

Introduction

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The past several decades have witnessed a major increase in our understanding of psychological trauma and its effects and a burgeoning of empirically based therapies for treating posttraumatic stress. Many of these treatments are cognitive-behavioral, although others involve relational or psychodynamic perspectives, and some combine multiple approaches. Accumulated data and clinical experience suggest that these various interventions can be quite helpful in ameliorating posttraumatic stress disorder (PTSD; American Psychiatric Association, 2013) and related outcomes.

At the same time, two additional developments have caught the attention of trauma-focused clinicians. The first is the growing scientific realization that the effects of trauma are widespread, often involving far more symptoms, difficulties, and problems than those subsumed under the umbrella of PTSD, anxiety, or depression. These include interpersonal difficulties, impaired self-awareness, negative relational schemas, bodily preoccupations, dissociation, and attempts to cope with painful internal states through substance abuse, self-harm, dysfunctional sexual behaviors, and aggression (Briere & Scott, 2014). Further, many survivors struggle with existential concerns such as demoralization, loss of meaning, and alienation, as well as insufficient self-acceptance and happiness (Nader, 2006; Thompson & Walsh, 2010; Shay, 1995). These issues are less likely to respond to traditional, empirically validated interventions, which are typically more concerned with the classic symptoms of posttraumatic stress and dysphoria. As a result, some of the most pressing effects of traumatic events

and losses may not be fully addressed by commonly available psychological therapies.

The second development involves the application of mindfulness-based and contemplative interventions to address psychological suffering. These approaches, especially those derived from Buddhist psychology but including other traditions as well, often appear more immediately relevant to the existential effects of trauma. They also potentially provide new options for the treatment of trauma-related distress and disorders.

Primary among these contemplative methodologies is the development of *mindfulness*, often described as “paying attention in a particular way: on purpose, in the present moment, and non-judgmentally” (Kabat-Zinn, 1994, p. 4). As discussed by several authors in this book, those who develop a greater capacity for mindfulness appear to experience reductions in anxiety, depression, illness-related pain and distress, and a host of other emotional and physical difficulties. Importantly, as also described, newer research indicates that mindfulness also may specifically assist trauma survivors struggling with PTSD.

At the same time, it is becoming increasingly clear that other mindfulness-related approaches, such as yoga, loving-kindness meditation, or compassion practices, also can be helpful for those suffering from psychological or emotional issues, perhaps especially those associated with trauma. Yet these approaches have appeared less frequently in mainstream journals or books. Part of the difficulty in studying and applying these latter approaches is their (until recently) less robust empirical validation, as well as possible conflicts between their underlying assumptions and those of current scientific theories of trauma and its effects. Further, such approaches may be attached to religious or spiritual traditions that are not as widely held by trauma survivors and clinicians.

In this regard, we wish to clarify here the notion of *contemplative practice*, used in the subtitle of this volume and in various chapters. The online Oxford dictionary (www.oxforddictionaries.com/us/definition/american_english) defines this term as follows: (1) deep reflective thought; (2) the state of being thought about or planned; (3) religious meditation; and (4) (in Christian spirituality) a form of prayer or meditation in which a person seeks to pass beyond mental images and concepts to a direct experience of the divine. In this volume, we refer primarily to the first usage, which implies inwardly focused attention, observation, and inquiry rather than more religiously oriented notions, which may include devotional attention to a deity. This focus is not intended to dismiss religious or spiritual perspectives, only to highlight the idea that contemplation, most broadly, reflects the often repetitive act of turning inward, of examining one’s thoughts, feelings, and other internal experiences in order to reach deepened conceptual and nonconceptual understandings. Although such

practices typically engender some form of mindfulness, additional outcomes, psychotherapeutic, spiritual, or otherwise, also may pertain.

In response to these various issues, we, as the editors of this volume, sought to examine ways in which mindfulness and related contemplative methodologies have been, or could be, applied to the complex psychological and existential suffering associated with trauma. One inspiration was a groundbreaking conference held in June 2009 at The Garrison Institute in Garrison, New York. This eclectic forum—"Transforming Trauma: Integrating Contemplative Practices, Neuroscience, and Cross-Cultural Perspectives"—was convened to explore the potential benefits of a wide range of contemplative practices in assisting those exposed to traumatic events. The attendees represented a wide range of different contemplative traditions, ranging from different schools of Buddhism to hatha yoga. Others were neurobiologists, trauma researchers, and/or widely respected clinicians, some of whom were involved in some form of contemplative practice and others who were not. The only requirements for their attendance were that they were thought leaders in their respective domains, that they focused on trauma resolution, and that they endorsed some form of empiricism regarding their methodologies.

Importantly, the Garrison meeting suggested that a broader, transdisciplinary focus on trauma and its treatment could, in some ways, "open up" our discussions and approaches to trauma and its resolution. Among the questions that this meeting encouraged us to ask were the following:

- Do mindfulness-oriented traditions contain elements that might be helpful in the remediation of posttraumatic difficulties?
- How might these elements be safely applied?
- What evidence can be marshaled for their efficacy?
- How might the more existential effects of trauma be addressed by such interventions?
- Is it possible to combine Western, empirical treatments for trauma with more contemplative approaches to create new, especially efficacious trauma treatments?

This edited volume represents an initial step in exploring these questions. It includes the thinking of more than 30 clinicians, researchers, and/or spiritual practitioners, all of whom share the same goal: to articulate the potential roles of various forms of contemplative practice in the modern treatment of trauma. They all are writers, teachers, and/or researchers, and most are not new to book chapters. But bringing them together in a single volume was an ambitious task; they represent a variety of perspectives, traditions, and professions—inside and outside of academia, clinically focused or largely theoretical—and not all of their views are entirely

complementary. However, our intention was not to achieve harmony. Rather, we sought to highlight the tremendous potential inherent in a wide range of mindfulness-oriented approaches to trauma treatment—a diversity that is intended to stimulate thought and, we hope, new syntheses and cross-collaborations. For this reason, it is likely that the reader will find much to agree and, perhaps, disagree with in this book. Although we held all contributors to relatively high standards of exposition, we invited them to be free to offer new ideas and modes of expression.

Organization of the Volume

This volume is divided into four sections that examine the foundations of mindfulness-oriented treatment for trauma, treatments that include contemplative practices and have some empirical support, neurobiological and somatic perspectives and therapies related to trauma, and applications for special populations.

In Part I, three chapters provide the background and premises that support using mindfulness-oriented approaches in trauma treatment. In Chapter 1, John Briere offers an overview of the issue of pain versus suffering in relation to trauma, integrating Buddhist and Western approaches to address the myriad outcomes that can be associated with exposure to traumatic events. He argues for a multimodal approach that can be considered a hybrid of Eastern and Western philosophies of dealing with painful life experiences. In Chapter 2, Tara Brach goes to the core of contemplatively grounded Buddhist psychology to describe how survivors of trauma suffer and lose the ability to identify with their true and whole self. Through description and transcripts, she provides guidance on helping clients to reconnect to their intrinsic resources, while strengthening their sense of safety and connection to life. In Chapter 3, Christopher K. Germer and Kristin D. Neff discuss empirical findings suggesting that contemplative therapies can have a direct impact on self-compassion, which is considered a key factor in healing for trauma survivors. They provide one method of directly working with self-compassion but note the linkages, both direct and indirect, to other treatment modalities presented here.

Part II focuses on those treatments that include contemplative activities or perspectives in their approach to trauma therapy. Jessica Engle and Victoria M. Follette, in Chapter 4, provide an overview of acceptance and commitment therapy (ACT; Hayes, Wilson, Gifford, Follette, & Strosahl, 1996) as it relates to working with trauma survivors. While ACT for the treatment of trauma has been the subject of books and articles, this chapter emphasizes the importance of using mindfulness practices to assist the client in connecting to core values. This connection is thought to lead to greater engagement in life and to be associated with remaining in the

present, with kindness and compassion. Chapter 5, by Devika R. Fiorillo and Alan E. Fruzzetti, describes how dialectical behavior therapy (DBT; Linehan, 1993)—originally developed to address a range of emotional difficulties typically associated with borderline personality disorder—is particularly well suited to the treatment of trauma survivors. The authors speak to the ways in which DBT supports the client in developing mindfulness, remaining in the present moment, and moving forward with effective skills for managing trauma-related symptoms.

Depression is a common outcome of trauma and adversity. In Chapter 6, J. Mark G. Williams and Thorsten Barnhofer discuss how mindfulness-based cognitive therapy (MBCT; Segal, Williams, & Teasdale, 2013), originally developed for the prevention of relapse in chronic depression, is quite relevant to the treatment of trauma survivors. Presenting theoretical issues, especially overgeneralized memory, as well as empirical findings and suggestions for adapting MBCT, the authors provide an overview of the current state of the art in working with trauma and depression. Deborah Rozelle and David J. Lewis, in Chapter 7, discuss eye movement desensitization and reprocessing (EMDR; Shapiro, 2001), a therapy for PTSD that is not usually considered contemplative. Expanding beyond the typical views of EMDR, they describe a significant correspondence with Buddhism, linking empirically based practice with contemplative methods and suggesting new insights into PTSD and its treatment. In Chapter 8, Richard C. Schwartz and Flint Sparks describe the internal family systems (IFS; Schwartz, 1994) model as it pertains to the treatment of trauma effects, in particular in facilitating healthy functioning of the hypothesized internal components of the self. They relate their treatment approach to elements of Mahayana Buddhism, highlighting the trauma sufferer's innate capacities for mindfulness, loving-kindness, and compassion in the treatment process.

Trish Magyari, in Chapter 9, writes on the utility of mindfulness-based stress reduction (MBSR; Kabat-Zinn, 1982) in the treatment of women sexually abused as children. MBSR involves didactic presentations, meditation practice, and a stance of mindful inquiry that encourages acceptance of internal experience. Magyari describes special adaptations of MBSR to more complex forms of posttraumatic symptomatology. Doralee Grindler Katonah, in Chapter 10, presents contemplative aspects of focusing-oriented psychotherapy (Gendlin, 1998), a treatment that has been used for a variety of psychological difficulties, and makes the case for the relevance of this work to trauma survivors, especially with its intentional focus on “bodily knowing” and on the wholeness of the person. This approach encourages the client to integrate traumatic experiences and begin the process of growth that can lead to a more meaningful life. Finally, in Chapter 11, David Emerson and Elizabeth K. Hopper provide a clinically rich discussion of their distinctive use of “trauma-sensitive” hatha yoga, described as a complementary intervention that facilitates healing and can

help the client to become more centered and to move through life in a more embodied and intentional way. Moreover, as with other chapters in this section, they provide empirical findings that support the adaptation of their approach to trauma survivors.

There has been increasing interest in the neurobiological foundations of contemplative work. Kabat-Zinn and Davidson's writings with the Dalai Lama (e.g., Kabat-Zinn, Davidson, & Houshmand, 2011) have strengthened the linkage between mindfulness and compassion practices and the more secular "hard sciences." Part III describes fundamental physiological processes as they relate to trauma and recovery. James W. Hopper (Chapter 12) begins with an overview of brain dynamics, with an emphasis on the impact of posttraumatic fear and depression on psychological functioning. Interweaving the impact of contemplative practices on brain circuitries, he offers a framework for linking scientific, clinical, and contemplative knowledge that can serve as a basis for advancing our understanding of trauma and healing. Daniel J. Siegel and Moriah Gottman (Chapter 13) expand on biological foundations with a discussion of the developmental impact of trauma using an interpersonal neurobiology approach. They discuss the role of disorganized attachment and decreased neural integration in leading to a number of less adaptive psychological processes and suggest the utility of mindfulness in addressing these long-term difficulties. In the final chapter of Part III, Pat Ogden (Chapter 14) describes sensorimotor psychotherapy, which involves implicit processing of cognition, emotion, sense perception, movement, and interoception. She describes how client-therapist interactions involving "relational mindfulness" can lead to growth and healing by facilitating the client's processing of "here and now" experiences.

In Part IV, we consider special applications of mindfulness-oriented practice with particular populations or unique presentations. Mary Ann Dutton (Chapter 15) begins Part IV by addressing the use of MBSR with low-income minority women who have had repeated trauma exposures. The clients she serves are unique in that they were not seeking treatment but rather assumed that they had to live with trauma-related symptoms. Empirical evaluation of this application of MBSR demonstrated improvement in a range of symptoms, including increased self-compassion. Ronald D. Siegel's chapter (Chapter 16) on mindfulness approaches to physical pain describes studies indicating that specific interventions can decrease the experience of pain and pain-related suffering on both psychological and neurological levels. His treatment approach focuses on processing and "letting go of" or accepting pain. David J. Kearney addresses the special needs of combat veterans in Chapter 17, on the utility of MBSR and loving-kindness meditation (LKM; Kearney et al., 2013). Veterans who are treated in the Veterans Administration (VA) system are generally offered medications and therapies with a specific focus on PTSD, such as prolonged exposure or cognitive

processing therapy. However, not all clients benefit from these approaches, and Kearney makes a strong case for the use of mindfulness-based interventions for treating the range of issues faced by returning veterans. In Chapter 18, Randy J. Semple and Laila A. Madni provide a clear rationale and data for the application of mindfulness-based cognitive therapy to children with trauma histories. Their 12-week group program, adapted from adult treatments to include various activities that help to sustain children's involvement in the therapy, has been successfully utilized in children ages 8–12. Lynn C. Waelde notes, in Chapter 19, that dissociation can take a number of forms and serve a range of functions. She presents clear directions for implementing a program of treatment that involves mindfulness and meditation, as well as providing special considerations and cautions related to clients with significant dissociative symptoms.

Although this volume primarily addresses treating survivors of trauma and abuse, Robert A. Parker (Chapter 20) discusses focusing-oriented therapy as a form of guided mindfulness for treating an adolescent sex offender. Mindfulness is used to connect to the “implicit knowing” that the body is thought to possess with movement toward behaving in a more compassionate way in relation to others. In Chapter 21, Jenny Phillips and James W. Hopper write about the use of contemplative practices with another underserved group, traumatized prisoners. They describe an intensive vipassana meditation program that has been offered in a maximum security prison and discuss how intensive vipassana practice may address prisoners' suffering and deficits in compassion for themselves and others. In the final chapter of Part IV (Chapter 22), Brooke Dodson-Lavelle, Brendan Ozawa-de Silva, Geshe Lobsang Tenzin Negi, and Charles L. Raison describe a contemplative treatment for adolescents in foster care, cognitively based compassion training, which has been implemented and evaluated with a range of populations. After describing the treatment in detail, the authors present a case for using this approach with children in foster care, who have trauma-related symptoms at a rate similar to that of combat veterans.

Taken together, the chapters in this book offer support for what we believe to be an exciting development in the field: that is, that although traditional clinical approaches to trauma effects have proven to be helpful for many traumatized people, there are important insights, theoretical perspectives, and methodologies now available to us that come from an entirely different domain. As these chapters reveal, many of these “new” methods can be tested and empirically validated and often can be combined with more traditional psychological therapies. This synthesis may constitute an important advancement in trauma treatment, which may both sharpen the effectiveness of existing trauma therapies and promote outcomes that extend beyond symptom reduction to encompass general psychological well-being.

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