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A Review of Therapeutic Approaches and Rajyoga Meditation Technique for Treating Childhood Traumas

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Abstract:
Childhood traumas have a profound impact on the emotional and psychological well-being of children and adolescents. In the quest to address the complexities of childhood traumas, a multitude of therapeutic approaches have been developed and implemented. This comprehensive review aims to explore the efficacy of various therapeutic modalities and the emerging potential of Rajyoga Meditation as a complementary technique for treating childhood traumas.
The Therapeutic Approaches reviewed in this paper include Trauma-Focused CBT (TF-CBT), Eye-Movement Desensitization and Reprocessing (EMDR), Somatic Experiencing (SE), Dialectical Behavior Therapy for Children (DBT-C), Narrative Exposure Therapy (NET), Mindfulness-Based Interventions, Animal-Assisted Therapy, Acceptance and Commitment Therapy (ACT), Prolonged Exposure Therapy (PET), Psychodynamic Therapy, Accelerated Resolution Therapy (ART), Inner Child Therapy, Reality Therapy, Creative Interventions (Dance/Music/Play/Art therapy), Hypnotherapy, and Existential Child Therapy (ECT).
Amidst these established Therapeutic Approaches, Rajyoga Meditation, a form of spiritual practice, emerges as a potential complementary technique for treating childhood traumas. Rajyoga Meditation encourages self-reflection, mindfulness, and inner peace, facilitating emotional healing and resilience in children and adolescents.
The review presents the core principles and techniques of each therapeutic approach and their target populations. It further highlights the unique role of Rajyoga Meditation in cultivating emotional well-being and empowering children to cope with trauma-related distress.
By delving into the evidence supporting these therapeutic approaches and Rajyoga Meditation, this review provides mental health professionals, educators, and caregivers with valuable insights into the array of tools available for addressing childhood traumas. A nuanced understanding of these diverse approaches empowers stakeholders to tailor interventions that meet the specific needs of each child, fostering a compassionate and holistic approach to healing childhood traumas.

Keywords:
Childhood Traumas; Therapeutic Interventions; Emotional well-being; Resilience; Mindfulness; Child Abuse; Play Therapy; Art Therapy; PSTD; Mental Health, Anxiety, CBT

Introduction:

Early childhood is a critical stage of development and lays the foundation for life. Children experience tremendous brain development between birth and 8 years old. At this age they take in new information that is critical to the formation of active neural pathways. The people and environments that surround children are highly influential at this point in their development. As a result, it is critical that they feel safe and supported in order to grow and thrive. Children of all abilities can only develop optimally if their social, emotional, and educational needs are met. By age 16, more than two-thirds of children report experiencing at least one traumatic event, according to the Substance Abuse and Mental Health Services Administration (SAMHSA). Childhood traumas are significant events that can have long-lasting effects on individuals, shaping their emotional well-being, behavior, and overall quality of life. Studies of adults in mental hospitals, adults

suffering from multiple personalities, adults who are borderline, and adolescents who go on to commit murder show that these adults and adolescents very often were abused or shocked in their own childhoods. Studies of adult rape victims demonstrate that they often were raped or incestuously abused as children and that they are quite prone to being raped again and again—in their adult lives. Those who harm children have often been harmed themselves as children. And some of those who indulge in self-mutilation or who make repeated suicide attempts give vivid past histories of long-standing childhood horrors. Trauma experiences teach children that the world is dangerous and that adults may not protect them. Such children often become angry at and stop trusting their parents, leading parents to become confused and upset.

Understanding the multifaceted nature of childhood traumas sets the stage for exploring the meaning of 'Trauma' and diverse therapeutic approaches that aim to alleviate their long-term effects.

Childhood Traumas:

The word "trauma" generally refers to a wide range of intensely stressful situations that involve high levels of danger, fear, helplessness, or horror that evoke high levels of distress for most people in such situations (American Psychiatric Association [APA] 1994). (Follette & Pistorello, 2007). The modern world allows for broadcasting of natural disasters, wars, mass shootings, and overall, terrible acts that bring destruction to humanity. Images of people crying out in desperation, destruction of homes, and more flood the electronic screens and news the modern world frequents. What these images and film rolls cannot capture is the trauma that internally affects people after undergoing a single or several traumatic events. In particular, children can be affected by trauma in a way that disrupts them from growing up to be healthy adults. The children of this world today are surrounded by potentially traumatic events that can spark either resiliency or negative effects such as anxiety, depression, or PTSD all of which can decrease quality of life and negatively impact psychosocial functioning (Atwoli, Stein, Koenen, & McLaughlin, 2015). Childhood traumas can encompass a wide range of adverse experiences that occur during the developmental years of a person's life and can have a significant and lasting impact on an individual's physical, emotional, and psychological well-being. Some common types of childhood traumas include:

1. **Physical Abuse:** Physical abuse involves intentional harm, injury, or violence inflicted on a child by a caregiver or someone in a position of authority. It may include hitting, slapping, kicking, or any other form of physical harm.
2. **Sexual Abuse:** Sexual abuse refers to any unwanted or inappropriate sexual behavior or contact imposed on a child by an older individual. It can include molestation, rape, indecent exposure, or any other sexual exploitation.
3. **Emotional Abuse:** Emotional abuse involves consistent and harmful emotional mistreatment of a child. This can include belittling, shaming, rejection, intimidation, or constant criticism, leading to emotional distress and low self-esteem.
4. **Neglect:** Neglect occurs when a child's basic needs, such as food, shelter, clothing, medical care, and emotional support, are not adequately met by caregivers. It can be physical, emotional, or educational neglect. (Pilkington et al., 2021)
5. **Loss or Abandonment:** Losing a parent or caregiver through death, separation, divorce, or abandonment can be profoundly traumatic for a child, leading to feelings of grief, loss, and insecurity.
6. **Domestic Violence:** Witnessing domestic violence between parents or caregivers can be traumatic for a child, even if they are not direct victims. Exposure to violence in the home can have serious psychological and emotional consequences. (Follette & Pistorello, 2007)
7. **Community Violence:** Children who experience or witness violence in their neighborhoods or schools, such as shootings, bullying, or gang-related incidents, can suffer from traumatic stress.
8. **Accidents and Natural Disasters:** Trauma can also result from accidents, such as car crashes, falls, or fires, as well as natural disasters like earthquakes, floods, or hurricanes. (Follette & Pistorello, 2007)
9. **Medical Trauma:** Children who undergo painful or invasive medical procedures, experience chronic illnesses, or witness severe medical events can also suffer from medical trauma. (Follette & Pistorello, 2007)
10. **War and Refugee Experiences:** Children living in war zones or experiencing forced displacement as refugees may endure significant traumatic events, including violence, loss, and instability. (Follette & Pistorello, 2007)

The evidence continues to mount that exposure to adverse experiences during childhood has the potential to increase morbidity and mortality both during childhood and across the lifespan into adulthood. Adverse childhood experiences (ACEs) are stressful for children, and include neglect; physical, sexual or emotional abuse; exposure to violence, mental illness, incarceration, or substance abuse in the family; parental absence due to divorce or separation; and low socioeconomic status. Further, significant, traumatic, recurrent, and/or prolonged stress may have a cumulative toxic effect on the child. In addition to the psychological toll, toxic stress effect the body through increased allostatic load that may manifest as neuroanatomical changes, increased levels of inflammation, and dysfunction of the hypothalamic-

pituitary-adrenal axis. More recent findings are emerging suggesting that resilience, i.e., successful management of and coping with stress, can mitigate the negative consequences of such trauma.
Since one feels his true self is defective and flawed, one needs a false self which is not defective and flawed. *Once one becomes a false self, one ceases to exist psychologically.* To be a false self is to cease being an authentic human being. The process of false self-formation is what Alice Miller calls "soul murder". As a false self, one tries to be more than human or less than human. (Reis, 2019)

Signs and Symptoms:
Childhood trauma affects each child differently which are as follows:

A. Psychological and Behavioral Symptoms:

Characteristics of the Individual Child Age of the Child
An important variable involves the age of the child. In contrast to earlier belief that early trauma had little impact on the child, it is now recognized that early trauma has the greatest potential impact, by altering fundamental neurochemical processes, which in turn can affect the growth, structure, and functioning of the brain (Schwartz and Perry, 1994). Whereas trauma during adulthood tends to be more circumscribed (although still significant) and is activated by exposure to cues associated with the traumatic event, early childhood trauma tends to have more global and pervasive consequences for the child, affecting the basic template for development (Perry, 2004).

1. *Children ages 5 years and younger* tend to show the greatest reactivity, in general, to the impact of the traumatic event on the mother or other primary caregiver, rather than to the trauma per se. In the aftermath of a traumatic event, children in this youngest age group show combinations of the following responses to trauma, which combine both internalizing symptoms and externalizing behaviors (NIMH, 2001, pp. 2-3).

- Fear of being separated from the mother or primary caretaker, and excessive clinging.
- Crying, whimpering, screaming, trembling and frightened facial expressions.
- Immobility or aimless motion.
- Regressive behaviors, such as thumb sucking, bedwetting, and fear of darkness.

2. *Children ages 6 to 11 years* may show combinations of the following responses:
***Internalizing symptoms*:** Extreme withdrawal; emotional numbing or "flatness"; irrational fears; somatic complaints; depression; anxiety; guilt; inability to pay attention; other regressive behaviors, including sleep problems and nightmares.
***Externalizing behaviors*:** Irritability; outbursts of anger and fighting; school refusal.

3. *Adolescents ages 12-17 years*, in general, may exhibit responses similar to those of adults, which include:
***Internalizing symptoms*:** Emotional numbing; avoidance of stimuli; flashbacks and nightmares; confusion; depression; withdrawal and isolation; somatic complaints; sleep disturbances, academic or vocational decline; suicidal thoughts; guilt; revenge fantasies.
Externalizing behaviors: Interpersonal conflicts; aggressive responses; school refusal or avoidance; substance abuse; antisocial behavior.

B. Biological Symptoms:

- Trauma also affects children on the biological level. Traumatic events cause children to be put under stress in which the **hormone cortisol** is released (Maikoetter, 2011). This hormone causes arousal that can be destructive if it is constantly being emitted. In a study by Biological Psychiatry conducted January 2015 evidence was found that trauma and stress disorders can hasten ageing on the **cellular level** (as cited by Niaz, 2015). PTSD in young children has also been shown to reduce the size of **the corpus callosum and frontal lobe** which could negatively affect cognitive functions (Pluck et al., 2015).
- Timing of trauma, such as duration (single episode or chronic), age of trauma onset, and stage of development, influence cortisol levels post-trauma.
- Exposure to a traumatic event or series of chronic traumatic events (e.g., child maltreatment) activates the body's **biological stress response systems**. An individual's biological stress response system protects the individual against environmental life threats and to shift metabolic resources away from homeostasis and toward a fight-or-flight (and/or freezing) reaction. The stressors associated with the traumatic event are processed by the body's sensory systems through the brain's thalamus, which then activates the **amygdala**, a central component of the brain's

fear detection and anxiety circuits. **Cortisol levels** become elevated through transmission of fear signals to neurons in the **prefrontal cortex (PFC), hypothalamus, and hippocampus and activity** increases in the **locus coeruleus (LC) and sympathetic nervous system (SNS)**. Subsequent changes in **catecholamine levels** contribute to changes in heart rate, metabolic rate, blood pressure, and alertness.

- Exposure to severe stress and trauma in youth can disrupt the regulatory processes of the **Limbic-Hypothalamic-Pituitary-Adrenal (LHPA) Axis** across the life span in both animals and humans. Children who suffered from physical and sexual abuse occurring in the first 5 years of life were more likely to experience internalizing symptoms and LHPA axis dysregulation than those who suffered from abuse, neglect, or emotional abuse occurring after age 5. Children who experienced multiple maltreatment types or those who experienced severe sexual abuse were more likely to have elevated **cortisol levels**.
- In several studies, children who have experienced various types of early-life trauma exhibited alterations in Hypothalamic-pituitary axis (HPA) activity.
- A study conducted in sexually abused girls found a *blunted* **ACTH (Adrenocorticotrophic hormone**) response to **CRF (Corticotropin-releasing factor)** stimulation testing in comparison with control subjects.
- Another study found that depressed, abused children exhibited *increased* ACTH and normal cortisol responses to CRF stimulation testing when compared with non-abused, depressed children or control subjects.
- In abused children who developed PTSD, *elevated* **urinary norepinephrine, epinephrine, and dopamine excretion** has been observed, along with *increased* **heart rate and blood pressure.**
- Sensitization of **serotonin** receptors in response to early-life stress has also been reported in abused children.
- In one study, *increased 24-hour* **urinary cortisol excretion** was noted in women with PTSD who had a history of childhood sexual abuse which revealed that these women had *increased* **ACTH** responses to a standardized laboratory stressor when compared with healthy subjects without a history of early stress. Similarly, adults who lost a parent as children and who had a lifetime psychiatric diagnosis were found to have increased plasma cortisol concentrations.
- Another study in adults with early parental loss showed that cortisol levels increased while giving a speech in front of a video camera, whereas levels decreased in controls. These findings indicate that early-life stress is associated with long-term sensitization of stress responsiveness.
- In response to stress, the women who were currently depressed and had a history of childhood abuse demonstrated a 6-fold greater ACTH response compared with controls ($p < .001$). The largest increase in **heart rate** in response to stress was observed in the women who were depressed and had a history of early-life abuse.
- Recent advances in neuroimaging techniques have allowed the measurement of CNS structural changes, integrating psychological and neurobiological processes. **Hippocampal atrophy** has been observed in women who developed PTSD following sexual or physical abuse and had a history of childhood trauma. Hippocampal volume is also reduced in patients with depression which may be the long-term effect of increased glucocorticoid exposure.
- Other neuroimaging studies have noted alterations in the **prefrontal cortex** in patients with depression or PTSD and structural changes in the amygdala in depressed individuals. Recent data suggest that **CRF hypersecretion** itself may be one causative factor in these structural alterations.
- **Neuroendocrine studies** have shown that early stress appears to induce long-term changes in various **neurotransmitter systems, and CRF activity** is increased in patients who have depressive or anxiety disorders.

Therefore, Trauma effects the behavior, mental health, and physical health of the child

Therapeutic Approaches/Interventions:

Trauma-informed care interventions come in all shapes and sizes – some focus on resiliency building while others focus on reducing symptomology. There is no doubt that trauma has a negative impact on a child's behavior, mental state, emotional well-being, and physical well-being, and treatments have to be analyzed for their effectiveness to improve the child's state. Before experiencing trauma, a child deems the world: bright, full of possibilities, trustworthy, and safe. When a child undergoes trauma, it is like they are being shoved into a cold, dark world, and have to relearn how to trust, feel safe, and where the light is once more. This is where intervention comes in. Therapies and interventions should be focused on enabling the child to feel safe and trust the world again (Ehntholt & Yule, 2006, Maikoetter, 2011; Gaffney, 2006) in order to promote healthy development.

Recognizing the profound impact of these traumas, researchers and practitioners have developed various ***Therapeutic Approaches*** aimed at healing and restoring individuals who have experienced childhood trauma which are as follows:

S. No.	Therapeutic Approaches	Description	Key Principles	Target Population	References
1.	Trauma-Focused Cognitive Behavior Therapy (TF-CBT)	An Adaption of CBT especially designed for trauma	Psychoeducation, Trauma Narrative, Relaxation	Children and Adolescents with Trauma	(Reis, 2019)
2.	Dialectical Behavior Therapy (DBT)	Helps Children develop emotion regulation and coping skills for trauma related distress	Distress Tolerance, Mindfulness, Emotional Regulation	Children and Adolescents with Trauma	(McKay et al., 2007)
3.	Acceptance and Commitment Therapy (ACT)	Focuses on accepting difficult emotions and thoughts while committing to value-driven actions	Psychological Flexibility, Emotion Acceptance	Children and Adolescents with Trauma	(Arch & Craske, 2008)
4.	Prolonged Exposure Therapy (PET)	Gradual and controlled exposure to Trauma-related memories and situation to reduce distress and avoidance	In vivo exposure, imaginal exposure	Adolescents and Adults with Trauma	(Reis, 2019)
5.	Eye-Movement Desensitization and Reprocessing (EMDR)	Utilizes Bilateral Stimulation to process traumatic memories and reduce emotional distress	Eight – Phase Treatment Model	Children and Adults with Trauma	(Reis, 2019)
6.	Somatic Therapies	Focusses on bodily sensations and regulation to release trauma-related energy and promote healing	Gross and Subtle movement, Visualization, Focused Breathing, Bodywork	Children and Adults with Trauma	(Shapiro, 2020)
7.	Psychodynamic Therapy	Explores Unconscious and influences and early experiences to address the impact of childhood traumas	Free Association, Dream Analysis, Hypnosis, Transference	Children and Adults with Trauma	(Seligman & Reichenberg, 2013)
8.	Acceleration Resolution Therapy (ART)	Uses Rapid Eye-Movements to reprocess traumatic memories and reduce their emotional intensity	Visualizations, Voluntary Image Replacement	Children and Adults with Trauma	(Waits et al., 2015)
9.	Reality Therapy (RT)	Emphasizes personal responsibility and focusses on the present to develop effective coping strategies	Choice theory, Responsibility and Action planning	Children and Adolescents with Trauma	(Glasser, 1967)

10.	Creativity-Based Interventions – Play, Art, Dance, Music and Drama Therapy	Utilizes creative arts such as dance, music, play and art therapy to facilitate expression and healing	Creative expression and processing	Children and Adolescents with Trauma	(Malchiodi, 2008), (Bernstein, 2019), (Curtis, 1999)
11.	Narrative Exposure Therapy (NET)	Involves creating a detailed narrative of traumatic experiences to promote integration and healing	Exposure through Storytelling and Writing	Children and Adolescents with Trauma	(Robjant & Fazel, 2010)
12.	Existential Child Therapy (ECT)	Integrates existential principles with child development to help children to explore meaning and emotions	Exploration of Existential themes, Self-awareness	Children and Adolescents with Trauma	(Frankl, 1959; Lantz, 2000; Lantz & Gyamerah, 2002; Yalom, 1980).
13.	Mindfulness-Based Stress Reduction (MBSR)	Uses mindfulness practices to promote emotional regulation and reduce trauma-related distress	Mindful awareness. Non- judgmental acceptance	Children and Adolescents with Trauma	Davidson et al., 2003; Jha, Krompinger, & Baime, 2007).
14.	Hypnotherapy	Uses hypnosis to explore and reframe traumatic memories and promote relaxation and healing	Hypnotic Induction, Guided Imagery	Children and Adults with Trauma	(Friedrich, 1991)
15.	Inner Child Therapy	Focusses on healing unresolved childhood traumas by connecting and nurturing the inner child	Inner child Exploration and Integration	Children and Adults with Trauma	(Wöller et al., 2012)
16.	Animal- Assisted Therapy	Incorporates animals to provide comfort and support during trauma processing and healing	Animal Interaction for emotional support	Children with Trauma Experiences	(Balluerka et al., 2014
17.	Attachment, Self-Regulation and Competency (ARC)	Used in cases with children who have experienced complex trauma such as Abuse or Neglect over long period of time	Three Domain Focused- Attachment, Self-Regulation and Competency	Children with Trauma Experiences	(Arvidson, et. al, 2011).
18.	Rajyoga Meditation	A Spiritual practice that emphasizes self-awareness, mindfulness and inner peace	Soul-Consciousness, Connection with a higher consciousness	Children, Adolescents and Adults with Trauma Experiences	(Dr. Nagesh N.V, 2023) (Rajoria, 2017)

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

TF-CBT is a specialized form of therapy designed to help children and adolescents who have experienced trauma. It combines two evidence-based therapeutic approaches: Cognitive Behavioral therapy (CBT) and Trauma-Focused Interventions. The main goal of TF-CBT is to help the young person cope with their traumatic experiences including natural disasters, understand their emotions, and develop healthier ways of dealing with their feelings. CBT can help children learn to control self-defeating thoughts, impulsivity, defiance, tantrums by replacing negative reactions with improved self-image, new coping mechanisms, problem-solving skills and more self-control. This is often done by writing, talking, painting, etc. a trauma narrative that is reprocessed throughout the therapy. (Reis, 2019). The model originally was designed to address PTSD symptoms associated with sexual abuse: depressive symptoms, behavior problems (including aggression and inappropriate sexual behaviors), and unhelpful thoughts and feelings regarding the abuse, such as cognitive distortions, guilt, and shame. Subsequently the model has been adapted to treat various types of abuse and other traumas, such as experiencing physical or emotional abuse or neglect and witnessing community or domestic violence, traumatic loss, war, or natural disasters.

Dialectical Behavior Therapy (DBT):

"Dialectical" is just a fancy philosophy term that means "bringing together opposites." (What a perfect concept for someone who feels like a walking contradiction!) DBT is all about finding the middle path between overreacting and underreacting, between over-feeling and under-feeling, between overthinking and underthinking, and between overreliance and under-reliance on others. In short, DBT is about restoring balance to the parts of your life that trauma has forced to the extremes. (McKay et al., 2007). DBT, a modified type of CBT, incorporates things like mindfulness, Distress Tolerance, Interpersonal Effectiveness and emotional regulation through talk therapy in an individual or group setting. It has been shown to be effective in the treatment of emotion dysregulation, self-harm, and suicide risk, including in patients with BPD, eating disorders, and comorbid substance use disorders (Linehan et al., 2006; Miller, 2015; Stoffers et al., 2012)

Acceptance and Commitment Therapy (ACT):

The basic philosophy of ACT is similar to the well-known serenity creed: "*Accept with serenity what you cannot change, have the courage to change what you can, and develop the wisdom to know the difference."* (Eifert et al., 2006). ACT, another sub-type pf CBT, is a therapy that involves learning to accept negative or unwanted thoughts. Mindfulness plays an important role in ACT, which offers you to ground yourself in the present by paying attention moment-by-moment to your feelings, physical sensations, and outside environment. It is a behavioral therapy that uses mindfulness, acceptance, and cognitive defusion skills to increase psychological flexibility and promote behavior change in the direction of chosen values. ACT can help with a variety of mental health conditions, including: Stress regulation, Work stress, Anxiety, Depression, Substance abuse and Phobias.(Arch & Craske, 2008)

Prolonged Exposure Therapy (PET):

PE therapy focuses on exposing the adolescent/Adult to the trauma in order to desensitize and reform the trauma experience. There are two main exposures used to conduct this therapy - **imaginal** and in **vivo**. Imaginal exposure would be the classic retelling of the story verbally or through drawings. The in vivo exposure would be sounds, sights, smells, etc. related to the trauma. PE also utilizes psychoeducation and relapse prevention techniques to make the therapy more well-rounded Prolonged Exposure (PE) is a behavioral treatment for PTSD that, as the name suggests, involves confronting the source of your fear to reduce anxiety around it. PET aims to help you overcome avoidance that developed after your trauma. For example, someone who lived through sexual assault might go back to the location where it occurred to help them realize that the trauma is no longer happening and that they are now safe. "The more we avoid the feelings, thoughts, sensations, memories, and images that are connected to our trauma, the worse the symptoms of trauma become," explains Avigail Lev, PsyD, a licensed clinical behavioral therapist, author, and director of the Bay Area CBT Center in California. According to the APA, PE therapy is strongly recommended for PTSD. PE therapy has been shown to improve PTSD symptoms, depressive symptoms, and anxiety (Aderka, Foa, Applebaum, Shafran, & Gilboa-Schechtman, 2011; McLean, Yeh, Rosenfield, & Foa, 2015, Hendriks, 2017)

Eye-Movement Desensitization and Reprocessing (EMDR):

EMDR focuses on processing and reforming a traumatic memory. Necessities of the therapy include obtaining a trauma history, choosing the traumatic memories to reprocess, reprocessing those memories, and evaluating the effectiveness

of treatment. During the therapy the child would retell the traumatic memory while following the therapist's finger with their eyes, or tapping can be used if it is more developmentally appropriate. Then the child would talk about the thoughts and feelings they had when retelling that trauma. The child repeats this until there is no distress in telling the trauma narrative. Then the therapy would shift to incorporate focusing on a positive belief while retelling the trauma. EMDR has been extensively studied and has been found to be effective in treating a range of psychological conditions, including: Post-Traumatic Stress Disorder (PTSD) and trauma-related symptoms, Anxiety disorders, Depression, Phobias, Complex trauma, Grief and loss, Performance anxiety and Stress-related conditions The therapy can be used with children, adolescents, and adults and is adaptable to various cultural backgrounds. (Reis, 2019)

Somatic Therapies:

Somatic Therapy is an application of somatic(body-mind) techniques for repair, integration and healing at the biochemical, physiological, neurological and motor coordination levels. It addresses issues of the body such as motor delays, neurological impairment and decline, movement repatterning and physical trauma to the body as well as issues of the soma such as psychosomatic symptoms of stress and disease. Traumatic memories are held in the body as well as the mind. Somatic therapy focuses on how your emotions can physically impact the body. These emotions can resurface suddenly if you encounter a trigger or something that reminds you of a trauma. Interventions can include gross and subtle movement, visualization, focused breathing, bodywork and visceral manipulation. These interventions also affect emotional and psychological health and development of the individual. The key here is that inroad for somatic therapy is primarily for healing at the physical level that may then affect the mind and emotions. For example, yoga may be easily considered a somatic therapy.(Shapiro, 2020). A 2017 study Trusted Source found that somatic experiencing — talking through past traumas while exploring the body's physical responses and sensations — was an effective treatment for PTSD.

Psychodynamic Therapy:

Treatment can be short-term or open-ended and focuses on the client-therapist relationship, the expression of emotions, identification of recurring themes and patterns, interpersonal relationships, and the influence of past experiences (Shedler, 2010). According to a 2008 review, psychodynamic approaches in trauma therapy can lead to improved self-esteem, using more helpful coping methods, and fewer unhelpful coping methods, improved relationships and better social functioning. Psychodynamic psychotherapy may be especially useful for treating clients with complex PTSD because it focuses on establishing a trusting relationship, removing barriers for creating this relationship, and emotion regulation (Schottenbauer, Glass, Arnkoff, & Gray, 2008)

Accelerated Resolution Therapy (ART):

The Substance Abuse and Mental Health Services Administration (SAMHSA) recognized Accelerated Resolution Therapy (ART) as an evidence-based treatment for trauma-related disorders in 2015. The technique aims to help you find relief from trauma faster than other treatments for PTSD by helping you "reprogram" how your brain stores your traumatic memories in one to three sessions. A key difference between ART and other therapies for PTSD is that ART is an internal process that focuses on images rather than cognitions or feelings. (Waits et al., 2015)

Reality Therapy:

Reality therapy (Glasser, 1967) was developed by William Glasser, who asserted, ''Reality therapy teaches that we need NOT be victims of our *past* or our *present* unless we choose to be'' (Glasser, n.d.). RT focuses on five needs: power, love and belonging, freedom, fun, and survival (Glasser, n.d.). The survival need is met by individuals experiencing normal life circumstances, and the other four needs (power, love and belonging, freedom, and fun) are areas in which individuals experience difficulty in social functioning (Glasser, 1967). In RT, the therapist asks the following three questions of the individual to assess whether the individual's basic needs are being met: ''What do you want? What are you doing to get what you want? Is it working?''

It is based on the idea that individuals are responsible for their own choices and behavior, and they have the power to make positive changes in their lives. The therapy focuses on the present moment and helps clients explore their current behaviors, attitudes, and choices to make more effective decisions and create positive changes in their lives. RT is often used to address issues such as relationship problems, addiction, and personal growth.

Some therapists and facilitators incorporate labyrinth walks (a symbolic and contemplative tool used in various spiritual, psychological, and therapeutic practices) in Reality Therapy as a way to promote relaxation, self-reflection, and mindfulness.

Creative Interventions: -

It is commonly recognised that trauma frequently includes and resides in the body. It is also well known that it can occur before a child learns to speak, or that it can render the victim psychically speechless. For these reasons as well as the frequent injunction by abusers not to tell, Memories of traumatic experiences are difficult to access, if not impossible with speech therapy alone. When faced with the daunting task of helping severely traumatized clients, even clinicians who have not been trained in creative art therapies have discovered that drawing, sand play, moving, singing, or using puppets can help to unlock painful secrets unknown even to the individual involved. (Rubin 2005a). Allan (1988) stressed that the creative process can aid in processing information from the unconscious to the conscious and release the power of emotions related to a critical time.

1. **Play Therapy: -** In Play Therapy, children learn how to constructively express their thoughts and feelings, control their behavior, make decisions, and accept responsibility. Instead of talking about their feelings like adults do, kids use toys, games, puppets and art. Children are seen in therapy for an array of reasons, such as Behavioral Issues (caused by bullying, grief and loss, divorce and abandonment, physical and sexual abuse, and crisis and trauma) and Mental Health Disorders (i.e., anxiety, depression, attention-deficit/hyperactivity or ADHD, autism spectrum disorders, academic and social impairment, physical and learning disabilities, and conduct disorders). (Malchiodi, 2008)

2. **Art Therapy: -** Art therapy focuses on the use of art materials and creative processes to facilitate emotional expression and self-discovery. The multiple forms of nonverbal communication available through the arts encourage communication, often at an unconscious or "non-conscious" level with the children(Carey, 2006). For free drawing, the patient only requires a box of a variety of colored markers or oil pastels and a piece of white drawing paper. Asking patients to draw anything they want to draw allows patients to express what is important to them, post-trauma, and provides a nonstructured activity for authentic self-expression.(Malchiodi, 2008)

3. **Dance/Movement Therapy: -** Dance/Movement therapy experiences are introduced for guiding body-based self-discovery and transformative creative expression. The primary goal is to build new psychophysical capacities through expanding expressive freedom, strengthening self-esteem and developing new emotional resources. The overall objective is to free the trauma survivor from the emotional and physical impacts of trauma that so often persist in the body, emotion and spirit. Prioritizing emotional safety to avoid potential re-traumatization during the therapy process, this approach engages the client through accessing their inner strengths to build emotional capacities, self-esteem, and psycho-physical resources.(Bernstein, 2019)

4. **Music Therapy: -** Music therapy regarded as Expressive Therapy, is a health profession in which a music therapist uses music and its facets – physical, emotional, mental, social, aesthetic, and spiritual, to help patients improve and maintain their health. The cognitive function, motor skills, emotional and affective development, behavior and social skills, and quality of life of the patients are clinically proven to be improved through music therapy. Music experiences of free improvisation, singing, songwriting, listening to the music, and discussing music are believed to achieve treatment goals and objectives. Music therapy can be applied in all age groups and in the treatment of different disease entities. In children, two common approaches are used: either as a one-on-one session or in a group setting. Therapy rooms should have a wide range of different instruments and the environment should be colorful and have different textures.

5. **Drama and Story Telling Therapy: -** Drama therapy is the systematic and intentional use of Drama/Theater processes and products to achieve the therapeutic goals of symptom relief, emotional and physical integration, and personal growth. Drama therapy is an active, experiential approach that facilitates the client's ability to tell his/her story, solve problems, set goals, express feelings appropriately, achieve catharsis, extend the depth and breadth of inner experience, improve interpersonal skills and relationships, and strengthen the ability to perform personal life roles while increasing flexibility between roles. (National Association for Drama Therapy 1997-98, 3). Drama therapy includes *psychodrama*, *sociodrama*, and *creative drama.*(Curtis, 1999)

Narrative Exposure Therapy (NET):

Narrative therapy is a nonconfrontational, collaborative approach that places the client in the role of an expert of his or her own life. It is a short-term therapy for individuals who have PTSD symptoms as a result of these types of traumatic experiences, manualised treatment (Schauer et al., 2005) for the psychological sequelae of torture and other forms of organised violence, and can be delivered by non-mental health professionals. These include successful use in both adults

and children, with asylum seeker, refugee and native populations and in a number of different countries, both high and lower income. The aim of NET is to connect the hot memories into the corresponding information held within the cold memory for the event and so the patient must be emotionally involved and exposed to the memory of the event for sufficient time so that habituation occurs and their emotional response to the memory is diminished over the course of therapy. (Robjant & Fazel, 2010)

Existential Child Therapy:

Existential trauma therapy is a treatment form used in situations of "extremes" that is based upon concepts and ideas found in existential philosophy, art, and literature (Frankl, 1959; Lantz, 2000; Lantz & Gyamerah, 2002; Yalom, 1980). Common "extremes" situations that often trigger trauma pain with children and their parents include medical illness, migration, physical and sexual abuse, loss, separation, neglect, economic deprivation, observing violence and the near - death situation (Lantz, 1978, 1993; Lantz & Thorword, 1985). In previous clinical studies (Figley, 1989; Frankl, 1969; Lantz, 1993, 2000; Yalom, 1980) victims of trauma have described trauma pain as a feeling of overwhelming anxiety, as depression, as feeling dirty and cheap, as emptiness, as a feeling of aloneness, and as low self-esteem. Such trauma pain is extremely unpleasant and most victims of trauma utilize methods of defense to deny and/or repress the awareness of trauma and trauma pain (Lantz & Lantz, 1991). The four most common defense methods utilized by traumatized children and their parents are aggression, avoidance, dependency and splitting (Frankl, 1969; Lantz, 1978; Lantz & Lantz, 1991; Lantz & Thorword, 1985).

Mindfulness Based Stress Reduction (MBSR):

Mindfulness has origins as a Buddhist concept increased through meditation that has been cultivated into a Western practice of present-focused or moment to moment, non-judgmental attention and awareness to increase clarity, calmness, attention and emotional well-being. Mindfulness instruction has also been offered through structured training programs such as that developed by Jon Kabat-Zinn in 1979 to enhance non-judgmental attention to the experience of the present moment, entitled Mindfulness Based Stress Reduction (MBSR). Mindfulness is an evidence-based intervention that supports these important responses to ACEs, fundamentally enhancing self-regulation and resilience in everyday life and in the face of stress and trauma. MBSR has been shown in several studies to be effective in reducing trauma spectrum symptoms such as depression, psychological distress, anxiety, sleep, and somatic complaints (Carlson & Garland, 2005; Grossman, Niemann, Schmidt, & Walach, 2004; Kabat-Zinn, 1982; Kabat-Zinn, Lipworth, & Burney, 1985; Kabat-Zinn, Lipworth, Burney, & Sellers, 1987; Kabat-Zinn et al., 1992; Miller, Fletcher, & Kabat-Zinn, 1995; Pradhan et al., 2007; Shapiro, Bootzin, Figueredo, Lopez, & Schwartz, 2003; Williams, Teasdale, Segal, & Kabat-Zinn, 2007). Neuroscience research has shown MBSR to be associated with functional brain changes and emotional and attention improvements (Davidson et al., 2003; Jha, Krompinger, & Baime, 2007).

Hypnotherapy:

Hypnotherapy is a therapeutic strategy that use hypnosis as a tool to achieve a state of heightened focused attention and concentration. A therapist use suggestions and guided imagery to induce hypnotic trance, in which the client is awake and aware but calm and able to block out distractions. They then seek to lessen the emotional impact of the occurrence. Hypnotherapy has broad application for integrative post-trauma therapy in areas of body image, pain, and health. Hypnotherapy provides an important conceptual link between the mind, body, dissociation, and trance states. "It can help release the emotional grip of trauma as it brings the subconscious fears, thoughts, and experiences to a conscious level," explains Maria Micha, psychotherapist and clinical mental health counselor. "Humans can't access their subconscious mind and alter the terror that is 'tattooed' on that level. Techniques such as hypnotherapy can help release and replace the traumatic experience with functional thinking and mental patterns," she adds. A 2013 review suggests that hypnotherapy could help reduce PTSD symptoms. (*Post-Traumatic Stress Disorder: Cognitive Hypnotherapy, Mindfulness, and Acceptance-Based Treatment Approaches: American Journal of Clinical Hypnosis: Vol 54, No 4*, n.d.)

Inner Child Therapy:

Also known as inner child healing, inner child work is a therapy that may help you heal from childhood trauma. It involves "getting in touch" with your inner child to feel how you felt at various ages and working to heal your inner child's wounds by creating the safe, secure inner and outer environments you needed as a child. "It can help people overcome any feelings of guilt or shame they may be holding onto from childhood," explains Jessica Pedersen, a licensed and certified clinical hypnotherapist. "Inner child" work is a therapeutic technique that aims at modifying the toxic self-representations of traumatized patients and at reducing the stress of traumatic memories by reparenting at the inner stage (Abrams, 1990; Price, 1996; Reddemann, 2004). It is a special form of "ego-state" therapy (Watkins, 1993), which draws largely on the work of psychodynamic authors who described multiple self-states in normal development and pathological configurations (Bromberg, 1998; Federn, 1952/1978; Glover, 1932). When using the "inner child"

technique, a setting is created in which the therapist forms a therapeutic alliance with the adult part of the patient´s ego to treat the inner traumatized "child." The patient is encouraged to imagine the child he or she was at the time when the trauma occurred and to give it the utmost parental support and comfort. Thus, the adult part of the patient will "contain" the trauma of the "inner child" and provide it with a corrective emotional experience without engaging in a regressive relationship with the therapist. "Inner child" work is a valuable technique for patients with chronic attachment trauma, a history of emotional neglect, and low resource conditions. It is applicable even if the criteria required for the screen technique are not fulfilled. (Wöller et al., 2012)

Animal-Assisted Therapy

AAI is a "goal-oriented and structured intervention that intentionally includes or incorporates animals in health, education and human service … for the purpose of therapeutic gains in humans." Animals are chosen because they are perceived as having a therapeutic benefit (Balluerka et al., 2014), enabling a safe and trusting relationship to be created between the child and the animal.

Attachment, Self-Regulation, and Competency (ARC)

ARC is used specifically in cases with children who have experienced complex trauma. Complex trauma is trauma that occurs consistently over a long period of time, and is usually associated with abuse and neglect. Many of the studies of ARC have been with children below the age of thirteen. There are three domains focused on in the ARC model: attachment, self-regulation, and competency. Attachment recognizes that complex trauma most likely disrupted the caregiver-child relationship and seeks to restart and heal this caregiver-child relationship. Self-regulation recognizes that children who have experienced complex trauma find it difficult to identify, regulate, and express their emotions and looks to reform these issues. Competency focuses on switching the children from "survival mode" to helping them develop in an age-appropriate manner by focusing on a variety of self and skill developmental tasks. Much of the ARC research has been conducted in the United States and shows positive results in terms of symptomology and behaviors. A study in Alaska showed that children who experienced the ARC model had a 92% rate of being permanently placed, as opposed to the normal rate of 40% (Arvidson, et. al, 2011). This may be due to behavior improvements that was a commonality across all three studies analyzed (Hodgdon, Blaustein, Kinniburgh, Peterson, & Spinazzola, 2016; Hodgdon, Kinniburgh, Gabowitz, Blaustein, & Spinazzola, 2013; Arvidson, et. al, 2011). These behavioral improvements prove useful in child placement and parental stress. ARC provides a model to help children who have experienced complex trauma to connect with their caregivers, and the children to improve their symptomology through better self-regulation and competency. Also, ARC being a relatively new model has more recent and fresh research that proves it is effective in this day and age.

Rajyoga: A Holistic Approach in Healing Childhood Traumas

Rajyoga, also known as Raja Yoga, is a path of spiritual realization and self-discovery taught be Brahma Kumaris Organization. It emphasizes self-awareness, Self-Transformation, and a connection with a higher consciousness.(Dr. Nagesh N.V, 2023) The following are key principles of Brahma Kumaris Raja Yoga meditation:

Key Principles of Rajyoga for Healing Childhood Traumas:

1. *Soul Consciousness:* Recognizing the core essence of oneself as a soul can help dissociate the individual from their traumatic experiences. This shift in identity can assist in reducing the emotional impact and false images of the self due to past events.
2. *Positive Thinking:* Encouraging the individual to replace negative thought patterns by taking self responsibility of the event by understanding Karmic Philosophy with positive and healing thoughts. This cognitive shift can contribute to emotional healing and resilience.
3. *Connection with the Divine:* Establishing a connection with a higher power can provide a sense of comfort, guidance, and support during the healing process. It can help individuals feel less isolated and more secure.
4. *Meditation:* Regular meditation can help individuals create a safe mental space where they can process and release suppressed emotions related to childhood traumas. Meditation also enhances relaxation and reduces anxiety by forgiving oneself and others.
5. *Self-Transformation:* Engaging in a process of self-awareness and transformation helps individuals reframe their self-perception by soothing and integrating with their inner child(mind) and build a stronger sense of self-worth, which may have been damaged by traumatic experiences.
6. *Virtues:* Practicing virtues such as forgiveness, compassion, and self-love and to be always a GIVER instead a TAKER can assist in healing emotional wounds and forming healthier relationships with oneself and others.

7. *Detachment:* Learning healthy detachment from the traumatic events allows individuals to observe their emotions from a more balanced perspective, reducing reactivity and triggering.
8. *Silent Contemplation:* Taking time for silent contemplation provides an opportunity for introspection, emotional processing, and gaining insights into the roots of childhood traumas. Also helps in living in the present moment and value the time.(Rajoria, 2017)

Therapeutic Benefits of Rajyoga for Treating Childhood Traumas:

1. **Physiological benefits –**During *Rajyoga* meditation, vital capacity, tidal volume and breath holding are significantly improved thus enhancing the capacity of respiratory system. *Rajyoga* decreases levels of salivary cortisol, blood glucose, as well as plasma rennin levels, and 24 hours urine nor-epinephrine and epinephrine levels. The beneficial effect of *Rajyoga* on cardiovascular system is that it significantly lowers diastolic blood pressure and heart rate. On analyzing lipid profile, it was noted that there was significant reduction of serum cholesterol thus minimizing the risk of atherosclerosis and its complications. Therefore, it provides significant improvements in respiratory functions, cardiovascular parameters and lipid profile
2. **Nervous system–** Studies suggest long-term practitioners of meditation have structural differences in brainstem regions concerned with cardio respiratory control. This could account for some of the cardio respiratory parasympathetic effects and traits, as well as the cognitive, emotional, and immunoreactive impact. Evidences suggest that *Rajyoga* may prove beneficial in neurodegenerative diseases.
3. **Immune System–** Studies suggests that there was significant increases in antibody titers to influenza vaccine among meditators. In patients of breast and prostate tumors meditation practice reduced stress, activate the immune system in combating infection and growth of malignant tumors. In patients with psoriasis meditation-based stress reduction intervention delivered during ultraviolet light therapy can increase the rate of resolution of psoriatic lesions.
4. **Antioxidant–**Randomized controlled studies have proved that regular use of *Rajyoga Meditation* has proved effective in geriatric population in management of Alzheimer's, dementia, Neurodegenerative diseases, Parkinson's disease.
5. **Circulatory System –** *Rajyoga* has been proved effective in reducing the risk for cardio vascular diseases by reducing blood pressure, use of tobacco and alcohol, lowering of high cholesterol and lipid oxidation and decreased psychosocial stress. A randomized controlled study revealed that practicing *Rajyoga* for a year helped significant improvements in the ideal body weight and body density. It can be encouraged as a non-pharmacological method to prevent heart diseases.
6. **Mental Health –** *Rajyoga* intervention has proved effective in reducing levels of stress and anxiety in patients with stress related symptoms. It has been proved beneficial in conditions like insomnia, positive and negative symptoms of schizophrenia, unipolar depression mild to moderate major depression and dysthymia, epilepsy, post-traumatic stress disorder, obsessive compulsive disorder, Psychoneurosis and chronic primary insomnia. Researches shows that *Rajyoga* improves depression and can lead to significant increases in serotonin levels which ultimately reduce cortisol levels and reduction in the cortisol levels in the blood result in reducing risk of diseases that arise from stress such as psychiatric disorder, peptic ulcer and migraine.
7. **Pain Management –** *Rajyoga* have proved as a superior analgesic and aids in functional improvements in chronic neck pain, chronic low back pain, chronic pain, migraine, chronic tension headache, fibromyalgia and carpal tunnel syndrome. It showed significant clinical relief in pain, tenderness, stiffness and swelling of the joint affected by rheumatoid arthritis. It probably relieves pain by stimulating the pituitary gland to release its own potent pain suppressing compound, endorphins and encephalins. Study also reveals about pain management in osteoarthritis of the knee.
8. **Respiratory System –** Studies suggest that *Rajyoga* provides protective action by preventing acute respiratory infection. In mild or moderate bronchial asthma there was a steady and progressive improvement in pulmonary functions. Research on mechanisms suggests that *Rajyoga* improves subjective measures as well as airway hyper responsiveness to methacholine. It has positive effect on musculoskeletal and cardiopulmonary function. Studies suggest that *Rajyoga* decreases dyspnea-related distress and improves functional performance in people with chronic obstructive pulmonary disease.
9. **Quality of Life –** *Rajyoga* interventions have improved the bone health, lean body mass and balance in elderly population and reduced fall and risk of injury and fracture. It has positive effect on mood and cognitive disorders, late-life depression, anxiety, and sleep disturbance in geriatric population. Studies have proved that *Rajyoga* has

positive effect on mood disturbance, depression, anxiety, anger, confusion, cognitive disorganization and emotional irritability and reduces cardiopulmonary, gastrointestinal symptom in cancer patients.

10. **Behavior and Cognition –** *Rajyoga* has proved efficient in promoting and maintains the harmony of body and mind at work place. The results of the studies suggest that *Rajyoga* increases the efficiency in attention. It also helps in increasing self-satisfaction and happiness in life by enhancing positive thinking, reduces neurotic symptoms, scored higher cognitive functions. These results may be due to personality development, self-actualization and better attention and concentration achieved due to training in Meditation. It has positive effects on substance abuse, smoking cessation and alcohol dependent individuals. Further studies suggest that regular practice can effectively mitigate workplace stress, examination stress, stress-induced inflammation and caregiver stress.
11. **Digestive System –** Regular use of *Rajyoga* has proved to be a positive effect on symptoms of diarrhea predominant irritable bowel syndrome, chronic pancreatitis. A case study suggested *Rajyoga Meditation* along with prescribed proton pump inhibitors can control the severe symptoms of gastroesophageal reflux disease and can avoid or delay the need for invasive procedures.
12. **Endocrine System –** Studies also suggests that *Rajyoga* may also lower oxidative stress and blood pressure; enhance pulmonary and autonomic function, mood, sleep and quality of life. Similar encouraging results were obtained on hyperinsulemia, dyslipidaemia and hyperglycemia in coronary artery disease, hypercholesterolemia and metabolic syndrome[63]. Thus, it can be concluded that it has significant role in correcting endocrine and metabolic disorders and helps in balancing Hormones.
13. **Female Health –** *Rajyoga Meditation* have positive effect on hot flushes (a disturbing symptom of menopause), lipid profile, obesity, improving autonomic functions in post-menopausal women by reducing body fat and weight. It has proved effective in treating pre-menstrual symptoms among working female population. It has positive effect on somatization, psychological symptoms, and stress related biomarkers of healthy women. It alleviates depressive symptoms in women with fibromyalgia. It has proved that the quality of life in women with breast cancer undergoing radiotherapy is improved by practicing *Rajyoga.*
14. **Rehabilitation –** A study suggests that *Rajyoga* have proved as an adjunctive therapy in managing the rehabilitation of patient's undergone coronary artery bypass graft, percutaneous transluminal coronary angioplasty. There was improved recovery after surgery, reduced postoperative pain and suffering, and lower hospital stay and costs. Similar results were obtained for tinnitus rehabilitation, spinal cord injury rehabilitation, in solid organ transplant recipients and HIV patients.
    (Rajoria, 2017)

Conclusion: Certain therapeutic approaches, like EMDR and TF-CBT, require specialized training for therapists, which may limit accessibility in some regions. Some therapeutic approaches, such as psychodynamic therapy and prolonged exposure therapy, may involve longer treatment durations, requiring significant commitment from children and their families and some may involve various resources such as Art therapy needs Art materials and an expertise in Art. The cost of accessing therapeutic services and interventions can be a significant barrier for some families, limiting their ability to access or continue treatment. Any type of therapy, whether it be creative based or Mindfulness based or any other, cannot explain why trauma occurs or enters a person's life. These queries are addressed in Rajyoga meditation by describing their karmas/actions. You will reap what you have sown. Our past karma or misdeeds are to blame for all of our traumas, misfortunes, and Rajyoga presents a compelling and holistic approach to healing childhood traumas. By combining meditation with mindfulness, self-reflection, spiritual wisdom and inner-child work, Rajyoga enables individuals to transcend their traumatic past and embrace a life of self-awareness, inner peace, and resilience. However, it is essential to recognize that the effectiveness of Rajyoga, like any therapeutic approach, may vary from person to person. While it can be a powerful complement to traditional therapies, it is advisable to work with trained practitioners or therapists who can tailor the practice to an individual's unique needs and support them in their healing journey.

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