

MEDITATION, TRAUMA AND SUFFERING IN SILENCE:

Raising questions about how meditation is taught and practiced in Western contexts in the light of a contemporary trauma resiliency model.

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Abstract

Although there are very few published studies on the issue, there is much anecdotal evidence that, despite all its undisputed benefits, meditation practice can have psychologically deleterious effects. In this paper I will describe a body-based model for understanding trauma, the Trauma Resiliency model, and suggest it might be a helpful tool in anticipating, preventing and/or mitigating these effects. I will argue that Buddhist traditions are replete with frameworks, tools and techniques for addressing some of the psychological pitfalls highlighted. However, some of these methods may have been ‘lost in translation’ as Buddhist meditation training has been adapted for a Western audience. I will make the case that, somewhat ironically, in operational terms some of the secular modalities for teaching mindfulness (such as MBSR) may be psychologically ‘safer’ than those offered in a (Western) Buddhist context. I will call for further inquiry about how to mitigate and protect against psychological harms in Buddhist meditation training.

Introduction

There are thousands of studies demonstrating the benefits of meditation practices in many domains, particularly for mindfulness meditation. It is clear that, taught and practiced appropriately, mindfulness meditation practices are highly beneficial, whether one’s goal is to be a better tennis player (Bernier et al 2009, Kee and Wang, 2008) or to gain liberation from suffering. In contrast, it is very difficult to find scientific, academic articles documenting any negative effects of meditation. One possibility is that there are no negative effects. However, as somebody who has been in some way or another engaging with Buddhist or Mindfulness Based Stress Reduction communities for over twenty years, I have heard enough anecdotal accounts to suggest that meditation can be taught and practiced ‘badly’ - in other words, in ways that are deleterious to mental and physical health. Many others in these communities also report hearing such accounts. For example, neuroscience researcher Willoughby Britton has set up the ‘Dark Night Project’ where her team collect and analyze accounts of the various cognitive, affective,

perceptual and physical difficulties that can accompany meditation or other contemplative practice. (Britton, n.d.).

In this paper I will first introduce a body-based intervention for coping with trauma called the Trauma Resiliency Model, developed by Laurie Leitch, PhD, and Elaine Miller-Karas, MSW, LCSW. I will use this model to highlight some of the potential psychological distress that can accompany meditation practice, and suggest that the understanding of the nervous system implicit in the TRM might help to explain, mitigate and prevent some of these difficulties. I will then discuss some implications of these suggestions in the light of how meditation is taught and practiced in the west. I will argue that Buddhist traditions are replete with frameworks, tools and techniques for addressing some of the psychological pitfalls highlighted. However, some of these methods may have been ‘lost in translation’ as Buddhist meditation training has been adapted for a Western audience. I will make the case that, somewhat ironically, in operational terms some of the secular modalities for teaching mindfulness (such as MBSR) may be psychologically ‘safer’ than those offered in a (Western) Buddhist context. I will close by suggesting some ways in which teaching of Buddhist meditation in certain Western contexts might be modified to minimize the risks of psychological distress. These amount not to an innovation, but to a remembering (re-membering) of teachings already in the Buddhist tradition which may have been overlooked or dislocated as meditation teaching came to the West.

The Trauma Resiliency Model

The Trauma Resiliency Model® was developed by Elaine Miller-Karas, MSW, LCSW and Laurie Leitch, Ph.D, who co-founded the Trauma Resource Institute in 2006.

The TRM is a skills-based peer and clinical intervention that builds resilience capacity through application of self-regulation skills for individuals and groups. Several adaptations of this intervention have been developed to meet the needs of different populations such as children, warriors and veterans, and people suffering from eating disorders and addictions. In its development it draws upon various therapeutic models or theories, including Peter Levine’s Somatic Experiencing Model (Levine 2005), A. Jean

Ayres's Sensory Integration Theory (Ayres, 1972) , and Eugene Gendlin's concept of the 'felt sense' (Gendlin 1978). Space does not permit detailed explanation of these theories, but they all share a focus on body-awareness. I have undertaken two training workshops in TRM, and so am most familiar with this model, which will be my focus; however as mentioned above, it is not the only model that advocates somatically-based techniques for coping with trauma. This somatic focus is typical of recent 'biological turn' in the trauma field which increasingly understands the affective and somatic dysregulation that can accompany trauma as being attributable largely to subcortical processes and mechanisms.¹ In other words, symptoms of trauma are the result of biological processes in the autonomic nervous system (ANS) rather than evidence of 'mental weakness' or cognitive pathologies, although patterns of dysregulation caused by trauma can indeed result in physical or psychological illnesses. These models understand symptoms of trauma as being more common and widespread than just experienced by those who have undergone severely traumatic events resulting in clinical diagnosis of post-traumatic stress disorder (PTSD). I will argue that this new understanding of trauma has interesting implications for practitioners and teachers of Buddhist meditation. It helps to explain why some meditators experience or can be vulnerable to dissociative episodes or other pathologies. This model also suggests techniques that can help avoid such problems of psychological disintegration.

To understand the TRM model, it helps to have a sense of different processes underlying nervous system functioning. One set of processes, generally associated with the upper brain stem and the base of the forebrain and limbic structures, is concerned with basic survival, and is involved with instinctual behaviors such as feeding, fighting, fleeing, freezing and reproduction. It operates on an instinctive, unconscious level (although some of these factors are also subject to conscious control), and regulates the autonomic functions of digestion, reproduction, circulation and breathing.

Another set of processes is associated with limbic system, which is also sometimes described as the emotional brain. This includes the amygdala, which is described by TRM trainers as the 'smoke-detector' of the brain, because it assigns emotional valence to incoming sensory data and assesses those stimuli for threat. It is

also responsible for emotional attachment experiences. When the amygdala is activated, promoting a state of fear, it inhibits social engagement and attachment. Conversely, a sense of social connectedness and bonding can reduce amygdala activation (Davison and Begley 2012, 69). The limbic system works with the ‘survival brain’ to create templates for responses to stimuli. For example, a childhood experience of being stung by a bee can be stored in the memory with negative associations such that any future encounters with bees produce an aversive response. This can be a helpful and adaptive function in the case of genuine dangers – however, it can be maladaptive. For example, suppose that at the time of the bee-sting, the subject was standing near a flowering honeysuckle plant. Part of the aversive bee-sting memory could be the smell of the honeysuckle – if this smell is included in the memory template, then the person might experience a maladaptive negative fear response in the future whenever she smells honeysuckle.

Structures predominantly associated with the limbic system and the ‘survival brain’ are situated deep within the brain. The ‘newest’ part of our brain in evolutionary terms is the neocortex, which is in the outer part of the brain. While other areas of the brain show cortical architecture, the complexity of the neo-cortex surpasses these phylogenetically older regions in morphological complexity and functional connections. The neocortex is much more developed in primates, cetaceans and elephants, and in humans, certain very specialized neocortical regions (e.g. the frontal poles) show development that far surpasses the complexity of homologous regions in non-human mammals. These higher cortical centers are associated with conscious awareness of the environment, deliberative decision making, and certain aspects of self-awareness. In evolutionary terms, the neocortex was the most recent part of the brain to be developed. It is important to note that all three systems are not entirely discrete – they are linked. However, each of these different systems have their own ways of functioning, which can be, but are not always, mutually cooperative. For example, the neocortex, which is associated with conscious thought, is susceptible to being disrupted by the activities of the other two systems. Let’s return to the example of the person who was stung by a bee in childhood who finds herself in a state of panic whenever she smells the scent of honeysuckle. Her rational thought processes associated with her neo-cortex might recognize the irrationality of this fear – she understands that often there are no bees in

sight, and that the scent itself cannot harm her. However, she is unable to override this fear response with her reason. In other words, the influence of the survival and limbic systems on her experience and behavior have overridden the reasoning functions of the neocortex.

The Trauma Resiliency Model, inspired by Peter Levine's somatic experiencing concept, describes this kind of experience as being 'bumped out of the resilient zone'. The 'resilient zone' is a state in which we are calm, the functions of brain and body are integrated, and we have optimal capacity for flexible and adaptive responses to our environment. When we are in the resilient zone, the neocortex is 'online' – we have increased mental clarity, and our body's functions (such as digestion) are working efficiently. Elsewhere, Siegel describes this state as 'neural integration', or 'the linkage of anatomically or functionally differentiated neural regions into an interconnection of widely distributed areas of the brain and body' (Siegel, 2007, 41). This state is 'at the heart of relational well-being.' (ibid) In this state of relative coherence and integration, we are relaxed and inclined towards social engagement. Our sympathetic and parasympathetic nervous system are ebbing and flowing within a normal range – in other words, there are times when our sympathetic response can be more active, giving us an increased sense of energy or alertness, and times when the parasympathetic response is more engaged, creating an increased sense of relaxation or sleepiness. Such fluctuation is perfectly normal and consistent with being in the 'resilient zone' as long as it supports integrative functioning. However, a traumatic event or memory can cause us to be 'bumped out' of this resilient zone into a state of imbalance, where either the sympathetic or the parasympathetic responses of the autonomic nervous system become hyper-activated. In the case of over-activation of the sympathetic nervous system, symptoms such as hyper-vigilance, mania, anxiety, panic, insomnia, and rage are probable. In the case of hypo-arousal, the parasympathetic response is over-activated, resulting in states such as depression, numbness, listlessness and hypersomnia. In both states, the functions of the brain associated with the neocortex, such as the ability to socialize and the tendency to socially engage, are inhibited.

It is important to note that everybody experiences events that can be potentially traumatic and can be ‘bumped out of the resilient zone’ at some point in their lives. People naturally have variations in the ‘bandwidth’ of their resilient zone – what is traumatic for one person may be not troubling at all for another. No matter what the traumatic stimulus, healthy subjects will return to the resilient zone. Some people, though, may experience an event or accumulation of events that are sufficiently traumatic that their ability to return to this state of balance is severely disrupted, to the extent that they may be in a near constant state of nervous system dysregulation, inhibiting normal functioning.

Perhaps one of the most important things to be aware of is the power of the flight, fight or freeze response of the survival brain to, as it were, ‘trump’ or override the activities of the prefrontal cortex (PFC), the most recently evolved part of the brain that supports regulation of our thoughts, actions and emotion. (Arnsten, 2009) The prefrontal cortex is also associated with ‘attuning to others, modulating fear, responding flexibly, ... exhibiting insight and empathy ... [and] being in touch with intuition and morality’ and also has an integrative role – long strands of prefrontal neurons link differentiated areas of the brain and body’. (Siegel 2007, 27). Acute and even mild uncontrollable stress dramatically and rapidly reduces the functionality of the PFC, leaving the emotions and behavior under the control of the more primitive, amygdala-driven brain circuits: ‘during stress, orchestration of the brain’s response patterns switches from slow, thoughtful PFC regulation to the reflexive and rapid emotional responses of the amygdala and related subcortical structures.’ (Arnsten, 2009, 411). Indeed, this can create a ‘vicious cycle’ – stress not only inhibits the regulating effects of the PFC, but also stimulates the activating of the amygdala, strengthening fear-conditioning. This, then, is the first key point; acute or even mild stress can put the regulating functions of the PFC relatively ‘offline’. For this reason, advocates of the TRM and similar models argue for the relative ineffectiveness of ‘talk therapies’ for people who are in active stress – asking somebody to ‘rationalize’ or ‘think through’ their response when they are in such a state is asking them to do something of which they are, at least temporarily, neurologically incapable.

The skills of the Trauma Resiliency Model are designed to help people return from states of nervous system dysregulation to the relative comfort of the resilient zone. The model consists of nine skills (including some of the methods of Somatic Experiencing®) which the subject learns and practices under the guidance of the practitioner. The first six skills are called ‘self-help’ skills because once they are learned, the subject can implement them by him or herself in order to calm down. These skills include the basic three of ‘Tracking, Resourcing, Grounding and Gesturing’, ‘Help Now’ and ‘Shift and Stay’. Space does not permit detailed explanation of these skills. Let it suffice here to say that they focus on the realm of body sensation, using the skills of ‘tracking’ through ‘resourcing’ to encourage the subject to focus on neutral or pleasant body sensations, so as to deactivate sensations connected to distress. ‘Tracking’ describes the skill of being able to be aware of the actual felt sensations in the body, something akin to what in Buddhist terms would be described as mindfulness of the body. With the skill of ‘resourcing’, positive thoughts or emotions are cultivated, with the focus on how they manifest in somatic awareness: the theory here is that these positive thoughts help to calm and stabilize the nervous system, returning it to a more integrated state. ‘Grounding’ is the technique of bringing one’s attention to the sensations of contact of the body with whatever it is resting on (the ground, a chair, etc.). The basic skills of ‘tracking’, ‘resourcing’ and ‘grounding’ come first in the TRM process, because they provide a way of assessing whether the subject is able and willing to pay attention to their bodies on a sensory level, and because they provide a way to access sensations of well-being. Once the subject has learned the first six skills, they are able to practice them whenever they feel they are moving into a state of overwhelm or dysregulation of the nervous system. Such self-regulation skills, once learned, do not require a therapist.

TRM also assumes the premise that traumatic memories can be ‘stuck’ or ‘blocked’ in the nervous system. When we are in ‘fight or flight’ mode, we sometimes do not have the opportunity to discharge this energy either through ‘fighting’ or fleeing. The theory behind the TRM model hypothesizes that this energy needs to be ‘discharged’ to release the traumatic memory. This is achieved by ‘pendulating’ between the traumatic memory and awareness of the positive emotional states, ultimately releasing the traumatic energy by accessing it from within the resilient zone then imagining a completion of

thwarted or blocked defensive response. The pendulation process entails encouraging the subject to move between accessing the traumatic memories in ‘small doses’ – in other words, to the point where he or she is able to notice the beginnings of the dysregulating effects associated with these memories, but without getting to the point of becoming overwhelmed by them. To keep this exposure manageable, the subject is encouraged to turn their attention back to the neutral and/or positive physical sensations associated with ‘grounding’ and ‘resourcing’. The term ‘pendulation’ is used because the attention swings between exploration of the traumatic memory, and calming focus on positive or neutral stimuli. This stage of the practice is often accompanied by movements or signs of release, such as taking a deeper breath or releasing muscle tension. These are understood to be a good sign, representing a releasing or unblocking of stored energy, a completion of the defensive response that was thwarted in the original event. The role of the TRM practitioner is especially important in this stage of the process, as they observe the subject for signs of sympathetic nervous system hyperactivation, and prompt the subject when to pendulate back to focusing on calming stimuli before they move into a state of being overwhelmed by the traumatic memory. In the TRM model, this is called ‘titration’ and it is important because it prevents the subject from being catapulted back into the full trauma of the original event. Whereas the first six skills focus on calming and restoring balance in the nervous system, the seventh, eighth and ninth skills (pendulation, titration and completing survival responses) focus more specifically on addressing previously experienced trauma. Because accessing such traumatic memories can so easily lead to a sense of dysregulation and distress, it is highly recommended that this part of the process is done with a therapist or practitioner, not alone.

There are three key points about the Trauma Resiliency Model to highlight before applying it to the context of meditation. The first is the TRM contention that the nervous system ‘speaks the language of sensation’, as opposed to the language of words or thoughts. This builds on the idea that words and thoughts are associated with the activities of neocortex, whereas the limbic systems ‘speaks the language of emotion’ and the ‘survival’ brain responds to sensation. When we are stressed or traumatized, it is the two latter aspects of brain function that are most active, and therefore attempts to moderate them should be in the form of sensation or emotion-based practices. For

example, the practice of ‘grounding’ brings the subject’s attention to emotionally-neutral physical sensations in the body, whereas ‘resourcing’ evokes positive emotions and, importantly, focuses attention on the way that these are *felt in terms of sensation* in the body. Just as when we recall a dangerous or stressful situation, our body may tense up and respond as if we were still in that danger, so when we focus on a neutral or positive emotion, the body responds accordingly. If, through the process of ‘resource intensification’ we strengthen that stimulus and effect, then we are encouraging the activation of the parasympathetic nervous system, counteracting the stress response. TRM trainers consistently prompt the client or subject to return to this focus on the body, rather than on any ‘stories’ or ‘narratives’ about their experience, because sensation rather than thought is the key portal for accessing the autonomic nervous system. A second, related point, is that some research has suggested that mindfulness training increases activity in the PFC and reduces activity in the (right) amygdala, and that such changes are associated with an increase in subjective sense of well-being and measures of psychological and physical health (Creswell et al, 2007; Lutz et al, 2007, Taren et al 2013). This suggests that regulating and calming effects of mindfulness seem to be associated with the activities of the PFC. However when we are in a state of dysregulation, or outside of ‘the resilient zone’, the activities of the PFC are relatively inaccessible to us. This raises the question of whether we are truly capable of being mindful when we are in such a state. If not, then I think this has important implications for the way that mindfulness meditation is taught and practiced – a point that I will take up in the next section.

The third point is that TRM is an *interactive* activity. The trainer is carefully observing the body language and expressions of the subject, as well as being mindful of their own empathetic responses as experienced in their own bodies. The trainer ‘reads’ the subject, looking for gestures, eye-movements, expressions and patterns of breathing, and also ‘reads’ the empathetic resonance that they are experiencing during the encounter. He or she is trained to notice signs that suggest activation of the sympathetic nervous system (for example, clenched fists, pallor, shallow breathing) and the parasympathetic nervous system (for example, sighing, crying, expansive gestures). They will take these physical signs as clues to the subject’s level of stress-arousal and as

cues to direct the session. For example, a releasing sigh is often a sign of the parasympathetic system being in operation. The trainer may encourage the subject to sigh again, and to focus on the physical resonance of that sigh in the rest of the body, thus effectively intensifying the relaxation response. Conversely, if the subject sees signs of sympathetic activation, then they may take that as the cue to pendulate back to grounding or resourcing, so as to not overwhelm the nervous system to the extent that it is bumped out of the resilient zone. Ultimately the goal is for the subject to revisit a traumatic event and ‘discharge’ the stored tension by completing a defensive response; however, this revisiting must be done while the nervous system is in the resilient zone, giving the memory of the event the opportunity to be uncoupled from the physiological stress response. This is crucial, because if this recollection is accompanied by the usual physiological or psychological dysregulation, the coupling between the event and the traumatized response is only reinforced. The ability to be aware of one’s responses is associated with the activities of the neocortex – since this activity is compromised when one is stressed, then it is difficult for a person to regulate and track their own responses. One can easily become ‘lost’ or overwhelmed by the memory of the traumatic event. This is why it is very important that another person ‘tracks’ and pays attention to signs of stress escalation, prompting deactivating activities where relevant. With training or practice, a person can learn to recognize signs of sympathetic nervous system hyperactivation in themselves: however, to begin with, at least, it is helpful to have a guide who can recognize the signs before one is already in a state of dysregulation. This is particularly important when revisiting a previously experienced trauma.

Can meditation ever be ‘bad’ for you?

In the previous section, I provided an overview of Trauma Resiliency Model and a sketch of the understanding of neuroscience that underlies it. In this section I will consider some questions about mindfulness meditation training in the light of this model. I will argue that this model sounds a cautionary note about how meditation is taught and practiced. In particular, I will investigate a critique of the instruction often encountered in

this context to ‘just be with whatever is happening at the present moment’, a critique that is implied by the underlying principles of the Trauma Resiliency Model.

Finally, I will offer some brief thoughts about the extensive discussions among scholars and practitioners of mindfulness about the most appropriate definition and understanding of the term, both theoretically and operationally. I will focus briefly on one area of this discussion about the relationship between the so-called ‘secularized’ form of mindfulness training developed by Jon-Kabat Zinn called Mindfulness Based Stress Reduction (MBSR) and mindfulness training within an explicitly Buddhist context. I will suggest that theoretical accounts of mindfulness from Buddhist sources do indeed point to the inadequacy or incompleteness of some common operational descriptions of mindfulness. I will argue that if some of the fuller understandings of mindfulness found in the context of Buddhist traditions are operationalized, then this might help to avoid some of the potentially harmful (i.e. traumatizing) consequences that we have explored. The presence of these comprehensive theoretical accounts of mindfulness in Buddhist traditions, though, does not guarantee that they are put into practice. I will argue that *in practice* some of the contemporary forms in which mindfulness training is offered in Buddhist contexts leave practitioners particularly vulnerable to traumatic activation. In particular, intensive, silent meditation retreats, especially those with a relatively low teacher-to-student ratio, may leave meditators at risk for traumatic activation, manifesting in forms of emotional distress such as panic, anxiety, rage and insomnia. I will argue that, ironically, some of the secular modalities for mindfulness training (such as MBSR) offer ‘safer’ environments for practice.

Some contemporary meditation teachers have addressed this issue. For example, in his article ‘Getting Stuck in the Present Moment’, US Zen teacher Flint Sparks discusses some of his experiences in this context. He writes of his early experiences as a beginning student and explains that, while many students were finding the practices very helpful, others were in difficulty:

All too often ... aside from continuing to witness our thoughts, feelings, memories, and bodily sensations, we weren’t shown ways to work with what arose in meditation. The traditional instruction to ‘just sit with it’ didn’t seem to be enough to undo trauma or to relieve the painful imprint of abusive histories. Although we could occasionally achieve periods of emotional relief through

meditation practice, we often continued to suffer in our mindfully cultivated silence and stillness. (Sparks 2011, 2)

The implication here is that ‘just sitting with it’ is an incomplete instruction – students need to be taught how to cope with some of the mental and physical phenomena that may arise from this experiencing. Sparks provides a case study to illustrate his point:

One day, a fellow Zen student named Jim tearfully confided in me that he was struggling with feelings of terror and resentment as he sat in the meditation hall. The silence and cool detachment of the spiritual community’s life reminded him of his abusive father’s silent disdain at his not being the son he wanted. Having never been able to please his father, Jim now felt that he was reliving the sense of failure and humiliation from his childhood. His relationship with his teacher, a formal man who adhered to the traditional constructs of the monastic setting, did little to help matters. While mindfulness practice had given Jim the capacity to witness his thoughts and feelings, no one was there to help him with what he was uncovering. In fact, his desire to satisfy the training demands of his teacher deepened his pattern of suffocating compliance to authority. He’d achieved a good deal of insight through dedicated mindful practice, but had no experience of healing intimacy. (Ibid)

This ‘suffocating compliance to authority’ that Sparks mentions here is significant; if mindfulness is taught in the context of a ‘spiritual tradition’, then this may have a more normative or prescriptive ‘weight’ than if it were offered in purely secular contexts. Another contemporary meditation teacher, Lorin Roche, writes about the ‘taboo against honesty in meditation’. He describes how in physical activities such as running or weightlifting there is an abundance of information about training at the appropriate level and avoiding ‘overuse’ injuries. Such transparency, however, is not so apparent in mental training activities such as meditation. He attributes this partly to a respect for the authority of a system: ‘Maybe it is because yoga and meditation come from Hinduism, and Yoga is ‘by definition’ a perfect system, therefore if you get hurt, it’s your bad karma. You must have been thinking impure thoughts. Perhaps you were criticizing the teacher in your mind, or not being respectful to the guru.’ (Roche 2011)

Formal studies into ‘meditation-induced’ physical or psychological injuries are currently hard to find (although Willoughby Britton and her colleagues are conducting research in this field). However a brief search of the internet yields countless personal accounts from people claiming to have experienced mental or emotional breakdowns that

they attribute to intensive spells of meditation, particularly, it seems, beginners who embark on very intensive silent multi-day retreats (such as S.N. Goenka retreats). Such episodes of mental distress can range from intense panic and reactivated trauma to a sense of dissociation or what is known as depersonalization. Academic and experienced Buddhist meditator David Treleaven writes of his experience of ‘contemplative dissociation’. He uses this term to describe a sense of ‘a disconnection between thoughts, emotions, and physical sensations exacerbated by contemplative practice’. Drawing on the same contemporary trauma theories that inform the Trauma Resiliency Model, Treleaven attributes this disconnection to a state of ‘freeze’ that, to use the language of TRM, bumps one out of the ‘resilient zone’:

sustained attention on the body can lead to a dissociative, or freeze, response. In re-contacting an original wound, the brain can mistakenly perceive an event as reoccurring in the present moment, leading to a cycle of contraction that can, in my own experience, persist for years. With the best of intentions, we touch our wounds with awareness, yet may overwhelm the nervous system in the process. (Treleaven, 2).

Such a hypothesis is supported by neurologist Robert Scaer who introduces the concept of a ‘dissociation capsule’. In his article ‘The Precarious Present’ he writes about the common experience of our awareness of the present moment being interrupted by intrusive thoughts and memories. He describes as ‘woefully incomplete’ the Diagnostic and Statistical Manual (DSM-IV) definition of trauma as a response of ‘intense fear, hopelessness or horror’ to witnessing or experiencing ‘actual or threatened death or serious injury . . . to self or others’ (Scaer 2006). Such a definition is incomplete, in his view, because it is not the content of the traumatic event that matters so much as the subject’s response to it in light of their prior history of trauma: ‘What makes a negative life event traumatizing isn’t the life-threatening nature of the event, but rather the degree of helplessness it engenders and one’s history of prior trauma.’ (Ibid.) A stimulus that may be psychologically and emotionally innocuous to one person could send another into a state of utter panic if it were to trigger certain traumatic memories. Scaer argues that in such instances, the ‘survival brain’ initiates a fight, flight or freeze response as if the body were still in mortal danger. Recall the example in the first section of this paper about the person who was stung by a bee and now, associating that experience with the

smell of honeysuckle, is thrown into a state of nervous system dysregulation by renewed exposure to the scent. In such an instance, the conscious awareness of the sensations of the here and now – the present moment – has been interrupted by not only intrusive thoughts, but an emotional reactivity that disrupts the coherent functioning of nervous system the bumping it out of the ‘resilient zone’. This is what Scaer means by the ‘precariousness’ of the present moment:

If our ‘nows’ are perpetually interrupted by intrusive memories, we're essentially stuck in a time warp formed by those stored perceptions. We can't problem-solve, we can't experience a daffodil or a sunset, we can't relate to other people, resolve old conflicts, or form new attachments. Only in the here and now can we directly experience, and move ahead with, our lives. The present is indeed a precious commodity. (Scaer 2006)

Such states are ‘dissociative’ because memories of the past are interrupting the present moment. Even if the conscious, rational mind (associated with the activities of the neocortex) may recognize the irrationality of the response, the powerful messages of the ‘survival brain’ mean that the nervous system is responding as if the threat is still present. Indeed, elsewhere, Scaer hypothesizes that ‘trauma could be a *corruption of perception of time and of memory.*’ (Scaer 2006, italics original). In addition to intrusive thoughts, such dissociative capsules may well manifest in physical terms as tightness of the chest, sweating palms, chronic pain, indigestion, and so on.

Scaer’s hypothesis seems supported by the understanding of trauma we have already explored. If it is indeed correct then this has important implications for teaching and practicing meditation. There is no use in ‘just sitting with whatever is happening’ if ‘whatever is happening’ is a hijack by the survival brain activated by a traumatic dissociative capsule. This ‘hijack’ results in the dysregulation of the nervous system and makes the regulating and calming effects of activities of the neocortex relatively inaccessible. All of us experience intrusions of mind-chatter, but what if they are more insidious in terms of their effect on our nervous system regulation than the name suggests? This is a question that Scaer raises in connection with psychotherapy clients, but it seems very pertinent to meditation practitioners, too:

When we catch ourselves in this state of nonpresence, we're likely to chalk it up to ‘mind chatter.’ When a client reports these repetitive intrusions, we may

wonder about a tendency toward obsessiveness or the possibility of depression and/or anxiety. While all of these interpretations may have some validity, I believe that much more is at stake. I propose that in many of these moments of body-mind intrusion, our brain is trying to protect us from mortal danger arising from memories of old, unresolved threats. In short, we're in survival mode. (Scaer 2006)

In such a mode, if the dysregulation is strong enough, we are incapable of orienting to the present moment, or truly 'being with whatever is happening'. Indeed, we lose the capacity to relate to others, resolve problems, or develop mental training skills. It might be helpful here to invoke the analogy of surfing. When our nervous systems are in a state of regulation, all three parts of the brain (i.e. the 'survival brain', the limbic system, and the cortex) are in a state of relative balance and we are in the 'resilient zone'. In this state, we are able to keep an intentional awareness of our experience and maintain a state of emotional equanimity, responding but not reacting to intrusive thoughts, just as a surfer makes micro-adjustments to the movements of her board in response to the waves and maintains her balance. However, if the waves are too turbulent for the abilities of the surfer, then she will fall off the board, and no amount of advice about how to keep her balance will assist her once she has fallen into the water. When the nervous system is dysregulated by a sufficiently big 'wave' of a traumatic memory, then the functions of our prefrontal cortex, including the ability to have intentional awareness, become less accessible to us because we are under the influence of the urgent messages of the limbic and reptilian systems. We are overwhelmed or 'flooded', subsumed by the wave and not 'riding' on it. Since neurological research on mindfulness suggests that it is a primarily neocortical function (see, for example, Siegel 2007, 191) our ability to be 'mindful' of such experiences is compromised.

Of course, when we are in such emotional distress we are usually aware of it in some sense, but this is not the same as being in a state of *mindful* awareness. Siegel explains the difference in terms of intention. Mindful awareness, he argues, includes 'reflective qualities of receptivity, self-observation, and reflexivity' which are cultivated deliberately. In contrast, we are 'lost' in memories or 'leftover issues' when we have lost

this receptivity and reflexivity, giving our experience ‘an exogenous feel to it, of the past imprisoning the person in the present.’ (Siegel 2007, 133).

David Treleaven explicitly connects this phenomenon to the context of meditation and ‘contemplative dissociation’:

This is the terrain where contemplative dissociation occurs: By mindfully connecting to their bodies, meditators are left to navigate an inner-world they may, for good reason, have left behind. Returning attention to the breath or body may thus be counter-productive for some meditators. Although many regulate activation levels by discharging bounded energy – a process akin to slowly letting air out of a balloon – individuals who cannot are at risk. (Treleaven, 2010, 4-5).

TRM and the philosophy of Somatic Experiencing which partly inspired it place much emphasis on the importance of ‘titrating’ exposure to traumatic memories so as not to end up in a state of ‘flooding’ or nervous system dysregulation. Unless it is accompanied by more detailed instructions, the advice to ‘just be with whatever is happening’ gives no guidance as to appropriate ‘dosage’ of a stimulus so that the nervous system is not overwhelmed by the contact with a ‘trauma capsule’.

Let us return to the analogy of the surfboard. Research indicates that mindfulness training seems to increase activity in the prefrontal cortex leading to a ‘delicious cycle’ effect of emotional regulation and increased well-being (Siegel 2007, Arnsten, 2009). It seems that mindfulness, therefore, can be an effective ‘surfboard’ with which to ride the waves of experience. However, to ride the waves the surfer must first of all have a surfboard – based on the understanding of trauma I have assumed by the TRM, when one is sufficiently dysregulated, then the ‘surfboard’ of mindfulness is not accessible. To be sure, according to the TRM method, it is mindful awareness of the body (tracking and grounding) that leads to down-regulation and a de-escalation of the stress-response. However, once we are lost in turbulent waters outside the resilient zone then ‘self-rescue’ may be difficult, and we may need some assistance from an experienced guide who can help us back into shallower, calmer waters where we can clamber back on the board. With practice, we can learn to recognize our own physiological or psychological signs of hyper-activation and dysregulation, to understand our limits and to know which waves are manageable. It may be that others around us have much better balance, and ride

rougher waters with much greater facility; it is not the size of the waves *per se* that matters but our individual ability to ride them. It may also be that we can teach ourselves how to surf, and even that we can do so by heading straight for the big waves, but the odds here are against us.

Suffering in Silence

The neurobiological understanding TRM brings to the treatment of trauma poses, I think, very significant questions about best practices for teachers and practitioners on intensive silent meditation retreats. It is common practice on such retreats for participants to operate in ‘noble silence’. Retreatants are asked to refrain from talking or using other forms of communication (unless in group or one-to-one meetings with their teachers), and from reading, writing or using electronic devices such as cell-phones or laptops for the duration of the retreat. This is intended to support the cultivation of concentration and to limit distractions from the practice. The Insight Meditation Society, for example, describes ‘noble silence’ as a ‘powerful tool’ which ‘greatly enhances the deepening of concentration and awareness. Noble silence also fosters a sense of safety and spiritual refuge, even in a course filled with up to 100 participants.’ (Insight Meditation Society, 2013).

Many people benefit greatly from this practice, and no doubt in many cases it does help to foster a sense of safety and refuge. However, what about the person who has ‘fallen off their surfboard’ and is no longer in the resilient zone? Perceived social isolation raises cortisol and other stress hormones (Davidson and Begley, 2012, 115) whilst a sense of social connectedness can reduce activation of the amygdala (ibid, 72). Remember that in states of dysregulation, the rationalizing functions of the PFC are relatively inhibited - although the retreatant might know, rationally, that they are not being socially rejected by others, this message may be drowned out by the more urgent and distressing messages of the limbic and survival brain. Practices intended to engender a sense of safety and security may be having the opposite effect by promoting messages of social isolation and compounding the stress response. What if, as Treleaven puts it,

‘By limiting social interaction, encouraging uninterrupted practice, and subtly inhibiting physical expression by focusing on stillness and silence, concentration is enhanced at the cost of receiving social safety cues’ (2010, 22)? Can concentration, a PFC function, really be said to be enhanced in such circumstances?

Most responsible retreat centers pre-screen potential retreatants for psychological pathologies that may contraindicate embarking on a silent retreat. However, advocates of the TRM and other similar modalities argue that ‘sub-clinical’ levels of traumatic activation are much more widespread than are suggested by the narrow definitions of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5, 2013) – any of us are liable to encounter a dissociative capsule and find the ‘present moment’ inaccessible to us. According to the TRM, in such a context, just about the worst thing we should do is ‘sit with whatever is happening’ if what is happening is an episode of traumatic activation – this will only make the dysregulation worse.

I have no doubt that there are many highly-trained meditation teachers in retreat centers who have the skills and attunement to recognize and assist retreatants who find themselves in such a state of activation. However, I would also suggest that some of the structural constraints – such as the large ratio of students to teachers – may make it difficult for such people to be identified if they do not come forward and ask for help. In addition, ‘coming forward’ in such a setting may be difficult for a person who is already distressed and may feel tacit pressure to ‘just notice whatever is happening’ or to ‘fold difficulties into your practice’. This is assuming that the person has not dissociated entirely, in which case they may be using the practice to avoid or compartmentalize difficult experiences. Since self-awareness is one of the PFC functions that may be compromised by the nervous system activation, it may be difficult for people in this state even to recognize it. One of the benefits of the TRM model is that in addition to training people in mindful awareness of body sensation through the skill of ‘tracking’, it also educates people to recognize the physiological signs of dysregulation, and offers techniques to regulate and moderate sympathetic nervous system activation through the skills of resourcing, titration and pendulation. It has specific, targeted instructions that support the balance of mind conducive to the development of mindfulness and

concentration skills, guiding people in exactly what to look for in terms of physiological signs. More nebulous instructions such as ‘sit with whatever is happening’, or ‘be aware of your experience in the present moment’ may not only be less supportive of de-escalating stress responses, but may actively worsen them. They are, in other words, a rather blunt instrument.

Some thoughts about the discussion on mindfulness.

So far I have raised questions about the psychological ‘safety’ of intensive, silent meditation retreats in the light of the understanding of trauma presented in the Trauma Resiliency Model. In this section I will briefly touch upon recent discussions about understandings of mindfulness in secular contexts compared to Buddhist ones and will argue that, ironically, some of the secular models for teaching mindfulness might be more conducive to supporting the cultivation of mindful awareness than the intensive, silent retreat modality insofar as they lessen the risk of traumatic activation.

Consider the following popular secular definition of mindfulness: ‘Broadly conceptualized, mindfulness has been described as a kind of non-elaborative, non-judgmental, present-centered awareness in which each thought, feeling or sensation that arises in the attentional field is acknowledged and accepted as it is.’ (Bishop et al, 2004, 232). Another oft-cited operational definition is provided by the founder of the Mindfulness-Based Stress Reduction (MBSR) program, Jon-Kabat-Zinn:

‘Paying attention on purpose, in the present moment, and nonjudgmentally, to the unfolding of experience moment to moment.’ (Kabat Zinn 1994, 4)

Separately, Buddhist scholars Dreyfus and Gethin (2011) argue that such definitions do not do justice to the presentation of the mindfulness construct in Buddhist traditions. Both argue that such definitions are too ‘minimalist’. Decontextualizing the construct impoverishes and narrows its import.

Dreyfus argues that in the Buddhist analysis, mindfulness does not have to be entirely rooted in the present but implies steady, unwavering attention on a mental object whether it is in the present moment or not. Mindfulness also has an evaluative

component, distinguishing wholesome from unwholesome states – in other words, it is not accurately characterized as ‘non-judgmental’. (Dreyfus, 2011).

Part of the difficulty here is that the English term ‘judgmental’ can have different connotations. In its popular use it can carry certain negative overtones of being negatively critical or non-accepting. It can also have a more neutral sense of simply ‘relating to judgment’ where judgment is understood as ‘the process of forming an opinion or evaluation by discerning and comparing’ (Merriam Webster, 2013). Insofar as the first sense implies a certain level of aversion or non-acceptance, it is inconsistent with mindfulness. Olendzki’s Abhidhammic analysis of the construct of mindfulness helps to elucidate this. According to the Abhidhamma, whenever mindfulness arises it necessarily does so with eighteen other ‘wholesome’ mental factors which include non-greed, non-hatred and equanimity (Olendzki, 2011). All nineteen of these universal wholesome factors are exclusive of unwholesome mind states, including greed, hatred, delusion and restlessness. Olendzki suggests that modern definitions of mindfulness as ‘non-judgmental’ are getting at this sense that ‘mindful attention neither favours nor opposes the object, but rather it expresses an attitude of equanimity.’ (2011, 61). The Abhidhamma also makes clear that mindful attention is quite different from ordinary attention. Ordinary attention (*manasikara*) is one of the seven universal mental factors that are present in all moments of consciousness and it is ethically variable – in other words, it is neither inherently ‘good’ or ‘bad’ but can be coopted in the service of either wholesome (*kusala*) or unwholesome (*akusala*) states of mind. What determines whether a mind state is wholesome or unwholesome is the arising of other mental factors along with the seven universals. For example, we can have attention on our bodies, for example, when in the middle of a paroxysm of rage or hatred. In this state, various unwholesome mental factors such as greed, hatred, delusion and restlessness are co-arising with attention. In such a state we might well have awareness that we are angry. To the extent that our minds are actively under the influence of the unwholesome mental factors that contribute to anger, then we are not mindfully aware of the experience. This is not *mindful* attention because, as we have seen, according to the Abhidhamma a mindful mind state cannot co-exist with unwholesome factors. Wholesome and unwholesome states are mutually exclusive. Mindful attention necessarily implies skilful

mind states: ‘mindfulness is not just heightened attention, but it is attention that has become confident, benevolent, balanced and fundamentally wholesome’ (Olendzki, 64).

The body-awareness practices described above derive from the classic model of mindfulness meditation in the sacred canon of Theravada Buddhism. This describes mindfulness in terms of four foundations, and is found in the Satipaṭṭhāna and Mahāsatipaṭṭhāna Suttas of the Pali Canon. The first foundation of mindfulness is mindfulness of the body. It is fairly straightforward to understand the concept of having benevolent and balanced attention towards sensations in the body. However, the issue becomes more complicated when one considers the second, third and fourth foundations of mindfulness. The second foundation of mindfulness is mindfulness of pleasant, unpleasant and neutral feelings. The third is mindfulness of mind states, including negative mind states such as lust, anger and delusion. The fourth is mindfulness of *dharmas* such as the five hindrances and the five aggregates (Anālayo 2003). If, according to the Abhidhamma, mindfulness cannot co-arise with unwholesome mind states, then how can it be possible to be mindful of a lustful mind, for example, or a mind in the grip of the hindrance of aversion? Olendzki explains that mindfulness has a transformative effect. When one brings the mental factor of mindfulness to an unwholesome mental factor such as anger, the anger is displaced as an attitude driving the mind, and becomes instead a mental object ‘only an echo from the preceding mind moments’ which has lost its emotional charge. Mindfulness has effectively replaced anger as the predominant mental attitude: ‘Mindfulness of unwholesome states is transformative precisely because the unwholesome quality of awareness has been replaced with a wholesome attitude.’ (Olendzki 65).

The nuances of this analysis reinforce the inadequacy of an instruction to ‘just pay attention to whatever is happening in your experience’. Mindfulness is more than ‘just noticing’ – it is an awareness accompanied by at least eighteen other wholesome mental factors including non-greed, non-hatred and equanimity. It could be described as ‘non-judgmental’ in that it is not accompanied by aversive attitudes. However, if ‘judgment’ is understood in the sense of making an evaluative discernment or assessment, then it seems

fair to say that mindfulness *is* judgmental insofar as it entails discerning the qualities of certain feelings as pleasant, unpleasant or neutral, for example.

In support of such an analysis, Gethin argues that the contemporary definitions of mindfulness mentioned earlier are ‘minimalist’ and inadequately reflect the fuller import of the term in the context of the Buddhist tradition. Citing the Pali Canon, he argues mindfulness implies the ability to remember what we are supposed to be doing, and recognize when emotions, thoughts or sensations interfere with this:

The suggestion seems to be that if we have mindfulness then we will remember what it is that we should be doing in a given moment (watching the breath, say, or paying attention to posture), and thus when perceptions, feelings, states of mind and emotions that might interfere with this arise, we will have the presence of mind not to let them overcome our minds and take hold. (Gethin, 2011, 272).

Both these accounts of mindfulness are consistent with the techniques of ‘tracking’ and ‘grounding’ in the TRM – the subject is invited to notice the sensations in his or her body and learn to evaluate whether they are ‘activating’ or ‘calming’. When they are recognized as causing stress activation, then the practice is to turn the attention to a physiological focus that is more calming, and less distressing. To relate this to the concept of the different parts of the brain, it may be that mindfulness can help us to stay within the resilient zone where the prefrontal cortex is fully online, and helps to protect us from ‘hijacks’ from the limbic and survival brains. It is interesting that the focus in TRM is on sensations in the body, because the classic Buddhist instruction about mindfulness, the Satipaṭṭhāna sutta, clearly instructs the practitioner to begin their mindfulness practice with the body. Another interesting comparison is that mindfulness of the body is not limited to one’s *own* body, but can include mindfulness of other people’s bodies, too. (Anālyo 2003).

Gethin also finds the ‘secular’ definitions above to be ‘minimalist’ because they tend to focus only on the skill of mindfulness, ignoring the fact that mindfulness is part of a matrix, just one of seven factors of awakening. Three of these factors are relaxation or tranquility (*passadhi*), concentration (*samādhi*) and equanimity (*upekkha*). These factors can co-arise with mindfulness and suggest that a pre- and co-condition for mindfulness is

calm, expressed in the Satipaṭṭhāna Sutta as the ‘overcoming of one’s longing for and discontent for the world’:

That watching the body as body with mindfulness should involve overcoming one’s longing for and discontent with the world might suggest that mindfulness is envisaged as something rather more sustained and developed than mere bare attention or present moment non-judgmental observation; it suggests that a prerequisite for true mindfulness is watching from the vantage point of a relatively still and peaceful state of mind. (Gethin, 2011, 273)

This idea that mindfulness requires a foundation of calm mind also lends support to the view that teaching mindfulness should entail more than ‘sitting with whatever is happening’. It suggests that ‘bare attention or ‘present moment non-judgmental observation’ is an advanced practice that should be preceded by the establishment of a calm state or, to use TRM terminology, a nervous system that is in the resilient zone. It also suggests, *per* Dreyfus, that mindful awareness is not ‘non-judgmental’, because faculties of discernment are engaged to distinguish wholesome from unwholesome states. Translating this once more in the terms of the TRM, a case could be made that thoughts or memories that lead to dysregulation could be understood as unwholesome because they lead to distress, whilst the opposite is true for calming thoughts. The TRM modality trains the practitioner to recognize correlates of unskillful mind states as they are experienced *in the body*, the arena for the first foundation of mindfulness. Meditation practices intended to generate positive affect, such as loving kindness or compassion meditations could be framed in terms of ‘resourcing’ – they keep the attention on thought, memories or intentions that lead to a sense of social connectedness, inter- and intrapersonal resonance, and thus to down-regulating, calming sensations. In other words, operationally, TRM supports mindfulness training in a manner consistent with Buddhist accounts of mindfulness.

Is MBSR operationally more sensitive to context than some Buddhist meditation regimes?

Buddhist scholars such as Gethin, Dreyfus and Olendzki provide excellent arguments to suggest that definitions of mindfulness used in the secular realm may indeed be too ‘minimalist’, impoverishing the concept of its full resonance by decontextualizing it. However, *operationally*, some of the secular techniques and modalities for teaching mindfulness *may* actually be more effective at realizing that state than trainings in overtly Buddhist contexts such as intensive silent retreats, particularly for beginners. In relation to his MBSR program, Jon Kabat-Zinn responds to critiques of his definitions of mindfulness by Gethin et al by arguing that they are operational definitions, and are not intended to be comprehensive, theoretical ones. He goes on to elaborate that by ‘non-judgmental’ he means refraining from entering into cognitive analysis of our thoughts and sensations, but instead noticing simply if they are pleasant, painful or neutral (the second foundation of mindfulness). Operationally this emphasis is meant as an antidote to our tendency (in the West, at least) to be hyper-cognitive: ‘Mindfulness practice is ultimately not merely a matter of the intellect or cognition or scholarship, but of direct authentic full-spectrum first-person experience, nurtured, catalysed, reinforced and guided by the second-person perspective of a well-trained and highly experienced and empathic teacher.’ (Kabat Zinn 2011, 292)

As Kabat-Zinn unpacks his operational definition of mindfulness, he demonstrates a tacit understanding of the potential dysregulating effects of being aware of the ‘full-spectrum’ of experience because he emphasizes the crucial importance of this being supported through the guidance of a skilled teacher. Later in the same article he elaborates that cultivating familiarity with actual experience as it is happening is a ‘radical act’ which requires a great deal of support:

Huge amounts of guidance are necessary to keep the person engaged in such a practice, even for the briefest of moments at first, and this is why mindfulness-based interventions such as MBSR are delivered in a group setting as ‘courses’ over an extended period of time, for the purpose of letting just such a learning curve and a deepening of stability and insight develop in a context of total support which is none other than sangha.
(Kabat-Zinn, 2011, 297).

It is clear from this description that MBSR training recognizes the vital importance both of ‘titrating’ familiarity with ‘full-spectrum experience’ and of doing so in the context of social support. An example of this titration comes in the context of the one-day retreat that is a part of the eight-week MBSR program. This retreat happens between weeks six and seven of the course, is typically about eight hours long and is conducted for the most part in noble silence. Exposure to the silent portion of the retreat is very carefully titrated. The fact that this practice might cause anxiety is normalized, and the availability of teacher support is carefully emphasized. The retreat comes near the end of the course when students have already been developing skills in emotional self-regulation. At the end of the silent period, the reintroduction of speaking is also titrated, with students working in pairs to quietly debrief each other before the group reconvenes to ‘debrief’ together. All these steps work to minimize the risks of triggering social isolation and concomitant distress. It is typical of the titration of potentially challenging experiences that is built into the structure of MBSR training.

Regarding the issue of authority, Kabat-Zinn explains that quite intentionally, too, MBSR was designed to be non-authoritarian and non-hierarchical thus avoiding some of the potential traumatic ‘triggers’ of authoritarian, hierarchical dynamics, exemplified by the case study of ‘Jim’ earlier in this paper.

Another significant point is that MBSR training is systematized, with would-be teachers undertaking a particular curriculum and fulfilling a minimum requirement of mindfulness practice experience before they can be sanctioned as MBSR teachers. This helps to protect future students from poorly-trained facilitators. No doubt there are many excellent, highly-trained teachers who run intensive Buddhist meditation retreats, but one does not know whether they have any formal training in recognizing and responding to signs of traumatic activation. Other factors such as the number of students or the noble silence constraints might make it easier for such signs to be missed. MBSR teachers may also not have been given this kind of explicit training. However, as I have suggested above, the MBSR curriculum has various elements built into it, such as ‘titrating’ exposure to silence, strong peer and teacher social support, and a non-authoritarian

dynamic. Such features help to minimize and manage traumatic activation. To the extent that teachers are faithful to the MBSR curriculum, these safeguards are activated.

So far in this section I have merely touched upon a very complex and involved discussion about the concept and contextualization of mindfulness. This topic deserves much deeper investigation to do it justice. In the light of the understanding of trauma as presented by the TRM and similar models I have tried to raise the following question: might MBSR training be psychologically ‘safer’ than training in an intensive Buddhist silent meditation retreat and, in this sense at least, operationally closer to the Buddhist goal of alleviating suffering?

Anticipated objections and the need for further discussion

An anticipated objection to this question might be that the comparison is unfair – I have compared a specific secular modality (MBSR) with an unspecified and nebulous ‘Buddhist silent meditation retreat’. Until I find a specific point of comparison, am I committing the ‘straw man’ fallacy? There are, after all, thousands of different Buddhist schools and teachers offering meditation retreats. Many of them have strong support systems and practices that are carefully situated within the context of specific teachings that support meditation practice. This criticism is valid, but I suggest that there are various reasons why my arguments in this paper nevertheless have value.

Firstly, it is precisely this plethora of choices of Buddhist meditation retreats and trainings that poses a problem. While it may be true that there are many well-guided and supported Buddhist training modalities, it takes some familiarity with Buddhist teachings and traditions to be able to identify them. It also takes some recognition of the ‘dark side’ of meditation practice to make an informed decision about what kind of psychological distress might accompany such training and to choose one that anticipates and offers appropriate support when such difficulties arise. By ‘appropriate’ support here, I mean support that takes into account the neurobiological underpinnings of traumatic activation and deactivation, whether that is expressed in contemporary secular language, or in

Buddhist-tradition-specific terminology. How is a person unfamiliar with either of these contexts who wishes to ‘learn how to meditate’ to make an informed decision?

Secondly, and related to this first point, I argue that it is important to take into account the effects of decontextualizing practices from their historical, social and philosophical roots. Buddhist traditions contain many tremendously detailed and systematized instructions for mental development. Prior to the last couple of centuries, somebody undertaking this training would be doing so within a monastic context, with a supportive social network of teachers and fellow practitioners who presumably shared a similar worldview, shored up by a shared and developing understanding of the doctrines and philosophies offered by their particular tradition. They would be under the personal tutelage of an experienced teacher who would be familiar with their particular character and guide them in their meditation practice accordingly. As the dhamma has moved West over the last couple of centuries, it has manifested in myriad ways, reflecting many historical contingencies that radically remove it from its original contexts. For example, urban meditation retreat centres (which began in the west in the 1950s) offered meditation training to people *en masse*, rather than under individual tutelage. The availability of information now is such that a person completely new to any Eastern philosophies can have access to very esoteric practices which may well be divorced from their intellectual and social context. A change in context can change the meaning and significance of a practice. For example, spending a week in ‘noble silence’ in a contemporary US retreat center might well have a very different resonance – and different challenges – than undertaking this practice in a monastic community in first century India. The specific and context-dependent nature of these challenges cannot, of course, have been anticipated when the practices were originally developed. In deciding which practices to undertake, one necessarily needs a framework or a context to provide criteria for making these decisions.

My third point is that contemporary understandings of the neurobiology of psychological trauma, such as the TRM model, offer evaluative criteria which may help to mitigate some of the difficulties associated with this decontextualizing. One important criterion is whether or not the practice is likely to cause harm. The TRM model offers a lens for evaluating this. Similarly, one of the advantages of ‘secularized’ training like

MBSR training is that one needs very little specialized knowledge of the field to understand what one is getting into. Potential risks and benefits of the training are laid out at the very outset. Even though MBSR is often criticized for being decontextualized from its Buddhist roots, in its transparency and in its sensitivity to the neurobiological underpinnings of trauma implicit in its curriculum, it models an approach that many contemporary Western Buddhist trainings may benefit from adopting. The narratives of scientific research and ‘stress reduction’ may be more accessible to Western practitioners than decontextualized Buddhist philosophies and practices. Buddhist traditions contain profound, detailed and highly nuanced understandings of human psychology. My point is not to question this, but rather to ask how these can be operationalized in contemporary Western contexts in ways that help to mitigate or prevent ‘dark night’ episodes of traumatic activation and other forms of psychological distress. In his critique of MBSR and MBCT definitions of mindfulness as ‘minimalist’, Gethin draws on Theravadin exegetical literature to argue that mindfulness (*sati*) implies more than just bare attention but includes some kind of orienting qualities: ‘the traditional Buddhist account of mindfulness plays on aspects of remembering, recalling and presence of mind that can seem underplayed or even lost in the context of MBSR and MBCT’ (Gethin, 2011, 275). I am advocating for remembering and recalling the importance of context when Buddhist teachings are operationalized into meditation instructions in Western Buddhist frames of reference. When dislocated from their original contexts, these ancient techniques may carry new or unanticipated risks. How do we re-member teachings or practices that may have been dislocated? How do we re-envision ways of supporting these practices in new contexts? Listening to the insights of new modalities such as the Trauma Resiliency Model may be one way, but no doubt there are many others. In raising these points I hope to encourage conversation about skilful ways of doing this.

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ⁱ For an interesting article about a contemporary application of this kind of therapy see Interlandi 2014.