agreement

The social situation that arises in TCTSY is subject to clear (interactional) rules, which are established, negotiated and agreed to in advance and might be adjusted based on the special needs of participants so the arrangement may become the most tolerable for the participant. Very central here is that everyone in the arrangement is responsible for themselves. This includes the woman only doing what they want to do and being responsible for maintaining their own limits during the practice. Everyone is invited to pause at any point, to vary the positions or to leave the course if necessary. On-site, clothes are not changed, and most yoga forms are done sitting on a chair, which is framed as facilitating access and reframing trauma-sensitive yoga as a practice that is not a sport. Depending on the facilitator and the class, mats are also available. Furthermore, the rules include the agreement that TCTSY

sessions are not a context where details about trauma histories, traumatic experiences or related themes are spoken about, and anonymity and personal space is provided. For the protection of the group and, as it is not important for the practice, verbal exchange is minimised. Women are sensitised by the facilitator that other participants may not want to be addressed or identified but prefer to stay anonymous. This experience was also shared in the interviews by some, along with the feeling that they themselves would have felt overwhelmed by more information about other women. As Althea explains:

In the beginning, I was really thankful that no one spoke to me, because I was sitting there and could have cried all the time [...]. I was so frustrated [...]. [E]verything came up [...]. Years later I'm at a different point. You don't know where people come from or where they are at and there are so many emotions involved. You can see it in people's faces [...] this staring straight ahead, like "leave me alone, I'm not here for fun."

Some participants wish for more contact and exchange with others but still understand and respect the rules as they see that this way "the program is much more low-threshold so that many more people have access to it" (Karin). Anything that might come up during the sessions is usually not talked about in the context of TCTSY. No one is asked to share their experiences or stories. Still, if something urgent happens during the course, women usually have the opportunity to talk to the facilitator after the session, but it is made clear that this is not a therapeutic conversation, as TCTSY is not a talking therapy. The need to discuss, analyse and understand or relate TCTSY experiences to one's own life story is something that can only be fulfilled outside the context of TCTSY and should be done in a talking therapeutic context, (peer) counselling context or similar. Therefore, it is assured in advance that women do have support outside of TCTSY. To analyse and simultaneously rationalise TCTSY-experiences is not part of the practice and not part of the concept behind TCTSY (Birgit). However, for some participants this is important. How the sessions are organised in detail differs depending on the facilitator. While one facilitator would reduce interactions around the sessions to a minimum, another facilitator would give space for short exchange before closing the arrangement. In this case, trauma details are not discussed but only the present state of feeling. How anonymity and interaction outside of the sessions are handled varies depending on the group. In one very small group, women would leave together to walk to the metro as a group, which was important to them because they felt more secure not walking alone.

The facilitator also follows specific agreements, for example, that they would not move through the room during the practice:

I don't leave my place! So, they don't have to worry, even if they close their eyes, that I'll suddenly step up behind them [...] Whether they dissociate or not: when they come back and open their eyes, they know I'm in front. They have nothing to fear from me. (Birgit)

Usually, the flow of the practice does not pause if one woman does not follow, or shows symptoms. The facilitation would go on in a very calm and repetitive manner to give orientation to everyone no matter what state they may be in at any time. This is part of seeing everyone as an expert of their states and experiences. "I don't always realise that they dissociate, and I don't always have to realise because they are experts in this field" (Birgit). What comes with this attitude is the equality of everyone present; the women are all assumed to have the power to handle their own experiences, while the facilitator still gives support and orientation with their voice, and the group, with its presence. This support may be taken if helpful but is not forced onto anyone. Instead of having their inner processes interfered with, the women are taken seriously. Only the environment is actively shaped to make it as safe as possible.

Authenticity

In TCTSY authenticity is a basic element used to create a safer atmosphere, as everyone is invited to be themselves, and to honestly act based on what they truly feel and are experiencing. The practice is thus developed as a "shared, authentic experience. Both – the facilitator is responsible for her body and the person participating remains responsible for her body" (Birgit). The facilitator produces authenticity through their way of teaching. In contrast to other teaching forms, which follow a concept and sequence of movement – often 'showing' a movement at the front and then watching what participants do – in TCTSY the facilitator practises like the others the whole time. Simultaneously, they facilitate the practice for others – verbally offering positions, movement cues, variations, choices or things that could potentially be felt in the muscles. The facilitation focuses on the participants (e.g. "Maybe you can feel the texture of your pullover on your skin") but at the same time, it is based on the movement, sensation, and feeling of the facilitator. What they propose is thus an authentic choice, in the same moment carried out through the embodied self and verbalised – proposing the options to others. They, as a trained TCTSY-practitioner, try out

several variations of forms and feeling options and leave the choice of which option to take up to each participant. What they propose is based on their own experiences, the words are clearly positioned in the embodied self, which is transparent to everyone in the room and may serve for others as an idea of the possibilities of what could be done and experienced. The facilitator does not verbally refer to themselves (they do not use “I feel” but “maybe you can feel”) but still bases the facilitating on their own experience. The facilitator's *active* authenticity leaves very little space for hidden intentions or expectations about other embodied selves that would blur the feeling of safety. However, the reality is that the unequal distribution of power in the room and the physical arrangement of bodies in space that exposes the facilitator, who is usually in front⁷³, may create the idea that their enactments and experiences are the expected norm: “This situation of me sitting in front and doing something has such a strong effect, that most of them go along with it” (Birgit). These ideas and fears usually break down little by little with ongoing practice, nonetheless, really making one’s own decision is one of the main challenges in TCTSY. “I know that she says it every time. I can think about it, I can decide whether I want to do it or not, how I want to do it or not. So, by now [after years of practice] I have no difficulty in not doing it” (Karin). While in everyday life people may give options and not really mean it, experiences of the participants show that they perceive the options given to them in TCTSY as real and emphasise not feeling judged. “There was no evaluation and no control over which option I chose. There was no exchange afterwards, I did not have to share my impressions and be afraid that I would be judged” (Jane).

The centrality of a shared present moment is another important part of authenticity. The embodied practice of TCTSY taking place in the present moment is shared in time and space by all participants. “It's about doing something together, so you're more in the now, you're doing it now. You see the other person, who is also taking part” (Clara). While, as we have seen, the shared moment may from time to time be subverted by individual dissociative experiences, the practice is largely experienced as shared with others. Finding a way back to the shared reality of moving and perceiving one’s own body in time and space is enhanced

⁷³ Facilitators reported that they tried out different arrangements in the room but came to the conclusion that in a group it is usually unfavourable to choose any arrangement that lends itself to eye contact and, therefore, the possible feeling of being observed. Still, participants are in need of orientation and thus the set-up with the facilitator in front is usually chosen even if it may underline the position of power or create the impression that the forms enacted at the front are the desired ones and not simply options.

through the embodied group presence and the repetitive facilitation. The arrangement is described as a safe anchor, for instance for unsettling or stressful individual inner experiences, which at times take one somewhere else. Individual disruptions are integrated into the practice and the special form of facilitation inventively constructs and reconstructs the shared reality of the group (see 4.2.2). This anchor may also become stronger through long term practice. “I can feel a change, it's a big difference compared to a year ago, [...] where, when I closed my eyes, I was simply gone”, (Althea).

Authenticity is also accessible through the presence of other women. In TCTSY, even though this is not the subject of discussion during the practice, living life with trauma is a shared condition in the room. This means that that which is usually hidden with utmost care is part of the arrangement. Trauma is in the room, not denied. This allows a more authentic way of being. This also includes states of dissociation, panic or whatever may come up. These states are not problematised in TCTSY. Each person is seen as an expert with regards to themselves, including those states that may occur during the practice, be it that the feeling practice triggered such a state, or be it because they are just part of everyday life with trauma. Accepting the somatic presence of a person living with trauma, including highly stressful states like dissociation is part of an arrangement. Thus without the primary intention being to change these states – as it is usually common in medical and therapeutic settings – for most women this is a completely new experience: an experience of ‘not being wrong’.

Women perceive the TCTSY arrangement as relatively safe and protected and as such it affects how movement and processes of feeling are experienced. To be able to experience the here and now – even just for a short time – is framed as ‘healing’ by facilitators and participants. “It is about the experience in the present moment, and we are deeply convinced that when this happens, *this* is the healing experience” (Birgit). I argue that this working towards an experience of a shared present moment of authentic interaction – and thus a relatively safe and shared present – contrasts with experiences of reality in other contexts that are usually not perceived as authentic and thus not safe. In the TCTSY arrangement “I am allowed to move within a safe space” (Karin), and this is what affects and makes a difference.

I'm not alone – Group Experiences in the Context of Trauma and TCTSY

While individual inner processes and experiences, i.e., subjective self-experience, is central in TCTSY, we must not forget that TCTSY is a relational group experience⁷⁴. Every person in the room, together with their (affective) disposition⁷⁵ and personal history, shape the arrangement. The person's perception and affectivity are shaped by what they bring, by others and by experiences they had with TCTSY. Most of my research partners were very sceptical and nervous about practising in a group. Most of them had had negative experiences in prior therapeutic groups where they did not feel safe, were often triggered or even re-traumatised as their limits were not respected and their boundaries overstepped. Isabelle relates: "I had [...] very big fears because I had very, *very* bad experiences with trauma groups, [such constellations I experienced in the past, coming together] even created negative dynamics because you destabilise each other." This generally kept some women from looking for groups with others in similar situations, which was an act of self-care on the one hand, but also led to more isolation. At the same time, attempts to work with the body by participating in non-trauma-sensitive movement practices in group settings equally produced an experience of being wrong, pressure to perform (especially through social norms and corrections by the instructor), not belonging to the group, and experiencing isolation as a large part of the practices weren't tolerable: "I can't deal with it during the lesson, I can pull myself out, that's what I do, I take a break during that time. But somehow it reinforces the feeling that I don't belong again" (Isabelle). For most of my research partners, the exclusion of cis men is, due to experiences of gender-based violence, a very clear and basic prerequisite to practising in a group, which is respected in TCTSY. But this does not automatically mean that practising in a group of women feels safe for everyone. Entangled (family) histories where female family members did not protect children from harm and violence or where women were aggressors themselves in some cases lead to an all-gender distrust. Still, most of these women make a distinction between cis-male or female presence and prefer practising only with other women. Shame played a big role for some and made it

⁷⁴ This may be in a setting with 3-8 participants like in the field of this research, but also in a one-on-one (facilitator and client) situation. In the second case, TCTSY is still a relational experience but not all points of the analysis made here in reference to the practice in a group setting may be transferred.

⁷⁵ "An affective disposition is an individual's repository of affective traces of past relations, events, and encounters [including trauma], acting in the present as potentials to affect and be affected" (Mühlhoff 2019a, 119).

difficult to start the course. "Oh God, they all know why I'm here", Althea thought with panic in the beginning, but her fears calmed down with time.

In the end, the rules agreement, financial motivations⁷⁶, hopes of being less exposed and, significantly, the role of the facilitator convinced my research partners to cautiously try TCTSY out as a group practice. They saw the set rules as supporting personal limits and the practice allowing everyone to take on self-responsibility.

Once they were practising in a group, many reported feelings of solidarity with the other participants and silent compassion created through a shared burden: "Often you can sense the [other's] pain [...]. We all know why we are here.", (Althea). These feelings towards other participants emerge without knowing details about the other or their (trauma) history. Knowing details about others' experiences, apart from being potentially triggering, has the potential of leading to a "trivialisation of my trauma", (Jane). In the affective arrangement of TCTSY, participants find that their limits are respected and report that they feel taken seriously, along with all their experiences, and feel like part of the group, which creates belonging. "The whole group is like that and I'm not on the outside. I'm in the middle. And the things I feel are the things I can feel. I don't have to go beyond my limits [in order to belong to the group]", (Karin). Women describe feeling accepted and like they don't stand out in the TCTSY-arrangement, which creates a feeling of 'not being alone' and 'being okay' the way they are and the way they feel. This is a counter experience to the otherwise dominant feeling of isolation, not fitting in and being wrong. While it became clear during the interviews that anonymity and the limit to verbal interaction opened up an atmosphere that facilitated TCTSY participants to get involved in a process of learning how feeling can be done, some women deeply wished for the possibility to have a verbal exchange with others in a similar situation. One of my research partners in a past course even proposed to other participants to meet after the TCTSY lessons but there was no positive response. She understood this, due to having herself gone through past phases when an exchange with others would not have been welcome, but it still made her sad. Other women who feel the wish for verbal exchange solve the problem by meeting in self-help or other therapeutic trauma groups where psychoeducation and verbal exchange is part of the program. Paradoxically, preserving anonymity seems to be a basic element of safer atmospheres in TCTSY Berlin for many participants. However, it may also remind a person living with trauma

⁷⁶ Practising in a group is decidedly less expensive than doing an individual course.

of their condition, and therefore make them feel dangerous, wrong, or intolerable in the eyes of others ('Your pain is too much, not real, dangerous – don't talk about it'), resulting in the experience of being silenced. Still, the agreement of anonymity in TCTSY is not comparable with forms of silencing present in the everyday experiences of women living with trauma. While silencing on a societal level often denies or trivialises traumatic experiences, in TCTSY traumatic experiences are completely recognised and clients are taken seriously as a whole, including their experiences and sufferings. Only the verbal presentation of the details of trauma is excluded. At first sight, this may be confusing for many who subscribe to the western psychotherapeutic idea of therapy as primarily something that is done by talking. I, myself, found this irritating at the beginning of the research until I realised that the sharing and processing of emotions must not always be linked to language. It is one of the findings of this research "that healing cannot happen through conversations alone" (Isabell). *Presence* in a phenomenological sense is at least of the same importance (Andrew 2014; Stodulka et al. 2018). Katrin underlines that "the most important thing for me is to be in the same room with the women and to know about each other without knowing". From my experiences in TCTSY and the feelings and thoughts women shared with me, I state that the presence of humans in general, and especially the presence of women with similar experiences and challenges, highly affects women's processes and experiences. Therefore, I see the presence of each as an important aspect of the TCTSY arrangement. My bemusement regarding the lack of verbalisation about trauma processes in TCTSY was just a view blurred through ethnocentrism and a WEIRD⁷⁷ bias (Henrich et al. 2010). This becomes even clearer when we remember that talking therapy, including the context of trauma, is proven to have limitations: for example, in different cultural contexts (e.g. Bubandt 2014).

The enactment of the adapted yoga forms in TCTSY is individual. The facilitator gives options and invites other practitioners to make their own choices. Hence, every participant works towards choosing variations of forms and focussing on feeling, based on their individual needs and limits. Still, a certain kind of rhythm is created, as Clara explains: "It's all about the doing. About doing together." Movements, in a broad sense, are done together; everyone is following the chronology of the course in their way, as Karin describes:

⁷⁷ Acronym for "Western, Educated, Industrialized, Rich and Democratic" invented by Henrich et al. (2010, 61) to criticise wide spread claims about human psychology and behaviour based on findings in WEIRD societies, which are taken as the standard, implicitly assuming that they are the best representatives or that there is little variation in the world.

We are one behind the other, but despite that, we can perceive each other well. In principle, we all do the same thing, in the initial position, [in variations], but we are doing the same thing. We move. That has something to it.

The synchronicity or rhythm that is created includes the enacted focus on the inside, the present moment of doing movement, and doing feeling. Thus, the group attunes to the same intention. This intention is approached and experienced in individual ways. Getting in touch with oneself, feeling one's own skin, the warmth of the hands, an empty stomach.

Language

Then we're starting. All sitting on our chairs.

The facilitator is not looking at us. I can practise in private and still not alone.

Her voice guides us through the class. It's a gentle voice. Referring to what she feels and experiences. Her language is full of options and offers. Not one imperative. "From here, if you like, you are welcome to bring your awareness to your feet. One possibility is to perceive the feet from the outside, another is to perceive your feet from the inside. And perhaps you will become aware of the contact of your feet on the ground. Sometimes it might be helpful to add some movement in order to notice the sensation."

My movements are small, slow – movement size and tempo are choices. "Maybe you want to try out lifting your heels. Here you might possibly notice sensations in the muscles of your calves. Or if you want to try out lifting your toes, you may start to feel sensations or muscle dynamics in your shins. Or you might prefer to not move your feet, maybe noticing the contact of your feet with the floor"

How can little small movements become so difficult, so painful? And then so pleasant again? My thoughts fire in a million directions. I lose track and space. It takes energy and power to come back.

This is about feeling. Do I want to feel? Can I feel? I look up. I'm nervous. No one looks at me. Even the facilitator looks at the floor. Everyone is practising for herself. And still together. I take a breath. I try to get in again. Her repetitive suggestions bring me back to the class, to the practice, to my body, to the movement, to feeling. Knowing the other women are practising around me brings me back. Feeling. Feeling this is what is me. This can be very challenging, frightening, or beautiful. Interoception is the elaborated term facilitators use. How does it work? - The time goes on. Different movements, most sitting, some standing. (Fieldnotes, Berlin, June 2018)

The language that shapes the TCTSY practice is called *invitation language* by the facilitators. The language style may be categorised as a form of non-violent communication and constitutes an important part of the affective arrangement of safe atmosphere in TCTSY. Making use of invitation language means that the speaker, in this case, the facilitator, has a high language competence that is divergent from everyday language. The language in TCTSY is very powerful and deeply influences the arrangement as the words are able to equally hold the space, hold the group together, guide everyone through the practice, and facilitate feeling and the making of choices. During the practice, words are the main point of orientation, filling up the whole space; the practice does not include periods of silence. The language is mainly characterised by invitations, options, repetition, and reference to the present moment. The language is based on the (feeling) experiences of the speaker, who is

the facilitator. The facilitator invites the group to practise simple yoga forms together.

According to the participants, the repeated offer shapes the arrangement:

I think that was also a big part of why I personally felt so comfortable there. Because I had the feeling that nothing is a must and everything is an invitation to do something, which you can follow but don't have to. (Lyra)

Every form in TCTSY is executed by the facilitator while explaining it. Most forms recur every session and the order of forms stays basically the same, which supports the feeling of being safe and knowing what comes next and how it can be done. The movement or form itself is always accompanied by an invitation to direct attention towards internal body-related perceptions, which I will analyse in detail in the following section as the *TCTSY-specific practice of doing feeling and doing choice*.

4.2.2 The Power (Not) to Feel: Doing Feeling and Doing Choice in TCTSY

No intervention that takes power away from the survivor can possibly foster her recovery, no matter how much it appears to be in her immediate best interest. (Herman 1992b, 234)

The safer atmosphere of the TCTSY arrangement creates the basic setting where the TCTSY practice starts. The arrangement of safer atmosphere thus enables the collective practice. Central here is the process of *learning to feel* or more precisely *the action of doing feeling* and thus the perception and *experience of (one)self*. But what does this mean, how may feeling be *done*? Each posture in the practice is primarily *done*. The posture is demonstrated by the facilitator and at the same time explained in detail and in a calm manner. They focus on bodily feelings – emotions or states of mind are not addressed. The focus is directed toward what may be felt while doing a form⁷⁸, or better said, a form is done both through the movement and through the offered action of feeling, which is initiated, introduced, and facilitated by the facilitator's words and body. The action of directing attention towards sensory perceptions and bodily sensations, also known as "somatic modes of attention" (Csordas 1993) or in TCTSY, *interoception*⁷⁹, is thus enabled and enhanced through the words and the body of the facilitator. The facilitator practises TCTSY and uses words to share their own experience in a manner that possibly enhances processes of others who, (within their range of abilities) do the same or variations of the movements following what is being

⁷⁸ With 'form' I refer to yoga forms or asanas in the following as the term was primarily applied by the TCTSY facilitators.

⁷⁹ See footnote 64 on 'interoception'.

modelled by the facilitator. If we take a closer look, invitational language, the language applied in TCTSY, seems central to the process of doing feeling, as the facilitator uses “words that are performative in facilitating feeling bodies” (Scholtes 2019, 2). By doing and describing forms, a detailed differentiation and localisation of body parts are practised and experienced by the facilitator and with a minor temporal offset may be done and experienced by others. Words like ‘feet’, ‘toes’, ‘calves’ or ‘shins’ in conjunction with movements involving exactly these body parts open up a detailed, differentiated and precise perception of the body (from the inside). The soles and toes are parts of the feet, the shoulder blades are part of the back. Furthermore, the facilitator’s words help the group to stick to moving and feeling, to practise and work at feeling in individual ways. It becomes clear that alongside the present and authentically performing body of the facilitator, which serves as a (visual) point of orientation for the practice, the words play a central role in mediating the forms – especially the invisible processes happening on the inside. While Brigit is doing the movement herself, exploring feeling possibilities in her own body she speaks:

When you move from side to side, the way you chose, you might possibly feel bodily sensations in the muscles along your spine [...] or eventually in your waist, [...] perhaps between your shoulder blades.

She thus refers to her own body when offering possible interoceptive cues for what a participant might feel in their body – however usually not explicitly saying what she feels in her own body. For body parts the facilitator applies the possessive pronoun ‘your’ instead of the neutral ‘the’, which serves to make clear that it is about the participant’s own body, supporting a sense of connection to, and identification with the body and individual body parts. Focussing on the inner processes, these authentic words applied in TCTSY are entangled with feeling, which means that “bodies may be intertwined with talk” (Mol 2014, 110). Arguing, in line with Annemarie Mol (2014, 95), that “words do not just, or necessarily, refer to a reality out there. They may also participate in a reality here and now”, anthropologist Ulrike Scholtes (2019, 2) shows how in different embodied practices “words enact feeling and facilitate feeling bodies” and thus infers that bodies and words are both parts of the feeling practice. Scholtes’ (ibid.) understanding of how feeling is done and the role that words play in many feeling practices, based on her findings, differentiates from dominant narratives that see “[w]ords [...] as opposing feeling [and] by setting feeling on one side of an ontological gap and words on the other, [...] taking for granted that feeling is natural and words are not”. This also brings with it an idea of a ‘natural feeling body’ where

feeling is imagined as “something that one naturally has” (Scholtes 2019, 1). In contrast, Scholtes’ (2019) research shows that “feeling is something that one can learn”. While Scholtes conducts research in different feeling-facilitating practices such as yoga, meditations like body scans, without any focus on trauma, her claim fits with experiences made in TCTSY. For women in this research, feeling was, above all, something they learnt, not just something they had to discover. In comparing the language style and word choice of different feeling practices in her analysis, Scholtes shows that specific words not only enhance feeling, but *specific ways of feeling*. Different feeling practices teach different ways of feeling based on “imagination[s] of how feeling the body works” (ibid., 9). Doing feeling is therefore very specific to the context and can be done and mediated in greatly differing ways with different outcomes. In feeling practices which work with words, *the action of feeling* is not only performed, learnt, and experienced but it is also a very specific form of feeling. Therefore, the person who does the feeling, who Scholtes (ibid., 2) calls the “feeler”, “has a different role in each case and [...] feeler-feeling relations come in different versions”.

Feeling processes in TCTSY are communicated in a facilitated manner that always offers several options for what could possibly be felt, similar to other feeling practices, where “[w]ords offer possibilities here of what feeling might entail” (ibid., 3). In TCTSY these possibilities are communicated in an inviting, but never advising or instructing, manner. “[The facilitator] always gives you the choice, I can always decide for myself. I think that is the most important point” (Karin). Scholtes (2019, 6), following Wittgenstein (2003), argues that “words do not just do different things according to the way in which they are toned, but also in their usage.” What they do is thus not only dependent on the polite, respectful and option creating word choice (e.g. constant use of the conditional mood⁸⁰, use of adjectives or adverbs like ‘maybe’, ‘possibly’, ‘eventually’ etc.) and use of the present tense but also on the intention of the speaker⁸¹. Words may grammatically form a question, yet still be meant as, and thus *are*, instructions. The meaning of (subtle) tones and intentions is a very important one

of course, especially if you have a trauma story and maybe also a long-lasting one. [...] To distinguish your own will from someone else’s, maybe that’s what’s happening on a very subtle level because it’s

⁸⁰ The biggest part of the language analysis is an analysis of German language which in its detail of course differs from English. For example, the English conditional mood is in German Grammar closer to the German Konjunktiv (which is translated as subjunctive in English).

⁸¹ In German Language the facilitator addresses the participants formally (German “sieszen”).

something really sensitive. It is so difficult to grasp all these little dynamics that are going on. I often still ask myself afterwards “Why did I do that?”, especially with [other] physical exercises. (Isabelle)

It becomes clear that not only is the doing feeling important here but also the tone in which feeling is facilitated and done. The tone in TCTSY is gentle, respectful, and non-directive and does not follow feeling norms. As we have seen in chapter 4.2.1, facilitating words are based on the experiences of the speaker and thus are authentic. Furthermore, they always refer to options that are presented in a similar way. The inner experience of whether any option is appealing always sits with the participant, as does the choice of the movement variation. The facilitator takes their own experiences of doing feeling in their body as a basis for the options she proposes to the group and does not expect participants to react in a certain way. This way words do not cross the boundary into another person’s experience. This is central as “it is important that it is not prevailing, that the person [the facilitator] wants me to do it for her, but that the person just does it for herself so that I can notice [what I want myself]” (Isabelle). To prevent subtle expectations, TCTSY-facilitators are trained in “non-attachment to outcome”, which means that “the experience stands for itself” (Birgit) – there are no defined aims, no subtle expectations. This may appear as a “paradox” (ibid.) because obviously TCTSY was developed with the intention of improving the lives of people living with trauma. Still, the experiences of my research partners are that they felt little or no subtle expectation for them ‘to get better’ or progress with the practice. For the participants, the absence of a clearly defined goal creates the feeling of being respected and free in their process and contrasts to experiences in other healing contexts. Trauma processes are usually not linear (cf., chapter 3). It is ok not to feel, to go one step in that direction and two steps in the other because everyone is taking responsibility for themselves which may create self-efficacy and self-responsibility. To really have a choice there must always be a variety of possibilities. Because of this, the facilitator proposes a minimum of two options of how a form can be done, including different options of what could (not) be felt. In the inviting and proposing language style, the words are carefully chosen and create a “peaceful [...] [and] good atmosphere” (Karin). At the same time, through their repetition, the words are insistent and reminding, constantly assuring each woman that “I’m not wrong if I feel in a different way. [...] I always have a choice” (ibid.), that there are always several “options [...] and that I’m the only one who decides what happens to me” (Jane). No choice is ever checked or corrected so that “I must not be afraid to be graded” (ibid.), wrong or punished.

Feeling oneself becomes an eligible option that can be explored privately, inside while being safe from the outside. In TCTSY feeling and not-feeling are done amid a gentle, non-judgemental attitude.

During the process of exploring opportunities for feeling, feeling oneself might become more precise, like for Isabelle, who knows that “there are still parts of my body or areas of my body that are more split off than others. But I manage to localise them quite well by now.” The options given are very concrete and thus create concrete ideas of possible ways of feeling. This tends to direct the awareness of those listening toward the given options, which automatically narrows the range of options for feeling (which are theoretically endless) to a smaller named set. The given options, therefore, function as a form of guidance. The concrete options in a beginner’s course of TCTSY are especially limited. In this way, the facilitator always gives options but at the same time pays attention not to give too many options in order not to overwhelm the participants. “At first, I had difficulty having so many options, I HAD TO DECIDE ^[82], it was disconcerting. Normally I was always told what to do” (Jane).

One option that is always given and permanently emphasised, is the state of *not-feeling*. “If you wish to, you could move [...], direct your awareness [...], feel [...] and if you don’t feel anything this is also ok. This is also a valid state” (Birgit). The practice thus respects the possibility that the action of feeling is not appropriate, possible, or bearable for every woman at every point or even for the duration of a whole course. There is always the possibility to not-feel, to do something else or just pause. Movement and feeling are both parts of the practice and can be done together or separately. I may move my arms in a wide circle above my head, I could decide to only move one arm, or I could decide to move the arms only to the height of the shoulder. Whatever variation of the movement I do, I could then, for example, feel the rotation in my shoulders or the tension in my arm muscles, but I could also not feel that because it is not possible for me at this moment. Even if I focus on the feelings possible here, I may just not feel anything. I could also decide from the beginning not to feel my shoulders because when I direct my attention to feeling them, my pulse may accelerate, my body freeze, my breathing become shallow, I might feel a threatening touch on the left shoulder, my hands getting cold and wet, I might be taken to another time and space where I am (re)experiencing something horrifying that threatens my existence or just

⁸² Written in capitals in the original.

become aware of arising panic and then lose connection and dissociate, escape without knowing precisely why. To make not-feeling a valid option is of great importance because feeling oneself is not something 'naturally good', rather "[t]here's always a reason why you don't want to feel your way into some areas" (Isabelle). The decision to feel must be chosen individually, as Jodi's experience with anxiety illustrates: "I have a lot of sensations in my upper body when I'm experiencing anxiety. For me to notice that, is *too* much. More helpful is to bring my awareness to another part of my body". Choosing not to feel is therefore not only an option, it also may be seen as a form of self-protection, which, as a constant state of being for many women living with trauma, is carefully loosened through TCTSY. To practise feeling in the sense of TCTSY does not mean to have to bear all feelings, rather it means to choose feeling when it is bearable and helpful. To sometimes choose not to feel is, in this case, a "very qualified choice" (Birgit). The dose of practising feeling or not feeling, as well as exploring choices (or not), and for how long or briefly etc. is under the control of the participant. In TCTSY options are communicated – put into words – thus transferring optionality on a verbal level and at the same time are embodied by the facilitator. Through consistently performed choice, feeling becomes something that is optional, neither good nor bad and done in reference to an embodied self. It becomes clear that – enhanced through invitation language – TCTSY is also a practice of *doing choice*, based on the decision to participate in embodied self-feeling, which includes one's own experiences, feelings and (bodily) states. Each participant, or, in Scholtes' (2019, 2) words: each "feeler" in TCTSY is put into a position where it is up to them to decide if they want to move, if they want to do feeling, how they modulate the movement, where or if they deepen the feeling. They gain agency over themselves and are supported to act on it – an experience that in many aspects is new for many who have experienced trauma, especially if from a young age and/or over long periods of their lives. Feelers here are active and powerful. It can thus be concluded that in TCTSY, doing feeling and doing choice are entangled. Initially, many women – especially those new to the practice – do not take this power and only slowly become aware of it and their duty to take it since this is opposed to lifelong experiences of not being allowed to make decisions about themselves. "[Women quickly accepting the empowerment offered to them] would be the ideal. But that's not the reality" explains facilitator Birgit, taking the example of one client where the process of empowerment was traceable from the outside:

It took her four courses to feel that this movement triggers her. Before that, she did it obediently, no matter how often I said, "If you want to [...], and you can always skip it or pause it or do another one". This [having the choice] takes a long time for some to sink in.

Precise facilitation in TCTSY is needed by many women living with trauma because they have little idea how feeling is done in general, as Althea explains from her experiences in TCTSY:

[The facilitator] is very good at saying "One can feel that!". She explains what could possibly be felt. In the beginning, I thought, "I can't believe that someone has to explain this to me." [...] But I really needed this to concentrate over and over again until I said "Yes! I felt something".

While many feeling practices are based on the idea of natural feeling bodies, imagining feeling as something that is already there and must simply be discovered by the feeler (Scholtes 2019, 4), TCTSY is based on the idea that feeling can be learnt, and is therefore not naturally 'there' for everyone. In contrast to the assumption that feeling is always present, the everyday experience of many women living with trauma is rather to not, or only occasionally, feel themselves, to be 'disconnected' from themselves and even to make use of skills or substances to avoid getting in touch with themselves because it is connected to deep pain, fear and being overwhelmed. My findings on TCTSY expand the evidence of Scholtes' (ibid., 1) claim that feeling can be learnt. While Scholtes (2019) backs up her claim by showing that specific forms of feeling are learned and experienced in different practices, TCTSY presents a case where practitioners report processes of learning feeling (in a specific way), while coming from a position where not feeling oneself is described as the basic state. Of course, the precise meaning of 'not feeling oneself' is very individual. It may mean specific body parts which cannot be localised or felt, not feeling physical injuries, the not-feeling⁸³ of hunger, or closing the eyes and disappearing. For many women living with entangled trauma, feeling oneself was not an available option before doing TCTSY. This reinforces the idea that feeling is something that can be learnt, even if it was not possible before. This contradicts ideas of 'natural feeling bodies' and support Scholtes' (ibid.) findings⁸⁴.

⁸³ Furthermore, critics may argue that states of not-feeling oneself are not natural, as they are experienced by traumatised humans and thus in a context of illness. This argument is to be rejected: firstly, because assumptions concerning health and illness vary between cultures and times; secondly, I challenge the categorisation of people who experience trauma as 'sick' and find it more accurate to primarily consider us as humans who experienced violence; thirdly, I assume all human experiences are valid experiences, be they labelled as healthy or not; fourthly, as human experiences of feeling varies extremely outside the context of trauma, it would be very difficult to define the normative natural feeling body.

⁸⁴ As this research has shown, language plays an important part for the way participants experience the TCTSY practice, the atmosphere and how it empowers them to practise self-determined feeling and making one's own choices with, through and for their bodies. The performativity of language and the way language is able to construct social realities has been studied since the 1960s, especially in the fields of (linguistic) philosophy and gender studies (e.g. Austin 1975 [1962]; Searle 1969; J. Butler 1999). Likewise, around the same time, in neurosciences and psychiatry, researchers have gained interest in the study of interoception – the internal

Looking at different forms of feeling as a practice that can be newly learnt at every stage of life is in line with the experiences of my research partners. Against the strong discourse of natural feeling bodies, women never questioned this. These findings may support ideas, like those of Scholtes, that words enhance specific ways of feeling and go beyond this to suggest that they may also, for some bodies, enhance the very first experiences of feeling oneself.

In this research, getting in touch with oneself is described as an individual, non-linear process.

I really went through quite an evolution. In the beginning, I was really frustrated because [...] I was sitting down and I was thinking, "It can't be that I don't feel *anything*". I was concentrating and actually doing something until it hurts so that I felt something. But it got better. Then there came a point where everything hurt [laugh]. So, the process went from my body being completely numb, to it always hurting every day [...]. In the meantime, it's like this that I [pause, exhales deeply] – it's already much better. [Pause] It's getting easier and easier to concentrate and easier to feel where I could feel something [...]. Another problem for me was that then the body memories came up. So, [...] it [TCTSY] is now a bit linked to this trauma. [...] And I had to be careful. So, there was a class where I went home afterwards and was absolutely exhausted, [pause] because a lot of things came up. (Althea)

Althea's case shows how experiences of the self in TCTSY may vary within one person's process. Like for many others, doing feeling here, is deeply linked to experiencing trauma and suffering. It is very important to note that, in the context of trauma, doing feeling is a highly sensitive issue that may provoke a new, acute crisis. While yoga in everyday discourse is something linked to relaxation and positive feelings (fit, healthy, and happy) this is not necessarily an experience reported in trauma-sensitive yoga. TCTSY may set processes in motion that cause experiences of deep suffering, (re)experiences of trauma and even cause participants to become conscious of explicit trauma memories, like for Althea, who then had to deal with the new information. Lyra, who mostly has grounding experiences in TCTSY, reports that after starting the course she soon organised herself so that "I am never alone afterwards. [...] [Because if] I don't feel well and if I am alone then, I have the possibility to do destructive things". But for Althea and Lyra, as for others, experiences of the self in TCTSY change throughout the course of the praxis. This moves women living with trauma in various ways. For all my research partners, after some time of regular practice, positive feeling experiences joined the very negative ones, as Lyra notices:

perception of the body (Schachter and Singer 1962; Adam 1967). However, it seems the relationship between the performativity of language and specific body-mind practices have not been studied in-depth sufficiently as well as the connections between feeling, speech and healing from trauma. This is a research gap that needs further exploration to which this thesis may provide first insights and serve as a starting point.

In the beginning, it was a tricky thing. Starting the [pause] stress, the stress level, the distress level went so high that I said "Oh God, stop! Row back. [laughs] That's not possible". But meanwhile, I also have moments where I think "Oh, but that's great. That I can feel myself".

The invitation to move and feel is renewed with every option offered by the facilitator. This recurring invitation creates a certain form of rhythm in the practice that is relatively easy to re-access if one participant loses the connection to the practice, the moment or their orientation. This happens very easily to many people living with trauma in general, and increasingly when it comes to doing feeling. "We repeat things, for example, three times. Which feels repetitive, but for someone who is dissociative, they might miss the first two and they're back with us" (Jemma). The repetition includes inviting and welcoming words that fill the whole practice. Phases of silence and long lingering moments are absent, which provides orientation and bundles up the concentration on the feeling practice, rather than getting lost in possibly triggering memories.

The easily re-accessible rhythm is supported through the collective practice. Starting to move, starting to withdraw the attention from the outside to the inside, moving together and perceiving oneself, intending to perceive this feeling, may attune a group to a certain state of concentration. The practising group is one I feel I belong to because others share the conditions that shape my life and the motivations I have for deciding to practise TCTSY. The group is one that I feel welcome to join again, even if I pause or quit by dissociating. I modify movements, I concentrate on myself, I respect my limits. It is an arrangement where I am "free to be" (Jane). Being 'free to be' means not to be concerned with making myself as small as possible, invisible, pleasing others in order to be safe; it means that I, as I am, maybe in the presence of others, without being attacked. It also means to be able to practise new ways of relating to me, new ways of being. It is also an experience of having space to try out and be safe even if I fail, have a bad experience or leave. I am still safe in this group.

[T]o come to a space, where, without having to say anything, I know that you're here because you're also living with this violent relationship with your body like I am with mine, I'm not alone anymore with that. And we practise this together and I'm not alone in that practise. And *that* I think is something transformative. [...] [W]e can hide our mental health pretty well a lot of the time, but people *know* in the room [where TCTSY is practised]. But in *knowing*, there is a community in that, that we're all there because we want to change our experiences. So, I think *that's* a *big* part of where the healing comes from. (Jodi)

The affective arrangement of safer atmosphere in TCTSY is created through the group, among other things, and helps women feel relatively secure and not alone in doing the TCTSY-specific feeling. A shared practice that stays private and individual at the same time.

Not being alone in the desire to transform, to eventually become a feeling embodied self in a manner that respects the condition of living with trauma, attunes, connects, and supports. Potential for empowerment. It takes a lot of courage to do feeling where horror and pain are lying in wait.

After fifty minutes we finish the class.

“You may feel the contact between your hands and your upper legs. The warmth of your hands on your upper legs, something like the weight of your hands. Or the upper legs lifting your hands. And if you want to, you may focus on how your body feels right now. [pause] And from here, take your time, we slowly want to end today's yoga class. You may carefully open your eyes. [...] Thank you for practising together. May you and all beings be happy.”

No talking. Much less tension. The atmosphere changed. I feel different. I can't say how. Still. I become aware of my tired body. And the tension that I held. I feel sad. I want to go home. So do the others. A gentle nodding or “Thank you”, “Goodbye”. Everyone leaves. There is the possibility to stay after class and wait for the facilitator outside if there is anything to talk about. Today every woman heads home. (Fieldnotes, Berlin, June 2018)

4.2.3 New Experiences – Becoming, Empowerment and Embodied Feeling Selves

Time can't be fixed. The past is never closed, never finished once and for all, but there is no taking it back, setting time aright, putting the world back on its axis. There is no erasure finally. The trace of all reconfigurings is written into the enfolded materialisations of what was/ is/ to-come. (Barad 2014, 183)

This chapter summarises the key findings of the research in relation to how my research partners described the meaning of the practice as well as the effects of TCTSY. These relate both to the experienced practice but also to living with trauma. The central findings are that women feel more connected to themselves. States of dissociation and (re-)experiences of trauma were referred to as a contrast to moments of connectedness during the TCTSY practice. Further, women reported: learning to perceive and feel themselves; gaining more self-confidence; feeling empowered and connected; and that based on self-feeling, they learnt to practise more self-awareness and self-care, which, among other effects, lead not only to better handling of trauma symptoms but also to changes in how they related to the world in their every-day lives and beyond.

The self-directed actions of doing movement, doing feeling, and doing choice, which in the affective arrangement of safer atmospheres in TCTSY are done in the presence of others who are sharing the same actions, creates a new situation which, for women in this research, opens up a new world of experiences. These experiences are outlined by women mainly in reference to the self or the body, terms which they use interchangeably when describing their experiences with TCTSY. As described above, I apply an “extensive definition of *self*” (Quinn 2006, 362) and therefore interpret references to the ‘body’ as references to an aspect

of the self. Practising TCTSY moves women in multiple ways, most of whom come from a situation where they

just don't move anymore, [...] I don't want to feel anything anymore [...]. [TCTSY] brings me back into a state of being in contact. So, I would like to move again. I would like to get back into the mode of moving and no longer remain frozen. (Clara)

Setting the self in motion here means working on the process of transforming or *becoming*. When a person finds the transformative flow of becoming, there are changes and new ways of seeing, feeling and perceiving, opening a person up for new encounters (Deleuze and Guattari 1987 [1980])⁸⁵. When entering the flow in the present, the “has-been”(Deleuze 1993 [1969], 159) fades. *Becoming*, in the sense of Deleuze, transcends (personal) histories (or in this case *herstories*) and opens up new ways of doing-self; “becoming isn't a part of history; history amounts only to the set of preconditions, however recent, that one leaves behind in order to ‘become’, that is, to create something new” (Deleuze 1995, 171). This concerns a person as a whole. So, while TCTSY at the first glance addresses mainly the bodily level, experiences and learning are quickly transferred to the emotional level and states of mind. To get in contact with, to “hear and feel inside myself” (Jane), for many women living with trauma at the start of their practice, this means to become aware that “when I close my eyes I’m simply gone” (Althea). For most this is a terrible realisation, and deeply shocking, as, “I wasn't even aware before that I wasn't feeling myself” (Lyra). It means becoming aware, as an adult person, that I am far away from myself, disconnected and that for all these years I was a “body that has been completely dominated by others and that I myself then continued to traumatise” (Jane) – not feeling myself, not knowing what was good for me, not being able to act upon what helps or empowers me. Then women persist and may carefully begin to explore “that my body exists and that feeling the body is possible” (Althea). Althea describes this first experience of her feeling-self as empowering, one that made her feel less helpless in facing her life with trauma. Isabell describes this experience as a switch of perspective on her life, which she can look at from the inside now, which she could not do before “because the female body is somehow taken away from you. It’s always about looking at yourself from the outside. And not from the inside out”. Still, getting closer to oneself can be deeply alienating at first:

⁸⁵ Deleuze and Guattari analysed addiction (drug and behavioural addiction) among other things (e.g. 1987 [1980], 1986 [1975]). Their works is nowadays discussed in the context of recovery from addiction (e.g. Oksanen 2013) but also recovery from mental illness in general (e.g. Duff 2014).

a very difficult moment [...] because it was a weird feeling that scared me off. “What if this doesn't stop anymore? What if I *can't* go back anymore? Back into this mode in which I *don't* feel myself? What if feeling takes over now? And I cannot push it back anymore?” (Lyra)

It is a new and disconcerting experience which may lead to resistance to the practice “because I can not always bear to be so close to myself” (Jane) or because it is hard to stay in pain, with a body that hurts because it is constantly under stress, tensed in fear, a self that has been violated and was not cared for (ever) before and is now, due to TCTSY, able to feel the hurt. Furthermore, becoming aware of oneself overall and starting to feel the body may lead to overwhelming experiences, as we have seen above, especially when it comes to the unblurring of memories of violence or flashbacks. Such experiences may temporarily turn the practice into something hostile. This can change again with further practice when doing choice becomes easier and one is better able to decide to not-feel a specific pain, part of the body or emotion. Still, overwhelming experiences of trauma may come up even when one is proficient at practising TCTSY; trauma is something we are never entirely safe from. Despite this reality, through the safer atmosphere of TCTSY combined with familiarity with the practice, which lead to increased trust in the provided security, doing feeling, doing choice, and getting more and more in touch with oneself, all of my research partners (participating at least in one full course) at some point had experiences of inner calm, rest, grounding and ease. Moments of release occurred through trusting in being allowed to let go of the inner tension and ever present alertness, for a few seconds. These moments stand out for many living with trauma generating “a strong desire to maintain it like this [...] ‘this is how I want it now; this is how it feels good’” (Karin).

As we have seen, the tone in TCTSY is a gentle, respectful, and present one that approaches each self with kindness and care, which leads to new ways of looking at and treating oneself. I may start “calmly and cautiously feeling my way into myself” (Karin), starting to “look after myself” (Althea) and realising that “it was probably the first time in my life where I truly was able to look with care at MYSELF^[86]” (Jane), which for many leads to a perspective of self-compassion. Being treated and treating oneself with dignity and respect is often a new discovery. All these processes and experiences are described as a change in the relationship to oneself. “It brings me closer to myself. I feel myself so much more afterwards. I am more with me! With myself” (Karin). These experiences of the self in TCTSY, these processes, are

⁸⁶ Capital letters in the original (email interview).

framed as “healing” by my research partners, which is itself “a very long process, and [...] much more long-winded than I ever would have imagined” (Althea). It is important to remember that trauma is a non-linear process that shapes human lives and identities. But there are ways to transform for the better, whether we call it healing or recovery. We may have been shaped by something horrible, and it might continue to be part of our lives, it's not over. Maybe a woman relives it again and again, maybe it stops at some point. Maybe she forgets, maybe she remembers, maybe the memory leaves but panic stays. There are as many processes as there are traumatised humans in this world. But despite these life accompanying experiences of the “edge of existence” (Lester 2013), a person can nevertheless decide, at some point, to walk a healing path, opening up to the process of becoming. Here, healing is a process of making life bearable or worth living again. Sometimes it's only for a couple of moments. But they may be enough to change something inside the person, they may change further experiences of life and trauma. Healing, in this understanding, is to be defined as a non-linear process. It is never a completed state in the context of (complex) trauma.

Healing self-experiences in TCTSY are experiences of the embodied feeling self, compassion, and caretaking of oneself. Of disconnected selves getting in touch with themselves and the world, finding space for themselves in the world and among respectful company. These processes are for most, as we have seen, very painful at times, as feeling is never only positive in the context of trauma. They may at times even worsen trauma symptoms and flashbacks. Still, experiences change and learning that one always has the choice to feel or not to feel for most changes the overwhelmingness and transforms it into a turning towards oneself *in* the world. This may release states of being frozen, isolated in fear and horror, being far from oneself and one's own hostile body, of only surviving from one day to the next. These transformations are described as powerful and empowering. Staying disconnected to oneself on the one hand can be a form of protection in order to survive. It is a valid state of being. However, in most cases disconnection is not a choice or only a choice to a certain extent. Learning to feel in TCTSY means learning to connect – but only to a bearable extent. It does mean to *have* a choice. When it, for example, comes to states of panic, anxiety, or (re-) experience of trauma, which often become completely overwhelming, a growing capacity to feel oneself may lead to a situation where “body signals are easier to feel, such as feelings of pressure or trembling” (Anke), a process that research partners

described as really helpful as they themselves may then, for example, get to a safer place or make use of skills to calm down before getting completely lost in trauma experiences. Feeling oneself, here supports early interventions in critical situations and thus strengthens the agency of the women. The capacity of feeling oneself is not reduced to bodily symptoms but is a general capacity for becoming aware of “how I feel and what I need” (ibid.). This leads to an empowered self, which, due to her self-connection, may realise much earlier that a situation she is in, a person she talks to, a daily condition she experiences, a felt body part or a memory is not good for her and thus leads her to change it or decide to keep distance. “I can now protect myself’ or ‘I can take care of myself’ because I suddenly know what my needs are. If you didn't feel them before, then it was difficult to follow them” (Lyra). These needs are not limited to so-called bodily needs but concern the self in relation to others and the world as it is now perceived by an embodied and empowered feeling-self. Following one’s own needs here also means “to do the body some good. [Admitting] what has happened and also [...] making peace with it” (Clara). This process of admitting and finding ways of dealing with symptoms is deeply influenced by the affective arrangement of TCTSY, as Jodi explains:

I felt held in that space. I felt that someone else could tolerate my overwhelming experience and with this awareness, I was able to both connect with that person and tolerate – even only a little at times – this experience.

It makes participants more confident to act upon their own feelings. It also helps women choose practices and ways of living that better respect the conditions of the self that they find in moments of connection. Feeling herself also makes her feel more comfortable and safer in her daily life because “I no longer have the general panic that I will dissociate” (Anke, 16.02.2019) at any time and in any place and become vulnerable to the maximum.

Empowering experiences are also described in the context of setting limits and denying another person’s will (over one’s own), which is a very central topic when it comes to experiences of human violence. Lyra, for example, describes how through the TCTSY practice she first becomes aware of her limits, resistances inside of herself, when she did a certain movement. These are realisations that there is a physical limit, or a threshold, that once crossed, turns a movement or a feeling process into something that is not good for the participant anymore. With ongoing practice, she realised that “this *feeling* ‘There is a limit now and I don't want that’. [...] if I'm completely separated from my body, I can't reach it” (Lyra). But as a “converging” (ibid.), and embodied self, she can, and she is thus able to

protect herself and take care of herself. In other words, participants are learning to feel their own limits (be they bodily or not) – which is the first step towards potentially preventing further violations of their own boundaries.

All these processes are facilitated by the affective arrangement of safer atmospheres in TCTSY, where focussing on feeling oneself and choosing upon these feelings in the presence of others is enhanced. The relational character of the practice is central. This perspective is based on findings that show that how trauma is experienced and how people make sense of it is intensively influenced by how their social surroundings react. Trauma is no private matter but something that occurs in relation to, and stays part of a shared reality. In TCTSY, women experience having the possibility to, even be supported in relating to themselves in the presence of others without stigma. Sometimes even with a feeling of belonging. And these are, for most participants, new experiences.

While my research partners reported processes of learning doing feeling and doing choice and transferring these capacities into their daily lives, it would be wrong to imagine the capacity to be connected to oneself becomes an ever-available state of being for women living with trauma⁸⁷. Here, rather, we speak of moments of positive forms of connectedness, of capacities that are learnt but that they must keep on practising. This leads Karin to keep on participating in TCTSY courses, as for her, TCTSY is an anchor and reminder:

[A]lways in situations when I have the feeling again that my dignity is under attack; I feel bad, or my “unbearable self” gets too big again. Thus, when I need more encouragement that I am totally ok, that I am allowed to decide for myself, and I am good as I am.

We do lose connection again and gain it on another day. Experiences of feeling oneself can sometimes prevent us from experiencing trauma, but not always. They may help us to be gentle and self-caring instead of hard and condemning. They may change the reality in which we live with trauma and with ourselves, they may support our healing processes and thus be transformative for a trauma-affected life.

⁸⁷ Societal and ordinary conditions prevent most humans from always being fully connected to themselves. Mindfulness practices are examples of practices that enhance this state. Still, most people are able to connect to themselves when they concentrate on that. They know when they are hungry because they feel hunger or know if they want this drink or not. This is not necessarily so for a person who lives with trauma. The level of disconnectedness in the context of trauma is different.

5 Becoming and Trauma: Conclusion and Outlook

If a person on “the edge of existence” (Lester 2013) finds the power to go on living, and many do, the experienced horror, the “un-making of the world” leads to a “making of the world” (Scarry 1987). People find new ways to connect to life, to the world, to make their world.

In this research, I looked at how women living with trauma in Berlin experience trauma-sensitive yoga following the Center for Trauma and Embodiment model in their trauma and healing processes. TCTSY represents one special practice on the paths of these women, which they do in a group with other women and with the help of a facilitator. The research shows that women practise TCTSY at very different stages of their trauma processes and in a wide range of adult ages (21-65 years in this research). Still, most have already suffered for a long period by the time they find out about TCTSY. Trauma processes are not linear, and this is reflected in the experiences with TCTSY. Instead of delusive ideas of linear processes of recovery in the form of reconnecting to the world, rather potential and hope are carried by the interplay between connection and disconnection. Disconnection, taking different forms as dissociation or not-feeling oneself, for those who do live on the “edge of existence” (Lester 2013) is important. Leaving this place of disconnection may cause deep fear. Relating to and being in the world which, in TCTSY, is done by the shared reality of a safer atmosphere and the shared practice of doing feeling and doing choice is, for most women, due to their horrible experiences, at first connected to threat, unbearable pain and fear. Connecting to the world also means becoming an embodied self that is part of the world and feels *with* the world. Therefore, contexts in the world must be created that differ from dominant experiences of permanent threat and insecurity, an arrangement must be set where connecting becomes bearable and thus possible. In TCTSY, as we have seen, an affective arrangement of safer atmospheres is actively created, through a rules agreement, anonymity, belonging, inviting language, authenticity and a facilitator who holds the arrangement space. Here participants hand over their constant task of providing protection for the vulnerable self to the facilitator for this shared space and time and trust others to stick to agreed rules. Connecting during TCTSY takes the form of becoming aware of and developing a practice of gently feeling one's own body and self in the present moment; not a fixed form of self, but a moving and changing self that is in process. At first, this process is experienced as extremely terrifying and energy-draining, but these experiences change and

become more diverse with continuous TCTSY practice. It is never a straightforward process, but a back-and-forth movement between relating and detaching. States of dissociation, such as perceiving one's own body from the outside, or wandering away with the mind to different times and spaces, which may be forms of disconnection, take place during a TCTSY practice. However, in the same fifty minutes of practice, people also experience moments of being present in an embodied way and feeling their own (bodily) state, for example, the right hand on the top of a warm leg, or a feeling of hunger in an empty stomach. The affective arrangement of safer atmosphere does not deny disconnection, connection or the in-between, but takes these as part of the process and enables the courage to risk moments of connection, to feel in the presence of others – respecting and supporting one's own self-directedness. It also represents a context in which self-directedness and self-care are accepted and supported by others. Thus, in the affective tonality of the secure atmosphere of TCTSY, the state of living with trauma (and trauma symptoms) is an integrated part of the assemblage. Here participants are respected in what they really experience, no one must hide. And, if someone leaves the space by dissociating, their boundaries are respected; their body will not be touched or threatened, while the repetitive language and the moving bodies of others invite reconnection. Instead of constantly being ready for 'fight or flight'⁸⁸, the atmosphere allows for guidance of the awareness of oneself. This is a conscious practice that is gently facilitated in detail through offering feeling possibilities, thus possibilities to connect to oneself. These possibilities always include the choice not to feel. Hence, practising women make their own qualified choices based on their self-knowledge and thus not only learn to relate through feeling but also to actively shape this relationship to self to the best of their ability. In this special arrangement and in the presence of others, the empowered and self-directed actions of doing the yoga forms and the focus on the practice of feeling open up new realms of experience for my research partners – in a non-linear way – where different experiences and capabilities of doing feeling and doing choice appear. As the findings show, the creation of the extraordinary situation of an affective arrangement of a safer atmospheres, where doing feeling and doing choice are enhanced and possible, is central to TCTSY praxis and I consider it to be ground-breaking for dealing with trauma. The processes

⁸⁸ The polyvagal theory, invented by Stephen Porges (1995, 2011) and very popular in psychiatry with the 'fight-flight' (or extended 'fight flight, freeze' (Levine 2015)) mode or (defence) response refers to stress responses of the autonomous nervous system to danger and thus extreme stress.

and experiences of connecting through feeling and shaping one's own world by making decisions are perceived as positively influencing the ongoing experience of trauma.

When experiencing oneself in a shared, immediate space of "becoming" (Deleuze 1995), the present moment becomes central for this kind of new experience. 'Becoming', in TCTSY, is characterised by safety and autonomy. The present moment that is actively created through the affective arrangement of safer atmosphere in TCTSY differs from the everyday lives of women. Due to the presence of structural and gendered violence and the fact that we live in a context in which, at the level of society as a whole, there is no adequate way of dealing with experiences of (gender-based) violence and violence against children and, even worse, this violence is widely denied and banished to the private sphere. The TCTSY-arrangement can thus be described as a space that gives up ruling "orders of feelings" (Stodulka 2019) and creates new ones. It thus opens up experiences that differ from what society usually provides. The TCTSY-arrangement is a space of becoming. Duff (2014) relating to Jun and Smith (2011) describes that to enhance becoming, "[t]he creation of [a] 'smooth' space [...] in which alternatives can flourish, [and which] extends or maximises the body's powers of acting as new forces, new powers and new affects are folded into the body" (Duff 2014, 16) is needed. We find this in the affective arrangement of safer atmospheres in TCTSY. Here women work towards an empowered embodied feeling of self. Due to the context and the social situation, this becoming self is a self that practises towards a life in which they themselves are present and at the basis of their own choices. In this space they are not looked at, rated, objectified, sexualised, threatened or violated. What counts is their embodied self, gently feeling towards what is good for themselves. During this work, many women come to admit with self-compassion, that the violence, cruelty, and agonies that they were subjected to, and that potentially keep on happening to them in the timeless realms of trauma and a patriarchal society, have left traces and did transform them. Instead of continuing to blame themselves for this and continuing to treat their own body like an enemy, they may become able to listen to themselves, their body, feelings and emotions and thus become more self-caring, basing her actions on feelings of self.

Even if for some women experiences of an empowered, embodied, feeling-self were restricted to the context of the TCTSY arrangement, most of my research partners reported transference of these experiences to their everyday lives. It was reported that even the memory of the arrangement, the experience of being 'right' in just one social context, to be

respected and empowered – even if it was only for 50 minutes once a week (or less often) – has the power to change the experience of living with trauma outside this special context. While every woman walks through their own life with trauma with different forms of social, medical, or psychological support, based on the experiences of my research partners, individual processes of healing and becoming may be significantly supported by TCTSY. I argue that due to the affective arrangement of safer atmosphere in TCTSY, where doing feeling and doing choice are enabled and practised together authentically and in respect of each person's condition, with focus on the present moment shared in the arrangement, women living with trauma often do create new experiences that affect how they live with trauma and their recurring experiences of trauma.

While my research partners⁸⁹ highly profited from TCTSY, their perspectives in this research point out a few aspects that may be relevant for the planning of future TCTSY courses. As I have discussed, the 'Y' (yoga) in TCTSY has a discouraging effect on some participants, who associate a competitive, objectifying, mid and upper class, maybe spiritual and often white practice with yoga. The explicit reframing of TCTSY in informational material regarding these points, e.g. emphasising that TCTSY is not a sports practice that challenging one's body in comparison with others, or giving concrete examples of possibilities for how to finance a course, may perceptibly improve the access to TCTSY for new groups of people living with trauma. During the research process, the very central role of the facilitator for the experiences women have in TCTSY became clear. The perceived trustworthiness and likeability of the facilitator and if the facilitator provides the necessary security in the arrangement, which is entangled with acting authentically, can be a decisive factor in whether a person living with trauma is able to open up for processes in TCTSY or not. As much of this depends on personal compatibility, facilitators cannot always influence these factors. Still, prospectively it may be helpful to be aware of this fact, address it at the beginning of a new course, and refer to other TCTSY facilitators as further options. Of course, this is only possible if there are several facilitators in the same area offering courses. Another topic regarding possible optimisation of TCTSY is the location where TCTSY is practised, which some practitioners would wish to be more friendly. For example, in one case a woman would wish for it not to be a school as she had bad memories entangled with classrooms. This is a

⁸⁹ Except one research partner who did not continue because of not feeling in good company with the facilitator.

very personal question and preferences vary. Also, as I have discussed before, facilitators do not necessarily have a choice of venues due to the competitive space situation in Berlin. But here again – if possible – references to other courses in different locations could be a fruitful offer. A very delicate topic in TCTSY is that some participants have a need for communication and exchange, while others need complete anonymity. Some women expressed how deeply alone they feel with experiences they have in TCTSY and in living with trauma in general and their deep wish to verbally connect to others that share the experiences with TCTSY. They considered the shared practice to be a good basis for further exchange. The support of their psychologists could not fully meet this need. For some of these women, the strictly held anonymity in TCTSY felt like another experience of being silenced, which is a very negative experience and may reproduce similar experiences from other societal contexts. On the other hand, many women would not come to and practise TCTSY at all if it was not anonymous and unconnected to further interaction, as this would highly stress them and inhibit their feeling of security and having space for progressing towards an embodied self. Due to these opposed needs, and regarding the limited capacities of facilitators, who already organise TCTSY courses alone in Berlin, it is very difficult to make suggestions on how to better deal with this. Also, it must be kept in mind that TCTSY “is a method that intentionally and reasonably sets a counterpoint to cognitive-verbal treatment models and promotes other approaches as equally valid” (Birgit). Integrating talking “always means a rationalisation of an analysis that leads away from direct experience” (ibid.). Furthermore, the need to talk may be connected to “the culturally dominant paradigm of trauma therapy (stabilising, trauma confrontation, cognitive-verbal processing, etc.)” (ibid) and thus a reproduction. Despite this, I think it is still important to keep in mind that in some cases experiences of being silenced may be reproduced in TCTSY. However, even if such negative feelings appeared for some, most of my research partners continue practising TCTSY, as they profit from it enormously. The experience of the affective arrangement of safer atmospheres in TCTSY is one in which danger is largely absent and each person is accepted and taken seriously in the totality of their own history (herstory) and somatic presence, their fears and all that they are, and at the same time, space is opened for new experiences of self – towards connectedness with oneself and others, appropriation of one's own body and agency. This experience can be understood as an act of resistance to the existing way of

dealing with experiences of violence and often comes with new understandings of what has happened and, thus, resists past and continuing power structures.

What can we learn from this regarding the societal conceptualisation of, and ways of dealing with, trauma? The experiences and lives of women living with trauma in Berlin show that trauma is an *ongoing-lived-experience-in-context* (see chapter 3.5). Trauma is thus a non-linear and multi-temporal process embedded in society. Contrary to dominant understandings, trauma is not over after the event designated as traumatic has ended. Based on the perspectives of those who are the most affected, it also seems unhelpful to negotiate a life with trauma solely in the private sphere and purely as an illness, as trauma happens in the flow of life and the middle of society. Suffering from trauma is often rooted in violence that happens *in* relationships, e.g. between parent and child, wife and husband, employee and employer, and following this concerns whole lives and various societal realms, especially those of morality, family, work, the legal system, social justice and health. So, if trauma is an “ongoing-lived-experience” (Lester 2013, 755), isn’t that horrible? Yes, it is. But this is what people do experience. And it will not be changed by not facing it. People feel misunderstood and left alone. They also feel ashamed and isolated, because of outward and inward expectations to ‘get over it’. Isolation and shame usually deepen suffering and hinder processes of recovery and seeking out and receiving different forms of help. Handling trauma instead as an ongoing process and from the experience-based perspective may break through the ontological aloneness of those affected and open up possibilities for them to connect with life, their embodied living selves, others and the world. It thus carries hope and opens up new possibilities as we are “working from *within* the trauma as *it is unfolding* rather than viewing interventions as resuscitation attempts on a long-dead patient” (Lester 2013, 759). It also renders transformative processes in trauma-affected lives more understandable and thus may help in creating more healing-enhancing contexts. This would be worthwhile because trauma, as part of a life process, is influenceable, endurable and transformable over time. As trauma is (re)experienced over time again and again in different forms, new experiences in the flow of life influence ongoing trauma experiences. In other words: every interaction, every new experience in the course of life, inherits the opportunity to change experiences of trauma. This means that there are ways and possibilities in the present, there are different levels of agency *now*, that carry the capacity to change trauma experiences. Trauma processes comprise experiences of (structural) violence, traumatic

events, rape, neglect, despair, survival, not giving up, legal actions, isolation, finding allies, disconnecting, connecting, and these processes always happen in a socio-cultural, historical, and political context. The trauma process is embedded in these spheres and is therefore extremely influenced by them at every point. This perspective takes trauma from the individual to the societal level and switches the perspective to one where all spheres of life have the potential and maybe even the duty to create experiences and contexts that at their best prevent traumatic experiences, or at the least enhance recovery by counteracting experiences of horror, helplessness, isolation and disempowerment and create spaces of becoming. The holistic analysis of TCTSY in this research may serve as an example for an alternative way of framing and addressing trauma and thus help to shift the societal way of dealing with trauma (including medical, psychiatric and psychological approaches) to a better, more helpful way that is more adapted to the lived reality and needs of people living with trauma. TCTSY is a healing practice that does not follow a linear concept or goal of healing, stabilisation, trauma, or time. TCTSY is more a circular practice where the ongoing lived experience of trauma has its place and is accepted, e.g. where dissociation takes place, pain is felt or not felt, and where one is also accompanied in connecting to oneself in the world and, thus, to the world and others through the practice of feeling – feeling not only oneself, one's own hunger and pain, but also one's joy, warmth and love, one's limits and boundaries – and in making new, qualified decisions on this basis. Here, in the presence of others, the self has space to develop and expand in all directions and times without having to head off new additional threats during these developments. This leads to a variety of experiences, including ultimately, for my research partners, to an improvement of their own situation and their life with trauma.

Many healing practices, following a linear idea of the experience of an event that can then be healed, can learn from this processual approach to trauma. Linear approaches do not do justice to the multi-temporal and non-linear experience of (living with) trauma. Moreover, they often pursue the idea that there can be some kind of 'back to the life before', being 'healthy again'. However, this cannot be achieved because experiences on the "edge-of-existence" (Lester 2013) change people. Healing can only accompany transformation and try to guide this transformation through the creation of new experiences so that people have the opportunity to find their place in the world, take self-directed action, feel themselves in many different ways and connect with others at certain points. When

supporting the transformation of trauma-affected lives it seems to be helpful when experienced states such as dissociation are treated with less stigma and are rather seen as part of the experience. Dissociation and the suffering that often results from it must be taken seriously. However, in a healing process, it seems suffering is worsened by pathologizing such experiences and putting too much focus on them, for example, by giving multiple diagnoses on this basis, or silencing people through stigmatisation. The example of TCTSY shows that accepting and integrating such states while focussing on new embodied experiences bears great healing power from the perspective of those living with trauma.

Furthermore, the new conceptualisation of trauma-as-ongoing-lived-experience-in-context entails a need to discuss whether trauma should be understood as an illness, or whether there can be alternative understandings that, for example, fundamentally question or break down the dichotomy between health and illness. By experiencing, describing, and analysing trauma as an ongoing experience, health, disease and recovery must be understood in a more processual way and not in opposition to each other. Rather, these processes could be understood as a continuum with different poles. People move back and forth on this continuum over time. The different poles are not restricted to the realm of illness but concern different societal areas, such as law, politics, etc. In the case of trauma, but also beyond, an understanding of 'mental health and illness' as circular rather than linear seems more accurate and productive as it incorporates and better reflects the experiences of those affected, but at the same time opens up ways for them to reposition themselves in society and/or create new ways of transformation. This also underlines that classical (talking) therapy forms based on dominant understandings of "trauma-as-one-event" (Lester 2013, 755) that mainly focus on a linear healing process are too limited. Information and access to complementary practices are very limited, due to the bureaucratic health insurance system in Germany that mostly does not support or pay for such new practices (even if they are scientifically proven) as in the case of TCTSY. Only through their own initiative to search for other forms of support and different healing practices, and being able to find ways to finance them, do women find their way to TCTSY. Medical and publicly funded support is still too distant from the experiences and needs of those affected. To adequately support women in living with trauma, new approaches to trauma and new healing practices, such as TCTSY, must be included in standard processes, and access must be rendered easier and more cost-free. Facilitators must be supported and adequately paid for their work.

In conclusion, it is important to underline that research in general, and ethnography in particular, are limited and provisional and thus findings of this thesis are limited. I do not claim to form a set-in-stone idea of what it means to live with trauma and how people experience TCTSY on their path of living with trauma. More so, I hope that this research may transport an idea, a grasp, of what it means to live with trauma, based on lived experience, and thus individual experience, in contrast to medically and politically imagined ideas of what trauma is, and that it may shed light on ways, processes and practices that women find help them to go on. This means creating space in science for the perspectives and stories of affected persons. I hope that the personal perspectives of my research partners and the detailed arrangement analysis of TCTSY may contribute towards enhancing understanding of processes that take place in this practice. These processes reveal much about how embodied selves experience themselves in the context of trauma and how these experiences may be transformed, e.g. with new experience through safer atmospheres, trauma-sensitive practices of feeling, and making choices. As we have seen in the analysis, the affective arrangement of a safer atmospheres is elementary here as it enhances such processes and transformations. Besides giving insights into the affective range of TCTSY, the analysis may also serve for other contexts in which trauma is present and help to create more contexts in which, firstly, experiences of self are accepted without judgement (which includes that ruling norms become irrelevant in the space). Secondly, space is created to perceive and feel these self-states, and thirdly, new experiences are had, that may transform or enrich experiences of self that are more connected and self-caring. Insights from this research can hopefully enrich and help people living with trauma and those caring for, living or working with them. Through the ideas discussed and questions raised in this thesis, I hope to encourage further in-depth research on mental health experiences, in general, and on (complex) trauma in particular.

6 References

- Adam, Gyorgy. 1967. *Interoception and Behaviour: An Experimental Study*. Budapest: Akademiai Kiadó.
- Ahmed, Sara. 2004. *The Cultural Politics of Emotion*. Edinburgh: Edinburgh University Press.
- Ainsworth, Mary D. Salter, Mary C. Blehar, Everett Waters, and Sally N. Wall. 1978. *Patterns of Attachment: A Psychological Study of the Strange Situation*. New York: Erlbaum.
- Al-Saji, Alia. 2010. "Bodies and Sensings: On the Uses of Husserlian Phenomenology for Feminist Theory." *Continental Philosophy Review* 43 (1): 13-37.
- Andrew, Beatty. 2014. "Anthropology and Emotion." *The Journal of the Royal Anthropological Institute* 20 (3): 545-563.
- Anjali, Prem. 1994. "Yoga as Psychotherapy: A Distillation of the Essential Principles of Patanjala Yoga Theory Into a Counseling and Psychotherapy Model." PhD diss., The Union Institute.
- APA, American Psychiatric Association. 2013. *Diagnostic And Statistical Manual of Mental Disorders: Fifth Edition - DSM-5™*. Washington & London: American Psychiatric Publishing.
- Austin, John L. 1975 [1962]. *How to Do Things With Words*. Oxford: Clarendon Press.
- Barad, Karen. 2003. "Posthumanist Performativity: Toward an Understanding of How Matter Comes to Matter." *Signs* 28 (3): 801-831.
- . 2014. "Diffracting Diffraction: Cutting Together-Apart." *Parallax* 20 (3): 168-187.
- Becker, David. 2014. *Die Erfindung des Traumas. Verflochtene Geschichten*. Gießen: Psychosozial-Verlag.
- Behar, Ruth. 1996. *The Vulnerable Observer: Anthropology That Breaks Your Heart*. Boston: Beacon Press.
- Behrouzan, Orkideh. 2015. "Medicalization as a Way of Life: The Iran-Iraq War and Considerations for Psychiatry and Anthropology." *Medicine Anthropology Theory* 2 (3): 40-60.
- Berntson, Gary G., and Sahib S. Khalsa. 2021. "Neural Circuits of Interoception." *Trends in Neurosciences* 44 (1): 17-28.
- Blaz-Kapusta, Barbara. 2008. "Disorders of Extreme Stress not Otherwise Specified (DESNOS) -- a Case Study." *Archives of Psychiatry and Psychotherapy* 10 (2): 5-11.
- BMFSFJ, Bundesministerium für Familie Senioren Frauen und Jugend. 2021. "Fonds Sexueller Missbrauch." Accessed 26.02.2021. <https://www.fonds-missbrauch.de/>.

- Boddy, Janice. 1988. "Spirits and Selves in Northern Sudan: The Cultural Therapeutics of Possession and Trance." *American Ethnologist* 15 (1): 4-27.
- Bodine, Evan Alyse. 2018. "The Lived Experience of Teaching Trauma-Sensitive Yoga." PhD diss., Texas Woman's University.
- Bonds, Giada. 2022. "The 'S' Factor: Feminist and Queer Movements and the Production of Safer Spaces in Urban Contexts in Rome and Madrid." In *Mapping LGBTQ Spaces and Places A Changing World*, edited by Marianne Blidon and Stanley D. Brunn. Cham: Springer International Publishing.
- Bowlby, John. 1952 [1951]. *Maternal Care and Mental Health: A Report Prepared on Behalf of the World Health Organization as a Contribution to the United Nations Programme for the Welfare of Homeless Children*. Geneva: World Health Organization.
- Brensell, Ariane. 2013. "Trauma als Prozess. Wider der Pathologisierung Struktureller Gewalt und ihrer Innenpsychischen Folgen." Manuskript zum Vortrag auf der Fachtagung "Trauma und Politik" am 24. Januar 2013 in Frankfurt am Main. Accessed 28.07.2021. https://www.medico.de/fileadmin/_migrated_/document_media/1/trauma-als-prozess.pdf.
- Briere, John, and Catherine Scott. 2013 [2006]. *Principles of Trauma Therapy: a Guide to Symptoms, Evaluation, and Treatment*. Los Angeles: SAGE.
- Bruner, Jerome. 1994. "The 'Remembered' Self." In *The Remembering Self: Construction and Accuracy in the Self-Narrative*, edited by Ulric Neisser and Robyn Fivush, 41-54. New York: Cambridge University Press.
- Bubandt, Nils. 2014. "When Trauma Came to Halmahera - Global Governance, Emotion Work, and the Reinvention of Spirits in North Maluku." In *Feelings at the Margins: Dealing with Violence, Stigma and Isolation in Indonesia*, edited by Birgitt Röttger-Rössler and Thomas Stodulka, 81-102. Frankfurt & New York: Campus.
- Butler, Judith. 1993. *Bodies That Matter: On the Discursive Limits of "Sex"*. New York: Routledge.
- . 1999. *Gender Trouble: Feminism and the Subversion of Identity*. 10th anniversary edition. ed. New York: Routledge.
- Butler, Lisa. 2006. "Normative Dissociation." *Psychiatric Clinics of North* 29: 45-62.
- Cahill, Ann J. 2001. *Rethinking Rape*. New York: Cornhill University Press.
- CFTE, Center for Trauma and Embodiment at Justice Resource Institute. 2020a. "Find a Facilitator." Accessed 12.02.2021. <https://www.traumasensitiveyoga.com/facilitators>.
- . 2020b. "TCTSY Trauma Center Trauma Sensitive Yoga." Accessed 12.02.2021. <https://www.traumasensitiveyoga.com/>.

- . 2020c. "What is Trauma-Sensitive Yoga?". Accessed 03.02.2021.
www.traumasensitiveyoga.com/about
- Christensen, M. Candace. 2019. "Engaging Trauma Resulting from Sexual Violence Through Autoethnography and Photovoice." In *Topography of Trauma: Fissures, Disruptions and Transfigurations*, edited by Danielle Schaub, Jacqueline Linder, Kori D. Novak, Stephanie Tam and Claudio Vescia Zanini, 283-303. Leiden: Brill Rodopi.
- Clark, Elaine, 2020, "The Trauma-Sensitive Yoga Approach With David Emerson," 22.09.2020, in *Mindful Matters - With Blu Matter Project*, Podcast.
- Cook, Alexandra, Margaret Blaustein, Joseph Spinazzola, and Bessel van der Kolk. 2003. "Complex Trauma in Children and Adolescents. White Paper From The National Child Traumatic Stress Network Complex Trauma Task Force." *Los Angeles: National Center for Child Traumatic Stress* 35 (5): 390-398.
- Creswell, J. David. 2017. "Mindfulness Interventions." *Annual Review of Psychology* 68 (1): 491-516.
- Csordas, Thomas J. 1993. "Somatic Modes of Attention." *Cultural Anthropology* 8 (2): 135-156.
- Das, Veena, and Ranendra K. Das. 2007. "How the Body Speaks: Illness and the Lifeworld among the Urban Poor." In *Subjectivity*, edited by Byron Good, João Biehl and Arthur Kleinman, 66-97. Berkeley: University of California Press.
- Davies, James, and Dimitrina Spencer, eds. 2020. *Emotions in the Field: The Psychology and Anthropology of Fieldwork Experience*. Stanford, CA: Stanford University Press.
- De Michelis, Elizabeth. 2005. *A History of Modern Yoga*. London: Continuum.
- Deleuze, Gilles. 1993 [1969]. *The Logic of Sense*. New York: Columbia University Press. (Original 1969: *Le Logique du Sense*, Paris, Minuit).
- . 1995. *Negotiations: 1972 - 1990*. New York Columbia University Press.
- Deleuze, Gilles, and Félix Guattari. 1986 [1975]. *Kafka. Towards a Minor Literature*. Minneapolis: University of Minnesota Press. (Original 1975: *Pour une Littérature Mineure*. Paris, Minuit).
- . 1987 [1980]. *A thousand Plateaus*. Minneapolis: University of Minnesota Press. (Original 1980: *Mille Plateaux*, Paris, Minuit).
- Deutscher Bundestag, Wissenschaftliche Dienste. 2016. *Sachstand. Posttraumatische Belastungsstörung*. Accessed 12.05.2021.
<https://www.bundestag.de/blob/490504/8acad12ffbf45476eecdfeff7d6bd3f4/wd-9-069-16-pdf-data.pdf>
- DeWalt, Kathleen M., and Billie R. DeWalt. 2011 [2002]. *Participant Observation a Guide for Fieldworkers*. Lanham: Rowman & Littlefield.

- Duff, Cameron. 2014. *Assemblages of health: Deleuze's empiricism and the ethology of life*. Springer.
- Dunemann, Angela, Regina Weiser, and Joachim Pfahl. 2017. *Traumasesibiles Yoga - TSY. Posttraumatisches Wachstum und Entwicklung von Selbstmitgefühl*. Stuttgart: Klett-Cotta.
- Dunning, Darren L., Kirsty Griffiths, Willem Kuyken, Catherine Crane, Lucy Foulkes, Jenna Parker, and Tim Dalgleish. 2019. "Research Review: The Effects of Mindfulness-Based Interventions on Cognition and Mental Health in Children and Adolescents – a Meta-Analysis of Randomized Controlled Trials." *Journal of Child Psychology and Psychiatry* 60 (3): 244-258.
- EASA, European Association for Social Anthropologists. 2018. "Movement, Stasis and Interoception: Unsettling the Body. Conference Abstract." Accessed 19.02.2021. <https://nomadit.co.uk/conference/easa2018/p/6515>.
- Ebert, Cara, and Janina Steinert. 2021. "Prevalence and Risk Factors of Violence Against Women and Children during COVID-19, Germany." *Bulletin of the World Health Organization* Forthcoming.
- Emerson, David, and Elizabeth Hopper. 2011. *Overcoming Trauma through Yoga. Reclaiming Your Body*. Carlifonia: North Atlantic Books.
- Emerson, Robert, Rachel Fretz, and Linda Shaw. 2011 [1995]. *Writing Ethnographic Fieldnotes*. Chicago: University of Chicago Press.
- Fassin, Didier, and Richard Rechtman. 2009. *The Empire of Trauma: An Inquiry Into the Condition of Victimhood*. Princeton: Princeton University Press.
- Ford, Julian D., Patricia Stockton, Stacey Kaltman, and Bonnie L. Green. 2006. "Disorders of Extreme Stress (DESNOS) Symptoms Are Associated With Type and Severity of Interpersonal Trauma Exposure in a Sample of Healthy Young Women." *Journal of Interpersonal Violence* 21 (11): 1399-1416.
- Foucault, Michel. 1973 [1961]. *Wahnsinn und Gesellschaft: Eine Geschichte des Wahns im Zeitalter der Vernunft*. Frankfurt am Main: Suhrkamp.
- . 1980. "The Confession of The Flesh." In *Power, Knowledge: Selected Interviews and Other Writings 1972 - 1977*, edited by Colin Gordon. New York: Pantheon Books.
- . 2005. "Subjekt und Macht." In *Michel Foucault, Analytik der Macht*, edited by Daniel Defert, 240-263. Frankfurt am Main: Suhrkamp.
- Frommberger, Ulrich, Jörg Angenendt, and Mathias Berger. 2014. "Posttraumatische Belastungsörung - eine Disgnostische und Therapeutische Herausforderung." *Deutsches Ärzteblatt International* 111 (5): 59-65.

- Fuchs, Thomas. 2012. "The Phenomenology of Body Memory." In *Body Memory, Metaphor and Movement*, edited by Sabine C. Koch. Amsterdam: John Benjamins Publishing Company.
- Fullagar, Simone. 2020. "Diffracting Mind-Body Relations: Feminist Materialism and the Entanglement of Physical Culture in Women's Recovery From Depression." In *Sport, Physical Culture and the Moving Body. Materialisms, Technologies, Ecologies (Critical Issues in Sport and Society)*, edited by Holly Thorpe, Joshua I. Newman and David Andrews, 170-192. London: Rutgers University Press.
- Fullagar, Simone, Wendy O'Brien, and Adele Pavlidis. 2019. *Feminism and a Vital Politics of Depression and Recovery*. Cham: Palgrave Macmillan.
- Goffman, Erving. 1963. *Stigma: Notes on the Management of Spoiled Identity*. London: Penguin Books.
- Greyson, Bruce. 2000. "Dissociation in People Who Have Near-Death Experiences: Out of Their Bodies or Out of Their Minds?" *The Lancet* 355 (9202): 460-463.
- Groleau, Danielle, Allan Young, and Laurence J. Kirmayer. 2006. "The McGill Illness Narrative Interview (MINI): An Interview Schedule to Elicit Meanings and Modes of Reasoning Related to Illness Experience." *Transcultural Psychiatry* 43 (4): 671-691.
- Haraway, Donna. 1988. "Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective." *Feminist Studies* 14 (3): 575-599.
- . 1991. "A Cyborg Manifesto: Science, Technology, And Socialist-Feminism in The Late Twentieth Century." In *Simians, Cyborgs, And Women: The Reinvention of Nature*, edited by Donna Haraway, 149-183. London: Free Association Books.
- Hauser-Schäublin, Brigitta. 2008 [2003]. "Teilnehmende Beobachtung." In *Methoden ethnologischer Feldforschung*, edited by Betina Beer. Berlin: Dietrich Reimer Verlag.
- Helms, Janet E., Guerda Nicolas, and Carlton E. Green. 2010. "Racism and Ethnoviolence as Trauma: Enhancing Professional Training." *Traumatology* 16 (4): 53-62.
- Henrich, Joseph, Steven J. Heine, and Ara Norenzayan. 2010. "The Weirdest People in the World?" *The Behavioral and Brain Sciences* 33 (2-3): 61-83.
- Herman, Judith Lewis. 1992a. "Complex PTSD: A Syndrome in Survivors of Prolonged and Repeated Trauma." *Journal of Traumatic Stress* 5(3): 377-391.
- . 1992b. *Trauma and Recovery. The Aftermath of Violence From Domestic Abuse to Political Terror*. New York: Basic Books.
- Hesse, Amy R. 2002. "Secondary Trauma: How Working With Trauma Survivors Affect Therapists." *Clinical Social Work Journal* 30 (3): 293-309.
- Hinton, Devon E., and Byron J. Good. 2015. "The Culturally Sensitive Assessment of Trauma: Eleven Analytic Perspectives, a Typology of Errors, and the Multiplex Models of

- Distress Generation." In *Culture and PTSD. Trauma in Global and Historical Perspective*, 50-114. Philadelphia: University of Pennsylvania Press.
- Hollan, Douglas. 2001. "Developments in Person-Centered Ethnography." In *The Psychology of Cultural Experience*, edited by Carmella C. Moore and Holly F. Mathews, 48–67. Cambridge: Cambridge University Press.
- . 2004. "Self Systems, Cultural Idioms of Distress, and the Psycho-Bodily Consequences of Childhood Suffering." *Transcultural Psychiatry* 41 (1): 62–79.
- Husserl, Edmund. 1989 [1913]. "Ideas Pertaining to a Pure Phenomenology and to a Phenomenological Philosophy, Second Book, Studies in the Phenomenology of Constitution." In *Collected Works of Edmund Husserl*. Dordrecht: Springer.
- Jun, Nathan, and Daniel W. Smith, eds. 2011. *Deleuze and Ethics*. Edinburgh: Edinburgh University Press.
- Kabat-Zinn, Jon, Ann O. Massion, Jean Kristeller, Linda Gay Peterson, Kenneth E. Fletcher, Lori Pbert, William R. Lenderking, and Saki F. Santorelli. 1992. "Effectiveness of a Meditation-Based Stress Reduction Program in the Treatment of Anxiety Disorders." *The American Journal of Psychiatry* 149 (7): 936-943.
- Kassam-Adams, Nancy. 1995. "The Risks of Treating Sexual Trauma: Stress and Secondary Trauma in Psychotherapists." In *Secondary Traumatic Stress: Self-care Issues for Clinicians, Researchers, and Educators*, edited by B. Hudnall Stamm, 37-48. Baltimore: The Sidran Press.
- Kelly, Ursula, Terri Haywood, Eliza Segell, and Melinda Higgins. 2021. "Trauma-Sensitive Yoga for Post-Traumatic Stress Disorder in Women Veterans who Experienced Military Sexual Trauma: Interim Results from a Randomized Controlled Trial." *The Journal of Alternative and Complementary Medicine* 27 (1): 45-59.
- Kirmayer, Laurence J. 1994. "Pacing the Void: Social and Cultural Dimensions of Dissociation." In *Dissociation: Culture, Mind, and Body*, edited by David Spiegel, 91-122. Washington: American Psychiatric Press.
- Klatte, Rahel, Simon Pabst, Andreas Beelmann, and Jenny S. Rosendahl. 2016. "The Efficacy of Body-Oriented Yoga in Mental Disorders—A Systematic Review and Meta-Analysis." *Deutsches Ärzteblatt International* 113 (12): 195-202.
- Kleinman, Arthur, Veena Das, and Margaret Lock, eds. 1997a. *Social Suffering*. Berkeley: University of California Press.
- Kleinman, Arthur, Veena Das, and Margaret Lock. 1997b. "Introduction." In *Social Suffering*, edited by Arthur Kleinman, Veena Das and Margaret Lock, ix-xxvii. Berkeley: University of California Press.

- Kleinman, Arthur, and Joan Kleinman. 1991. "Suffering and its Professional Transformation: Toward an Ethnography of Interpersonal Experience." *Culture, Medicine and Psychiatry* 15 (3): 275-301.
- Kohl, Ellen, and Priscilla McCutcheon. 2015. "Kitchen Table Reflexivity: Negotiating Positionality Through Everyday Talk." *Gender, Place & Culture* 22 (6): 747-763.
- LARA, Fachstelle gegen sexualisierte Gewalt an Frauen. 2017. "Kurzbeschreibung des Kursangebots: Achtsamkeit und Traumasensibles Yoga." Accessed 13.08.2021. <https://www.lara-berlin.de/uploads/media/Yoga17.pdf>.
- Larson, Gerald James. 2011. "Pātañjala Yoga in Practice." In *Yoga in Practice*, edited by David Gordon White, 73-96. Princeton: Princeton University Press.
- LeDoux, Joseph. 2002. *Synaptic Self: How Our Brains Become Who We Are*. New York: Penguin Viking.
- Lester, Rebecca. 2013. "Back From the Edge of Existence: A Critical Anthropology of Trauma." *Transcultural Psychiatry* 50 (5): 753-762.
- Levine, Peter. 2015. *Trauma and Memory - Brain and Body in a Search for The Living Past*. Berkeley: North Atlantic Books.
- Lewis, Ruth, Elizabeth Sharpe, Jennifer Remnant, and Rhiannon Redpath. 2015. "'Safe Spaces': Experiences of Feminist Women-Only Space." *Sociological Research Online* 20 (4): 1-14.
- Lock, Margaret. 1999. "The Politics of Health, Identity, and Culture." In *Self, Social Identity, and Physical Health: Interdisciplinary Explorations*, edited by Richard J. Contrada and Richard D. Ashmore, 43-70. New York: Oxford University Press.
- Luhmann, T. M., Howard Nusbaum, and Ronald Thisted. 2010. "The Absorption Hypothesis: Learning to Hear God in Evangelical Christianity." *American Anthropologist* 112 (1): 66-78.
- Lynn, Christopher D. 2005. "Adaptive and Maladaptive Dissociation: An Epidemiological and Anthropological Comparison and Proposition for an Expanded Dissociation Model." *Anthropology of Consciousness* 16 (2): 16-49.
- Madden, Raymond. 2010. *Being Ethnographic: A Guide to the Theory and Practice of Ethnography*. London: Sage.
- McCartney, Patrick. 2019. "Stretching into the Shadows: Unlikely Alliances, Strategic Syncretism, and De-Post-Colonizing Yogaland's "Yogatopia(s)"." *Asian Ethnology* 78 (2): 373-401.
- McClendon, Juliette, Kimberley E Dean, and Tara Galovski. 2020. "Addressing Diversity in PTSD Treatment: Disparities in Treatment Engagement and Outcome Among Patients of Color." *Current Treatment Options in Psychiatry* 7: 275-290.

- Merleau-Ponty, Maurice. 1945. *Phénoménologie de la Perception*. Paris: Gallimard.
- Metzger, Isha W., Riana Elyse Anderson, Funlola Are, and Tiarny Ritchwood. 2020. "Healing Interpersonal and Racial Trauma: Integrating Racial Socialization Into Trauma-Focused Cognitive Behavioral Therapy for African American Youth." *Child Maltreatment* 26 (1): 17-27.
- Minow, Lea Rebecca. 2019. "Zwischenbericht Feldforschung im Methodenseminar." Institut für Sozial- und Kulturanthropologie, Freie Universität Berlin. Unpublished.
- . 2020a. "Dissociation as an Alternative State of Consciousness? A Call for a Holistic View of Dissociation in Psychiatry." *[anthro]metronom* (blog). Accessed 13.03.2021. <https://www.anthrometronom.com/post/dissociation-as-an-alternative-state-of-consciousness>.
- . 2020b. "Forschungsbericht zur Masterforschung zum Thema: Weil ich mich! spüre. Von Trauma geprägte Lebenswelten und Selbsterleben im Kontext von Traumasensitiven Yoga in Berlin (Arbeitstitel)." Institut für Sozial und Kulturanthropologie, Freie Universität Berlin. Unpublished.
- Mol, Annemarie. 2014. "Language Trails: 'Lekker' and its Pleasures." *Theory, Culture & Society* 31 (2-3): 93-119.
- Moodley, Roy, and William West, eds. 2005. *Integrating Traditional Healing Practices Into Counseling and Psychotherapy*. Thousand Oaks, California: SAGE.
- Motta, Robert W. 2008. "Secondary Trauma." *International Journal of Emergency Mental Health* 10 (4): 291-298.
- Mühlhoff, Rainer. 2019a. "Affective Disposition." In *Affective Societies. Key Concepts*, edited by Jan Slaby and Christian von Scheve, 119-130. London & New York: Routledge.
- . 2019b. "Affective Resonance." In *Affective Societies. Key Concepts*, edited by Jan Slaby and Christian von Scheve, 189-199. London & New York: Routledge.
- Nguyen-Feng, Viann N., Hilary Hodgdon, David Emerson, Rowan Silverberg, and Cari Jo Clark. 2020. "Moderators of Treatment Efficacy in a Randomized Controlled Trial of Trauma-Sensitive Yoga as an Adjunctive Treatment for Posttraumatic Stress Disorder." *Psychological Trauma* 12 (8): 836-846.
- Nguyen-Feng, Viann N., Jamie Morrisette, Angela Lewis-Dmello, Hannah Michel, Deena Anders, Chelsea Wagner, and Cari Jo Clark. 2019. "Trauma-Sensitive Yoga as an Adjunctive Mental Health Treatment for Survivors of Intimate Partner Violence: A Qualitative Examination." *Spirituality in Clinical Practice* 6 (1): 27– 43.
- Obeyesekere, Gananath. 1990. *The Work of Culture: Symbolic Transformation in Psychoanalysis and Anthropology*. Chicago: University of Chicago Press.
- Ogden, Pat, Kekuni Minton, and Claire Pain. 2006. *Trauma and the Body: A Sensorimotor Approach to Psychotherapy*. Chicago: University of Chicago Press.

- Oksanen, Atte. 2013. "Deleuze and the Theory of Addiction." *Journal of Psychoactive Drugs* 45 (1): 57-67.
- Ong, Aihwa. 1987. *Spirits of Resistance and Capitalist Discipline: Factory Women in Malaysia*. Albany: State University of New York Press.
- Pagis, Michal. 2010. "Producing Intersubjectivity in Silence: An Ethnographic Study of Meditation Practice." *Ethnography* 11 (2): 309-328.
- Pearce, Caroline. 2008. "World Interrupted: An Autoethnographic Exploration Into the Rupture of Self and Family Narratives Following the Onset of Chronic Illness and The Death of a Mother." *Qualitative Sociology Review* 4 (1): 131-149.
- Peter, Susanne. 2020. "Das Moderne Yoga: Ein Ergebnis Patriarchaler und Kolonialisierter Strukturen." *Blog ABV Gender- und Diversitykompetenz FU Berlin* (blog). Accessed 21.05.2021.
<https://blogs.fu-berlin.de/abv-gender-diversity/2021/05/21/das-moderne-yoga-ein-ergebnis-patriarchaler-und-kolonialisierter-strukturen/>.
- Pick, Susannah, Maya Rojas-Aguiluz, Morgan Butler, Heather Mulrenan, Timothy R. Nicholson, and Laura H. Goldstein. 2020. "Dissociation and Interoception in Functional Neurological Disorder." *Cognitive Neuropsychiatry* 25 (4): 294-311.
- Porges, Stephen W. 1995. "Orienting in a Defensive World: Mammalian Modifications of our Evolutionary Heritage. A Polyvagal Theory." *Psychophysiology* 32 (4): 301-318.
- . 2011. *The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication, and Self Regulation*. New York: W.W. Norton.
- Przyborski, Aglaja, and Monika Wohlrab-Sahr. 2014 [2008]. *Qualitative Sozialforschung: ein Arbeitsbuch*. München: Oldenbourg.
- PTK, Psychotherapeutenkammer Berlin. 2016. "Häufig gestellte Fragen zur Nachweispflicht." Accessed 16.05.2021.
<https://www.psychotherapeutenkammer-berlin.de/haeufig-gestellte-fragen-zur-nachweispflicht>.
- Pupavac, Vanessa. 2002. "Pathologizing Populations and Colonizing Minds: International Psychosocial Programs in Kosovo." *Alternatives* 27 (4): 489-511.
- Quinn, Naomi. 2006. "The Self." *Anthropological Theory* 6 (3): 362-384.
- Quinn, Naomi, and Jannette Marie Mageo, eds. 2013. *Attachment Reconsidered. Cultural Perspectives on Western Theory*. New York: Palgrave Macmillan.
- Rabe-Menssen, Cornelia, Anne Dazer, and Enno Maaß. 2021. *Report Psychotherapie 2021*. Deutsche Psychotherapeuten Vereinigung e.V. (Berlin).

- Rajiva, Mythili, and Tatjana Takševa. 2021. "Thinking Against Trauma Binaries: the Interdependence of Personal and Collective Trauma in the Narratives of Bosnian Women Rape Survivors." *Feminist Theory* 22 (3): 405-427.
- Rhodes, Alison M. 2015. "Claiming Peaceful Embodiment Through Yoga in the Aftermath of Trauma." *Complementary Therapies in Clinical Practice* 21 (4): 247-256.
- Riessman, Catherine K. 2008. *Narrative Methods for the Human Sciences*. Thousand Oaks: Sage Publications.
- Roberson, Katheryn, and Robert T. Carter. 2021. The Relationship Between Race-Based Traumatic Stress and the Trauma Symptom Checklist: Does Racial Trauma Differ in Symptom Presentation? *Traumatology*. Accessed 29.07.2021. <https://doi.org/http://dx.doi.org/10.1037/trm0000306>.
- Rose, Gillian. 1997. "Situating Knowledges: Positionality, Reflexivities and Other Tactics." *Progress in Human Geography* 21 (3): 305-320.
- Rothenberg, Paula. 2008. "Women Studies - The Early Years: When Sisterhood was Powerful." In *The Evolution of American Women's Studies: Reflections on Triumphs, Controversies and Change*, edited by Alice E. Ginsberg, 67-86. New York: Palgrave Macmillan.
- Rothschild, Babette. 2000. *The Body Remembers - The Psychophysiology of Trauma and Trauma Treatment*. New York: W.W. Norton & Company.
- Röttger-Rössler, Birgitt. 2004. *Die Kulturelle Modellierung des Gefühls: ein Beitrag zur Theorie und Methodik Ethnologischer Emotionsforschung anhand Indonesischer Fallstudien*. Münster: Lit Verlag Münster.
- Rousseau, Cécile, and Toby Measham. 2007. "Posttraumatic Suffering as a Source of Transformation." In *Understanding Trauma: Integrating Biological, Clinical, and Cultural Perspectives*, edited by Robert Lemelson Laurence Kirmayer, Mark Barad, 275-293. New York: Cambridge University Press.
- Salter, Michael 2011. "Invalidation and Gendered Violence Across the Lifespan." *Crime, Justice and Social Democracy: An International Conference, Queensland University of Technology, 6-28 September*, 337-355.
- Scarry, Elaine. 1987 [1985]. *The Body in Pain: The Making And Unmaking of The World*. New York: Oxford University Press.
- Schachter, Stanley, and Jerome Singer. 1962. "Cognitive, Social, and Physiological Determinants of Emotional State." *Psychological Review* 69 (5): 379-399.
- Scheidecker, Gabriel. 2019. "Attachment." In *Affective Societies. Key Concepts*, edited by Jan Slaby and Christian von Scheve, 73-84. London & New York: Routledge.

- Scheper-Hughes, Nancy, and Philippe Bourgois. 2004. "Introduction: Making sense of violence." In *Violence in War and Peace: An Anthology*, edited by Nancy Scheper Hughes and Philippe Bourgois, 1-31. Malden: Blackwell Publishin.
- Schlehe, Judith. 2003. "Formen Qualitativer Ethnographischer Interviews." In *Methoden und Techniken der Feldforschung*, edited by Bettina Beer, 71–93. Berlin: Dietrich Reimer.
- Scholtes, Ulrike. 2019. *Wording Sensitivities - The Performativity of Words and the Practice-Specificity of Bodies and Minds*. Conference Notes, 16-17 May, Berlin. Unpublished.
- Schore, Allan N. 2001. "The Effects of Early Relational Trauma on Right Brain Development, Affect Regulation, and Infant Mental Health." *Infant Mental Health Journal* 22 (1-2): 201-269.
- Schroer, Sara Asu, and Susanne B. Schmitt, eds. 2018. *Exploring Atmospheres Ethnographically*. London & New York: Routledge.
- Searle, John R. 1969. *Speech Acts: An Essay in the Philosophy of Language*. Cambridge: Cambridge University Press.
- Seligman, Rebecca. 2005. "Distress, Dissociation, and Embodied Experience: Reconsidering the Pathways to Mediumship and Mental Health." *Ethos* 33 (1): 71-99.
- . 2010. "The Unmaking and Making of Self: Embodied Suffering and Mind-Body Healing in Brazilian Candomblé." *Ethos* 38 (3): 297-320.
- . 2018. "'Bio-looping' and the Psychophysiological in Religious Belief and Practice: Mechanisms of Embodiment in Candomblé Trance and Possession." In *The Palgrave Handbook of Biology and Society*, edited by Maurizio Meloni, John Cromby Des Fitzgerald and Stephanie Lloyd, 417-440. London: Springer Nature.
- Seligman, Rebecca, and Laurence J. Kirmayer. 2008. "Dissociative Experience and Cultural Neuroscience: Narrative, Metaphor and Mechanism." *Culture, Medicine and Psychiatry* 32 (1): 31-64.
- Selim, Nasima. 2011. "Doing Body, Doing Mind, Doing Self. Vipassana Meditation in Everyday Life." PhD diss., University of Amsterdam.
- Silverberg, Rowan. 2019. "Trauma Center Trauma-Sensitive Yoga (TC-TSY) Peer Support Groups: An Adjunct Modality in a Feminist Approach to Trauma Treatment for Survivors of Sexual Violence." PhD diss., Saybrook University.
- Singleton, Mark, and Jean Byrne. 2008a. *Yoga in the Modern World. Contemporary Perspectives*. New York: Routledge.
- Singleton, Mark, and Jean Byrne. 2008b. "Introduction." In *Yoga in the Modern World: Contemporary Perspective*, edited by Mark Singleton and Jean Byrne, 1-14. London: Routledge.

- Slaby, Jan. 2019. "Affective Arrangement." In *Affective Societies. Key Concepts*, edited by Jan Slaby and Christian von Scheve, 109-118. London & New York: Routledge.
- Slaby, Jan, and Rainer Mühlhoff. 2019. "Affect." In *Affective Societies: Key Concepts*, edited by Jan Slaby and Christian von Scheve, 27-41. London and New York: Routledge.
- Slaby, Jan, and Christian von Scheve, eds. 2019. *Affective Societies: Key Concepts*. London and New York: Routledge.
- Smith, Benjamin Richard. 2007. "Body, Mind and Spirit? Towards an Analysis of the Practice of Yoga." *Body & Society* 13 (2): 25-46.
- Solomon, Marion F., and Daniel J. Siegel. 2003. *Healing Trauma: Attachment, Mind, Body and Brain*. New York: W. W. Norton.
- Spinazzola, Joseph. 2018. "COMPLEX TRAUMA RESOURCES. For People Who Don't Fit in Neat Little Boxes & Everyone Who Cares About Them. Core Topics. PTSD: The Tip of the Iceberg in Adaption to Complex Trauma." Accessed 16.02.2021.
<https://www.complextrauma.org/complex-trauma/ptsd-tip-of-iceberg-in-adaptation-to-complex-trauma/>.
- Spinazzola, Joseph, Margaret Blaustein, and Bessel A. van der Kolk. 2005. "Posttraumatic Stress Disorder Treatment Outcome Research: The Study of Unrepresentative Samples?" *Journal of Traumatic Stress* 18 (5): 425-436.
- Spinoza. 1985 [1677]. *The Collected Works of Spinoza* Translated by Edwin Curley. edited by Edwin Curley. (Original writings from 1677).
- Spiro, Melford E. 1987. "Religious Systems as Culturally Constituted Defense Mechanisms." In *Culture And Human Nature: Theoretical Papers of Melford E. Spiro.*, edited by Benjamin Kilborne and Lewis Langness, 145–160. Chicago: University of Chicago.
- Spittler, Gerd. 2014. "Dichte Teilnahme und darüber hinaus." *Sociologus* 64 (2): 207-230.
- Spradley, James. 1980. "The Ethnographic Research Cycle." In *Participant Observation*. New York: Holt, Rinehart and Winston.
- Stodulka, Thomas J. 2014. "Feldforschung als Begegnung. Zur Pragmatischen Dimension von Ethnographischen Daten." *Sociologus* 64 (2): 179-205.
- . 2017. *Coming of Age on the Streets of Java: Coping with Marginality, Stigma and Illness*. Bielefeld: transcript Verlag.
- . 2019. "Orders of feeling." In *Affective Societies. Key Concepts*, edited by Jan Slaby and Christian von Scheve, 310-318. New York: Routledge.
- . 2020. "Zauberformel, Scharlatanerie, Projektion?" In *Sprache und Empathie. Beiträge zur Grundlegung eines Linguistischen Forschungsprogramms*, edited by Katharina Jacob, Klaus-Peter Konerding and Wolf-Andreas Liebert, 63-80. Berlin & Boston: 2020 Walter de Gruyter GmbH.

- . 2021. "Fieldwork, Ethnography, and Knowledge Construction." In *The Sage Handbook of Cultural Anthropology*, edited by Lene Peterson and Lisa Cliggett, 85-104. London: SAGE Publications.
- Stodulka, Thomas J., Samia Dinkelaker, and Ferdiansyah Thajib, eds. 2019a. *Affective Dimensions of Fieldwork and Ethnography*. Cham, Switzerland: Springer.
- . 2019b. "Fieldwork, Ethnography and the Empirical Affect Montage." In *Analyzing Affective Societies*, edited by Antje Kahl, 279-295. London: Routledge.
- Stodulka, Thomas J., Nasima Selim, and Dominik Mattes. 2018. "Affective Scholarship: Doing Anthropology with Epistemic Affects." *Ethos* 46 (4): 519-536.
- Stoller, Paul. 1997. *Sensuous Scholarship*. Philadelphia: University of Pennsylvania Press.
- Strauss, Claudia. 1997. "Partly Fragmented, Partly Integrated: An Anthropological Examination of 'Postmodern Fragmented Subjects'." *Cultural Anthropology* 12 (3): 362-404.
- Sweet, Paige L. 2019. "The Sociology of Gaslighting." *American Sociological Review* 89 (5): 851 - 875.
- Tamas, Sophie. 2009. "Writing and Righting Trauma: Troubling the Autoethnographic Voice." *Forum: Qualitative Social Research* 10 (1): 1-8.
- Taylor, Shannon. 1997. "Betrayal of the Innocents: Intrafamilial Rape and the Violation of Trust." *Women Against Violence: An Australian Feminist Journal* 3: 31-37.
- The Gender & Sexuality Therapy Center, G&STC. 2020. "What 'Holding Space' Means + 5 Tips to Practice." Accessed 14.08.2021.
<https://gsttherapycenter.com/blog/2020/1/16/what-holding-space-means-5-tips-to-practice>.
- Thesing, Peet. 2017. *Feministische Psychiatriekritik*. Münster: UNRAST-Verlag.
- Thonhauser, Gerhard. 2019. "Feeling." In *Affective Societies: Key Concepts*, edited by Jan Slaby and Christian von Scheve, 52-60. London and New York: Routledge.
- Thurmann, Laura. 2020. "From Anxiety to Method in a Global Pandemic: Emotional and Ethical Challenges in Researching Sexualized Violence During Times of Crisis." *Boasblog* (blog). Accessed 20.03.2021.
<https://boasblogs.org/fieldworkmeetscrisis/from-anxiety-to-method/>.
- Tillmann-Healy, Lisa M. 2003. "Friendship as Method." *Qualitative Inquiry* 9 (5): 729-749.
- Turner, Victor. 1967. *The Forest of Symbols: Aspects of Ndembu Ritual*. Ithaca: Cornell University Press.
- Ussher, Jane M. 2011. *The Madness of Women. Myth and Experience*. New York: Routledge.

- van der Geest, Sjaak. 2007. "Is it Possible to Understand Illness and Suffering?" *Medische Anthropologie* 9 (1): 9-21.
- van der Kolk, Bessel A. 1987. *Psychological Trauma*. Washington, DC: American Psychiatric Press.
- . 1994. "The Body Keeps the Score: Memory and the Evolving Psychobiology of Posttraumatic Stress." *Harvard Review of Psychiatry* 1 (5): 253-265.
- . 2006. "Clinical Implications of Neuroscience Research in PTSD." *Annals of the New York Academy of Sciences* 1071 (1): 277-293.
- . 2011. "Introduction." In *Overcoming Trauma through Yoga - Reclaiming Your Body*, edited by David Emerson and Elizabeth Hopper. Berkeley: North Atlantic Books.
- . 2014. *The Body Keeps The Score: Brain, Mind, And Body in The Healing of Trauma*. New York: Viking Penguin.
- van der Kolk, Bessel A., Laura Stone, Jennifer West, Alison Rhodes, David Emerson, Michael Suvak, and Joseph Spinazzola. 2014. Yoga as an Adjunctive Treatment for Posttraumatic Stress Disorder: a Randomized Controlled Trial. *Journal of Clinical Psychiatry* 75 (6): e559-65. Accessed 06.05.2021. <https://doi.org/10.4088/JCP.13m08561>.
- Vats, Anjali. 2016. "(Dis)owning Bikram: Decolonizing Vernacular and Dewesternizing Restructuring in the Yoga Wars." *Communication and Critical/Cultural Studies* 13 (4): 325-345.
- von Scheve, Christian, and Jan Slaby. 2019. "Emotion, Emotion Concept." In *Affective Societies: Key Concepts*, edited by Jan Slaby and Christian von Scheve, 42-51. London and New York: Routledge.
- Waller, Niels G., Frank W. Putnam, and Eve B. Carlson. 1996. "Types of Dissociation and Dissociative Types: A Taxometric Analysis of Dissociative Experiences." *Psychological Methods* 1 (3): 300-321.
- Wehrle, Maren. 2019. "Being a Body and Having a Body. The Twofold Temporality of Embodied Intentionality." *Phenomenology and the Cognitive Sciences* 19 (3): 499-521.
- West, Jennifer. 2011. "Moving to Heal: Women's Experiences of Therapeutic Yoga after Complex Trauma." PhD diss, Boston College.
- West, Jennifer, Belle Liang, and Joseph Spinazzola. 2017. "Trauma Sensitive Yoga as a Complementary Treatment for Posttraumatic Stress Disorder: A Qualitative Descriptive Analysis." *International Journal of Stress Management* 24 (2): 173-195.
- Wetherell, Margaret. 2015. "Trends in the Turn to Affect: A Social Psychological Critique." *Body & Society* 21 (2): 139-166.

- WHO, World Health Organisation. 2020a. "ICD-11 for Mortality and Morbidity Statistics (ICD-11 MMS)." International Classification of Diseases 11th Revision. Accessed 16.02.2021. <https://icd.who.int/browse11/l-m/en>.
- . 2020b. "ICD-11 for Mortality and Morbidity Statistics (ICD-11 MMS). 6B61 Dissociative Amnesia ". International Classification of Diseases 11th Revision. Accessed 16.02.2021. <https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/626975732>.
- Wittgenstein, Ludwig. 2003 [1953]. *Philosophische Untersuchungen*. Frankfurt am Main: Suhrkamp Verlag.
- Young, Allan. 1995. *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder*. Princeton: Princeton University Press.
- Zimering, Rose, James Munroe, and Suzy Bird Gulliver. 2003. "Secondary Traumatization in Mental Health Providers." *Psychiatric Times* 20 (4): 20-28.