

PRACTICES FOR SAFE AND
TRANSFORMATIVE HEALING

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INTRODUCTION

Why Trauma-Sensitive Mindfulness?

Part of me wished I hadn't seen the e-mail. It was well past midnight, and I'd impulsively checked my inbox one last time before bed. "Please Help..." the subject line read, "Crisis with Meditation." I leaned back in my chair, reading on. It was the third such e-mail I'd received that month.

The message was from Nicholas, a high school teacher in Vermont who'd come across an article I'd written on adverse responses to mindfulness. He'd started practicing mindfulness meditation to help manage his anxiety, and the benefits of his practice had been immediately clear: enhanced clarity, sharper recall, and a more persistent sense of ease. But more recently, Nicholas had also begun to experience an unnerving symptom: when his timer signaled the end of his brief meditation, he'd struggle to reach for the alarm on his phone—his body seemingly paralyzed by fear. It felt to him as if he were being restrained.

The more Nicholas practiced, the more intense and unsettling these experiences became. The moment he closed his eyes, images began flooding his vision—shattered glass, an open sky, smoke. His sleep had become fraught with nightmares, routine tasks produced panic, and the chatter in his mind was becoming untenable. The tranquility he'd sought in meditation was being met by its opposite—an underlying terror and dread that haunted him throughout the day and night.

Nicholas and I met a week later on a video call, and I could immediately see the concern and confusion in his eyes. When I asked whether the images he'd encountered in meditation held any significance for him, he nodded. A few years earlier, he'd been in a serious car accident—

helplessly pinned down in his car for an hour until he was rescued. But it wasn't the accident that perplexed him. It was his bewilderment about mindfulness meditation. How could a practice that had been so constructive and positive now leave him feeling panicked and unhinged?

I was no stranger to this question. As a psychotherapist and researcher, I'd been wrestling for years to develop a deeper understanding of the complex relationship between mindfulness and trauma—an extreme form of stress that can overwhelm our ability to cope. Placed beside one another, mindfulness and trauma can seem like natural, even inevitable, allies. Both are concerned with the nature of suffering. Both are grounded in sensory experience. And while trauma creates stress, mindfulness has been shown to reduce it. Theoretically, it seems that anyone who has experienced trauma could benefit from practicing mindfulness meditation. What could go wrong?

Plenty, it turns out. For people who've experienced trauma, mindfulness meditation can exacerbate symptoms of traumatic stress. This can include flashbacks, heightened emotional arousal, and dissociation—meaning a disconnect between one's thoughts, emotions, and physical sensations. While meditation might appear to be a safe and innocuous practice, it can thrust trauma survivors* directly into the heart of wounds that require more than mindful awareness to heal. By raking their attention over injuries that are often internal and unseen, trauma survivors can end up much like Nicholas was when I met him: disoriented, distressed, and humiliated for somehow making things worse.

At the same time, mindfulness can also be an invaluable resource for trauma survivors. Research has shown that it can strengthen body awareness, boost attention, and increase our ability to regulate

^{*} I use the term "survivor" and "trauma survivor" throughout the book as a shorthand for "students and clients that are experiencing symptoms of posttraumatic stress." As I'll detail, not every survivor of a trauma will necessarily experience posttraumatic stress or have challenges with mindfulness and meditation.

emotions—all vital skills in trauma recovery. Mindfulness can also support well-established trauma-treatment methods, helping people find stability when faced with traumatic symptoms.

Consider, then, the urgency of the current moment. Over the past decade, mindfulness meditation has skyrocketed in popularity. It's being offered in a wide variety of settings—including Buddhist communities, secular programs, and psychotherapy—and is often promoted as a benign stress-reduction practice. At the same time, prevalence rates of trauma are high. An estimated 90% of the population has been exposed to a traumatic event, and 8–20% of these people will develop posttraumatic stress disorder, or PTSD.² This means that in any setting where mindfulness is being taught, there's a high probability that someone in the room has a history of trauma.

The question thus becomes: how can we minimize the potential dangers of mindfulness to trauma survivors while leveraging its potential benefits at the same time?

This book addresses this issue. I want to demonstrate that basic mindfulness practice is safer and more effective when it's paired with an understanding of trauma. From a meditation teacher leading a long-term silent meditation retreat, to a social worker utilizing mindfulness interventions, to an educator leading a five-minute meditation in their elementary school classroom, I believe that anyone offering mindfulness needs to be informed about the risks it presents to people who are grappling with traumatic stress.

I've been investigating this topic for the past decade. I conducted theoretical academic research, filled walls with cerebral Post-it notes, and informally interviewed mindfulness educators, mental-health professionals, and trauma survivors about the subject. As a psychotherapist, I've also worked closely with survivors who have had adverse experiences with mindfulness meditation. But I ultimately approached this issue as someone who'd had his own challenges with mindfulness and trauma, and wanted to understand what, exactly, had happened to me along the way.

A PERSONAL PATH

I began practicing mindfulness meditation while working as a psychotherapist with male sex offenders in Vancouver, Canada. I'd come to the work with an interest in sexuality and restorative justice, and a year in found myself burnt out, emotionally volatile, and absent any tools to help me cope. When a colleague suggested I come to her local mindfulness meditation group, I was game: mindfulness had an increasingly positive reputation in psychology, and I loved the idea of developing a more skillful relationship with my mind. Sitting and paying attention to my breath, I thought—how hard could that be?

It was impossible, of course. I spent my first meditation period completely lost in thought, only to realize it once the bell to end the session had sounded. Yet I came to love the practice, discovering that it helped me in a number of ways. I was more aware of my body, less identified with turbulent thoughts, and found myself happier and more content then I'd ever been. I was relating to the world in new ways and discovering meaning and resilience outside of my forensic work—pausing to listen to the wind through the arbutus trees outside my kitchen window, for instance, or feeling my feet on the ground as I walked to work. When I was in emotional pain, mindfulness also provided me with some perspective and space. It helped me relate to myself in compassionate, nonjudgmental ways.

Then, unexpectedly, the lights went out. I was on a silent meditation retreat in rural Massachusetts, and I felt something akin to a circuit breaker going off in my body. I'd been struggling to settle into practice, with one particular story of sexual violence from work looping in my mind. When I opened my eyes in the dimly lit room, I saw that everything was in its place: fellow meditators poised on their cushions beside me, the statue of Buddha at the front of the room, and the slice of moon between the trees out the window. Nothing stirred, and nothing external had changed.

But then I also saw myself. I was looking down at the tops of my shoulders from a perch in the rafters. Panic shot through me, yet I remained as still as the statue I was now focused on. I trusted that like every other

experience I'd had in meditation, this too would pass—if not by the end of the session, then surely by the following morning.

It didn't. At least, not entirely. For the next week on retreat, the world became a murky, subterranean place. I found myself floating between two spheres—neither of which felt to be on solid ground. I was physically present, but only on the surface. My senses were muted and muffled, my appetite vanished, and I had a bleak, pervasive feeling that something was wrong. It was as if some essential part of myself had simply gotten up, walked away, and had no intention of coming back.

Every other day, I met with one of the meditation teachers on the retreat—often welling up with tears the moment I sat down. Each interview, I'd also leave with a similar set of instructions: be mindful. Note the detachment. Don't give up. Trust the process. And for the time remaining on retreat, that's exactly what I did.

DISCOVERING TRAUMA

When I returned home that summer, my friends and family members' faces revealed what I already knew: the retreat had left me worse for wear. I was disoriented, numb, and having difficulty returning to my everyday life. Speaking with my friends and colleagues about the experience, I was surprised to hear them use the word trauma—a term I'd studied but never associated with my life. In my mind, trauma was confined to acts of tremendous violence and violation. Assault survivors carried trauma. Combat veterans experienced trauma. People who faced cruel and unjust treatment at the hands of oppressive systems—racism, or ableism, for instance—endured trauma. I'd led a relatively sheltered life, and labeling my personal experiences as "traumatic" seemed to trivialize the enormity of the pain survivors faced.

But trauma, I've since learned, is less about the content of an event than about the impact—sudden, and then ongoing—that it has on our physiology. As veteran trauma specialist Pat Ogden wrote, "any experience that is stressful enough to leave us feeling helpless, frightened, overwhelmed, or profoundly unsafe is considered a trauma" (2015, p. 66). From witnessing or experiencing violence, to losing a loved one, to being targeted by oppression,* people can experience trauma in a variety of ways. And, contrary to what I once believed, addressing different forms of personal trauma doesn't minimize the importance of someone else's more severe injury. In fact, it can open a conversation about the social conditions that so often perpetuate trauma in the first place.³

At the encouragement of a few friends, I began seeing a trauma therapist. It had been six weeks since my meditation retreat, and I was still struggling beneath the weight of the experience. I was dissociating frequently, having recurrent nightmares, and for the first time in my life had developed insomnia. A few sessions in, the therapist raised the idea that I was experiencing vicarious, or secondary, trauma from my work with sex offenders. I'd been continually exposed to stories of violence that had eventually become traumatizing. Within this frame, the symptoms I'd been experiencing—intrusive thoughts, emotional detachment, dissociation—began to make sense.

These sessions turned out to be life changing. I'd been privileged to experience different kinds of talk therapy—Jungian, cognitive behavioral, psychodynamic—but had never found that the insights I'd gleaned created lasting transformation. Trauma work proved different, helping me change in ways previous therapy and meditation hadn't. But I could also feel that my mindfulness training was helping me in sessions, allowing me to detect and stay present with the intense emotions and physical sensations that were surfacing. Compelled by the benefits of trauma therapy, I enrolled in a multiyear training program called Somatic Experiencing—a contemporary therapeutic approach created by a biophysicist named Peter Levine.⁴ The course taught me about the way the body responds to trauma, including safe and practical ways to work with survivors. It's a powerful methodology that shaped my thinking.

^{* &}quot;Oppression," political educator and somatic practitioner Sumitra Rajkumar wrote, "is the social condition in which the violent power dynamics of historical forces such as capitalism, white supremacy, and patriarchy impose undue suffering and limits on life and agency" (personal communication, June 12th, 2016).

But I also felt something was missing in this work. While the teachers spoke about the biological roots of trauma, they never discussed its *social* roots—including systems of oppression that correlate with trauma. I was being trained to think about trauma solely as an individual experience disconnected from the larger world. And while this framework was familiar to me as a student of Western psychology, it felt especially problematic in the context of trauma. I'd been involved in political activism, and was in search of an approach to healing that created a bridge between personal and social change.

A year later, I found it. A friend introduced me to Staci Haines, a teacher, clinician, and social activist who offered a systemic understanding of trauma in her work.⁵ Along with Spenta Kandawalla, a social justice organizer and acupuncturist, Staci founded *generative somatics*—a national, nonprofit organization based in Oakland, California, that combines social analysis with trauma healing. Weaving together findings from modern neuroscience, political theory, and principles of transformative justice,⁶ the organization offers a holistic approach to healing trauma. Trainings center the experiences of people most targeted by trauma and oppression,⁷ and their vision of personal and collective transformation moved me to my core. Through this life-changing work, trauma increasingly became a lens through which I saw and understood the world.

TRAUMA AND MINDFULNESS

During this time, mindfulness continued to have a powerful draw for me. I was still wary from my retreat experience, but I was excited to see research studies confirming what I'd also experienced: that mindfulness could create real, positive, quantifiable change. Still, I found myself wondering: how many people were out there struggling the same way I had? Was my experience an anomaly, or reflective of a larger trend? I began reviewing relevant literature and found that few people had addressed the relationship between mindfulness and trauma head on. Bolstered, I

enrolled in a doctoral psychology program, completed a dissertation on the topic, and eventually began speaking and writing about the challenges I had experienced.

I quickly learned that I wasn't alone. After a video of a lecture I gave on the topic began circulating online, I started hearing from people like Nicholas who'd had experiences similar to mine. Not everyone had been on long retreats or had an intensive meditation practice. Often they'd simply tried mindfulness meditation through one of the many channels currently offering it—at a local community center, a stress-reduction program, or instruction they'd found online.

This was alarming. I imagined most mindfulness educators would know what trauma was, but was less convinced that they were equipped to work with it skillfully. Could they recognize trauma, including when a trauma survivor needed help? Did they know when to refer a student to a trauma professional? And had they made connections between trauma and the systemic oppression people faced?

My guiding question thus became: Given the ubiquity of trauma, how could mindfulness practitioners ensure they were offering practices in an effective, informed, trauma-sensitive way?

TRAUMA-SENSITIVE MINDFULNESS

Out of this inquiry, I developed a framework of principles and modifications designed to support trauma-sensitive mindfulness meditation. A kind of "best-practices" approach to the topic, trauma-sensitive mindfulness joins an emerging conversation about what a trauma-informed approach to mindfulness and meditation looks like. ¹⁰ It offers practical suggestions in the context of basic mindfulness instruction, and is intended for mindfulness teachers, trauma professionals, and anyone interested in learning more about the topic.

My definition of trauma-sensitive practice comes from the U.S. National Center for Trauma-Informed Care (2016):

A program, organization, or system that is trauma-informed *realizes* the widespread impact of trauma and understands potential paths for recovery; *recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system; *responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist *re-traumatization*.

This "four-R's" definition is a practical, common-sense approach to trauma-sensitive practice that serves as a guidepost for this book. In realizing how widespread trauma is, I want you to be able to recognize traumatic symptoms, respond to them effectively, and avoid retraumatization in your clients and students when offering mindfulness. Each chapter and modification I'll offer you has one of these R's in mind.

The framework I'll be presenting contains five core principles designed to support trauma-sensitive mindfulness practice. These principles aren't intended to be a prescriptive approach to trauma recovery—trauma is far too complex for that. Instead, I'll be offering suggestions instead of steps, empowering you to incorporate material in ways that make sense within the context of your mindfulness-based work. I believe it's our responsibility to adapt mindfulness to meet the specific needs of trauma survivors as opposed to expecting them to adapt to us.

How did I arrive at these principles? I started by searching for key trauma concepts that related to mindfulness. I then used each concept as a lens through which to look at mindfulness—a process that revealed the risks and rewards of mindfulness with respect to trauma. For example, many trauma specialists consider working with the body essential to recovery. From one angle, mindfulness meditation can support this, heightening one's awareness of the body by attending to physical sensations. But without the right guidance, mindfulness can be a cerebral and dissociative practice, causing people to bypass sensations that are vying for their attention. Given this, what are the best ways for people experiencing trauma to practice mindfulness with respect to the body?

Throughout this work, I've been guided by three primary goals:

(1) To Minimize Distress for People Practicing Mindfulness

Those of us teaching or utilizing mindfulness in our work have a responsibility to ensure that people are as safe and stable as possible when they're practicing. The goal of any work concerning trauma, Babette Rothschild wrote, must be to "relieve, not intensify, suffering" (2010, p. xi). Taking into account that mindfulness meditation often involves sitting still with one's eyes closed, this can be a deceptively demanding task. How can we know when someone is having a traumatic response to meditation instructions that we're offering?

There are no easy answers to this question. Each person and situation is unique. But as teachers and mental-health professionals, we can do our best to self-educate. We can learn how to recognize trauma, respond to it effectively, provide relevant referrals, and offer tailored modifications within mindfulness practice—all which can help prevent retraumatization. My goal is to offer you practical, common-sense ways to ensure that, at a minimum, people under your care aren't harming themselves in practice.

(2) To Forward a Systemic Understanding of Trauma

This goal is informed by my work with *generative somatics*. I believe that becoming a trauma-sensitive practitioner requires more than adopting traditional therapeutic skills. It asks us to recognize the ways trauma connects to the world around us. If we focus exclusively on individual components of trauma, we can draw attention away from the systems of oppression that so often lie at the root of trauma. Traumatic stress is a physical and psychological experience, but it is also a political one. Knowing this—including our own social context—can build safety and trust, and help us best support the people we're working with.

(3) To Advocate for a Continued Partnership Between Mindfulness Practitioners and Trauma Professionals

Each of these groups has indispensable experience to offer the other. Trauma professionals who understand the biological, psychological, and social dimensions of trauma can help inform mindfulness practitioners about trauma, and play a crucial role in consulting with them. Mindfulness practitioners* have a wealth of understanding about working skillfully with the mind, including difficult mind states. While the relationship between mindfulness and psychology is well established, the burgeoning relationship between mindfulness practitioners and trauma professionals offers rich potential moving forward.

A ROAD MAP

Part I of the book offers a conversation between mindfulness and traumatic stress. I define trauma and mindfulness, examine their unique histories, and explore how modern neuroscience is sculpting our understanding of both. In Part II, I cover the five principles of trauma-sensitive mindfulness, presenting relevant theory and modifications you can apply in your work.

A few caveats. First, I'm sometimes asked whether it's mindfulness that's problematic for trauma survivors, or whether it's mindfulness meditation that causes issues. As you'll see, I lean toward the latter. It's important to distinguish between mindfulness the mental state and the way that state is pursued. Mindfulness doesn't cause trauma—it's the practice of mindfulness meditation, offered without an understanding of trauma, that can exacerbate and entrench traumatic symptoms. Inside of this, people practice mindfulness in different contexts, including meditating

^{*} I use the term "mindfulness practitioners" to refer to both mindfulness teachers and those utilizing mindfulness-based interventions in their professional mental-health work. I use the terms "client" and "student" throughout the book to refer to those practicing mindfulness under the direction of teachers/therapists/healers.

at home, in psychotherapy, or attending long-term retreats. With limited empirical research on the relationship between mindfulness and trauma, our task here is to apply common sense. What's triggering for one survivor—a silent meditation retreat, for instance—can be beneficial for another. Our work is to stay responsive to the unique and ongoing needs of the trauma survivors we work with.

Second, trauma-sensitive mindfulness isn't intended to replace well-established trauma treatment approaches. You won't find me suggesting that mindfulness can "cure" what is a complex, intense, and enduring issue for many. Instead, I'll be focusing on the way that mindfulness can be a resource for trauma survivors, specifically the ways that mindfulness can help regulate arousal and support stability in the midst of traumatic symptoms—a necessary first step of trauma recovery work.

Last, I want to be clear that I'm not saying mindfulness—or the movement in which people teach and practice it—is flawed. On the contrary, I believe it's a profound resource for trauma survivors, and that mindfulness communities are deeply committed to the well-being of their members. At the same time, I believe we can do better. Mindfulness doesn't need to work for everyone, but I'm convinced that certain modifications can help support survivors—at the very least ensuring that they are not retraumatizing themselves in practice. The incorporation of a trauma-informed framework is a natural—and, I believe, necessary—step in the evolution of the contemporary mindfulness movement.

Confronting trauma asks a great deal. As feminist scholar Judith Herman wrote, it brings us face to face "with human vulnerability in the natural world and with the capacity for evil in human nature" (1997, p. 7). Studying trauma also asks us to examine the suffering bound up in larger systems of oppression—systems that leave whole communities more vulnerable to trauma, and others more shielded from it. Mindfulness, thankfully, can support this endeavor. It fortifies our capacity to be present with that which is too much to bear. This, I believe, is a task in trauma-sensitive work: to face suffering in its many forms. As the novelist and social critic James Baldwin wrote, "Not everything that is faced can be changed; but nothing can be changed until it is faced" (1962. p. 38).