

SOUTH ASIAN COMMUNITY, TRAUMA, AND HEALING

South Asian Community and Trauma: Tools and Strategies to Continue Healing

by

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Dedication or Acknowledgement

I would like to dedicate this capstone to everyone in the South Asian Community who has endured any level of trauma. You are strong, brave, and loved. Continue the healing.

I would like to acknowledge everyone who supported me through my journey. To my loved ones thank you for constantly encouraging me, celebrating me, and believing in me. To the amazing friends I have met on my journey and the life-long friendships that have been created I am blessed to have met you. You will always hold a special place in my heart.

Abstract

This capstone will explore the history of the South Asian community. It will cover research about trauma the community faces due to racism and acculturation. Trauma is defined and explored in terms of how it impacts an individual's mind and body. Furthermore, strategies from Narrative Therapy and Yoga will be introduced to help cope and over-come symptoms of trauma. The purpose of the capstone is to bring light to the horrific experiences of this community and to educate and provide tools to help with healing.

Keywords: South Asian community; trauma; narrative therapy; yoga; racism; acculturation

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South Asian Community and Trauma: Tools and Strategies to Continue Healing

Chapter One: Introduction

This capstone will focus on the trauma that is faced by the South Asian community within Canada. It will cover the history of the Sikh community and various experiences the community has faced since the religion was formed, and how the trauma has become intergenerational. The capstone will define the concept of trauma and the repercussions it has on an individual's mind and body. The two therapeutic modalities that will be used within this capstone are yoga and narrative therapy. The capstone will take a dive into both modalities and will discuss different strategies and tools they offer along with how individuals can use them to help regulate their trauma responses. Next, a workshop will be proposed that will help educate individuals of the South Asian community on the topic of trauma, yoga, and narrative therapy to help prevent the trauma from being passed down and to encourage healing to continue.

Background Information

The term South Asian is used to describe individuals from different nationalities, cultures, and religions who are originally from the Indian subcontinent (Shariff, 2009). Countries that consist of South Asian origin are India, Pakistan, Nepal, Kashmir, Burma, Sri Lanka, and Fiji (Shariff, 2009). Individuals residing in these countries practice many different religions and speak many different languages. Some of the main religions that are practiced throughout these countries are Hinduism, Islam, Sikhism, Christians, and Jains (Shariff, 2009). Many South Asian parents have made decisions to immigrate to other countries for various different reasons.

Canada as a country is enriched with cultural diversity, 18.40% of the population reports themselves as being a foreigner (Shariff, 2009). South Asian's are currently the second largest ethnic minority group in Canada. However, although individuals are continuing to immigrate to

Canada, they still bring along their learned cultural customs. For the South Asian community, it is important to know that the culture puts immense emphasis on family obligation, loyalty and respecting their elders (Shariff, 2009). In the South Asian culture individuals are expected to put their families first and their personal desires second. Pursuing personal goals that conflict with the family's goals or customs is deemed to be selfish (Shariff, 2000). Parents of South Asian children can perceive their child's independence, or individuality as a loss of control or failure as a parent if it does not align with the family's views (Shariff, 2009). It is also extremely common for children to remain emotionally dependent on their parents throughout adulthood (Shariff, 2009). However, the severity in following these cultural customs can vary depending on generations.

Individuals who are second generation South Asian may not agree to the older cultural customs and way of living. This different perception of life can cause many issues for children and their immigrant parents or grandparents. It can be a constant struggle for children when their values do not align with their family's values, or if they do not agree with certain parts of what the traditional South Asian cultural customs are. It is important to note that it is difficult for second-generation youth as they are exposed to Euro-Canadian values through their school system and via access to media (Shariff, 2009). This exposure can make it difficult for youth as they must make a decision on how much they want to stick to their cultural beliefs and values and how much they want to adopt the new values of the Canadian culture (Shariff, 2009). This can cause stress for the youth as it can come with different barriers and consequences such as, not fitting in with other children at school or being afraid to disappoint their family. Some common themes of differing cultural perspectives between the parents and their children consist of pursuing a non-traditional career path which can be considered as non-prestigious, dating,

marrying out of caste or religion, and other typical adolescent behaviors that is seen within the Euro-Canadian culture (Shariff, 2009). When parents witness these changes and behaviors in their children, they usually infer their child's behavior as a sign of disrespect or cultural corruption (Shariff, 2009).

Most often when South Asian families seek out counselling it is usually due to stress around parenting or identity struggles (Shariff, 2009). However, there are usually many other underlying issues such as, anxiety, depression, relationship struggles, substance abuse, and stress management (Shariff, 2009). Research has shown that ethnic minorities have a much higher rate of dropping out of counselling compared to Caucasian's clients. It is noted that 50% of minority clients end counselling after just one session (Shariff, 2009). A lack of multicultural competence among counsellors is one of the main reasons for the drop out for ethnic minorities. It is related to the counsellor's self-awareness, their own beliefs and values, knowledge about a specific culture or background or lack of skills in helping with cultural appropriateness (Shariff, 2009). Research has noted that the South Asian community tends to be extremely wary about attending counselling due to cultural stigma. One of the main reasons of being reluctant, is due to wanting to keep family matters private (Shariff, 2009).

The Sikh community has been faced with the struggle of their identity leading back to when the religion was founded in the 1500's, which continued for many centuries after (Rana & Lara-Cooper, 2021). There have been many situations the Sikh community has faced throughout the generations that have resulted in experiencing racism and acculturation. It first started way back when the religion was founded. The Sikh community had challenges where they needed to explain their unique identities from other religious groups such as the Mughals or Muslim communities. Muslim rulers had invaded India and were extremely violent toward the Sikh

communities. This resulted in kidnapping, sexual violence toward women, and torture of the Sikh community (Rana & Lara-Cooper, 2021).

Sikh community continues to be victim of violent crimes and discrimination. After the attack on the twin towers on September 11, 2001, by a group of individuals who identified as Muslims it caused a huge amount of backlash for the Sikh and Muslim communities. These communities were targets of violence. Due to Sikh boys and men wearing religious symbols like the turban, they were easy targets to be harassed. Going through all this violence, harassment and discrimination resulted in having a very negative impact on these individuals physical and mental wellbeing. This situation results in many individuals not only having difficulties with culture clash, but also suffering from trauma and post traumatic stress disorder (PTSD) affecting families and entire communities.

Trauma is a complex topic as it can impact everyone differently. Trauma is a very subjective experience. An experience one may face could be a traumatic experience for them yet could be a very exciting experience for someone else. A psychologist named Bonnie Green has described three variables that impact someone's definition of a traumatic event. This consist of an event that can be objectively defined, an individual's subjective meaning of the event and their emotional response to it (McNally, 2005). Psychologists have classified an individual experiencing starvation and torture to an individual constantly hearing sexual jokes being about them within a workplace as stressors that can produce Post Traumatic Stress Disorder also known as PTSD (McNally, 2005). PTSD is a disorder one can develop as a response to experiencing one or more traumatic events in their life at any age, these could consist of different types of violence, severe accidents, disasters, military experiences and living in a war-torn country (National Collaborating Centre for Mental Health, 2005). Racial violence and

acculturation issues are often encountered in members of the South Asian community, experiencedly Sikhs living in Canada.

Although, trauma impacts the mind and can impact an individual's emotional and cognitive functioning, trauma also shows up physically in the body. Our bodies are very special and interesting and sometimes when our minds may not be able to process certain situations our bodies come into play and can react in certain ways in attempt to keep us safe. Physical symptoms of trauma can show up in one's body throughout their lifetime. When trauma is untreated our body can react to emotions that are connected to that unprocessed trauma without even realizing it. It can show up in various ways such as experiencing panic attacks, severe breathing problems, gastrointestinal concerns, and severe pain within the body such as in the neck or back area (Etherington, 2003). Furthermore, it can also result in individuals having trouble with sleeping and using substances. It is also possible for individuals to experience something called dissociation during a traumatic experience. Dissociation refers to an individual experiencing a disconnection between their feelings, memories, behaviors, and perceptions (Hartney, 2020). The dissociation experience is out of the individual's control and considered an automatic response. Some describe it as an out of body experience (Hartney, 2020). It can occur while an individual is attempting to survive a traumatic situation. This could then later result in becoming a response to triggers that remind an individual of their traumatic experiences (Etherington, 2003). Finding strategies to support the South Asian community working through the process of acculturation, the issue of racism and trauma is vital for creating a safe and harmonious society in Canada. Furthermore, finding strategies and tools that the community can relate to and connect with is also essential especially for immigrants who may not feel like that they connect with the Canadian culture and customs.

Purpose Statement

The purpose of this capstone is to explore the racial and cultural issues the South Asian community has faced while living in Canada. This paper will be looking into what trauma is, how it shows up for individuals in their mind and body, and the repercussion trauma has on the individual. Furthermore, recommendations for how combining talk therapy—specifically Narrative Therapy—with yoga strategies would be beneficial for the South Asian Community.

Theoretical Framework

This capstone will focus on two theoretical frameworks Narrative therapy and Yoga. This section introduces narrative therapy and yoga in the larger context, whereas the literature review will focus on emphasizing narrative therapy and yoga as strategies to help support the South Asian Community.

Narrative Therapy

Narrative therapy was developed in the 1970's and 1980's by Michael White and David Epston who were from New Zealand (Payne, 2006). Michael White has shared that his ideas along with how narrative therapy is conducted varies from the traditional counselling approaches, which can cause narrative therapy to be considered extreme due to counsellors who focus on traditional therapies being unfamiliar with this method (Payne, 2006). Due to it being different than traditional therapies the Narrative modality represents a new direction in the therapy world and can be considered as the third wave (Etchison & Kleist, 2000).

Narrative therapy focuses on being a respectful and non-blaming approach to therapy. An individual's interpretation of their experience of the world is essential within Narrative therapy. This allows individuals to better understand how they show up and view the world around them (Etchison & Kleist, 2000). Narrative therapy is constructed on the idea that issues and concerns

are created in social, cultural, and political contexts and to understand the problem better the issues need to be looked at from the context in which they occurred. By exploring the context, in which the problem arose it includes looking at society and culture as a whole and looking at the impacts of various aspects of the community and culture that helped or allowed this problem to be created (Etchison & Kleist, 2000).

Narrative therapy is a goal directed therapy. The main goal is to create an alliance and healthy rapport with the client which will then encourage and promote the client to improve the relationship they have with themselves and with those around them. Narrative therapy believes that lives and relationships of individuals are shaped by stories that the individuals develop to provide meaning to the experiences they are having. The term story can mean various things for different people, however, for the purpose of this paper we will focus on the definition of the word story from a Narrative therapist's perspective. Narrative therapists understand stories to consist of events that are linked in sequence, which occur over a period, and creating a meaning from that experience which then produces the plot of the story (Morgan, 2000). These stories can start to develop at a young age and can continue to exist throughout adulthood. Stories can be created by a single individual and the experience they have had. They can also be created by a group of people whether that be a family or individuals who are from the same culture or religion who share the same story from similar experiences they have had. Being able to create new or alternative stories is a vital part of the therapeutic process. It provides the client the space to create a new story that focuses on the clients preferred outcome, alongside focusing on their own strengths and perspective of the situation. It provides the client the power to move forward from a blaming approach and allows them to gain control of their lives the way they choose to (Biggs

& Hinton-Bayre, 2008). It also provides them the autonomy to choose what they want their story to be.

The focus of Narrative therapy is to assist the client to see themselves being separate from their problem. Essentially, allowing them to understand that they are not defined by their problem and that the problem is not them. When the client can separate both their own identity and their problem, it creates the opportunity for change to occur. (Etchison & Kleisst, 2000). The modality believes that the client is an expert of their own life. It assumes that individuals essentially know what is best for them and that they already have the required skills, beliefs, and ability to help reduce the problems that are occurring in their lives (Morgan, 2000). Narrative therapy uses a collaborative approach where the therapist and client essentially re-author the client's problem story (Madigan, 2011).

The approach of narrative therapy can be structured into a seven-stage approach. However, it is essential to remember that each client is different which means their needs will also be different. It is not a one size fits all approach and at times the order of the stages may not be linear. It is important to remember as the therapist that the client already has the knowledge and skills required to help themselves so to remain cautious when taking them through the stages (Biggs & Hinton-Bayre, 2008).

The first stage consists of discussing the problem. Essentially, picking apart the problem, during this stage the therapist would work on building rapport with the client and would ask questions to get the client to explore the problem from different angles and to recognize some of the underlying assumptions they have about their problem. The second stage consists of externalizing the conversation. This means to separate the individual from their problem. At this

stage the client and therapist identify other possible factors that could impact the client's perception about the problem (Biggs & Hinton-Bayre, 2008).

The third stage focuses on the client and therapist against the problem. It emphasizes that the two individuals are working alongside each other to help tackle this issue. The fourth stage focuses on finding an alternative story to the one the client has been telling. This stage allows the client to understand the problem and the relationship the client has to the problem story. The fifth stage focuses on working towards and creating a preferred story. It allows space for moments of insight and favored outcomes beginning to form (Biggs & Hinton-Bayre, 2008).

The sixth stage focuses on the client re-defining themselves and their connection to their story. The seventh and final stage is where the client discusses with those, they trust around them what their new version of the story is and how the new story has changed them. It is important that the people that the client surrounds themselves with also accept the new version of the story that the client has created (Biggs & Hinton-Bayre, 2008). The theoretical framework of Narrative Therapy is important in the context of this capstone due to it working phenomenally for individuals who have experienced trauma. The tools and techniques that are used in the Narrative Therapy modality work great for individuals who are trying to work through their trauma as this approach fits great with re-telling trauma stories as it allows the survivor to be separated for their story (Merscham, 2000).

Yoga

Yoga is a holistic practice that originated from India, and was historically practiced throughout East Asia (Khalsa, 2007). Yoga is defined to bring together a person's individual self and connect it with their higher self. It consists of connecting the mind, body, and spirit to allow for personal growth and inner transformation (Singh, 2020). The practice of yoga consists of

many techniques such as breathing exercises, meditation, chanting, and physical exercises of postures and stretching (Khalsa, 2008). The practice of yoga has many specific components to it that encourage wellness in a psychophysical and spiritual way (Khalsa, 2007). A common feature of yoga practices is the ability to create relaxation responses which is caused by reducing cognitive and somatic arousal in the body (Khalsa, 2007). Yoga and its development can roughly be divided into four different categories. These categories are Vedic Yoga, Pre-Classical Yoga, Classical Yoga and lastly Post-Classical Yoga.

Vedic yoga was essentially connected to the ancient Indians. The word *veda* means knowledge in Sanskrit, which is the language used by the natives of India (Feuerstein, 2006). It focused on the concept of sacrifice to be able to join the material world with the spiritual world (Feuerstein, 2006). During the Vedic time period in order for individuals to be successful in their rituals they needed to focus their minds for long periods of time (Feuerstein, 2006). Once the individual was successful the yogi was granted with an experience of transcendental reality.

The Pre-Classical Yoga time-period was similar to the Vedic period of sacrifice. During this time was when one of the most popular yoga scriptures was created called Bhagavad Gita which means lords song (Feuerstein, 2006). This scripture is one that is extremely important to Hindus today and continues to inspire individuals daily. The main lesson from the scripture that was created during the pre-Classical period was that being alive means being active and if we want to avoid problems for ourselves and for others, our actions must be compassionate and must go beyond the idea of ego (Feuerstein, 2006).

The classical yoga era applies to the eightfold yoga which is taught by Patanjali. Patanjali is considered the “father of yoga” (Satchidananda, 1978). The eight-fold yoga includes the attitude one has towards others, rituals, self-observations, physical postures, breathing exercises,

allowing ourselves to disconnect from our senses, concentration, meditation and lastly reaching the state of enlightenment (Cowen & Adams, 2005). The eightfold process is not supposed to be a direct process where you go into each step complete it and reach the end process of enlightenment. It was more so created as a framework for individuals to help with being able to connect with themselves in a deeper way (Cowen & Adams, 2005). The Post Classical time for yoga consists of many schools of yoga that were created after the classical period of Patanjali's guidance. Many individuals then took parts of his teachings and elaborated on them independently. The main goal for the post classical era was to support the ultimate unity of everything (Feuerstein, 2006).

Although, yoga is an ancient practice and is a 3000-year-old tradition, it recently has found its way to the Western world as a holistic approach. It has also been classified as a form of complementary and alternative medicine by the National Institute of Health (Woodyard, 2011). Yoga is a mind body exercise, it is consisted of muscle activity alongside mindful focus on one's sense of self, breath, and energy. Within the practice of yoga there are four main principles that are focused on. These consist of the first one being that human bodies are holistic entities that have many interrelated dimensions which are all connected to each other. The second principle is that everyone is different which means that everyone's practice will also vary, and it is important to remember to keep your practice very individualistic and specific to your needs. The third principle is yoga is a self-empowering practice, and the individual practicing is its own healer. It focuses on the idea that the healing process comes from within an individual instead of from an external source. The last principle is that the quality and the state of mind of an individual is vital to healing. When an individual's state of mind is positive and happy healing tends to happen

faster however, if an individual's state of mind is more negative it can prolong an individual's healing (Woodyard, 2011).

Due to yoga finding its way into the Western medical field it has been used in different areas to assist with therapy. One area yoga is used quite commonly is when working with trauma. Trauma-informed care is a term that has become increasingly popular within the medical and mental health professions. It is an attempt to work with individuals by trying to avoid barriers of treatment for individuals who have history of trauma (Justice, et.al, 2018).

Posttraumatic Stress Disorder is a diagnosis where someone experiences a traumatic event and then is followed by experiencing the following four symptoms that include intrusive symptoms which are having nightmares, intense memories and dissociating. The second symptom is avoidance, this can include avoiding memories that remind the individual of their traumatic experience. The third symptom is negative alterations in mood and cognition and the fourth symptom is increased arousal or reactivity (Justice, et.al 2018).

Trauma informed yoga is yoga that has been altered to fit with the trauma informed guidelines. Evidence supports the use of yoga to help heal the impacts of trauma on the automatic nervous systems (Justice et.al, 2018). Due to yoga having down regulating and up regulating movements it helps individuals to recognize when they are hyper aroused and allows them to learn how to rebalance their automatic nervous system (Justice et.al, 2018).

The theoretical framework of Yoga is beneficial to use when working with the South Asian Community. Due to the practice of Yoga originating in India it allows for an automatic connection to their culture or home country. As noted above, one of the main reasons individuals of ethnic minorities drop out of counselling is due to a lack of multicultural competence among counsellors (Sharraf, 2009). By having a modality that has originated in India it may help the

individual have a form of connection with their therapist and feel more comfortable to open-up and share their story. It also works as a great tool when working with individuals who have experienced trauma, due to yoga having regulating body movements it allows individuals to balance their autonomic nervous system.

Contribution to the Field

This capstone is significant due to providing information and education about how trauma shows up for individuals and the detrimental effects it has on humans—specifically within the South Asian Community. It is significant to gain an understanding that trauma has various ways of showing up and that it looks very different for each person. Furthermore, it is important to be open to the idea that although therapy is traditionally talk therapy, by adding strategies and techniques from yoga such as breathing, stretching, and doing different postures it can enhance the effectiveness of the therapy. It is important to know how the undealt trauma of the South Asian community impacts generations of this community. Having this understanding can be helpful for individuals who are working within the mental health field specifically with the South Asian community. It could also be helpful for addiction counsellors to get a better understanding of why the South Asian community has at times turned to unhealthy coping strategies to deal with their traumas. Ultimately, this is significant for any reader to understand that the mind and body work together and that if you pair paying attention to your body while speaking about your trauma it can assist you to process your trauma story while being able to regulate your body through the process.

Reflectivity and Positionality Statement

My name is Amandeep Kaur Bains, and I am a 26-year-old Indo-Canadian female. I am a second generation Canadian and am currently a third-year student in the Master of Counselling

program. I am a heterosexual individual who is middle class, able-bodied and belongs to the Sikh religion. I come from a South Asian background and have had the opportunity to see how the community responds to many cultural norms. Over the years, it has become apparent that most individuals in the Punjabi community are not as open to speaking about their personal or family struggles, concerns, or hardships. The concept of counselling often is considered a taboo in the Indian community.

My personal beliefs when it comes to this topic is that due to generations of cultural norms that say speaking about your problems to a professional or sharing your personal or families' struggles is not the right thing to do, has created a lot of harm and barriers for the South Asian community. This constant need of brushing things under the rug or keeping issues quiet have caused concerns with things like domestic violence, undealt with trauma and unhealthy coping strategies within the community. Many generations of South Asian immigrants have dealt with a lot of traumas in their lives that they have not had opportunity or tools to deal with. This undealt with trauma then seeps into the next generation and so forth. I can speak on this on behalf of how I have witnessed my grandparent's generation have the mentality of keeping things within the doors of your household. Back in their generation and generations before them they were taught that it was not okay to talk about the problems that existed within their homes. Whether that was relationship concerns, substances issues, partnership struggles or mental health concerns. It is very common within the South Asian and Punjabi community in specific to care more about what other people in society would think of them. The concept of caring more about what others would think rather, then to sit down and think about what they would need has led to a lot of unresolved problems within families.

An example of brushing things under the rug or not speaking about taboo topics that I have experienced within my family is the topic of mental health concerns. Growing up as a child, mental health was never spoken about or discussed. Due to being a child at that time I did not understand the concept of mental health. Although, as I got older, I was able to pick up on things with family members and was able to notice different types of behaviors. I ended up going to university and started working within the mental health field. At that time I was able to learn and identify what different mental health diagnosis looked like. As I continued to get older, I gained more knowledge about the concept of mental health and how it is essential to discuss and be aware of. I continued to have these hard discussions with my parents who were very receptive to the topic. I continued to educate them and tried to make it a normal conversation just as any other one we would have about physical or emotional health. Now as a 26-year-old I have broken those barriers of not speaking about mental health within my family. I have educated family members, had conversations with many family members and normalized mental health well-being throughout the years.

This is just one example of how certain topics are not spoken about within the South Asian community. Although, things are changing and there has been immense progress you can still clearly see how these cultural norms that have been passed down generation to generation still impact people's decision making today.

Furthermore, in relation to yoga I have been practicing Oxygen Yoga for approximately four years now. I am someone who uses exercise as an outlet to cope with my stress and anxiety. I also really value exercise because staying healthy and active is something that is very important to me. When I discovered yoga, it was the perfect medium between tending to my mental health and being able to get my exercise in. Over the years I have noticed that more and more South

Asian men and female are attending yoga classes. Each year I see a couple more older individuals who come and join the classes. This is something I never use to witness before, specifically with South Asian females. I can speak to this on a personal level as my mom also goes to Oxygen Yoga classes. Throughout my life my mom had never been athletic. She always encouraged us to play sports and would come to my soccer games but she herself was never very involved with sports. Until about five years ago when she found something that worked for her, which was Oxygen Yoga. When I asked her why she enjoyed it so much she shared that the heat helps with her muscle soreness, they have multiple different options for classes which allow her to choose something that works for her, and when she enters those doors of the studio, she knows it is her alone time to decompress and relax and for 60 minutes and nothing else matters. She found it was something she could relate to, and it was a happy medium between de-compressing and body movement.

My expectations and hopes for this research are to bring attention to the benefits of yoga strategies and techniques when paired with talk therapy. My hope is to provide more education on the South Asian community and the traumas they have faced alongside the stigmas and cultural norms that have been created within the community that cause barriers for individuals to feel comfortable with seeking counselling. I am hoping while conducting this research I can get the reader to broaden their understandings of how important it is to be open and aware that everyone is different and their background, up-bringing, culture, and religion all play huge factors into how they manage and deal with their struggles. Lastly, to be open to the idea that counselling only does not need to be talk therapy and that although, talk therapy is amazing it could be beneficial to add yoga techniques and strategies within the session to help regulate individual's mind and body, specifically in the context of trauma.

Outline of the Capstone Project Chapters

This chapter introduced the reader to the issues the South Asian Community faces in Canada and the barriers the culture has brought upon newer generations. Chapter two will focus on the literature review. It will cover the history South Asians have endured when it comes to racism and acculturation. Furthermore, it will introduce the topic of trauma and how it can show up in the mind and body of individuals. Next, specific strategies from Narrative Therapy and Yoga will be introduced and it will discuss how these strategies can be incorporated when working with individuals who have experienced trauma. Chapter three will cover recommendations on how to further mitigate the trauma from being passed down to newer generations. A workshop will be proposed that will cover the modalities of narrative therapy, and yoga. It will cover the concept of trauma, and strategies that can be incorporated into daily living to prevent intergenerational trauma from continuing.

Chapter 2: Literature Review

This review begins with a discussion on the issues South Asian Community encounter by moving to Canada, specifically the acculturation process and systemic racism. Then followed by exploring trauma and the impact it has on individuals. Ending with introducing strategies of externalizing and re-storying from Narrative Therapy and mindfulness, breathing, and postures from Yoga.

Acculturation and Racism

Even though most South Asian individuals migrated to different countries for various reason whether that being safety, a better life for their children, or better opportunities the immigration and acculturation process can be damaging and difficult to go through. Acculturation is defined as, “the process of psychological and cultural change that occurs when individuals of different cultures come into contact” (Gibson, 2001, p.19). Acculturation can occur for many different reasons such as military invasion, colonization, studying abroad or migration (Berry, 2005). When arriving to a new country that you may know nothing about there is the sense of grief over losing what is familiar, along with feeling home sick and alone. Individuals must learn how the new culture works, what the new customs are, and most times also must learn a foreign language to communicate or be understood (Mehta, 1998). When it comes to acculturation it is important to understand factors such as what country the individual or family is coming from, their education levels, their occupational skills, their exposure to the Western world, the reason they are leaving their home country and what their social status is (Gibson, 2001). When individuals migrate to a different country their socio-economic status has a huge impact on what geographic location, they reside. The ability to afford living in a specific area or town can impact their experience of acculturation. When immigrant children live in a

geographic location that does not have many social resources it puts them at increased risk of vulnerability. It could result in the children meeting alienated youths and possibly being influenced or pressured to take a deviant path to have a sense of belonging (Gibson, 2001). Due to the struggles these children face research suggests that minority children can recognize social, economic, and racial inequality as early as being five or six years old (Rana & Lara-Cooper, 2021). Acculturation can continue in second generations of immigrants. Dissonant acculturation occurs when, “acculturation among the second generation is not guided or accompanied by changes in the first generation” (Gibson, 2011, p.22). This could lead to intergenerational conflict among parents and children with the possibility of being estranged due to differences of experience or reasoning (Gibson, 2001).

Individuals who are second generation South Asian may not agree to the older cultural customs and way of living. This different perception of life can cause many issues for children and their immigrant parents or grandparents. It can be a constant struggle for children when their values do not align with their family’s values, or if they do not agree with certain parts of what the traditional South Asian cultural customs are. It is important to note that it is difficult for second-generation youth as they are exposed to Euro-Canadian values through their school system and via access to media (Shariff, 2009). This exposure can make it difficult for youth as they have to make a decision on how much they want to stick to their cultural beliefs and values and how much they want to adopt the new values of the Canadian culture (Shariff, 2009). This can cause stress for the youth as it can come with different barriers and consequences such as, not fitting in with other children at school or being afraid to disappoint their family. Some common themes of differing cultural perspectives between the parents and their children consist of pursuing a non-traditional career path which can be considered as non-prestigious, dating,

marrying out of caste or religion, and other typical adolescent behavior that is seen within the Euro-Canadian culture (Shariff, 2009). When parents witness these changes and behaviors in their children, they usually assume their child's behavior is a sign of disrespect or cultural corruption (Shariff, 2009). However, while dealing with the disconnect these adolescents may face when it comes to being from a different generation, the awareness adolescents have about discrimination and racism is connected to having a lower self-esteem and an increase in depressive symptoms (Rana & Lara-Cooper, 2021).

Racism is present in Canada and the South Asian Community has been a target for many years. As previously mentioned, the Sikh community has faced many issues related to identity and religion even in Canada. For example, in 1914 the Komagata Maru ship entered the dock of the Burrard inlet. The ship had 376 passengers on it with most of them being Sikh veterans of the British army. Due to them being in the British Army they held British passports allowing them to legally settle into Canada. However, only 24 out of the 376 individuals were allowed to come off the ship. The rest of the individuals were blocked due to special orders from the Canadian immigration office. One of the orders was that an immigrant had to arrive at the Vancouver harbor by a non-stop voyage from the port they first left from. This was impossible to do in the 1910s. The second barrier many faced was a \$200 head tax upon arrival which many of the individuals on the ship could not afford to pay. Individuals were on the boat for two months which resulted in their food supply to diminish causing the individuals to face severe deprivation (Grace, Helms, 1998). The Komagata Maru sailed back to India.

Then in 1947 there was the partition between India and Pakistan when the British left India. This resulted in Sikh communities being displaced, loss of their farmlands, and many religious sites of the Sikh religion being left in Pakistan. Many Indian policies resulted in

alienating Sikhs who had lost their lands and homes due to the partition. In 1984 there was a military attack on the golden temple which led to thousands of innocent civilians dying, along with the holy scriptures of the Sikh faith being destroyed. Furthermore, in the same year the Prime Minister of India at the time was killed by her Sikh bodyguards which resulted in riots between the Hindu and Sikh communities. Due to there being immense backlash to the Sikh community thousands of Sikhs were murdered in Punjab and New Delhi. This resulted in many Sikh individuals seeking asylum in different countries (Rana & Lara-Cooper, 2021).

Going through all these horrific experiences generation after generation has a serious impact on individuals mental health and over all well-being. Historic trauma is extremely powerful and has many repercussions. Research has shown that generations who have experienced trauma do not tend to speak about their traumatic experience, but that does not stop the trauma from being passed down to the next generation and multiple generations after. Historic trauma can be passed down from generation to generation in multiple different ways. Research that has been conducted on epigenetics has shown that experiencing trauma triggers long-lasting changes on our genes. These altered genes are then transmitted to the next generation who are predisposed to secondary trauma. Due to trauma being able to be psychologically transferred, when it impacts other generations, studies have shown that these generations can show symptoms of secondary traumatic stress disorder. These symptoms are extremely similar to post traumatic stress symptoms that the generation who was exposed to the trauma may have experienced (Rana & Lara-Cooper, 2021). The grief that is rooted in these traumatic experiences that are most often not spoken about, along with the social and political expectations that have been put onto immigrants has an immense impact on their minds and bodies (Rana & Lara-Cooper, 2021).

Understanding Trauma

The Diagnostic and Statistical Manual of Mental Disorders defines trauma as an, Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: 1. Directly experiencing the traumatic event(s). 2. Witnessing, in person, the event(s) as it occurred to others. 3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental. 4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse). (APA, 2013, p. 271).

Due to trauma being a subjective experience all individuals have different responses after being exposed to a traumatic event. What they experience and how they deal with their trauma can all be influenced by many things in their life such as their support system, the community they belong to, accessibility to resources, and how they have managed difficult situations in the past (Center for Substance Abuse Treatment, 2014). Individuals can have different reactions after they experience a traumatic event. The repercussions of experiencing a traumatic event can show up in various ways an individual functions. Some of the areas of functioning they can show up in are the way an individual functions, emotionally, physically, cognitively, socially, and developmentally (Center for Substance Abuse Treatment, 2014).

Some of the emotional reactions someone can experience are having very strong emotions of sadness, shame, anger, and fear. Individuals may have a difficult time in processing and understanding what emotion they are feeling if they have not been exposed to speaking about their emotions in the past or if they belong to a culture where speaking about how you are

feeling is not necessarily encouraged or accepted. Another way someone can emotionally react to a traumatic event is to simply be feeling numb or denying having any emotions about their experience (Center for Substance Abuse Treatment, 2014). This can also result in emotional dysregulation. Emotional dysregulation can show up for individuals who have experienced trauma at a younger age who have not dealt with their traumas. This can show up in various ways, such as anger, sadness, anxiety, and shamefulness (Center for Substance Abuse Treatment, 2014). Sometimes when individuals experience emotional dysregulation to attempt to get their emotional control back, they may experience with substances and fall into a substance use pattern. Other ways individuals may try to regain their ability to control their emotions could consist of engaging in risky behavior, self-harm, disordered eating, and over working (Center for Substance Abuse Treatment, 2014).

It can also impact one's way of thinking or in other words their cognitive functioning. When individuals have traumatic experiences, it can change the way they think or believe. They may feel that the world is no longer a safe place and can misinterpret different situations that remind them of their own traumatic experiences if there are any similarities (Center for Substance Abuse Treatment, 2014). Another component of someone's life it can impact is their social and interpersonal life. If individuals experience abuse as a child or early teens, they may have experienced harm at the hands of people they trust and believed would keep them safe. This can result in feeling betrayed which can then further cause troubles with forming safe supportive relationships with professionals or supports in their recovery (Center for Substance Abuse Treatment, 2014). Survivors of trauma may also feel that they cannot trust anyone because no one can truly understand their experience. It can impact someone's ability to create healthy attachments.

It is fair to say that experiencing a traumatic event has an impact on both the mind and the body. Being able to be mindful of your body and having control over it can help assist with symptoms trauma survivors may experience. The awareness can help decrease hyperarousal symptoms and can help clients to reconnect to their bodies if they are experiencing disassociation during therapy. Disassociation can occur when one is kicked out of their window of tolerance.

The term window of tolerance was introduced back in 1999 by psychiatrist Dan Siegal (Hersheler, 2021). It has now become a concept that is being widely used within the trauma-focused education. It focuses on understanding physiological and emotional responses to stressors and reminders of past traumatic experiences. This model suggests that individuals have an ideal zone of arousal where they are able to handle and manage everyday stressors. However, experiencing trauma results in an individual's window of tolerance to narrow.

The window of tolerance has three different zones an individual can be in. The first zone is the comfort zone or the zone of optimal arousal. This is where an individual is emotionally regulated and able to soothe themselves along with being able to regulate their emotional state. It is essentially when individuals are attached to their mind and body and feel grounded. They are able to speak about their stressor and traumas but are able to keep themselves regulated while doing so. This is the zone counsellors ideally want to aim to keep their clients in during therapy when doing trauma work. The other two zones are the hyperarousal and hypo-arousal zones. The hyperarousal zone is when an individual goes into a fight or flight response. In this zone individuals can start experiencing symptoms of anxiety such as heart rate increasing and shortness of breath. Individuals can also start feeling angry or having negative thoughts where they feel that they are in trouble and have the impulse to either run away or yell (Hersheler, 2021). The hypo-arousal zone is when the individual starts to shut down or disassociate or in

other words freeze. The individual may feel like they are going to collapse they may feel numb and have thoughts such as there is no hope or may feel sleepy. They could also have feelings around shame, guilt, and loneliness (Hersheler, 2021). The goal is for the therapist to build resources of strategies or tools for the client when they are in their optimal arousal zone to prepare in case, they get bumped into the other two zones and will need to regulate themselves. Therapy is usually conducted on the edges of the window of tolerance for individuals and therapists can also help clients broaden their window by practicing grounding skills.

Having awareness of the body and how it is feeling allows clients to recognize and separate past trauma memories from the here and now present sensations they may be experiencing (Goodman & Calderon, 2012). Avoiding feelings and numbing emotions is common among trauma survivors. However, focusing on strategies that help address the somatic experiences and allowing a connection with the physical body are recommended. Being attuned with the body helps prevent re-experiencing of the traumatic event. By being connected to their mind and body and approaching the traumatic event from a place of curiosity and openness it allows space for the client to see their traumatic event in different and new ways (Goodman & Calderon, 2012).

Strategies for Counselling: Narrative Therapy and Yoga Therapy

A counsellor's role is to be able to facilitate work for the client in a manner where the client's values are respected and understood (Joseph, 2010). The way individuals deal with their emotions and their issues varies immensely due to people coming from different backgrounds and cultures. It is important to have different alternatives for people to express or share their stories. It is important for counsellors to be able to provide different options when conducting therapy for their clients, as many individuals may not relate to the traditional talk therapy. For

this reason, a combination of Narrative Therapy and Yoga Therapy is suggested to support the South Asian Community. Externalizing and re-storying strategies are explained based on Narrative Therapy and mindfulness, breathing and posture strategies are explored in relation to Yoga Therapy.

Narrative Therapy Strategies

The first strategy we will explore is the concept of externalizing. The concept of externalizing originated in the early 1980's and was used in the field of family therapy. It was originally used with children as it allows some space for playfulness and humor. It helps to get a different perspective and outlook on the situation when working with children. Externalizing essentially focuses on the problem being the problem, not the person being the problem (Carey & Russell, 2002). When individuals seek out therapy, they usually have already made the decision that something is wrong with them. Whether it is they are angry, depressed, or simply just not happy in their relationship. This is called internalizing; it is when individuals represent who they are as a human with something they are experiencing. The focus of externalizing the problem is essentially working alongside the client to locate the problem not within them but as a product of social constructs such as culture or history (Carey & Russell, 2002). The focus of externalizing is to allow people to understand that the problem they are faced with and them as a person are two different things. They are separate from their problem.

Relating this to working with a client who has experienced trauma the concept of externalizing can be very powerful. If a client is coming in and believes they are a worthless human due to an experience they had, it would be a great opportunity to externalize the term worthless. At this time the therapist could ask questions like, "How long has this feeling of worthlessness been impacting you?". Furthermore, if someone feels like they are a failure due to

a traumatic experience and now they identify themselves as a failure the therapist could externalize the word failure and ask questions like, “When does Mr. Failure come to visit you?”. It allows for some space to be created between the individual and their problem. This can allow the individual to start exploring their relationship with their problem (Carey & Russell, 2002). By externalizing the problem, it opens room for conversation to start about where these labels have originated from. The labels people define themselves with are usually labels given by others or at times themselves. This relates back to the conversation about social constructs, where have these individuals learned what it means to be a failure or worthless and what do they need to do to be considered those terms? By being able to locate where these meanings were learned such as cultural components that were taught within the family systems, things they have learned within the school system, or gender norms that are taught within society. This helps them to be able to deconstruct the story they have created about themselves and once again separate themselves from their problem (Lysaght, 2009).

When externalizing it is important to remember that problems are not the only things that can be externalized. Positive traits and personal qualities of an individual can be externalized as well. When individuals use different descriptive terms to describe themselves such as brave, confident, strong, caring, and so forth these terms can also be externalized. When someone describes themselves with these words, they have internalized them as apart of who they are. This can provide the therapist the opportunity to unpack and explore these words and where they have come from. Where have they learned to be brave? What does “being brave” mean to them? When did they have to use being brave in a different situation? Can they use these skills and strategies with the problem they are being faced with now? Externalizing positive qualities and

skills can help the client focus on ways they have used these skills in the past to help overcome their hardships.

The next strategy I will explore will be re-authoring which can also be referred to as re-storytelling. Narrative therapy focuses on the concept that humans are shaped by the stories they create. All the experiences and events individuals are exposed to within their lives have an impact on them. Stories allow people to create meaning and understand their experiences for themselves and for those around them (Lysaght, 2009). To have a storyline there are four elements that are needed for a story line to be created. The four elements are an event, in a sequence, across time, with a plot or a theme (Carey & Russell, 2003). If any of these four elements are missing it is impossible to have a story line. Once these stories and story lines are created, they then become our reality because we begin to identify with them. The way individuals interpret certain experiences and events are influenced by different factors within their lives. These events then eventually create storylines which are shaped by others around them, their up-bringing, culture, their relationships, gender, and society influences (Carey & Russell, 2003). When individuals seek out therapy, they come into the therapy room with negative narratives and stories that they have created to be their reality, whether it is about them or something they have gone through.

The counsellor's job is to walk alongside the client and help with deconstructing the stories they have created about themselves and their experiences. These dominant stories in therapy are challenged by the therapist and are worked on to create a different dominant story that does not have the problem story engrained in it. It is important to acknowledge all four elements of a storyline when assisting your client to re-author their story. Therapists look for things described as "unique outcomes" these are known to be times where the influence of the

problem does not have a strong impact (Mersacham, 2000). These unique outcomes are constructed together to restructure and create new stories (Merscham, 2000). It focuses on a story that serves the client and has a positive outlook. The overall goal is to aid the client in creating new stories based off the client's strengths to empower them and give them autonomy through their therapy sessions (Merscham, 2000). Asking the client what they want their story to look like or how they would alter their version of the events can be extremely powerful. It allows them to look at what they value within their story and how they prefer their story to show up in the world.

The approach of re-authoring and re-storytelling fits great when working with individuals who have experienced trauma. Retelling of trauma stories allows the individual to take back their power and narrative of what they experienced, and how they want themselves and the world to perceive it. The story can be separated from the survivor of trauma (Merscham, 2000). The focus can easily be shifted from an individual being a victim of a traumatic situation to the individual being a survivor who can shape their experience in whatever way empowers them. The idea of re-authoring their trauma story can be a very heavy yet rewarding experience for clients. They are taking their strengths and qualities they love about themselves and changing the narrative of their experience into something they truly believe to be accurate. It creates space for them to honor themselves and their experience no matter how difficult it may have been for them. When the individual has their new narrative created about who they are or what they experienced they are then able to share that with their loved ones. Sharing their new narrative informs their loved ones what storyline the individual would like to identify with. The acceptance of their new story by their loved ones allows them to feel that it is recognized and supported (Merscham, 2000).

Yoga Strategies

Strategies used within the practice of yoga have been shown to reduce many symptoms such as autonomic sympathetic nervous system responses, emotional distress, blood pressure, muscle tension and more (Gulden & Jennings, 2016). The first strategy of yoga we will be discussing will be mindfulness.

Mindfulness has been a tool that has been used for decades when it comes to healing and spirituality within the Buddhism culture; however, it is also one of the elements of Yoga therapy. Mindfulness is described as, “A practice which involves concentration, attention and accepting without judgment whatever is being experienced in that present moment” (Goodman & Calderon, 2012, p.255). It allows the individual to focus on being present with the moment rather than fighting against the emotion or feeling and without labeling it as good or bad. It allows people to come from a place of curiosity and kindness which helps with having a deeper understanding (Goodman & Calderon, 2012). Mindfulness can be conducted in both formal and informal ways. An informal way of practicing mindfulness would be to be present throughout the day and purposefully paying attention to the way your body is reacting or feeling during conversations. It could also entail taking a couple of minutes every hour to stand up and stretch and focus on a couple of deep breathes. Formal practices of mindfulness can look like meditation. When you sit down and meditate in whichever way serves you it helps to develop mindful awareness (Goodman & Calderon, 2012).

However, the concept of using mindfulness in a mental health and therapy setting has been quite new although it has recently gained a lot of popularity. There have been extensive scholarship opportunities to examine how mindfulness-based interventions impact psychological distress. The reason the concept of mindfulness has huge potential in the mental health field is due to it being able to be easily combined with other forms of therapy or counselling modalities

(Goodman & Calderon, 2012). It can be an addition to using other forms of therapeutic interventions.

The practice of mindfulness and the focus on body sensations is specifically beneficial for individuals who are seeking counselling for trauma. Research that has been conducted on physiological and neurobiological aspects of trauma show that having awareness of the body is extremely useful in trauma counselling (Goodman & Calderon, 2012). When individuals respond to stress it is regulated by the brain's limbic system. These include the autonomic nervous system and the hypothalamic-pituitary-adrenal axis (Goodman & Calderon, 2012). When the body is experiencing any form of stress such as anxiety, trauma, or rage it activates the sympathetic branch. The brain sends signals from the amygdala to the hypothalamus which activates the sympathetic branch and gives the brain the signal of fight, flight, or freeze (Goodman & Calderon, 2012). These are terms you may have heard of before; it is ways people may react physically when they are experiencing a traumatic or stressful situation. The body can also have somatic experiences when in acute stress. This can look like experiencing an increase in heart rate, decrease in digestion, dilated pupils, increased blood pressure and perspiration as well. It is possible for an individual's limbic system to become dysfunctional after experiencing a traumatic event. Resulting in the individual to experience arousal without the presence of a threat. This can occur if the individual is reminded of the threat by external stimulus such as a specific sound or smell (Goodman & Calderon, 2012).

Another important factor within yoga is the concept of focusing on the breath. Breath work is vital within the practice of yoga. Breathwork is focusing and controlling the rate and depth in which you are breathing. Research has shown that the practice of breathwork can regulate an individual's sympathetic nervous system and improve emotional regulation

(Spinazzola et al., 2011). Focusing on the breath can also improve an individual heart rate inconsistency and can help bring the heart rate to a regular rate of functioning. This is a great tool to use to regulate the heart rate when individuals are starting to get pushed out of their window of tolerance and are experiencing their heart rate starting to increase.

Furthermore, the aspect of body movement and postures within the practice of yoga allows clients who have experienced trauma to be in the present moment and it allows them to feel safe if they are feeling overwhelming sensations from their bodies (Spinazzola et al., 2011). The great thing about connecting to your body is that it can be done individually and in a group environment. When individuals are connecting with their bodies in a group environment it promotes a sense of community connection and belonging which is essential when it comes to trauma healing.

Focusing on narrative and yoga strategies together can be extremely beneficial when working through trauma stories with clients. They both empower the clients to take autonomy of their stories and their bodies. It allows them to gain power over their traumatic experiences and learn how to help themselves through it to move on.

Chapter Three: Summary, Recommendations and Conclusions

Summary

The South Asian community has encountered endless racism and acculturation in the process of immigrating to Canada and while residing here. Which has further passed down to future generations. The purpose of this capstone was to explore the racial and cultural issues the South Asian community has faced while living in Canada. This paper investigated what trauma is, how it shows up for individuals in their mind and body and the impacts it has on the individual itself along with their community. Recommendations are made to combine Narrative Therapy strategies and Yoga Therapy strategies to support the South Asian Community.

Recommendations

For the recommendation portion of this capstone, I propose a workshop focusing on how to work through intergenerational trauma and racism. This workshop introduces strategies that incorporates yoga practices such as breathing, mindfulness and postures along with narrative therapy tools such as externalizing and re-storying. This workshop is targeted towards an adult population. Specifically for individuals who are second-generation South Asian with an age range of 20-30 years old. This workshop is vital to prevent intergenerational trauma from continuing to be passed down to different generations causing them to carry the weight of it. The goal of the workshop is for individuals to be able to observe and become aware of trauma symptoms along with learning strategies and techniques to help them regulate their mind and body responses to rewire their brain and nervous system. The workshop includes a teaching component where the audience will be educated on different information about trauma, yoga, and narrative therapy. The information provided to the audience will be backed up by research and studies conducted on the specific topics. The teaching component will cover the background

of each topic, the benefits of each topic and how to incorporate them when experiencing symptoms of trauma. After the teaching component of each topic is completed, it will be followed by an experiential component. The experiential component provides a safe space for the individuals to practice the specific skills that were taught in the learning component. The audience will have the opportunity to practice these strategies and tools and experience the benefit both individually and in a group environment. Furthermore, the workshop will also cover an implementation component in which the individuals are able to reflect and plan on how they will implement the strategies and tools they resonate with into their daily lives.

The workshop will be separated into five different sessions (see Appendix A for detailed information). The first session will be an overview and introduction. The second session will cover the topic of trauma. What trauma is and how it shows up in the mind and body along with discussing the window of tolerance and trauma responses. The third session will focus on the topic of yoga. It will cover the history of yoga and tools that are used in yoga such as mindfulness and breathing. The fourth session will focus on the modality of Narrative Therapy. It will cover the tools of externalizing and re-storying within a context of trauma. The fifth session will focus on planning and implementing. This session will provide the audience time to brainstorm and plan how they are going to incorporate these tools into their daily lives along with continuing to teach others in the community to make a difference.

Rationale

It is essential for individuals who work in the health care and therapy professions to know and understand the impact trauma has on individuals who come from a South Asian Background. Individuals are exposed to working with this community daily, having knowledge about their clients' backgrounds and the intergenerational trauma they are exposed to allows to better

understand them. Knowing that their client has experienced trauma in their lifetime allows space to use trauma informed practices during sessions. A counsellor's role is to be able to facilitate work for the client in a manner where the client's values are respected and understood (Joseph, 2010). The way individuals deal with their emotions and their issues varies immensely due to people coming from different backgrounds and cultures.

Workshop Description

In this workshop participants will learn about the modalities of Narrative therapy and Yoga. They will cover specific strategies and tools within both modalities. In Narrative therapy the workshop will cover the technique of externalizing and re-storying. With yoga it will cover strategies such as breathing, and mindfulness. Furthermore, participants will learn how to recognize signs of trauma and self-care barriers. They will learn about different selfcare tools as well as plan on how they can incorporate these practices into their daily lives.

Participants will leave the workshop with the mindfulness tools they resonated with to incorporate into their daily lives whether that be in their personal or professional lives. They will also be provided with worksheets which outline the process of the workshop and information on what each session will cover. By the end of the workshop participants will understand what trauma is and the signs of traumatic symptoms. Furthermore, they will be able to recognize signs of stress and how they show up in the physical body. Individuals will prepare a plan on how to incorporate the tools and strategies learned into their daily lives along with working through any barriers they may have during the process.

Workshop Outline

Session # 1: Introduction & Objectives

- Create safety

- Brainstorm with attendees on what safety looks like for them and what they would need from other group members to feel safe sharing their stories.
- Rules of the group (ex: not using your phone, respect, boundaries, sharing what you are comfortable with)
- Overview of the workshop and learning goals
- What each session will cover

At the end of session one participants will have a clear idea on how the workshop will run and what topics will be covered throughout the five weeks.

Session # 2: Understand Trauma

- Explain what trauma is
- Window of tolerance
- Trauma responses

At the end of session two participants will understand different responses individuals have to experiencing trauma. They will also learn how to use the window of tolerance to help regulate their emotions and ground themselves.

Session # 3: Yoga Strategies and Tools

- History of yoga
- Goals of yoga
- Understanding mindfulness, breathing, and postures and how it helps with trauma responses
- Practicing mindfulness, breathing, and posture exercises
- Discuss in a group what strategy/tool they resonated with most and why?
- How are symptoms of trauma showing up for them in their minds and bodies?
- Is there a tool you feel you can implement into your daily life?

- Create a plan on how to implement it into your life
- Share plan with others

At the end of the third session participants will learn to incorporate yoga strategies and practices into their daily lives to regulate trauma responses when they are kicked out of their window of tolerance.

Session # 4: Narrative Therapy

- Explain main goals of narrative therapy
- Exercise: get clients to choose a situation/story in which they do not align with the narrative.
- Get them to alter and re-story the narrative using the tools of externalizing
- Rename their trauma / give it a name
- Share the new narrative with the group
- Explain how the new narrative makes them feel in their body

At the end of session four participants will understand the techniques of re-storying and externalizing. Participants will learn how to visit their trauma stories and change the narrative using the techniques discussed to move forward and take autonomy of their story.

Session #5: Plan & Implementation

- Create a plan for the tools and strategies they resonated with most
- Discuss how they can incorporate into their daily lives
- How can they teach others in their communities about these strategies?
- Feedback pro's/cons about the workshop, how can we make it better? What worked for you and what did not?

At the end of session five participants will design an individualistic plan to implement the strategies they most resonated with in the workshop into their daily lives.

Conclusions

The purpose of this paper was to shed light onto the repercussions the South Asian Community has endured by being exposed to racism and acculturation. This exposure has resulted in many generations experiencing symptoms of trauma. The modality of Narrative Therapy and Yoga have been introduced as they have many tools and strategies that would be effective to use when working with trauma experienced by the South Asian population. This paper focused on the strategies of externalizing, re-storying, breathing, mindfulness, and postures to help assist individuals to navigate their traumatic responses within their minds and bodies. As a future therapist and a South Asian woman, it is my hope that workshops like the one I have proposed are implemented in the future to continue to educate folks on the experiences of South Asian community along with providing them the tools and strategies to continue the healing.

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Appendix A: Workshop Presentation

South Asian Community & Understanding Trauma

Implementation of Yoga and Narrative Strategies



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