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Teaching Trauma-Sensitive Meditation: Principles and Competencies

Master's Thesis

Marjatta Moimas

March 2018

Lesley University

Melissa Jean & Nancy Waring

*In Memory of My Friend, Mon Amie
Florence Marguerite Tolbert 1967-2018*

Abstract

This study investigates teaching trauma-sensitive meditation, its importance, and its principles and practices. In order to investigate this topic, five experienced meditation teachers were interviewed. The participants of this study were Mindfulness Based Stress Reduction teachers and insight meditation teachers from the Buddhist Theravadan tradition, living on the East Coast and the West Coast of the USA. The aim of the research was to gather practical experiences on teaching trauma-sensitive meditation and to share the knowledge that exists among meditation teachers with the ever growing number of mindfulness professionals. The data were collected from interviews which were transcribed and returned to the participants to confirm that they had been understood correctly. The participants of the study offered perspectives, examples and practical tools for teaching trauma-sensitive meditation. The transcribed interviews were categorized and analyzed using the Five Principles of Trauma Sensitive Mindfulness by Treleaven (2018). The teachers' responses fell naturally into these categories and they both intuitively and professionally followed the Five Principles and taught meditation in a trauma-sensitive and inclusive way. The results were also discussed from competence perspective with the idea of trauma-sensitivity being an important part of a meditation teacher's competence. The teacher competence was analyzed using the MBI-TAC by Crane et al. (2012) in order to reflect the competences that the teachers discussed.

Keywords: trauma, trauma-sensitive, inclusivity, meditation, mindfulness, teaching, teacher competence

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Teaching Trauma-Sensitive Meditation: Principles and Competencies

When focusing on different aspects of trauma and meditation during the Lesley Master's of Art in Mindfulness Studies, I repeatedly struggled to find groundbreaking sources regarding the challenges that I had experienced in my personal meditation practice and what the participants of my meditation classes and workshops had reported to me. Looking back, I see myself being a clear example of Britton's (2017) Five Myths of Meditation: After years of practice I suddenly found myself unable to focus on the breath, spending two weeks in a fetal posture in bed and having traumatic flashbacks. My meditation teacher at the time was not able to help me navigate through the experience, and I was not able to translate the depth of my meditation practice to my therapist, nor what I was experiencing both physically and mentally. I felt resourceless when participating MBSR and insight meditation classes and retreats. I could not practice with the breath, yet I did not know what to use as a safety anchor when meditating.

When I encountered challenges mentioned above, I was already teaching meditation, as were most of the interviewees in Lindahl et al.'s (2017) study on meditation related challenges. I noticed that many participants on my classes were experiencing a fear of closing their eyes, shaking, having flashbacks (such as their family members being killed) during the body scan practice, unable to focus on the breath ending up hyperventilating, and finally to reporting me their relief when I offered adaptations of the practices. I realized I was not alone with my extreme experiences in meditation. I found an insight meditation teacher who knew how to work with me and trauma-related issues in my meditation practice. I realized there was something untouched and misunderstood in the way meditation is taught and researched here in the West. This thesis is a part of my personal healing journey, as well as a professional inquiry into the importance of teaching trauma-sensitive meditation.

The thesis relies upon the latest, and so far, the most in-depth research on the topic of meditation-related challenges, including traumatic symptoms, by Lindahl et al. (2017). This recent study not only focuses on the Buddhists' experience of challenges in meditation, but also offers perspectives on the struggles that meditators and teachers might encounter in secular meditation traditions, in Mindfulness Based Interventions (MBIs), such as Mindfulness Based Stress Reduction (MBSR) and Mindfulness Based Cognitive Therapy (MBCT). Based on Britton's Five Myths of Meditation (2017), I am widening the findings of this research to touch Insight Meditation, as well as MBSR by interviewing in total five experienced meditation teachers and experts from these traditions.

The goal of the thesis is not to offer tools that any meditation teacher from any tradition can take into practice and call it trauma-sensitive meditation. I do not suggest that trauma-sensitive meditation equals teaching meditation specifically to people with trauma. Rather, I offer a perspective on the importance of being inclusive, informed and sensitive toward understanding the nature of trauma and how it can manifest to meditators. Meditation is not good 1.) Always. 2.) For everyone. 3.) In the same way. Teachers can learn some trauma-sensitive tools and how to respond when traumatic reactions occur for students. Teachers can also learn to recognize when it is time to refer the meditator to a trauma professional instead of repeating the common mindfulness instruction to "just be with it."

The thesis is thematically organized and explores what teaching trauma-sensitive meditation means and takes a look at the terminology related, from mindfulness to neurophysiology of trauma. The relationship of trauma and meditation will be investigated using sources from the Theravada tradition and its Vipassana meditation practice, also called Insight

meditation in the West. As a secular reference MBSR and other MBIs will be included as they are currently the most researched and the most known form of secular meditation movement.

The most highlighted source in the thesis is the work of David Treleaven, who has been working for years as a therapist with meditators who have been impacted by trauma and struggling within their meditation practice. His *Five Principles of Trauma-Sensitive Mindfulness* (2018) will offer a reflective frame for the analysis of the interviews. In addition, I will combine the interviewees perspectives to trauma-sensitive meditation with Crane et al.'s (2012) theory on *Mindfulness-Based Intervention Teacher Competence (MBI-TAC)*. While the MBI-TAC is for assessing teacher competence, I am using it as a way to analyze the competences discussed, not as a tool to assess the interviewed teachers' competences to teach trauma-sensitive meditation. The MBI-TAC is used as an aid for addressing specifically trauma-sensitive competences that the five experienced teachers had found to be useful. I am asking: How could meditators with trauma receive the best possible guidance and care from their teachers? How could trauma survivors be consciously included, as they already are present in every class and retreat that is offered? How do the five interviewed meditation teachers include trauma-sensitivity in their ways of teaching? How do their perspectives relate to Treleaven's 5 Principles of Trauma-Sensitive Mindfulness and Crane et al.'s (2012) MBI teacher competences?

Literature Review

The literature review is thematically organized, starting with an overall look at the research and knowledge on traumatic experiences in meditation. After this summary, the literature review unfolds thematically and explores the themes in a more detailed way. It starts from the basic terms of mindfulness, meditation and trauma, both from Buddhist and secular perspectives. After defining and describing the essential terms, the literature review then

proceeds to the nature of trauma, its signs and symptoms. A special attention will be paid to dissociation, arousal and how they show up in a meditative setting: “contemplative dissociation” (Treleaven, 2010, p. 20).

After defining the basic terms used in the thesis the literature review proceeds to a broader field of neurophysiological reactions to trauma and to perspectives on how to work with them. Perspectives such as trauma-informed and trauma-sensitive will be described and explored in order to take a look at how they might differ from each other. Next the literature review will proceed to common myths around meditation and challenges that may come up in one’s meditation practice. From there the literature review builds up to the meditation teacher’s role, competences and responsibility when facing trauma among their students. Lastly, the literature review describes ways to work with upcoming challenges by exploring Treleaven’s 5 Principles of Trauma-Sensitive Mindfulness.

Traumatic Experiences in Meditation

The rising interest in different Buddhist meditation practices in the Western world is bringing up challenges in the actual meditation that may show up as intense and difficult experiences for the practitioners (Lindahl et al., 2017, Kornfield, 1979). Buddhist sources (Kornfield, 1979) show that meditation related difficulties have been known and recognized for a long time before the secular mindfulness movement arrived in the West. Studies (e.g., Compson, 2014; Lindahl et al., 2017) show that it is essential to get to know deeper the Buddhist meditation traditions in order to understand what to expect in the setting of secular meditation in the West, both as a meditation practitioner and as a meditation teacher. While Compson (2014) underlines the importance of the meditation facilitator’s understanding of the Buddhist textual underpinnings of certain meditation practices and traditions as a baseline of the modern secular

meditation, Lindahl et al. (2017) emphasize that the actual experiences of Buddhist meditators can be used as a resource when teaching secular mindfulness meditation in diverse settings.

Even though the widest research on meditation-related challenges so far has been published just recently (Lindahl et al., 2017), intense meditation experiences were documented during the early movement of Insight meditation in the West (Kornfield, 1979). Both of these studies include experiences such as flashbacks of traumatic memories, losing the sense of self and the body, anxiety, sleep disorders, depression and anger. While Kornfield (1979) suspects that intense and negatively received experiences are more typical for people on long meditation retreats, Lindahl et al. (2017) and Britton (2017) have shown that it is common to encounter very demanding experiences in meditation also out of the retreat setting. Such experiences may occur even during one's regular daily practice at home and at any point of one's meditation path in meditation practice, in the early weeks of after having years of regular meditation practice and in all phases between these two extremes. At the same time, Compson (2014) and Treleaven (2018) emphasize the importance of understanding the neurophysiology of trauma: how trauma gets activated and how to practice meditation as safely as possible. Compson (2014) offers as a tool called Trauma Resilience Model, and Treleaven (2018) describes how we can use The Window of Tolerance together with his Five Principles of Trauma-sensitive Mindfulness.

According to Compson (2014), MBSR can be seen as somewhat safer option as a meditation practice due to it including more human contact and talking and less silence than Buddhist meditation retreats, while Britton (2017) has the experience of receiving phone calls from struggling meditators who have been facing great challenges during a secular MBSR class, practicing on their own with a meditation app and other non-intensive meditation retreat settings.

On the other hand, the research data also shows that adapted MBSR programs have been successfully researched to benefit traumatized population, such as family members of homicide victims (Hartwell et al., 2017), child abuse survivors (Kimborough et al., 2010) and survivors of interpersonal violence (Kelly & Garland, 2016). According to Lindahl et al. (2017), there still seems to be a strong bias in the research field regarding the effects of meditation, as most studies focus on its benefits for one's health or psychological well-being. However, there are meditators whose experiences are quite the contrary to the reported increased over all well-being, and their often extremely difficult experiences need to be acknowledged and studied more (Lindhal et al., 2017).

Writers (i.e., Lindahl et al., 2017; Britton, 2017; Treleaven, 2018; Compson, 2014; and Vallejo & Amaro, 2009) point out the importance of the meditation teacher's toolset, competence and the skillful preparation and response regarding trauma-related challenges in meditation. Magyari (2016), Vallejo and Amaro (2009) and (Kimborough et al., 2010) have the experience of planning and facilitating adaptations for trauma survivors such as victims of violence, substance abusers, and childhood abuse survivors in the setting of an MBSR program. The research, for example Lindahl et al. (2017), emphasizes Buddhist practice as a baseline for the modern secular mindfulness meditation and points out that the focus mostly on the health benefits of meditation is mostly a Western phenomenon, and how we could learn a lot from Buddhist traditions when it comes to the difficulties and challenges that will come up for meditators and meditation teachers. Compson (2014) and Britton (2017) remind how it is important that the meditator receives appropriate information on the possible risks and benefits of the meditation and its tradition in a class in which they are planning on participating.

Moreover, the responsibility of a mindfulness teacher who wants to teach meditation in a trauma-sensitive way includes understanding the nature of trauma, especially the neurophysiology of it (Treleaven, 2018), the teacher's long time meditation experience, training and knowing the characters of traumatized psyche (Magyari, 2016). Magyari (2016) recommends that the teachers of Mindfulness Based Interventions (such as MBSR and MBCT) should all be trauma-informed and sees being trauma-informed as a part of the teachers' competence, as all MBI programs will be likely to have traumatized participants in them. Treleaven (2018) underlines the same perspective, noting that trauma-related challenges can and will come up where ever meditation is offered, whether it is taught as a part of a longer MBI program, insight meditation retreat or if it is facilitated less formally on a school recess.

Treleaven (2018) sees the nature of trauma as an array of neurophysiological symptoms and problems produced by the oppression of our society. Therefore, trauma is not only a problem of an individual but a widespread phenomenon that has physical manifestations in one's whole body and the brain. According to Treleaven (2018), when teaching mindfulness, trauma-sensitivity means that the instructor understands the neurophysiology of trauma and the mechanism of arousal, knows how to teach the meditator to regulate their own practice and how to increase their stability, recognizes the signs of dissociation in the meditator, understands the relational aspects in creating safety for a trauma survivor and is aware of the social structures of our society—in other words, is open to seeing how trauma can be produced through oppression and discrimination. All of these aspects will be explored in the section focusing on Treleaven's (2018) Five Principles of Trauma-Sensitive Mindfulness.

According to Epstein (2015), in the Buddhist realm psychological trauma is embedded in the Buddha's own life; after all, he was a trauma survivor who lost his mother when he was still

a baby. While Bodhi (2001) talks about the universal nature of human suffering, Epstein (2015) emphasizes the internalized loss of a relationship with a parent (whether physical or psychological) and the profound sense of loneliness that comes a part of the survivor's identity and the dominating feeling in one's experience. This feeling, which is not anymore related to one's present moment experience, can later on follow one until the adulthood, but according to Epstein (2015) it can also be seen and healed through relaxed meditation practice and observing feeling tones. On the other hand, similarly to how Lindahl et al. (2017) criticize the research field's emphasis on positive outcomes of meditation, Epstein (2015) claims that on an individual level people are seeking relief and comfort from meditation rather than the absolute wilderness and unsafety of it. In summary, the avoidance of the unpleasantness of the meditation practice is a form of dissociation that even the Buddha got to know very closely due to his childhood trauma. (Epstein, 2015). The Buddha's experience and the practice that has unfolded thousands of years after him offers us a direct view to the human suffering that we will sooner or later encounter in our formal meditation practice, whether it is a Buddhist insight meditation or secular MBSR practice.

Lindahl et al. (2017) interviewed 66 Buddhist meditation teachers on the meditation-related challenges they have encountered. Their experiences were divided into 59 different categories that are not commonly talked about but that the meditators brought up when having a chance to do so. These experiences had often been so strong that they would require external support, were impacting the meditator's capacity to function in their daily lives, and were perceived as stressful, problematic, demanding and even damaging.

Compson (2014) synthesizes the secular and the Buddhist traditions' perspectives and problems and highlights the proper understanding of the meditation practices and their history.

She also underlines the importance of presenting the offered meditation tradition, style and practice in a way that the meditator is actually able to make an informed decision when choosing which kind of meditation to practice in the first place. Elements of Compson's (2014) work that will be described more specifically in the literature review, include: The importance of sharing transparent information about the meditation classes offered, having additional tools to work with trauma-related challenges, and understanding that long meditation retreats might be more trauma activating than MBSR programs.

Vallejo and Amaro (2009) encountered meditation related challenges when teaching a traditional eight-week MBSR class to traumatized women with the history of abuse, addiction and homelessness. They quickly realized that adaptations were required, for example, in the duration, forms and types of practice. Vallejo and Amaro's (2009) experience with bringing MBSR practice as a one size fits all way to people with trauma proves the importance of reflection, preparation and continuous learning as professional tools for meditation teachers. Lindahl et al. (2017), Britton (2017), Treleaven (2018), Compson (2014) and Vallejo and Amaro (2009) point out the importance of the meditation teacher's toolset, competence and the skillful preparation and response regarding trauma-related challenges in meditation.

Crane et al. (2012), at Bangor University, have worked a long time on Teacher Competence in Mindfulness Based Interventions (MBIs). Their MBI Teacher Assessment Criteria (MBI:TAC) is used for example at the UMASS Center for Mindfulness MBSR teacher training. According to Crane et al. (2013), MBI:TAC is an accurate tool for assuring the integrity of an MBI teaching that could be widened as a tool to for the meditators to provide feedback of the instructors' competences. This literature review illustrates being trauma-informed and trauma-sensitive as an important part of the overall competence of a meditation

teacher, whether secular or Buddhist. The common ground where both traditions meet is mindfulness.

Mindfulness

Mindfulness has been described in many ways, of which one of the most popular is the one of Kabat-Zinn's (2003): "Mindfulness means paying attention in a particular way, on purpose, in the present moment and non-judgmentally" (p. 34). The English word *mindfulness* has been translated from the *Pali* word *sati*, a Buddhist term for *mindfulness*. According to Gunaratana (2011), it means a non-conceptual present-moment awareness, bare attention that is registering what is happening right now. This kind of awareness observes all experiences equally, without labeling or categorizing, as a plain process of change. It notices feelings, thoughts and physical sensations without preference and watches them in the flow of continuous change. With mindfulness we can see things as they really are.

Shapiro et al., (2006) emphasize the role of intention in mindfulness that the westernization of mindfulness has lost, in her opinion According to Shapiro et al. (2006), mindfulness is a coming together of three elements: "Intention, attention and attitude" (p. 3). Intention means, for example, setting a compassionate and kind basic tone in relation to others as well as in one's meditation practice. Attention is a fundamental piece for mindfulness: observing one's experience as it is and dropping the storyline that might be attached to the experience. Attitude means including the qualities of the heart, such as kindness, acceptance and patience, into the paying attention. The baseline for the three different components of mindfulness for Shapiro et al. (2006), has been the Kabat-Zinn's (2013) Eight mindful attitudes: "non-judging, patience, beginner's mind, trust, non-striving, acceptance, letting go and gratitude" (p. 19).

In ancient Buddhist wisdom texts, the *suttas*, there is a whole collection on Four

Foundations of Mindfulness, called *Satipatthana Sutta* in *pali* language (Bodhi, 2001). These foundations are based on the idea of lessening one's suffering by inviting the practitioner to engage in mindful contemplation of the body, feelings, mind states and phenomena. The text includes detailed description on how to practice with the sensations of breathing in the body or in different postures such as sitting, walking, lying down or standing and doing one's daily activities in a mindful way, with awareness.

The first foundation of mindfulness, mindfulness of the body (Bodhi 2001), describes the "contemplation of mindfulness of breathing" (p. 80) and offers it as the main object for one's meditation practice. The availability of the breath is one reason for breathing being the center of the first foundation of mindfulness: breath is always present and naturally flowing in one's body. The practice of awareness of the breath is considered being a path to liberation, to higher mental states and even awakening. In addition to the breath, the mindfulness of the body includes instructions how to practice with the bodily awareness, for example, mindfulness of postures and being aware of the body whether one is walking, sitting, standing or lying down.

A practice called 32 body parts (Bodhi, 2001, p. 83) is reminiscent of a practice called "body scan" (Kabat-Zinn, 2013 p. 75) that is commonly used in the secular mindfulness field. According to Bodhi (2001), the goal of this practice is to contemplate the impermanence of one's body and whole existence through attuning to the body's unpleasantness. Kabat-Zinn (2013) emphasizes the nature of the body scan practice being purification, allowance and letting go of what is not needed for one's well-being. What is required for receiving any benefits from the practice itself, is the attitude of "non- striving" (p. 92) and acceptance of what comes up. In this way the practice of body scan is not a vehicle for receiving certain results or only pleasant experiences but rather opening to the whole field of experiences, sometimes very painful ones.

The simple doing of the practice and letting go of expectation is where the healing happens.

According to Bodhi (2001), the *second foundation of mindfulness* is the contemplation of feeling which points to the nature of the mind that cannot just observe but adds a neutral, pleasant or unpleasant tone, when coming into connection with something by senses: by seeing, hearing, smelling, touching and tasting. When noticing and observing these feelings arise and pass with mindfulness, one is no longer in a habit mode but can choose how to respond to what is happening instead of reacting. This can lead to an understanding that nothing is personal neither permanent in the world of feelings and there is no need to get stuck in them.

In the *third foundation of mindfulness* (Bodhi, 2001), one contemplates the mind itself and all the states of mind that present themselves, for example; the mind states of craving, avoiding and also, when these mind states are not present. The *fourth foundation of mindfulness* invites contemplation of the phenomenon of dharma, the natural way life is. This includes the contemplation of interconnectedness of all things. At the core of mindfulness is clear seeing, the understanding that nothing is permanent, nothing is personal and nothing can be owned (Bodhi, 2001). Through repetition and practice the moments of mindfulness can lengthen and finally, be integrated into one's life as a whole. There are several ways to cultivate mindfulness in one's daily life, informally and formally.

Meditation

The quality of mindful awareness can be cultivated in a formal meditation practice. According to Gunaratana (2011), meditation is about cultivating a special way of seeing our lives and reality as it is: mindfulness. Kabat-Zinn (2005) suggests that meditation is not actually a set of techniques but rather a way of being. One of the most common forms of meditation is focusing on the sensations of breathing in one's body. This practice is found both in the Buddhist

traditions and in the modern secular mindfulness movement, such as MBSR, which does not include devotional practices or religious symbols. Kabat-Zinn (2005) stresses the importance of the sustaining of attention. The invitation is to allow oneself to rest in the breath, to rest in the awareness and redirect our attention to the sustaining once we notice that the mind has gone to thinking and habitual reactivity. In the long run, with this kind of sustained attentiveness, the mind is able to become more and more steady, and the meditator can meet any object of awareness with greater clarity.

Other typical objects of meditation are the bodily sensations, sounds, and becoming aware of one's thoughts and emotions and how the mind is leaning toward pleasantness and resisting unpleasantness. According to Bodhi (2002), sustaining one pointed attention is called *samatha* meditation while being openly aware of whatever is dominant in one's experience, is called *vipassana*: insight meditation. Both ways of practicing are considered to develop one's concentration, the first one in a one pointed way, the other one with a more open awareness of one's present moment experience. There are also many kinds of meditations for cultivating the qualities of the heart, such as loving kindness meditation and forgiveness meditation

In the modern mindfulness movement (non-devotional, non-Buddhist), the most commonly used practices are based on Kabat-Zinn's Mindfulness Based Stress Reduction Program (MBSR) founded in 1979. These practices include the body scan, mindful eating with a raisin, awareness of the breath, choiceless awareness, mindful yoga and walking meditation with a lot of emphasis on the awareness of physical sensations. In a full sitting practice in the MBSR a meditator is invited to notice what happens in the breath, in the body, in the thoughts and in the emotions (Kabat-Zinn, 2005). As seen in the section on the Four Foundations of Mindfulness (Bodhi, 2001), the practices of the MBSR and other non-devotional secular mindfulness

meditation traditions are strongly based on the Buddhist wisdom teachings and derive from the instructions given in the *suttas*, the ancient Buddhist texts, such as the *Satipatthana Sutta* and *The Metta Sutta*; the teaching of loving kindness and how to cultivate it in practice.

According to Kabat-Zinn (2005), “Meditation is not for the faint-hearted nor for those who routinely avoid the whispering of their own hearts” (p. 22). Meditation, whether it is a Buddhist insight meditation or a secular mindfulness meditation, is based on the idea of getting in touch and intimate with one’s experiences. According to Magyari (2016), this is the opposite of the basic mechanisms of trauma: avoidance and dissociation, which are ways to continuously avoid being with the experience, no matter how painful it might be. Therefore, when wanting to teach meditation in trauma-sensitive way, it is crucial to learn more about the nature of trauma.

The Nature of Trauma

Post-traumatic stress disorder, PTSD, is used to describe the psychological reaction toward emotional trauma (Merriam Webster, n.d.). According to the *American Psychiatric Association* (2013), PTSD creates an anxiety problem that may cause the person suffering from it to have flashbacks or nightmares, particularly intense anxious feelings, or to live their traumatic events and memories. Symptoms may also include avoiding anything that might remind the person of trauma.

Treleaven (2018, p. 10) uses the term “traumatic stress” and describes it being the most intense form of stress that there is. It is caused by a traumatic event or events, as it is not always a one singular event. For many people, one traumatic event doesn’t create long-term problems. However, some of us develop symptoms that continue a way after the original event has passed. This prolonging of symptoms and unresolved experience of trauma can cause post-traumatic stress. According to Treleaven (2018), post-traumatic stress symptoms can include: ongoing

flashbacks, charged and unpredictable emotional reactions, sudden rage or terror and sense of disconnection. One feels an ongoing sense of alarmed on a physical, psychological and emotional level without being able to exit this state of alarm. The prolonging of post-traumatic stress can develop into PTSD if not treated. However, as Magyari (2016) points out, there are many people who might not fulfill the diagnostic criteria of PTSD, but who experience traumatic stress symptoms nevertheless.

Levine (2008) defines trauma as “often debilitating symptoms that many people suffer from in the aftermath of perceived life-threatening or overwhelming experiences” (p. 7). According to Levine (2008), traumatization happens, when one’s capacity to respond to a threat is somehow compromised. It is possible to see trauma as a “loss of connection” both from a therapeutic (Levine, 2008, p. 9) and Buddhist (Esptein, 2015) approach. Levine (2008) understands trauma as a disconnection with a person’s loved ones, oneself, one’s body, the world and other people in it and stresses how this kind of loss does not necessarily happen during one big, traumatizing event, but rather as a slow process that one might not even notice happening. Furthermore, according to Levine (2008), “We may simply sense that we do not feel quite right, without even becoming fully aware of what is taking place; that is, the gradual undermining of our self-esteem, self-confidence, feelings of well-being and connection to life” (p. 7).

When talking about PTSD for combat soldiers and veterans, it is easy to understand how they have been traumatized by being in a war zone, seeing the deaths of their friends and colleagues, and possibly even killing other people. There is a clear cause and effect, and it is easy to understand why someone would experience trauma while on a battlefield. But sometimes it is the cause and effect of a person becoming traumatized is not so clear. Sometimes even a small event or incident can be traumatic. Levine (2008) clarifies how “all traumatic events are

stressful, but all stressful events are not traumatic” (p. 7). On the other hand, he offers a perspective, in which everyone, especially children, can get overwhelmed by so-called everyday events. He defines the categories of trauma as “obvious causes for trauma” and “less obvious potential causes for trauma” (p. 7). In the first category are experiences like war, childhood neglect or abandonment and emotional, physical or sexual abuse, rape, witnessing or experiencing violence and severe injuries and illnesses. In the latter there may be experiences such as unexpected loud noises, minor accidents and injuries, falls (i.e. child falls off a bicycle), medical procedures such as pelvic exam, being left alone or exposed to extreme cold or heat as a child or a baby, or natural disasters (Levine, 2008).

Therefore, trauma does not definitely fit into only a clear psychological diagnosis (such as PTSD, childhood complex trauma, vicarious trauma) but it can be very hidden in the individual’s memory, body, brain and even in the nervous system (Levine, 2008). Trauma can be understood as a conceptualized and event-based term, as if one could become traumatized only due to a clear one- time event or severe abuse and neglect. However, according to Levine (2008), there seems to be a few common characteristics for all kinds of trauma: 1) Dissociation, or loss of connection with one’s body, thoughts and emotions, as well as with one’s close relationships. 2) Avoidance of events, experiences, places or people who might trigger traumatic stress and cause unbearable symptoms. 3) Brain activity such as the fight-flight-freeze response. 4) It can be suppressed and even the person himself/herself is not aware of having experienced trauma. 5) It impacts many more people than only the ones typically seen as traumatized populations, such as soldiers, refugees, people with drug addiction, homeless people or individuals who have been victims of a crime and violence. In reality, the appearance of trauma seems much more common and invisible than at first it might appear (Levine, 2008).

According to Van der Kolk (2014), trauma touches everyone in the society and does not require people to be combat soldiers or visiting/living on refugee camps. Research shows, that every fifth American has been sexually abused as a child. Every fourth has been beaten in a way by their parent that there has been left a mark on their body. Every third couple has faced violence in their relationship. Twenty five percent of Americans have grown up in families/relatives who suffer from alcoholism. Every eighth person has witnessed their mother being hit or beaten. Trauma impacts also people around the traumatized individuals, like their families and children (Van der Kolk, 2014). When trauma is impacting a family member or other close ones of a traumatized individual or a professional working with a trauma survivor, vicarious trauma, or second hand trauma, can occur. This means that people can become traumatized when working or living with people who have the first-hand experience of trauma. Although it is not always clear whether someone is suffering from trauma, there are a number of signs that meditation teachers can pay attention to in order to recognize the presence of it.

Signs of Trauma

About 90 percent of people have been exposed to a traumatic event and 8 to 20 percent of people will develop PTSD, post-traumatic disorder (Elliot, 1997; Kilpatrick et al., 2013). According to Treleaven (2018), this means that meditation teachers are likely to encounter people with a trauma history wherever they teach. Therefore, he emphasizes that anyone offering mindfulness practices (meditation) needs to understand trauma and the risks it may bring along to people with trauma history. This includes any instructor from a meditation teacher who teaches a long term silent retreat to a facilitator offering a few-minute meditation in at school that or a professional who utilizes mindfulness interventions. From this perspective educating oneself on trauma could be seen as being inclusive toward all meditators. It means preparing for the

good and for the worse in any given situation teachers might be teaching meditation. In order to be trauma-sensitive, meditation teachers should be able to recognize signs of trauma, including dissociation, contemplative dissociation, neurophysiological reactions, and the fight, flight, or freeze response.

Dissociation. One way of protecting oneself from an ongoing sense of trauma is to dissociate. According to the American Psychiatric Association (n.d.), dissociation means a disconnection between an individual's sense of who they are as well as a disconnection between their thoughts, feelings, memories and actions. Dissociation is a process that most people have an experience of, a mild example being such as "getting lost" in a book or a movie and "losing awareness of one's immediate surroundings" (para. 4). However, when something severe happens, such as an individual experiencing an accident or becoming a victim of a crime or a disaster, one may mentally escape from the fear, horror and pain by dissociating from the memories of the place where the traumatic event took place, the circumstances and feelings. Due to the dissociation, for many trauma survivors it can be challenging to remember details of what has happened to them.

Dissociation is not a separate psychological disorder that happens only when something triggers the trauma survivor in a logical, obvious and direct way, such as sounds or smells that remind the person of the original traumatic event. According to Treleaven (2018), this means that dissociation can happen also in the world of meditation and actually, especially in the world of meditation due to its intimate contact with one's senses and emotions. Dissociation that happens during or in relation to meditation can be specifically defined.

Contemplative dissociation. Treleaven (2010) offers a term for traumatic dissociation that happens especially during or in relation to meditation practice: contemplative dissociation.

In Treleaven's (2010) definition "contemplative dissociation is a disconnection between thoughts, emotions and physical sensations that is exacerbated by contemplative practice" (p. 20). When meditating, the person might be contacting their original wounds and their brain can mistakenly react to the present moment with a trauma response. Getting into touch with these old wounds can cause a dissociative condition in which it is possible even to freeze, both physically and psychologically (Treleaven, 2010). What is this "freezing" and what does the brain have to with it?

Fight, flight or freeze response. Typically, when speaking about mindfulness and stress teachers might be referring to the fight, flight and freeze response. Siegel (2011) explains, how the response to perceived threat creates a survival reaction in the brain, starting from the brainstem that is puts a person into survival mode. This area of the brain is in charge of the body's reaction toward a threat; a person might freeze and become immobilized in the face of it, flee and escape from it, or prepare to fight against it. Despite the healing qualities of mindfulness practice (Van der Kolk, 2014; Wilson, 2017), there are still meditators who do not find the practice soothing, safe or relaxing (Treleaven, 2018). In fact, according to Treleaven (2018), meditation, if not practice in a trauma-sensitive way, can strengthen one's unhealthy coping mechanism, such as overdrinking when encountering difficult emotions. Additionally, meditation can be counterproductive for a trauma survivor and bring a tense tone into one's body and everyday life. This all can start in a one formal sitting meditation practice where the meditator gets fixated on images related to their trauma, finding their hearts beating fast, sweating and feeling confused, as the practice intensifies and increases their stress.

Further on, Treleaven (2018), presents an important question that lies in the heart of this thesis and this literature review good to bring the reader's attention back to this point—well done:

“As practitioners, the first challenge of trauma-sensitive mindfulness is recognizing the signs of trauma” (p. 70). How to know if the meditator is being triggered, having a traumatic response and experiencing stress related to trauma background? The invitation is to learn more about neurophysiology of traumatized brain and how does it manifest internally and externally for the meditator (Treleaven, 2018). In order to recognize traumatic activation, meditation teachers and facilitators need to have a basic knowledge of how trauma impacts the brain and nervous system and how the neurophysiology shows up in the behavior and struggles of meditators.

Fight-flight-freeze survival response (Siegel, 2011) has roots in our automatic nervous system that is in charge of involuntary functions such as breathing, heart rate and blood pressure. Automatic nervous system can be divided into two subsystems: the sympathetic and parasympathetic nervous systems (Treleaven, 2018). Furthermore, Treleaven (2018) claims that before the fight-flight-freeze response a person might try soothe themselves through social engagement, but they are rejected or don't get a reassuring response from another human being, their automatic nervous system takes over. The sympathetic nervous system hits the gas pedal and our body starts to rapidly produce stress hormone cortisol and adrenaline or epinephrine. The elevated blood pressure and rapid heartbeat provide extra energy for our body, muscles and energy. When the person is not able to fight or flight, the next option is to freeze, which immobilizes the body and even blocks pain, if needed. When not feeling pain and shutting down the bodily sensations or emotions, the person ends up in a dissociative state.

According to Treleaven (2018), despite the protective goals and consequences fight-flight-freeze response has, it is possible for one to lose the balance of sympathetic and parasympathetic nervous system and remain in a chaotic state, reliving the original trauma over and over again. When the integration of a traumatic event or series of events hasn't happened,

this non-integration naturally follows a person to their meditation practice, producing/re-enforcing trauma-related images, a high state of arousal, or a frozen immobilization. With the freeze-response the energy that was there to help the person to survive the original trauma, hasn't been discharged and they can find their body trapped in immobility.

According to Van der Kolk (2014), very often trauma is related to an event or series of events where one has not been able to move themselves and they have been forced to stay in immobility, mentally or physically. Treleaven (2018) writes that when one can't physically discharge or release the survival energy of the fight-flight response by crying or shaking or because they were not able to move or escape the energy, long-term consequences may occur. The energy that was supposed to help the person to survive is now working against them, the thread that once was external, is now inside the body, unintegrated. This survival-based energy keeps on feeding symptoms of post-traumatic stress.

How does the unreleased trauma energy affect the brain? According to Treleaven (2018), one's brains are sending a message as if the traumatic event is happening right now. The emotional brain (reptilian brain + limbic brain) and rational brain (called also neocortex, includes prefrontal lobe) don't work well together anymore. The rational brain knows the original trauma event or series of events is not happening anymore, but the emotional brain keeps sending the impulses. The stress hormones are still activated in the body, the emotional brain reacts to them and self-repeating the cycle is ready. In the center of the emotional brain there is the amygdala, which warns a person if something is not safe and to recognize the signs of threat. The hippocampus, located in the limbic system, informs the person whether something is happening now, yesterday or in the future (Treleaven, 2018). The prefrontal cortex above the eyes is located

in the rational brain and is responsible for making decisions (Treleaven, 2018) and emotional regulation (Siegel, 2011).

Treleaven (2018) emphasizes how staying with what is present for us right now may be problematic when guiding mindfulness and meditation practices to trauma survivors, since for them the trauma is still very alive and present; it is happening now, all the physical sensations, emotions and thoughts related to the traumatic experience. When a survivor is instructed to just be mindful and pay attention to them, the cycle of trauma may be reinforced, and in the worst case, the survivor gets re-traumatized. Survivors are often coping with disintegrated thoughts, emotions, images and physical sensations that relate to a traumatic experience. It's easy for them to become triggered. In fact, simply asking a survivor to be mindful of traumatic stimuli can actually reinforce it, which is one of the reasons trauma survivors require particular kinds of support.

Perspectives for Working with Trauma

This section will present the terms trauma-informed and trauma-sensitive and take a look at the common myths around meditation. In addition, challenges related to meditation and trauma will be described at-length to provide an understanding of their importance for a meditation teacher.

Trauma-informed and trauma-sensitive. Different terminology around the topic of trauma and meditation can be confusing. Trauma is not always visible or verbalized among meditators. The reason might simply be that it has been pressed down for so long and the avoidance has become a routine, or that there are no proper preparations related to trauma for the meditation classes or retreats. According to Van der Kolk (2014), trauma can be triggered and reactivated a long time after the initial traumatizing experience happened. The reactivation can

be caused by very little, almost the slightest hint of danger. The brain picks up the hint and mobilizes the disturbed brain circuit and massive amounts of stress hormones are being released into the body. This chemical process causes unpleasant emotions, intense physical sensations and finally even impulsive and aggressive actions.

The reactivation of trauma is not something meditation teachers can control, however, it is the teacher's responsibility to know that it is possible that the reactivation may happen for someone during or after our meditation classes, workshops or retreats. For the complexity and somewhat hidden nature of trauma, it is important for meditation teachers to understand its characteristics: to be *trauma-informed*. According to Trauma-informed Care Project(n.d.), being *trauma-informed* means to be able recognize that people often have been impacted by different types of trauma. It is important that people around traumatized individuals understand the impacts of trauma. Often trauma survivors can become re-traumatized by professionals, even if they mean well. Educating oneself on trauma is the first step in creating a supportive and compassionate community for trauma survivors. Furthermore, Blue Knot Foundation (n.d.) sees *trauma-informed* care and practice offering a framework that is based in understanding the impacts of trauma on physical, psychological, and emotional levels and supports safety in all those categories. The safety is important both for the provider and the survivor and its goal is to secure the survivor a sense of safety, control and empowerment.

In addition, the U.S. National Center for Trauma-informed Care (SAMSHA, 2014) describes *trauma-informed* by using four R's: 1) The realization of the impact of trauma as a widespread phenomenon and the understanding of possible ways toward recovery. 2) The recognition of the symptoms of trauma in the community. 3) The response to the needs of a

community in a way that is fully integrated into the way how procedures, practices and policies are run. 4) The resistance toward re-traumatization.

Often trauma-informed and trauma-sensitive are understood to mean the same thing. But according to Trauma-sensitive School Project (n.d.) being *trauma-sensitive* means to be inclusive to all, unlike *trauma-informed* which is a term that is being used in the behavioral health field. Trauma-sensitive Schools Project (n.d.) stresses the importance of distinguishing the terms *trauma-informed* and *trauma-sensitive* in order to recognize the difference between behavioral health services and schools. According to the project it helps the educators to understand that they are not expected to take on the role of therapists.

Treleaven (2018) stresses the importance of offering mindfulness practices in a trauma-sensitive manner in the following way: “Trauma-sensitive or trauma-informed practice means that we have a basic understanding of trauma in the context of our work... With trauma-informed mindfulness we apply this concept to mindfulness instruction” (p. 7). He also emphasizes that the majority of people are exposed to some kind of trauma during their lives, whether it be due to systemic oppression, socioeconomic class, being a woman, or being a sexual or gender minority. This means that trauma is not only an individual challenge, but a widespread phenomenon produced by our society and in our society. According to Treleaven (2018) what follows, is that “in any environment where mindfulness is being practiced, there’s a high likelihood that someone will be struggling with traumatic stress” (p. 7). In summary, it is possible to be informed by what trauma is and the impact it has. To embody this information in one’s work as meditation teachers means to be trauma-sensitive and inclusive in relation to all participants. This capacity can also be seen as part of the overall teacher competence of a meditation teacher. Being aware of general assumptions around meditation can be helpful as well.

Britton's five myths of meditation. When searching articles on the benefits of mindfulness and meditation the results are in the thousands. The benefits have been found to be for example lower blood pressure (Hughes et al., 2013), stronger immune system (Davidson et al., 2003), changes in the amygdala grey matter (Hölzel et al., 2010) and reduced anxiety (Goyal et al., 2014). There are also many studies on PTSD and how mindfulness meditation can reduce its symptoms (Lang et al., 2012). While there is a great evidence of mindfulness practices decreasing the amygdala's grey matter and therefore the reactivity to trauma-related triggers (Hölzel et al, 2010) there are not that many studies to be found that address the topic of trauma and meditation from the perspective of the possibility that meditation may not being always beneficial and may even be psychologically harmful for trauma survivors. It seems to be very challenging to find academic articles based on quality research on the negative effects or so called challenges of meditation.

The research on the negative effects of meditation are mainly focused on Buddhist meditation and there are very little, if hardly any, material on meditation's adverse effects in secular settings. However, Britton in her 2017 talk at the *Harvard Symposium for Mindfulness and Compassion* described the Five Myths of Meditation. She determined these myths from the Lindahl et al. (2017) study as well as phone calls and emails she received from struggling meditators. The myths are: 1) Challenges would occur only to people who have previous psychological problems or trauma history and who would be vulnerable already prior to practicing meditation. 2) Challenges and difficulties would correlate with the amount of practice and would happen mainly on meditation retreats. This myth is assuming that only intense practice would lead to intense challenges when in fact, 30 percent of people in the study (Lindahl et al., 2017) had experienced adverse effects when having just a daily practice and 25 percent of

the people practiced meditation less than one hour a day. 3) Difficulties and challenges would arise from not having a meditation teacher, practicing unguided or not having correct practice or proper supervision. 4) Meditation related challenges would not be experienced by meditators who participate in MBIs such as MBSR or MBCT. 5) The last myth is the assumption that meditation related challenges would be rare.

Applying Britton's Five Myths to Vallejo's and Amaro's (2009) study on adaptations of MBSR for people with substance abuse history is informative. In this situation, an MBSR class offered by highly trained and qualified MBSR teacher did not go as planned and practices had to be adapted during the 8-week process. The teachers started teaching regular MBSR classes but soon realized the highly traumatized individuals from African American and Latina cultures could not proceed with the program as planned; the traditional MBSR approach did not work for these women and they experienced anxiety by just being in the class and sitting still. Especially focusing on the breath, being aware of it and the bodily sensations during meditation was received especially anxiety provoking. The participants refused to do the daily MBSR home practices and had traumatic flashbacks. The teachers made significant adaptations because of the participants' trauma histories, such as: using a shortened version of the body scan and not lying down during it, shortening the general duration of meditations, offering the possibility to practice with eyes open, increased and faster moving and walking, offering sounds as the object of meditation rather than only body sensations or the breath or placing hands on the belly in order to practice with the awareness of the breath meditation. Most of all, the emphasis of the adapted MBSR program was shifted into mindfulness in the participants' daily lives.

The participants of the adapted MBSR classes (Vallejo and Amaro, 2009) had previous trauma experiences and history of recent substance addiction. The adapted MBSR class was

targeted as a mindful approach for relapse prevention, so rather than being only inclusive, the program was directly directed to people with trauma background. The participants' and teachers' experiences seem to underline the importance of being trauma-informed and trauma-sensitive in a way that is responsive to the participants' needs. It also shows how following the traditional MBSR curriculum (or any program in that matter) in a dogmatic way may cause more harm to vulnerable participants than good. In the light of being trauma-sensitive or trauma-inclusive, the study reinforces Britton's Five Myths, showing that meditation related challenges do not only occur on long Buddhist retreats but also in secular mindfulness applications such as MBSR. According to Vallejo and Amaro (2009) bringing flexibility and options into the meditation instructions and developing adaptations for the particular participants, mindfulness practices can be well received and satisfying for them. The participants of Lindahl et al. (2017) and Vallejo and Amaro's (2009) studies were on the opposite sides of the spectrum. In the Lindahl et al. (2017), participants were highly educated, well trained in meditation and a mostly meditation teachers themselves. In Vallejo and Amaro's (2009) study the participants were in an early phase of substance addiction recovery with no previous experience of meditation. However, both of these groups experienced traumatic flashbacks and meditation-related challenges. Interesting and important

Meditation-related challenges. Buddhist meditation teachers and practitioners have been aware of the difficulties in meditation for a long time. Kornfield (1979) offered 40 years ago a study in which he interviewed meditators about their experiences and found lots of experiences that could be labeled as intense. According to Kornfield (1979), it is natural that a dedicated meditator will face intense experiences. His study suggested that the more one practices, the more likely are the intense effects to present themselves. He also found that the

amount of practice is more likely to cause these effects rather than the meditation instruction in itself or the social environment where the practice is happening. Compared to the control group that was not meditating, the long retreat meditators reported significantly more intense experiences, such as extreme mood changes, strong emotions, desperation, depression, seeing images of body cells, the sense of body disappearing and loss of the awareness of the body. On the other hand, the meditators reported also moments of calmness, acceptance, equanimous and even blissful mind states.

The intense side effects of meditation at a retreat do not necessarily disappear when the meditator goes back home. The intense experiences might not follow a certain and predictable sequence and can cause overwhelm. According to Treleaven (2010), when a person meditates, they are taking a very close look to what is happening in their body, mind, thoughts and emotions. This paying attention in a way that differs from one's everyday lives also makes what they notice to feel stronger than in everyday life. For this reason, meditation can produce overwhelm for a meditator who is a trauma survivor.

Lindahl et al. (2017) speak about meditation related challenges that often are underreported and that can be experienced as stressful and damaging for the meditator's everyday life. These challenges may also require additional support. Lindahl et al. (2017) argue that the modern Western mindfulness movement's focus on the positive outcomes and benefits of meditation for one's physical and psychological well-being does not show the variety of effects of meditation practices, practices that are much more diverse than one might think. The focus on positive health-related outcomes of meditation leaves out the wide range of effects that Buddhist traditions have been aware of for a long time. According to Lindahl et al. (2017), the interest of modern, Western secular meditation movement and its Buddhist-derived practices

seems to be focusing more in the health benefits, self-improvement and positive outcomes for an individual, as the Buddhist practice invites to practice for the benefit of all and for the lessening of suffering of all beings and also is aware of the not so pleasant aspects of meditation that one can encounter. Whatever the lineage of practice, trauma-related challenges can show up in one's meditation practice and learning about them across the lineages can help all meditators.

Trauma-related challenges in meditation. Compson (2014) offers a perspective in which some problems are due to the Western understanding of how the practices that have ancient Buddhist roots should be taught. She brings up how it seems that practicing meditation in a more secular setting, such as Mindfulness Based Stress Reduction class, might be safer from a psychological perspective. She is suggesting that the reason might be that in the Buddhist meditation, teaching the tools to deal with intense experiences are not brought into practice or taught to meditators in an appropriate way. She highlights that especially long, intensive meditation retreats, which traditionally have a very little possibility for a student to reach out and be in one on one contact with a teacher, may grow the likelihood of traumatic symptoms for the meditator. The meditator can experience this activation as sleeplessness, agony, extreme anger and even panicking (Compson, 2014).

Treleaven (2018) also acknowledges the risks of silent Buddhist retreats and widens the lenses to the MBSR. While it might be a logical assumption to think that MBSR's benefits would include healing traumatic stress, it might not be that simple. He suggests that traumatic stress is not an ordinary kind of pain and that guiding a meditator to redirect their attention over and over again to this kind of pain and to stay with it might be harmful for the meditator, creating a dead end with no way out. According to Treleaven (2018), even if many meditators have learnt how to relate to their chronic physical pain in new ways, it might go wrong to assume this to be the case

also with a very different kind of pain: traumatic stress. This assumption from the teacher's part might be creating a set up trap for the meditator with a trauma history.

Lindahl et al. (2017) focus on the meditation-related challenges experienced by Buddhist meditators in the West. By researching the impacts of Buddhist meditation for Western meditators, the group is highlighting the importance of knowing the Buddhist roots of the modern secular mindfulness that is offered widely in school classes, health-care and other institutions of our society. According to the study we can gain more understanding not only from Buddhist practice but also information that is useful for the mindfulness interventions and practices that derive from Buddhist practices. Lindahl et al. (2017) asked meditators especially about demanding and agonizing experiences that they were not prepared for and that were received as difficult or even damaging their capacity to function. Sixty percent of the participants of the study were meditation teachers, both in practitioner and meditation expert defined categories. In total 31 meditation experts offered interviews in which they described the demanding experiences their meditation students had experienced, what was their understanding of these difficulties, and how they managed the students with meditation-related challenges.

The study (Lindahl et al., 2017) shows how 25 percent of meditators had faced challenges or difficulties during their first year of practice; 45 percent experienced meditation related challenges after practicing one to 10 years; and 25 percent encountered challenges after more than 10 years of meditation practice. The meditators had experienced challenges and difficulties as soon as during the first 10 days (12 percent), or the first 50 hours (18 percent) of practice. The highest number, 72 percent of meditators reported challenges immediately after a meditation retreat and 28 percent reported having challenges in the context of their daily meditation practice.

The numbers above show how the results of the Buddhist meditation experiences may be informative to the secular mindfulness and meditation field; the challenging experiences (which traumatic flashback or response are a part of) may occur at any point of the meditator's practice history. Even though for the majority challenges occurred after a meditation retreat, it is significant that a rough every fifth meditator might experience challenges in/due to their daily practice. This in itself should be a warning sign and a motivator to become trauma-sensitive in our meditation teaching. Also interestingly, the result showing that every fifth person suffered from daily practice related challenges (Lindahl et al., 2017) aligns with the (Van der Kolk, 2014) evaluation that every fifth American has been exposed to trauma at some point in their lives. The objective truth might not be that simple, but it is an interesting coincidence nevertheless.

Most of the meditators in the study of meditation-related challenges (Lindahl et al., 2017) practiced mainly concentration meditation (mindfulness of breathing) and open monitoring, as well as body scan—although much less often. Looking at the highest percentages, some of the challenges encountered by meditators were cognitive: irrational, paranormal or delusional beliefs (47 percent) and change in world view (48 percent). In the perceptual category the challenges were visions, hallucinations or illusions (42 percent) distortions of time and space (25 percent) and somatosensory changes (32 percent). In the affective category one can see the biggest percentage of challenges: fear, anxiety, paranoia or panic (82 percent). Other challenges were reported, including depression and dysphoria or grief (57 percent) and re-experiencing traumatic memories (43 percent). On the other hand, in the same category meditators reported also 75 percent of positive affect. The challenges the meditators encountered, were also very physical: on somatic level the meditators reported sleep changes (67 percent), pain (47 percent), involuntary movements (37 percent), pressure and tension or release of them (38 percent) and appetitive or

weight changes (38 percent) (Lindahl et al., 2017). These numbers show the variety of challenging experiences that meditator can encounter and teachers need to be aware of. The person guiding the meditation practices has the responsibility to be aware of the possible challenges.

The Teacher's Responsibility

According to Treleaven (2018) “by asking someone with trauma to pay close, sustained attention to their internal experience, they are invited into contact with traumatic stimuli—thoughts, images, memories, and physical sensations that may relate to a traumatic experience” (p. 6). This can, according to Treleaven (2018), increase and intensify the traumatic symptoms and re-traumatize the person.

According to Treleaven (2010), the state of contemplative dissociation, a disconnected state provoked by a contemplative practice such as meditation and the cycle of contraction caused by re-contacting original wounds, can last for years as a dissociative condition. Turning attention into emotional wounds can overwhelm the nervous system without even knowing that they are doing it. Treleaven (2010) offers teachers important questions: How to enable and offer safe practice for meditators with trauma history? What is the responsibility of a meditation teacher when teaching a meditator with a trauma background? Treleaven (2018) asks even more in-depth: How can teachers know if a trauma survivor should not be meditating or if meditation is something they should do in the first place? Is a certain amount of pain inevitable in meditation practice? What is the instructors' responsibility to people with trauma history and how to support them in the best way possible, recognizing one's own limitations in understanding other people's traumas?

The results of a study by Lindahl et al. (2017) show that 82 percent of the meditators

experienced traumatic memories is telling us the reality that meditators face in their practice. They are already revisiting their traumas. Compson (2014) describes how MBSR has various elements in it that help to minimize or manage possible traumatic activation and therefore suggests that MBSR classes might be safe from a mental health perspective than for example intensive Buddhist retreats. The crucial elements for safety during an MBSR are the step by step exposure to silence, strong support from the teacher and the peers. She emphasizes the importance of meditators to be able to make informed decisions which includes the knowledge of the challenges meditation might provoke. She also sees important there to be acknowledgeable support for the meditator if and when traumatic activation arises. This kind of support understands and knows the neurobiological foundations of *traumatic activation* and *deactivation* either in Buddhist or a secular non-religious vocabulary.

Lindahl et al. (2017) show the actual meditation-related challenging experiences that include among other symptoms, traumatic memories and functional problems. Wilson's (2017) suggestion offers a tool for trauma-sensitive practice in a sense that it makes mindfulness practices accessible in a safer way to vulnerable people who are on the path of trauma recovery. Compson's (2014) suggestion of learning the Somatic Experiencing based TRM and Treleaven's (2012) observations how Somatic Experiencing could be used as a support in teaching meditation in a safe way. While Lindahl et al. (2017) clarify that secular mindfulness is using Buddhist derived meditation practices, Compson (2014) argues that it is crucial to acknowledge the effects of decontextualizing these practices from their historical, social and philosophical past. When we change the context of these ancient practices from a Buddhist monastery to a Western contemporary setting, such as a retreat, we cannot be sure of the consequences and there is the need to offer an individual the possibility to be informed and understand which practices to

jump in with (Compson, 2014).

To Compson (2014), the secular MBSR protocol is transparent about its benefits and risks, is non-hierarchic, and its goals are verbalized in a clear language. Compson (2014), Lindahl et al. (2017) and Treleaven (2018) all underline the importance of understanding the neurobiology of trauma when teaching meditation. These authors ask how to lessen a meditator's psychological distress, and the chance of getting triggered and re-traumatized, as well as offering suggestions on how to respond if traumatic activation happens. They bring up the challenges and risks of trauma in meditation, describe how to recognize if trauma is activated, and note how to respond to it. Most importantly, they write about how to support the meditators to learn to trust the intelligence of their body and to safely proceed on their own contemplative path.

Treleaven (2018), stresses how symptoms of post-traumatic stress are often invisible and hard to identify or articulate even by the person themselves. According to Van der Kolk (2014), trauma survivors are often unable to describe their experiences with words, to define what really has happened and what is their inner experience of it. According to Treleaven (2018), the not knowing one's own trauma or understanding the symptoms can come out in a meditation as challenges within the practice and as being unrecognized by the meditator and the teacher, create isolation for the meditator. The invisible and often unrecognized nature of trauma in a meditation class can force the meditator who happens to be also a trauma survivor, to do lots of invisible work and suffer from fatigue: "Unrecognized by those around them, they may be wrestling with an unseen and unimaginable form of agony" (p. 11).

The knowing of the adverse effects of meditation (Lindahl et al., 2017) understanding the nature of trauma (Van der Kolk, 2013, Levine, 2008) and learning the neurophysiology of trauma (Compson 2014, Treleaven 2018) enables meditation teacher to have competence to work

with the different aspects trauma can cause in the meditator's practice and life. Indeed, according Crane et al. (2012), there is a term for a mindfulness based intervention's (MBI) teacher's capacity to work with what arises: Teacher Competence.

Teacher competence and training. Crane et al., (2013) emphasize the importance of proper training and skillset of people teaching mindfulness. What does teacher competence have to do with meditation, and especially all the variations of mindfulness meditations being offered? In Crane et al.'s (2013) definition "Competence is the skill level of the therapist/teacher in delivering the intervention" (p. 681). Even though MBI teacher competence is strongly linked into the MBSR and MBCT, it is so far the only published tool for reflecting mindfulness meditation teachers' competence. Is being trauma-sensitive actually a part of meditation teacher's competence?

Some of the oldest meditation teacher trainings in the West are the dharma teacher trainings in insight meditation tradition held at Spirit Rock in California and Insight Meditation Society centers in Massachusetts and California. One cannot apply to the teacher training but experienced teachers will recommend the training to students they find inhabiting the maturity required for entering the teacher training. The training is 4 to 6 years long and requires several month long retreats (Spirit Rock, 2016). According to an insight meditation teacher interviewed for this thesis, in the Insight Meditation Centers such as The Insight Meditation Society and Spirit Rock in the U.S., Somatic Experiencing, a model for working with trauma and its neurophysiological symptoms, is a mandatory part of the four-year teacher training.

Other long term teacher training is offered in a secular setting at UMASS Medical School's Center for Mindfulness, which was established 40 years ago. To become an MBSR teacher one is expected to participate to a number of week-long retreats and have a personal daily

practice. The teacher pathway can be completed before the certification phase in months to several years. Participants are encouraged to take time for the teacher training and recommended to not hurry with it (Oasis Institute, n.d.).

Although in the MBI protocols trauma and trauma-related symptoms are already mentioned as possible warning signs and risky for participants (Kuyken et al., 2012), only recently have trauma-informed tools been offered in the secular mindfulness setting, such as professional development workshops at the UMASS Medical School's Center for Mindfulness. Dr. Alistair Wilson, a former consultant community psychiatrist within the National Health Service in the United Kingdom and a current staff member of a non-profit organization Combat Stress for veterans offered a workshop on September 23rd 2017 at the UMASS Medical School's Center for Mindfulness. The workshop focused on "Mindfulness-based approaches for trauma treatment" and offered suggestions on adapting MBSR for participants who have experienced trauma and dissociation. In April 2018 there will be a three- day training on Meditation Safety offered by Willoughby Britton, Jared Lindahl and David Treleaven. This training will be focused on trauma and meditation-related challenges.

According to Crane et al., (2012), MBI Teacher Competence is built of six domains:

- 1) Coverage, pacing and organization of session curriculum.
- 2) Relational skills.
- 3) Embodiment of mindfulness.
- 4) Guiding mindfulness practices.
- 5) Conveying course themes through interactive inquiry and didactic teaching and
- 6) Holding of group learning environment.

These qualities are observed in the teacher in training by the assessors and the teacher is also encouraged to watch videos of themselves teaching and in this way observe themselves. (p. 2)

According to Crane et al. (2012) in the first domain the teacher should be able to notice participants' needs and understand how to adapt the class in a way that aligns with the participants' needs; this includes the materials used and the possibility of participants showing signs of extreme difficulties and agony. In the second domain of relational skills, according to Crane et al. (2012), a teacher should embody empathy and compassion, and the participant should feel that their struggles and difficulties are met and understood. The teacher should meet the participants (the meditators) where they are and teach based on their needs in the present moment. This includes possible adaptations, including altering the pace while still covering the planned topic of the class.

In the third domain, Crane et al. (2012) are inviting the teacher to embody mindfulness, to be a living example of the skill of being in the present moment. In practice, the teacher trusts the participants' "expertise in relation to their own experience" (Crane et al., p. 21). This includes respect toward what the participants are expressing and sharing about their present moment experience with thoughts, emotions and sensations. The respect is communicated both with words and non-verbally. At the core of the domain is the teacher's intention to focus on the present moment while being responsive to what arises internally or externally in the group or its individuals.

The fourth domain of the mindfulness teacher is delivering the meditation practices skillfully. This means to guide the practices in a way that the participants' wandering mind is always facilitated to come back with the present moment experience. The place of bringing the attention back depends on the intention of a certain practice. For example, in the awareness of the breath the mind is gently guided back to the sensations of breathing. On the other hand, the practices should be facilitated in a way that all participants can do them (Crane et al., 2012).

In the fifth domain, the teacher is working on many levels simultaneously. He or she guides the participants to pay attention to their present moment experience and communicate about it with others. The participants are also learning to experience and see how the class themes link to their experiences (Crane et al., 2012). According to Crane et al. (2012), the sixth domain of the teacher competence is inviting the teacher to normalize the shared experiences. The participants will explore how their experiences are part of human experience and living life in this world. This domain also focuses on the group's safety, appropriate boundaries, and the work of the teacher in holding the space of trust. The teacher is a "container" (p. 36), that holds everything that happens in the group.

According to Crane et al. (2012), it is possible to work specifically on each domain. However, all of the domains coexist simultaneously and are based on the mindfulness teacher's presence and authenticity. The main focus is on the participants' experiential learning and how they understand it through the class themes. The approach to this kind of learning is seeing the participants, the meditators, as the experts. Treleaven (2018) explores ways how enable this kind of learning also for a meditator who is suffering from trauma. He offers additional tools to Crane et al.'s (2012) teacher competences. Instead of instructing the meditator to just stay with whatever arises for them, it is also possible to notice if they are experiencing trauma-related symptoms in their meditation practice. Treleaven's (2018) Five Principles of trauma-sensitive mindfulness can be a great help for teachers who want to teach meditation in a trauma-sensitive way.

Treleaven's Five Principles of Trauma-Sensitive Mindfulness

Treleaven (2018) created Five Principles of Trauma-sensitive Mindfulness that deal with the neurophysiology of trauma, adaptations of practices, working with dissociation, relational

aspect of the practice and the society's impact on trauma. These Five Principles can be summarized as follows: 1) The Window of Tolerance. 2) Shifting attention. 3) Keeping the body in mind. 4) Relationship as a refuge. 5) Social context and society. The Window of Tolerance forms and the role of arousal forms the basic ground for teaching trauma-sensitive meditation.

WOT: Window of tolerance. The term Window of Tolerance comes originally from Dan Siegel, a well-known meditation teacher, psychiatrist and expert (Siegel 1999). Window of Tolerance, or WOT, means that one is able to stay psychologically, mentally and emotionally in a “safe and stable” state, not overwhelming one's capacity with what is arising (Treleaven, 2018, p. 88). When one is not overwhelmed, it is possible to regulate the arising emotions, respond to triggers and most of all, be in a connection to one's present moment experience (Treleaven, 2018).

One of the key components in understanding, recognizing and responding to traumatic activation happening to an individual, is the knowledge of how the brain functions when reliving trauma and what are the external signs of it. In other words, teachers need to learn the basics of the neurophysiology of trauma and how to recognize the meditator is struggling with a traumatic response. According to Van der Kolk (2013), the research has demonstrated that when people are in a trauma activated state, their frontal lobe brain areas that are responsible of formal cognition, are deactivated. This means that when one is reliving their trauma, it is impossible for them to think rationally, because the only areas of the brain which remain functional are the ones connected to the primitive instincts of fear and sense of being in danger. Both Van der Kolk (2013) and Treleaven (2018) emphasize the importance of learning to regulate one's autonomic arousal system as an important tool for managing post-traumatic stress. Treleaven (2018) suggests that this regulation skill should be part of the skill set for trauma sensitive teacher

training. Arousal can be manageable if one first knows the signs of it. Automatic reactions such as fight, flight or freeze response is one sign of arousal system being dysregulated.

Arousal. According to Treleaven (2018), the first recommendation of Trauma-sensitive Mindfulness is to make sure that the meditator is staying in their WOT. This means that the meditation instructor is taking care of the basis of any meditation practice by offering safety, assuring the meditator's own agency and ensuring that the practice does not override the meditator's nervous system or skills of self-regulation. This might mean teachers will need to come up with adaptations based on the challenges the meditator is facing. First of all, the meditation instructors need to recognize the signs when the meditator's WOT has been exceeded, or, even, better, recognize when it is about to happen.

The signs of arousal and the meditator being out of their WOT (Treleaven, 2018) can include for example: 1) The sense of isolation. 2) Disconnection with others or one's own experience or the body. 3) Trouble in concentrating and sleeping. 4) Flashbacks and dissociation. 5) Speaking fast. 6) Sweating, the heart beating fast. 7) Eyes moving fast and looking notably large. 8) Sensitivity of senses, such as noises and feeling anxiety. 9) Having intrusive thoughts. 10) Anxiety and overwhelm. 11) Having too much energy circling in one's body. In this case the meditator is experiencing "hyperarousal" (p. 92), a fight or flight state.

According to Treleaven (2018), in the state of "hypoarousal" (p.92) one can experience lack of energy, absence of sensations, immobility and lack of concentration. The meditator can feel almost unnaturally calm, which is closer to numbness than actual calmness; they may stare into nothing without really seeing anything and feel unfocused, fuzzy and unclear. The state of hypoarousal is close to the freeze reaction in the fight-flight-freeze model.

Treleaven (2018) emphasizes, how in order for the meditator to stay in the Window of Tolerance means to avoid the extremes described above. The instructor's job is to guide and facilitate in a way that the extremes won't happen. This means that instead of encouraging staying with the traumatic images, extreme emotions and overwhelming physical sensations, the meditation teacher should encourage the meditator to stay or approach the middle of the extremes of numbness and dissociation and hyper activated, almost manic state. By ensuring this, the meditators can learn how to work with "dysregulated arousal" (p. 91) and to know what are the warning signs they are out of their Window of Tolerance. For the meditation instructor it is essential to understand that "meditation practice can also exacerbate dysregulation" (p. 93).

An important tool for working with staying in one's WOT according to Treleaven (2018), is attending to one's breath in a self-soothing way. In practice this might be taking deep, longer breaths in order to let the breathing soothe the possible hyperarousal in a very concrete way. Treleaven (2018) offers as an example four to six in and out breaths taken this way; however, he also reminds that for some people in some circumstances the breath is not always soothing or safe. When doing this kind of breathing too much or too long in regards to one's physical or emotional boundaries, one might end up crossing the line and the practice holding too much energy for one to tolerate.

The importance of one way does not fit for all applies also for the one's WOT and arousal. What is tolerable for someone else, might not be even imaginable for another. Treleaven (2018) offers a tool called "arousal scale" (p. 109) which can be helpful for a meditator and the instructor to work together with. It is a scale which comes with numbers from 0 to 10, 0 meaning that the person feels "hypoaroused" (freeze) and 10 meaning the person feels "hyperaroused" (fight-flight). In the middle of the scale, around 5, lies the Window of Tolerance. Both for the

meditation instructor and the meditator this scale can be used as a tool to communicate about the meditator's experience of their inner state, and if it is safe for them to continue the meditation practice in a stable way. This requires remembering the body's role in trauma-sensitive meditation.

According to Treleaven (2018), if the meditator is experiencing dysregulation and is not in his WOT, practicing mindfulness meditation is almost not an option at all, for the simple reason that the meditator is not in condition to pay attention in a sustained way due to his dysregulated, chaotic state. The main problem is that the meditator cannot achieve a stable state of regulation in their meditation practice in addition in his daily life. When this is happening, it is a better idea to encourage the meditator to be socially engaged and cultivate the sense of safety, agency and stability. On the other hand, Treleaven (2018) notes that it is important to remember that for trauma survivors, being in relation with themselves, others and their own experience in a mindful way can be a challenge.

When the meditator's WOT is not in an optimal state (and they can learn to recognize that) or before he is in an overwhelm, instead of trying to offer them more basic mindfulness practices and by doing so, over exceeding their WOT and cause more harm than good, it is possible to offer adaptations of meditation practices. These adaptations can be used as a tool when working with strengthening the meditator's WOT and as well as a precautionary way for offering meditation in general in a trauma-sensitive, inclusive way for general public (Treleaven, 2018). The emphasis in this way of teaching meditation is to support the meditator's stability within the actual meditation practice. This can be done in numerous ways.

Shifting attention, supporting stability. Vallejo and Amaro (2009) found during their many eight-week MBSR classes that the trauma survivor participants needed lots of adaptations

in their meditation practice, such as shorter practice time, more movement, and less sitting still and less focusing on the breath. Their understanding of the need for adaptations came through practice and the participants' feedback. Treleaven (2018) has come up with certain external signs of traumatic response, that a teacher may have to work with, when operating in a silent environment, such as a meditation class:

- 1) Muscle tone extremely slack.
 - 2) Muscle tone extremely rigid.
 - 3) Hyperventilation.
 - 4) Exaggerated startle response.
 - 5) Dissociation: person seems highly disconnected from their body.
 - 6) Very pale skin tone.
 - 7) Strong emotions such as rage, excessive crying, feeling of terror.
 - 8) Disorganized speech and mumbling words.
 - 9) Avoiding eye contact when in interaction.
 - 10) Reporting about having flashbacks/nightmares/invasive thoughts.
- (p. 101)

According to Treleaven (2018), just as it is possible to work with the meditator's WOT, it is also possible to ask the meditator directly about the external worrisome signs. Furthermore, he highlights the importance of supporting safety, balance and the meditator's sense of agency in ways that the meditator knows they are in the position to regulate their practice. The following two sections offer insights on valuable tools for the regulation: mindful gauge and applying the brakes.

Mindful gauge. For a tool to support safety Treleaven (2018) recommends a "mindful gauge" (p. 105), a term originally created by Rotschild (2010). According to Treleaven (2018), when using mindful gauge, the meditator becomes aware of the bodily messages, emotions or thinking that help to support the sense of safety and stability. For someone, a *mindful gauge* can be the breath, for someone else it might be a part of the body and sensations there. The most important thing is to notice the quality of the breath or the sensations and use the information in

self-regulation and decision making: is the chest getting tight, the breath shorter, even into a hyperventilated state? This is how a meditator can learn how to use the *mindful gauge* as a tool for staying in their WOT: trusting their inner experience, learning the warning signs of overwhelm without actually proceeding too far with their meditation practice or even to avoid doing some practices at all. Mindful gauge works as a sort of safety anchor, as a tool for understanding when it is time to stop, back up or proceed. This is what meditation is overall about, learning about one's inner needs and resources, and how to be in a relationship with one's inner messages and external interactions. And sometime it is good to stop and slowdown in the intensity of one's meditation practice.

Applying the brakes. Treleaven (2018) recommends also another tool called “applying the brakes” (p. 106) which is based on Rotschild's (2010) work. According to Treleaven (2018), in trauma-sensitive mindfulness this tool means that the meditator learns when it is needed not to proceed with a meditation practice, and recognizes when it is time to stop in order to honor one's WOT. Some of the ways for applying the breaks within the meditation practice according to Treleaven (2018) are:

- 1) Opening the eyes during meditation.
- 2) Taking clear breaks from meditation, such as walking, stretching, or general pause.
- 3) Breathing in slowly and deeply for a few times.
- 4) Using self-soothing techniques, such as placing one's hand on heart.
- 5) Choosing an external focus of attention that supports staying in WOT.
- 6) Doing shorter meditation practices. (p.107)

Applying the brakes (Treleaven 2018) illustrates how meditation practice can be regulated in a very practical and detailed way. Additionally, the breaks could be used already when planning the meditation class or workshop. Alistair Wilson in his 2017 training

Mindfulness-based approaches for trauma treatment at UMASS Medical School's Center for Mindfulness, recommends that mindfulness practices are a useful tool in treating trauma, but only if they are offered in the right moment of one's healing process. So, timing is important, as well as what has been done before the eight-week class. Wilson proposes a model for combat veterans that includes 1) A stabilization phase with introduction to mindfulness. 2) Residential phase with mindfulness exercises. 3) Recovery phase with an MBSR type course. The question about the right timing has been brought up others as well, such as Magyari (2016), who reminds that for trauma survivors it is often helpful to get therapeutic help first and through that discover tools on how to stay with their present moment experience. Additionally, Magyari (2016) recommends longer sequence for classes instead of the traditional 8-week MBSR class. While these studies regard classes specifically designed for people with trauma history, the recommendations they offer on the preparation and timing, are beneficial for any type of classes, as there could be meditators with a trauma background. An example of trauma-sensitive approach to MBSR is Mindful Boston's Meditation Toolbox class (Mindful Boston, n.d.), which is required for every participant before taking an MBSR class.

While Treleaven (2018) talks about supporting the meditator's stability within the meditation practice and overall healing process, Wilson (2017) and Magyari (2016) also point out that the whole sequence of introducing mindfulness meditation for a person with trauma should be organized in a timely manner regarding where one is at in one's healing process and in the integration of trauma. While Treleaven (2018) and Vallejo & Amaro (2009) mention practicing meditation for shorter periods of time and having options for closing or opening the eyes, Wilson (2017) and Magyari (2018) would simultaneously offer longer classes and lots of grounding preparation work for the meditator with trauma. In a way, they are all talking about

the different aspects of proceeding slowly and applying the breaks while driving, not when the meditator has already fallen out of their WOT. Sometimes remaining in one's WOT means to practice in a very cautious way, for example with the breath.

Keeping the body in mind. In the third category of trauma-sensitive mindfulness Treleaven (2018) brings up the body's role as a crossroad where trauma and mindfulness meditation practice meet each other. For a trauma survivor, the body, its sensations and messages might have been unattended for a long time because of the survivor's need to disconnect from it and dissociate from the almost unbearable pain. This kind of pain is related to the physiological sensations that the original trauma event has triggered. From there on, anything that approximates the body's original response to the traumatic event/s can cause agony even if the original event has passed already a long time ago. The body keeps on responding to the threat as if it was happening now. The survivor lives in a world of physical messages he doesn't know if he can trust. When the messages get too intense, a trauma-sensitive approach is to widen the attention also to the external world.

From interception to dual awareness. Kabat-Zinn (2005) emphasizes the healing qualities of attuning to one's inner sense of the body and how it can touch and understand its own movements in the space. However, according to Treleaven (2018) for trauma survivors this "interoception" (p. 134) is often a place of paying almost too much attention, due to the constant alarmed state and anticipation of the next possible threat. This observing of one's inner state manifesting as bodily sensations is what meditation invites one to do in a very detailed way, especially in a practice called body scan. One way to work with this is to offer the meditator an exit from too intense trauma related sensations. This means to guide the meditator's attention more to "exteroceptive" (p. 133) reality: what is happening in the room, in the external

environment where one is meditating. This kind of “dual awareness” is something that a trauma survivor meditation practitioner can learn how to use in order to keep his meditation safe from going too intense and too intimate with trauma related body sensations. This can prevent him from going into a dissociative state, cutting off from the bodily sensations as a protection and support him instead of finding balance with the internal and external realities.

Suggestions for safety. According to Treleaven (2018), when wanting to teach meditation in a trauma-sensitive way, the teacher or facilitator can intentionally offer meditators adaptations that leave a lot of room for choosing what works. This might mean paying attention in the usage of language being invitational instead of directional, including options in the instructions. In practice this means options for keeping one’s eyes open or closed and even stop the meditation practice, if needed. Other times more movement might be needed to encourage the balance of the dual awareness. The movement should have lots of options, in addition to traditional walking meditation, such as moving during the meditation practice or even before it. With the body in general it is good to offer lots of options also what comes to the meditation posture. Sometimes the meditator might need contact with the surroundings, away from the dissociative or too intense meditative state. This contact can include labeling and naming what is in the meditation space, using an external sound as a grounding anchor or touching an object or one’s body part. The instructor can also encourage the meditator to keep with him or offer him something to taste or smell. Treleaven (2018) continues that supporting the meditators’ sense of safety includes:

paying attention to the lighting being pretty bright, guaranteeing that there are ways out from the meditation space that can be used at all times, predictability what comes to the

classes' schedule and frame, and making sure that the space is not in a place where outsiders can look or walk into. (p.146)

In addition to these external issues, there is also the relational work that includes the teacher-student relationship as well as trust and availability of the teacher.

Relationship as a refuge. Treleaven (2018) emphasizes how being really available also outside the meditation hall is crucial for a meditator who is a trauma survivor. The relationship between the meditator and the one who is offering the meditation practice, is an important refuge in itself. Being available might include longer and more often held sessions for sharing about the practice and the meditators overall well-being. Silence and the lack of eye contact that are often embraced in meditation settings can be received as threatening for a trauma survivor. That is why increased social contact with a teacher, a therapist or a community is highly recommended.

Treleaven (2018) underlines the importance of social contact when the meditator is working on their "dysregulated arousal" (p.158). The safe other, preferably a trauma therapist, can offer a reflective presence for the meditator's self-regulation skills. By being in a contact with the safe other, the meditator is practicing "inter-relational psychobiological regulation" (p. 158). On the other hand, a peer community can be as supportive space for a meditator with trauma; the need for social interaction with others, when supported, can help the meditator in staying within their Window of Tolerance. In summary, trauma is never only an individual's problem and certainly its healing will require a community. This is true in the world of meditation as well: teachers need to be aware of the social context and society where the meditation activity is happening.

Social context and society. When talking about trauma, it is easy to see it only as an individual suffering. However, the sixth principle of trauma-sensitive mindfulness (Treleaven,

2018) points to the wider point that each person belongs to larger groups. Being part of a certain group can itself be traumatic, such as being a disabled, person of color or sexual or gender minority. How these vulnerable groups of people are treated depends on where they live, which town, city, and suburb they are located at. Although trauma impacts on an individual level across the spectrum of all classes, genders, orientations, ethnic and racial backgrounds, it more likely affects people who are part of marginalized groups. Social class, color of the skin and gender identity being something else than the average white middle class cis person does increase the risk of becoming impacted by trauma. In a bigger picture, the country where one is born and the society itself can create a lot of trauma.

Therefore, Treleaven (2018) stresses that having the awareness how a person's reality and world differ from the teacher's is a component of trauma-sensitive mindfulness. This acknowledgement itself can create safety as it enables meeting the person where they are. Being aware of social context opens our eyes to systemic oppression and widens the perspective to trauma from an individual destiny to systems that can seem invisible to more privileged members of society. This gap, if not acknowledged, can cause re-traumatization also in the world of meditation. Meditation teachers can simultaneously facilitate a practice that does not respect the meditators neurophysiology or WOT, and on top of that, having the meditator's traumatic response exacerbated due to a systemic oppression that the teachers are part of. According to Treleaven (2018), curiosity and openness toward differences will help in trauma-sensitive mindfulness. It can make teachers more aware of their assumptions, and judgments that would otherwise impact how they approach offering mindfulness meditation.

While Compson (2014) stresses the proper understanding of mindfulness meditation practices and their origins in Buddhism, Treleaven (2018) widens this understanding to mean

also how secular mindfulness has developed from Buddhism on the level of social context. As Western mindfulness professionals, we are taking a part in “cultural appropriation” (p. 196) and bringing in the history of hierarchy and domination that have been part of Buddhism. Both Compson (2014) and Treleaven (2018) connect the proper understanding of where the meditation practices derive from with trauma-sensitive approach. Knowing the history and lineage of what one is teaching enables the teacher to facilitate the practices in a way that does not cause harm. According to Compson (2014) and Treleaven (2018) being clear and open about the context where the practices derive from, gives meditators the possibility to choose whether the lineage and practice is what they want. Offering information on the benefits as well as the risks of meditation needs to be openly addressed as well.

Research Methods

The research methodology used in the thesis was mainly qualitative, because of the number of the participants being relatively small, only five. In this section I will provide information on the research process of the thesis in detail: statistics of the participants, biases of the study, participant selection, interview protocol and interview transcription and analysis.

The sample for this mixed-methods study includes recorded interviews and short surveys of five U.S. based meditation teachers and experts. Two of the five meditation teachers who participated in interviews received their formal teacher training in insight meditation tradition and three of the teachers were Mindfulness Based Stress Reduction (MBSR) teachers who received their training at the UMASS Medical School’s Center for Mindfulness. One of the insight meditation teachers received his formal meditation teacher training in Theravada tradition, was a former monk in the same tradition in Burma and had research experience in the field of meditation and trauma. The other insight meditation teacher had also been a nun in the

Theravada Buddhist tradition in Burma for short periods (months). One MBSR teacher was also an MBCT teacher and a well-known researcher in the field of meditation related challenges and trauma.

Four meditation teachers had education in psychological fields, including a psychologist, therapist, mental health counselor and one with a PhD in clinical psychology. This was not the goal of the research, but when recruiting participants for the study, mostly people with experience in the professional mental health field were interested in the topic. One MBSR teacher had either bachelor or master's degree but was a yoga teacher who regularly participated in mental health trainings for professionals who work with people suffering from mental health challenges. The survey results are summarized in the table section.

Biases of the Study

The bias of the study includes my own interest and personal experience around the topic of trauma and meditation. This unavoidably colored the lenses through which I conducted the research. The participants were not randomly selected but directly contacted by me. Another notable limitation to the research was the fact that all the subjects as well as the researcher were white and had both a professional education and formal meditation teacher training, which points to their socioeconomic status not being significantly marginalized or oppressed. I tried to reach out to and recruit meditation teachers of color but was unsuccessful. However, two participants had multicultural backgrounds mixed with Caucasian roots.

Being part of the LGBT+ community myself led me making assumptions regarding participants' diversity. It also made me blind to the importance of expressing participants' possible orientations and identities as one way to address their diversity. On the other hand, there were no dichotomist definitions such as "man" or "woman" when asking the participants about

their gender identity in the survey. All of the participants were Americans and living in the U.S. at the time of the interview. Four of the participants lived in the East Coast: Rhode Island, Connecticut and two of the four lived in Massachusetts. One of the participants lived in California.

As a researcher, myself not being an American but Finnish living in the U.S., I offered a fresh view from a cultural perspective in relation to the subjects and the research topic. The freshness of my view is connected to two main factors; first of all, I have not been growing up in the U.S. and secondly, I have not been part of any local meditation communities during most of my years of practice. In fact, my experience as practitioner and the first steps as a meditation teacher have mainly developed in Europe, Finland. On the other hand, some important nuances in the interviews might have been missed due to English not being my mother tongue.

Participant Selection

Potential candidates for the interviews were approached via email and chosen based on their interest in the topic of trauma and meditation as meditation teachers, facilitators and experts. A wide range of professional networking was used to reach out the participants. Two of them were familiar to me through MBSR teacher trainings or trainings for professional development and meditation teacher collaboration. One of the participants was familiar to me through retreats and classes in insight meditation tradition. Two of the participants were not familiar to me, and I contacted them directly via email based on their experience in the field of trauma and meditation. One participant was introduced to me by a meditation teacher who I had contacted but who could not participate to the study himself.

After expressing their interest in participating in the study, all participants were sent the Informed Consent, the survey and the interview questions before the time of the interview. The

surveys were returned to me either in person or via email. The survey questions included quantitative information on the subjects' professional background, formal meditation teacher training, age, gender and their current place of work and how many years have they been practicing and teaching meditation and in which kind of professional settings it has happened.

The research was not conducted on a random sample of meditation teachers. The sample included only teachers that were already known to be interested in the topic. I made this decision in order to collect the silent wisdom and often hidden information from experienced meditation teachers in the field to be shared with the public. My aim was not to do a study on the recognition of meditators' trauma-related challenges generally among meditation and mindfulness teachers, but rather collect information and experiences from teachers who were already aware of the phenomenon and had consciously worked with it when teaching.

Interview Protocol

The qualitative data for the study were collected by interviewing all five participants one-on-one for about 50 minutes to an hour and a half, the average interview time being an hour. Four of the interviews were done in person and one was done using Skype video call instrument. The interviews were semi-structured and the participants were asked twelve prepared interview questions, the last question being an optional possibility to bring up something that was important for the subject but that had not been yet addressed. The participants were asked about their understanding of the general definitions of trauma-sensitive and trauma-informed meditation, the commonality of trauma among meditators, the practical aspects of teaching meditation in a trauma-sensitive way and what is needed from a teacher in order to teach meditation in a trauma-sensitive way. I also made additional open-ended questions in order to clarify the participants' responses and to receive more detailed data.

The questions were divided into four categories: 1) General definitions of trauma, trauma-sensitive and trauma-informed meditation. 2) Commonality of trauma among meditators. 3) Teaching meditation in a trauma-sensitive way. 4) Teacher competence. As the interviews were semi-structured, there were additional questions and therefore opportunities for the participants to share their views in a detailed way.

Transcription and Data Analysis

The transcribed interviews and follow-up emails were used as a source for the qualitative data analysis. The quantitative data of the study includes the surveys regarding the participants' age, educational, professional, ethnical and racial background. In addition to the interviews and surveys, the data of the study includes a Power Point Presentation on Meditation Related Difficulties: Building Competency by Willoughby Britton from Brown University. A book called Trauma-Sensitive Mindfulness written by David Treleaven (2018), was used in forming the basic theoretical and practical structure of the thesis.

Analysis and Discussion

The framework of the data analysis uses the *Five Principles of Trauma-Sensitive Mindfulness* developed by David Treleaven (2018, p. 85) in combination with other references used in the literature review. The overriding question was: do the Five Principles appear in the meditation teachers' interviews and if they do, how have the teachers applied these principles in their teaching? How do the principles combine with mindfulness teacher competence domains developed by Crane et al. (2012)?

Surprisingly, all of the interviewed teachers were applying the Five Principles, with different conceptualization, wording and emphasis based on their experience, interest and professional training. Some of them were almost intuitively using trauma-sensitive approach

based on their own meditation practice and learning about trauma, as well as learning from their teaching experience from their students and participants of their classes. Some of the teachers had special expertise in the field of trauma, from psychological as well as from neurophysiological perspective. Most of the teachers had been trained in Levine's Somatic Experiencing. One of the teachers was familiar with the Five Principles of Trauma-Sensitive Mindfulness (Treleaven, 2018) but others were not familiar with it at the time of the interviews. The Five Principles are being used as a reflective frame in the analysis together with Teacher Competence domains (Crane et al., 2012). The section of analysis and discussion focuses on how the teachers brought up Treleaven's (2018) Five Principles. It will also demonstrate the teachers' additional tools for teaching trauma-sensitive meditation.

WOT: Window of Tolerance

All of the participants reported paying active attention to the meditators' capacity to stay intimate with their experience in and out of the meditation cushion. The teachers were attuned to noticing instability, hyperarousal and mania in their students. This attunement was strongly linked in the teachers' communication with the students, offering guidance and discussing about the practice with them. Treleaven (2018) points out how the WOT does not need to be something that the teacher or facilitator uses privately as a sort of professional evaluation tool but that is should be shared with the meditator. Similarly, the interviewees emphasized how meditators should be encouraged and supported in learning to recognize themselves what supports their balance and well-being when practicing meditation.

The participants mentioned alarming signs that they observed in a meditator and worked with also by asking the meditator himself about these signs. Some of the teachers were specifically aware of the phenomena of "arousal" (Treleaven, 2018); others were more intuitive

and based on their own experience in awareness of these signs. One sign was hyperarousal, which included fast speech, fast speech combined with repetitive anxious thoughts, mania, physical over activity such as moving in a fast space, extreme physical restlessness and emotional panic, flashbacks, hyperventilation, and excessive crying. The other sign was hypoarousal, including self-reported feelings of calmness, and a sense of disconnection. One teacher told about occasions when the meditator was turning into a manic state and how this mania could be a way of dissociation. The teachers emphasized regulating one's meditation practice being an important part of trauma-sensitive approach to meditation.

Regulating the practice. Regulating the duration and frequency of one's practice gives the meditator agency and tools to work what is coming up (Treleaven, 2018; Wilson, 2017; Vallejo & Amaro, 2009; Magyari, 2016). The interviewees all spoke about regulation. They emphasized the importance of regulating the length of practice. In addition, they noted that sometimes meditation is not sufficient for self-care, and that something else may be needed (i.e., staying with friends, having a massage, going into nature, doing movement meditation.) They described constantly working with meditators' own WOT by supporting them in checking in with themselves about the type and length of a practice. None of the teachers supported a traditional approach to meditation, such as mandatory 45-60 minutes of practice daily as in eight week MBSR class. One teacher even encouraged the meditators to not use a meditation timer at all but to practice as long as it feels appropriate and not overwhelming for their nervous system. All teachers highlighted the importance of "one size does not fit all." What works for one meditator might not work for another.

One teacher described her way of working with a meditator and their WOT by using the word "regulation." According to this teacher's experience, trauma survivors can actually develop

a very deep state of concentration, which is a kind of blissful and pleasant state, and they use this place of pleasant emotions as a protection from trauma. Learning to regulate and reflect one's own meditation practice afterwards is one tool that the teacher had found beneficial when working with meditator in a trauma-sensitive way.

Common instruction in meditation is to practice as much possible and to stay with it. However, one teacher said that in her experience teaching trauma-sensitive meditation is also about recognizing what is present after the formal meditation practice. And this is where the hard part comes in, as meditators with trauma often want to stay in the state of bliss and in a sort of avoidant state they have developed in their meditation practice, and when the practice is over, later on, they come crashing down. The teacher mentioned some of the signs of this overwhelm the meditator becoming manic, which if not stopped early enough, can lead to even psychotic state. She stressed that sometimes more is less and that often the effects of meditation come visible afterwards and by investigating with the meditator the after states, we can serve him better. According to this teacher, it is important not to sit for too much and the challenge with “good meditators” is that on the contrary the general belief that only a certain amount of practice will do, is to invite them to explore what if less is more. Usually this learning happens through their own experience and teachers cannot totally protect them from it. One teacher summarized this regulative and reflective perspective like this:

You do not assess how much formal sitting you need by how you feel during the sitting, you assess by how you feel after the sitting. And same with the daily practice. You know, you sit for an hour in the morning, how is your day?

In this way, the teacher was implementing the tool of supporting the meditator's WOT (Treleaven, 2018) and “applying the brakes” (p. 107). She encouraged the meditator to be the

expert of his own meditation practice by offering the reflective questions. At the same time, she was securing the meditator's staying in his WOT by including also the time after the meditation practice into the things to be observed. All this was done in an invitational way and through the meditator's own direct experience. She was offering the meditator the possibility of "applying the brakes" by widening the regulation of the practice to include the whole day, not just the actual formal meditation session.

The interviewed teachers emphasized more frequent check-in for people with trauma and one teacher pointed out the importance of on- going monitoring of the meditator to secure that she knows how the meditator really is. The on-going monitoring was a tool for the teacher in the present moment, regularly during the class. This teacher's experience was that if you ask from the meditator how he is doing after several weeks from the start of a meditation class, there might have been already lot of damage done if the meditator has been struggling this whole time. According to the teachers, what often gets traumatized meditators in trouble, is the instruction to focus on the breath.

The breath as an anchor. Another thing that stood out from the interviews was the teachers' experience on how to work with specific "anchors" of meditation when the meditator is struggling, as well as how to manage the use of anchors when they were not working for the meditator in a stabilizing way. One teacher described how using the breath as an anchor is sometimes too challenging for meditators with trauma experience. She offered many kinds of objects of meditation and safe anchors in addition to the traditional awareness of the breath. Her way of working closely parallels Treleaven's (2018) tool for trauma-sensitive meditation: *The Window of Tolerance* (WOT):

So, as far as the objects of meditation, definitely giving options for what an anchor may be is important, because for folks with trauma the breath is often not a safe anchor. The body might not even be a safe anchor. When I give anchors, I always give options so that people can find what works for them and I always emphasize it should be comfortable and maybe slightly pleasant. Because what people often do is ‘Oh I’m supposed to be with breath, I’m trying to be with breath’ and it gets tight and they get anxious and then they can’t meditate and then ‘Oh there’s something wrong with me’ and you know it’s just downhill from there.

According to Treleaven (2018), for some people breath can be a mindful gauge, a harbor that offers one safety and stability and for others, it can be more dysregulating than healing. As the teacher. described how she offered the meditator options for anchors, using the exact same word “anchor” with Treleaven, she also brought along the importance of the anchor being relatively neutral or slightly pleasant. Treleaven (2018) refers this tool of trauma-sensitive mindfulness as “a neutral reference point that supports mental stability” (p.120). He confirms the teachers’ experience of the breath not being a safe anchor of attention for everyone and stresses how attending the breath is often not neutral for trauma survivors and that it might actually increase traumatic reactivation and make it stronger. Offering options for anchors is a part of working with WOT, as staying in the WOT means supporting one’s balance in self-regulation and nervous system by not forcing one to work with an anchor that rather provokes hyperarousal. The anchors the participants mentioned in addition to breath awareness were for example the sensations in the hands or feet, sounds, the touchpoints of the body on a chair or cushion, walking, mindful movement and counting breaths. The participants mentioned these options as objects of one-pointed meditation as well as anchors of choiceless awareness.

Another teacher referred to data that she had on the topic that showed how people with trauma can experience focusing on their breath very anxiety provoking and that the meditator should be always able to choose their anchor as the teacher offers many kinds of options and permission to choose the one that is the most appropriate for the meditator. This teacher saw focusing on the breath being problematic for trauma survivors because of the emotional carriage:

The gut area is where a lot of our emotions happen, and where we store a lot of emotional bracing and trauma. So, if you bring your attention there, that's where you are going to have some emotional issues, and then it starts to cause arousal.

The teachers' notions of the breath not always working as a stabilizing anchor of meditation for people struggling with trauma goes somewhat against the traditional Buddhist holy texts *Suttas*' meditation instructions (Bodhi 2001) as well as the trend to offer the breath as the main anchor to start with. This is the case both in the Buddhist (Bodhi 2001) as well as in the secular MBSR tradition (Kabat-Zinn, 2005). The similar experience of the breath bringing up challenges and even triggering during meditation for people with trauma came up in the Vallejo and Amaro's study (2009) in which they describe focusing on the breath provoking anxiety in the participants.

Most of the interviewed teachers combined the trouble of observing the breath with encouraging regulative tools. This could mean for example the meditator observing just four breaths at a time because that was what he found to still be manageable and not too overwhelming. Instead of telling the meditator that they are not doing the meditation practice in the right way, one of the teachers was supportive toward the person's navigation in what works. Similarly, Treleaven (2018) writes about how teaching trauma-sensitive mindfulness is about supporting the meditator to know what is in the person's WOT and regulate what they can stay

with and what is outside of their WOT. By doing this, the meditator learns “self-regulation” (p.95), which is crucial in learning in relation to the meditation practice. Self-regulation is crucial for one to stay in one’s WOT. In the example of working with four breaths at a time the interviewed teacher was supporting the meditator to find their own way and amount of practice. The meditator was simultaneously learning to regulate his meditation practice, prevent dysregulated arousal and to stay with what was possible for them at that point: the four breaths. In this case, the teacher worked together with the meditator after the class and was able to look together at how was the meditator doing during the practice and how were they feeling afterwards.

Another teacher integrated the importance of regulation in general with staying in one’s WOT:

Regulation. You know that things are coming up and in a speed that they can be processed and integrated. So regulation, not being overwhelmed. Especially not being overwhelmed beyond the capacity of the mind to deal. Which then leads to, you know, being ungrounded, dissociated. Or psychosis.

The teacher did not talk about a specific way of regulation here, but rather about the overall importance of the meditator’s agency. The interviewees in general described how respecting the meditator’s agency can be assured by offering and encouraging many options to choose from during one practice

Offering many options supports safety. Treleaven (2018) presents options such as sounds, a visual anchor, a safe place in the body, movement, or even outer objects such as holding a blanket. He stresses how often different anchors work differently in different times for

the same people. Additionally, he writes that no one anchor works in the same way for all trauma survivors.

Overall, all the interviewed teachers emphasized the importance of giving options and permission in the instructions, for the meditator to have a sense of authority, safety and flexibility in their practice. Treleaven (2018) relates giving options with “staying within one’s WOT” (p. 121) and also “shifting the attention to support stability” (p. 111) and “finding a safe anchor (p. 120).” The teachers connected the importance of language to giving instructions in a flexible way. Through a skillful usage of language, it is possible to secure that the meditator does not end up in overwhelm and can choose from many options what to practice with. Both Treleaven (2018) and the participants of the study mentioned options such as: keeping one’s eyes open or closer during the meditation, different anchors in addition to the breath, such as the sounds, smells, hands, feet, the body as a whole, and taking in only a few breaths.

What the interviewed teachers saw as the most important aspect, was making sure the possibility of exit for the meditator: if a certain object or anchor for the meditation did not work, there had to be other objects that the meditator could turn towards to. For this reason, the teachers reported offering the choices similar to Treleaven’s (2018) and in early phase: before the meditator had ended up struggling. The most common way among the teachers to prevent this from happening was to offer the choices for the object of meditation in the very beginning of a meditation class, retreat or sitting. One teacher brought up how she especially instructed that the object or anchor should be “slightly neutral or pleasant.” In this way, she said, the meditators could regulate themselves, what was the appropriate point to return to in their practice. The teachers also reported offering sometimes to an overwhelmed meditator an option of going for a walk, spend some time with their friends, and in nature. One teacher said: “Whatever works is

good.” This intentionality and preventive approach played a big part in the teachers’ reports on teacher competence.

Teacher competence: Intentionality, prevention, responsibility. The main focus of the teachers’ way to facilitate trauma-sensitive meditation was to support the meditator’s practice in a way that he wouldn’t get overwhelmed. According to the teachers the meditator is the expert in what he needs and the teacher’s job is to reflect and support the meditator in learning to practice in a way that increases their well-being or at least does not cause them harm. The risk of causing harm was mentioned multiple times in the interviews and it was seen as re-traumatizing for the meditator.

By offering lots of options and adaptations the teachers were showing the First Competence of Mindfulness teacher: paying attention how to deliver the session/class in a way that best serves all meditators in the room (Crane et al., 2012). The teachers’ approach was preventive. They wanted to offer options and adaptations from the very beginning, before any meditator showed signs of struggle. The teachers reported that the intention of causing no harm was the motivator to deliver their way of teaching meditation in an inclusive way. As one teacher said, options, adaptations and flexible instructions include all meditators. Everyone is invited to explore what works for them, not just the meditators with previous trauma experiences in their lives. Another teacher combined the intentionality of not causing harm with preventive approach to teaching meditation:

If you want to understand something better, you have to understand something about prevention. It does not have to be primary prevention, because the things already happened. The third aspect of prevention is to not make it worse...the thing happened, it

has already done its damage. Now we (the teachers) need to have healing occur and not do anything to make things worse.

The interviewees' intentions of inclusivity and not causing harm combined with options and adaptations in the actual meditation class or continuum of classes aligns with Crane et al.'s (2012) view to the first teacher competence: teach in a way that that pays attention to the meditators' needs. Listen to it, adapt your pace and what you cover in the class to where the meditators are at, practice being flexible yet focused. Be sensitive to the meditator's need, yet stay still in the topic. On the other hand, according to Crane et al. (2012), intentionality plays also a big part in presence, "the embodiment of the mindfulness teacher" (p.17), which is the third domain of the teacher competences.

The interviewed teachers' goal was to offer adaptations and options already before there had been major struggles coming up for the meditators. Crane et al. (2012) highlight the skill of being responsive to the meditators needs and difficulties as they arise and still remain within the original plan of the class or session. The interviewed teachers described that teaching meditation in a trauma-sensitive way meant for them being intentional, inclusive and responsive in relation to the possible trauma survivors and all people in the meditation room.

Intentionality of not causing harm was connected to the teachers' responsibility in recognizing the hidden nature of trauma and shame around it. The teachers reported how despite oral or written pre-interviews the participants of their meditation classes or retreats tend to hide their present or past traumatic experiences. Especially the teachers mentioned three different reasons for the phenomena of hiding that came out in the findings repetitively: 1) The meditator was not aware of their trauma event or history. 2) The meditator was not sharing being a trauma-

survivor because of feeling ashamed of it. 3) The meditator was having traumatic response in relation to meditation practice itself and did not know how to communicate about it.

According to one teacher, in the third case there was also lots of shame involved, as the meditator felt that something was wrong with them because they could not do the meditation practice in the way it was instructed. The teacher found the third phenomenon very problematic, because it means that the meditation practice in itself can create trauma. This teacher emphasized how it is actually possible that a meditator who has no previous trauma history can actually get traumatized due to a meditation practice itself or by other elements related to a meditation class, such as the teacher's competence and relational skills. For these reasons the teacher criticized the term "meditator with a trauma history." According to this teacher, when using the latter term, teachers might end up guilt shaming the meditator instead of admitting that the meditation practice itself or our way of delivering it to the meditator can create trauma. By doing so teachers move the responsibility of the practice and its consequences to the meditator. The teacher emphasized that saying "the meditator has a trauma history" is a way of getting rid of one's own responsibility as a meditation teacher and enables the teacher to look at the possible challenges only from one perspective. The interviewed teacher described that in this way, teachers can unconsciously enforce the meditator's shame around the trauma and the difficulties the meditator might be experiencing in their meditation practice. According to this teacher, it is possible that the meditation practice itself and the way teachers deliver it to the meditator, can cause traumatization when not done appropriately.

Supporting Stability

Treleaven's (2018) second principle of trauma-sensitive mindfulness aims to "support stability" (p. 112) and works with the distance and closeness in relation to anything that might

provoke a traumatic response in the meditator's practice. This means literally taking distance and stop paying attention to something that feels too intense and directing attention to something safe and stabilizing. Sometimes what reminds the meditator of the original trauma can be the object of the meditation itself (such as a certain body part, or the breath), a sensation that becomes dominant (such as pain, tension or sense of discomfort in the body) or disruptive thoughts or feelings. This is called "shifting the attention" (p.112). Rather than avoidance, this kind of approach allows the meditator to find safety in the body or another anchor and supports him in finally someday, even exploring something that now feels unbearable. If it is not possible to find a safe place in the body, the meditator's wandering mind will come to help.

Wandering mind, the natural self-protection. Sometimes meditators go out of their WOT. One teacher described the traditional meditation instruction of focusing on the breath and bringing the attention back to it when the mind is lost in thinking. The teacher noted that this is a great instruction because it looks at the thinking process as a normal activity of the mind and instead of saying something is wrong, it just invites the meditator to bring their attention back to the breath. However, the teacher underlined the self-protective nature of the wandering mind and combined this act of self-protection with the nervous system. The teacher described how the very regular phenomena of the mind wandering during one's meditation practice actually serves one's the well-being and balance. The teacher gave a practical example of this:

I have a thought of what I have to do this week and then I think about it and I am planning a little bit and I come back to it. If I really investigate it there is a tiny bit of anxiety there, or worry embedded in the planning. Otherwise. I would not need to think about it.

The teacher emphasized the mind's capacity to protect itself and the meditator from anything that is too much for it to process. This kind of protection could be seen as a self-protective mechanism that the wandering mind offers for the meditator. The interviewed teacher illustrated the meditator's mind to be naturally regulating and even self-regulating. To teach meditation in a trauma-sensitive way is to allow and support the mind's natural protection toward something that is too much to bear. As Treleaven (2018) writes, this is the main goal of trauma-sensitive mindfulness. The interviewed teacher was also aligned with Treleaven (2018) as seeing meditation as a nervous system process.

Meditation as a nervous system process. According to Treleaven (2018), meditation and trauma meet on a neurophysiological level. If the meditator is exceeding their WOT, they are also exceeding their nervous system's capacity to work with what is coming up. Both meditation and trauma impact on a very physical level, and can cause arousal and reactions such as fight, flight or freeze. And then there are the emotions and thoughts. One teacher combined what is happening in the thinking mind with the meditator's nervous system:

So what I see is that the nervous system is being pulled into the thought process based on the same self-protective instinct that motivates the flight and fight system. So, wandering mind is fight and flight, and then sleepy mind and dullness and confusion and delusion are freeze. And so, if all those things can be seen as nervous system process, then everything in the process of meditation, of learning to concentrate and focus and to let go things that are pulling us away and, allow strong emotions to pass through the body without fixating on the story, all of that is trauma process.

In this way, the teacher saw the whole process of meditation actually being intimate with one's traumas. In his experience of teaching meditators with unprocessed trauma have well-

functioning protective habits of the mind. Unfortunately, he added, this often means not being able to really concentrate and benefit from the meditation in the way that deep concentration enables. According to this teacher, when the meditator's concentration is developing deeper and he is stable while this is happening, it is a sign that the person either hasn't had any major traumas in their life or that the traumas have been processed and healed enough for there being stability. Instead of seeing meditation only as a spiritual practice, this teacher recognizes that whatever happens in the meditator's field of experience, does not happen only in the mind and body but as well in the whole nervous system. He continued:

Most folks are processing nervous system material most of the time when they are meditating. When the meditator's practice gets to a level of deeper stability, balance and concentration, this is because there is a sense of safety, both in the nervous system and the mind.

The teacher's comment underlined the usefulness of flight/fight/freeze response from a trauma-sensitive perspective. He described the importance of honoring one's own WOT and how the wandering mind is not lost in a way, but rather it is where it is supposed to be in order to guarantee the meditator's psychological and emotional safety. The wandering mind working as a natural protection against anything that the mind is not ready to become intimate with can be supported by regulation of the practice in general. Sometimes this regulation offers a needed way out.

The importance of exit. Treleven (2018) points out how attending too closely to what is painful, can worsen the meditator's trauma-related symptoms. The inability to fight flight or freeze when experiencing the original trauma has provoked a sense of being trapped, with the alarming physical and emotional signs of threat, even into one's own body. According to

Treleaven (2018) the meditator's mind can also react to triggering thoughts in harmful ways. However, both the interviewed teacher and Treleaven (2018) emphasize the importance of honoring the meditator's self-protective mechanisms and offer an exit out of the too strong and trauma stimulating objects of meditation. For some people, as one teacher described, this might mean letting the mind wander and then come back to the practice. This teacher also said that for others, offering diverse objects for meditation can work as stabilizing elements. This is similar to what Treleaven (2018) writes. Stabilizing elements means paying attention to the external, looking at something in the meditation space or outside of it, sensing a grounding body part, such as the feet touching the floor or bringing into mind an important and safe person, attuning into their qualities.

Treleaven (2018) points to the intentional and conscious choosing of the object of the attention in order to move away from what is too much to stay with. One teacher offered a perspective where the mind naturally finds its way to not pay attention too closely to something that is too painful. What both Treleaven (2018) and the interviewed teacher are talking about is the importance of having an exit and being able to move further from the too intense stimuli when needed. The teacher's work is to honor the meditator's self-protective mechanisms as well as work with the meditator in exploring additional safe objects of attention when needed. This can be seen as a skillful delivery of the meditation practice.

Teacher competence: Skillful delivery of the practice. Crane et al. (2012) recommend that the teacher should deliver the meditation practice in a way that supports the meditator consciously redirecting the attention back if the mind has wandered. According to Treleaven (2018), this coming back is exactly what is problematic for meditators with trauma: what if it is impossible to come back to where the teacher is guiding? All the interviewed teachers worked in

a way that allowed the meditator to use their natural self-protection tools as long as they needed them and also utilize and explore safe places where to bring their attention when the practice was getting too intense. The teachers offered this possibility of exploration inside and outside of a formal meditation practice.

Crane et al. (2012) add that a mindfulness teacher should deliver the practices skillfully and balance between offering space and direction. This is how all the interviewed teachers described their way of delivering meditation practices and guiding their students in the path of meditation. They reported that the stability of the student was the base of any meditative activity. The teachers described being very aware of the meditators' individual needs and they were willing to work with the meditators based on these needs rather than what was in the original meditation practice instructions. The real skill was to embed, into the practice, working with the discomfort a meditator might experience during the practice. For most of the teachers this meant for example not requiring the meditator to stay in the discomfort zone if it felt too intense.

For example, one teacher spoke about an adaptation of a practice called the awareness of the breath. There was a participant on this teacher's class, who suffered from repetitive thoughts and extreme anxiety that came out in the beginning of a series of meditation classes. The teacher described how it was clear that meditation made the continuous rumination worse and how she worked with the student's risk of ending up in "dysregulated arousal." The teacher anticipated that the student could end up in "an endless loop," if "just being with it." The particular student reported to the teacher not being able to go for more than four breaths during one practice. The teacher described the process of this kind of adaptation:

So we started where he is. Where we started was ‘If you could only do four breaths, then let’s do four breaths, if you can only do the body scan when you are sitting up let’s try it where you are and eventually we will go to six breaths and eventually we’ll go to eight.’

In the example above, the teacher skillfully delivered the practice in a way that the student was able to handle without going out of the Window of Tolerance. According to the teacher there were things that worked for this student, such as counting the breath and putting hand on their chest. The teacher’s conclusion was that counting the breath interrupted the rumination of disastrous thoughts that otherwise would have caused the student arousal. Furthermore, the student found putting a hand on their heart settling the anxiety. The student also did a lot of mindful walking and attuning into the sensations of their feet. There was compassion from the teacher’s side as well self-compassion that the student expressed toward themselves. By the end of the class, the student reached six breaths and got the experience of success in their practice.

The awareness of the breath is usually at least a 45-minute practice on an MBSR class (Kabat-Zinn, 2013). However, the teacher delivered this practice by exploring together with the student what he could take in safely. The teacher described the process of supporting the student’s stability like this:

Whatever works for you if you have to meditate, put your hand on your belly and your hand on your chest and settle yourself down with whatever object of attention you want to choose. If your breath it is too scary because it makes you feel more anxious to look at your breath, then do the soles of her feet...He found that the mindful movement if he

followed the guided tape that that worked as well. So there were things that he could do but he couldn't do the traditional sitting.

Crane et al. (2012) give specific instructions how the student should be offered the breath as a place where to “stabilize the attention” (p 47). However, Treleaven (2018), Vallejo and Amaro (2009) as well as the interviewed teachers of this study challenge the idea of the breath being the only stabilizing object, especially for trauma survivors. With regards to the latter, as previously described within the analysis, the participants preferred offering multiple choices for places of stabilization: bodily sensations, counting the breath, movement, nature, even coming out of the meditation practice itself and focusing on the environment and social interaction. Also, for the interviewed teachers delivering the practice skillfully (Crane et al., 2012) did not mean following rigorously a certain curriculum, but rather meeting the meditator where he is at, and making the required adaptations for the practice.

The teachers' view as well as Treleaven's (2018) principle of supporting stability is an additional perspective to Crane et al.'s (2012) recommendation “to cultivate the skill to recognize when the mind has wandered and to bring the attention back” (p. 23). Rather than checking that the exact practice was surely delivering the key components of it (Crane et al., 2012), the teachers were attuned to the meditators' need of safety. Both the interviewed MBSR and insight meditation teachers related to meditation practice rather as a form of healing art than a specific toolset to be gained in a linear way, in a certain timeline. This could be seen “enabling participants to relate skillfully to mind wandering” (p. 23). The way the interviewed teachers did this, however, was not forcing the meditator to come back only into one object (i.e., the breath) and just to stay with it. They reported using many options for “establishing safe anchors”

Treleaven, 2018, p. 120), such as: sounds, looking at the environment, counting the breath, sensing the soles of the feet, mindful movement, touch, the body as a whole.

The teachers offered their students options of both staying with what was difficult and explore it or stepping away from it and bring the attention to something safe and soothing. There is a way in but there is also the way out: an exit. As one teacher put it: “If it’s very intense, you need to know how to exit. That is part of working with emotions: how you move away from them.” In this way, the teacher combined the meditator’s awareness of arousal, the importance of an exit, as well as self-regulation, that Treleaven (2018) talks about. When the meditator’s skills are not yet developed to their full potential in working with their traumatic activation, it is important to keep the body in mind.

Keeping the Body in Mind

In Treleaven’s (2018) third principle for trauma-sensitive mindfulness “exit” is approached somewhat differently. Unlike a safe, regulative exit way in a meditation practice, dissociation is the body’s way to exit from too overwhelming, traumatic events, emotions, sensations or anything that remind one of the original trauma. When working with the body’s alarming messages in meditation, it is good to have multiple exits, in addition to offering options for the anchors of meditation. According Treleaven (2018), “dual awareness” (p.124) that widens the attention also outside of one’s body, can be very helpful. The movement between inner (interoceptive) and external (exteroceptive) realities gives optional exits and ways to stay in one’s WOT. This is especially important in preventing dissociation from happening in meditation.

The dual awareness and extending one’s attention to external world that Treleaven (2018) mentions, showed up in the interviews in a very practical way. The interviewed teachers reported

about offering multidimensional instructions about where to pay attention to, for example: standing during a formal sitting practice, doing the body scan sitting instead of lying down. If getting overwhelmed, students were given options such as looking out of the window if getting overwhelmed, placing the feet on the floor and putting the head down, focusing on the movement of the body.

One teacher reported how movement had been beneficial for her students in relieving the body's tightness that pushing down a traumatic event had created. Similar to Treleaven (2018), the teachers saw the usefulness of all kinds of moving, not just walking meditation. Another teacher described her working with "incorporating movement into practice" (p.139):

You do not have to sit formally, you can be mindful in what you are doing and moving around and exercising. So having a wide idea of what practice is. You know, we narrow down to sitting...sitting meditation is practice. But that is a hard one for people to learn. And it is hard for people to learn that backing off is better.

Here the teacher was applying Treleaven's (2018) suggestion to let the meditator have a choice and practice meditation in a way that increases the sense of safety and neurophysiological balance. Another teacher described one option being "orienting to the environment through the senses," for example practicing with eyes open. Also Treleaven (2018) emphasized the possibility to practice eyes open: practicing eyes closed only forces the meditator's attention inevitably intensively only to the internal sensations and create a problem for a trauma survivor. Both Treleaven (2018) and the interviewed teachers described how offering multiple choices protects the meditator's nervous system from arousal and supports the meditator's sense of safety. These choices included having adaptations of practices, offering multiple objects of meditation such as sounds or counting breaths, watching the surroundings, movement, walking,

and social interaction. The teachers emphasized how they rarely offered only one object of meditation, but that they included many optional choices in their instructions. According to the teachers, in this way, the meditators are able to choose an object or anchor for their practice that feels supports their agency rather than practicing with the one and only offered object, such as the sensations of breathing. Offering options for one's meditation practice is a matter of safety, however, there are also other elements that teachers reported regarding safety.

Supporting safety. Treleaven (2018) writes, how assuring safety is not only a matter of one's inner work but also a question of the meditation space itself. He points out how "creating safe physical spaces" (p.146) is crucial for trauma-sensitive meditation. Similarly, one teacher described the importance of safe space like this:

The traumatized body has been made unsafe, and so sensations can be overwhelming, emotions can be overwhelming, and one of the first things a person who is deeply wounded or working with trauma needs, is to feel safe. And safety is external:

Am I safe in this room? Where are the doors, where are the windows? And it is relational: Who is here? Am I going to be hurt here? And most of this is unconscious, but the nervous system is doing it anyway.

Other teachers reported coming to the meditation space early and walking through it, assuring that the meditation space has an easy way out, a concrete exit, placing the meditation cushions and chairs in a way that anyone could leave "without being on the stage" if needed. One teacher also brought up the accessibility of space:

I always try to figure out 'OK, if I could not walk, how would I get here?' I actually walk through the buildings where I teach with that in my mind. 'If I could not do this, if I could not do that.'

Both of the teachers reported that supporting the meditator's agency is also about the actual space, as Treleaven (2018) and also Crane et al (2012) talk about. The interviewed teachers told how they paid attention to the external and internal safety issues already before the actual meditation class had even started. Supporting agency was therefore seen as an inner as well external work that was directly integrated with safety. Specific trauma-sensitive tools, such as the teachers' knowledge about trauma, were seen as information that could be and should be shared with the meditators themselves.

Teacher competence: Supporting agency and educating about trauma. All the interviewed teachers highlighted the importance of supporting the meditator's agency. One teacher described how agency is about "trusting in yourself and seeing that there are other ways to meditate." Another teacher worded similar perspective to actual meditation practices: "I think there are many doors to go through when you are dealing with someone who is coping with trauma." In addition to offering and encouraging options and adaptations in order to support the meditators agency, many teachers mentioned the importance of educating the meditators about "the neurophysiology of trauma" (Treleaven, 2018). One teacher reported how her students had told her that understanding trauma has helped them a lot in their meditation practice. She offered a metaphor on educating students about trauma:

It helps people to know that there are physical things going on in your body.

If you have a broken arm, you want to know which bone got shattered in your arm, so that you know what is wrong in your arm, and if you are going over the same ruminations you might want to know what is getting activated in your brain, while you are doing something to help cope with that.

Another teacher told she offers a lecture about trauma, flashbacks and dissociation when starting a series of classes. This, she said, was to assure the meditators would have an understanding of what might be happening, if they were to encounter trauma-related challenges in their meditation practice. The teacher also reported that educating about trauma also lessened the power of shame and the students' tendency to not talk about their traumatic experiences.

While Treleaven (2018) and the interviewees emphasize the importance of sharing their knowledge about trauma with the meditators as a tool for agency, Crane et al. (2012) argue that the teacher should deliver and embody mindful attitudes: "non-judging, patience, beginner's mind, trust, non-striving, acceptance, and letting go" (Kabat-Zinn, 2013, p. 19). The interviewees reported trusting meditators' own expertise and their capacity to work creatively with very difficult experiences in their meditation practice. The teachers described how meditators were able to find ways to proceed with their practice in ways that the teachers might have not been able to even imagine or suggest. One teacher described learning from student's expertise and creativity:

Folks for whom the standard instructions don't work, come up with all sorts of way to do it (meditation). They say 'Yeah, I kind of do this thing and when this happens, I do this thing.' It would have never occurred to me to teach that because it is idiosyncratic. 'You figured out how to work with your system. God bless.'

The attitude of trust is what connects offering different options and educating meditators about trauma. The interviewed teachers reported having a great trust in their students' abilities to work with trauma-related challenges, when given the proper tools and information. According to the teachers as well as Treleaven (2018), understanding how trauma can manifest in the body and having options for how to practice strengthens the students' agency. The students learn to trust

and navigate their own practice. This learning process does not need to happen in isolation and meditating alone. It can be supported by the relational world.

Relationship as a Refuge

Trauma was mainly seen as a psychological or neurophysiological phenomenon. However, it was also seen as an almost natural part of life that makes living with it challenging both for the person with himself as well as in the person's relationships with other people. One teacher offered a weaving metaphor to describe this:

A living being does what he/she/they/it does to weave together a life. And when the web that's been woven has been severed or disrupted in some way it's very difficult for the weaver. The weaver can get off track because there's a hole in what's being woven.

When the web that we are weaving together has a hole in it, it can be hard to see the hole. When there's a gap or disturbance in the force, it's difficult to see it and navigate, both internally and interpersonally. The whole weaving process takes extra balance, extra skill, once trauma has occurred.

The teacher above offered this metaphor of trauma being like weaving a web together and described how difficult it is to relate to the damage that trauma has caused and how the healing from it needs to happen both inside the person himself as well as in the relational world. The teacher's description of trauma connects with Treleaven's (2018) Fourth Principle of Trauma-sensitive Mindfulness: "practice in relationship" (p. 152). Furthermore, the teacher emphasized, that "it is important to understand that trauma will bring its mechanism into one's relational world and that meditation teachers will face this wound in their students sooner or later."

According to the teacher, guaranteeing safe and stable environment for the meditator includes the

relationship that is established between the teacher and the meditator as well as the meditating community.

Another teacher mentioned that traditional Buddhist retreats sometimes may not be the best place for trauma survivors' safety. According to this teacher, it can be very challenging for one to be on a silent meditation retreat, because there is very little space for social interaction and communication. She argued that trauma is a relational wound that does not necessarily receive enough care and attention from the teachers in a silent retreat setting. This aligns with Compson's (2014) emphasis of a meditation retreat not being the safest environment for a trauma survivor to practice meditation. Treleaven (2018) describes this dilemma by pointing out how "we can't heal in solitude" (p. 152). Furthermore, Treleaven (2018) confirms that, rather than going on a meditation retreat, it may be better for trauma survivors to spend time with friends and other closed ones or work with mental health professionals who specialize in trauma. Another teacher followed the same principle and suggested that sometimes it is better for a trauma survivor not to go on a meditation retreat but to live a daily life with other people and in relation to people who represent safety.

According to Treleaven (2018), meditation teachers could try to manage the issue of trauma survivor's social isolation on a retreat by insuring that the meditator will have a chance to social interaction with their teacher. However, sometimes it is not possible to offer the meditator with trauma as much support, time and communication that they would need. One insight meditation teacher mentioned that often there is simply not time or space for that on a retreat.

What Treleaven (2018) does not specifically write about in his Five Principles for Trauma-Sensitive Mindfulness is the importance of the teacher's contact before the meditation activity. He does point out how the relational aspect with a teacher/ therapist is crucial in

creating safety for a trauma survivor. The interviewed teachers brought up the many ways how they offered the possibility for contact for the meditator, including pre-class questionnaires, pre-interviews in person or a phone call before meditation classes. Other options were orientation sessions, ongoing personal interviews with the meditator, and written reflections where the meditators could report how they were doing. All these options were seen as an opportunity for the meditator for social interaction and personal contact with the teacher.

The opportunities for personal contact were described being simultaneously a supportive element both for the meditator and the teacher. The meditator could speak about what was in their mind, ask specific questions and understand if this class or program was a good fit for them. The teachers were able to get to know the meditator better and in this way offer more appropriate support and guidance for him. The teachers' approach was similar to Compson's (2014) hopes of offering appropriate information regarding the class as well as Britton's (2017) recommendation on informed consent and screening the participants of the meditation class beforehand. The intention to have a personal contact with the meditator can be seen as a teacher competence.

Teacher competence: Availability, commitment and presence. According to Treleaven (2018), this kind of space of holding in a relationship between the meditator and the teacher is a support for a trauma survivor. The importance of a safe and supportive relationship with one's teacher insures not only the emotional and psychological safety, but directly impacts one's whole neurophysiology and self-regulation; through the safe relationship the meditator's brain does not need to go onto a survival mode and react by fight, flight or freeze. He can use the relationship as a harbor as a place of safety and this soothing other, the teacher or even the whole community, can be essential for his sense of safety and trust (Treleaven, 2018). One teacher described her approach to teaching trauma-sensitive meditation like this:

There is no external cognitive set of skills that are going to help you in these places of intimacy where somebody has been truly, deeply wounded. There is no set of external format for ‘build this kind of thing.’ You have got to be just human.

Here the teacher emphasized the relational aspect and the ability of being available and present to people with trauma. Another teacher similarly pointed how “availability” was a crucial element in being trauma-sensitive with her students: “When I am teaching, I actually give my cell phone to people and I am available 24 hours a day, and that’s my criteria for being what I am doing.”

The teachers reported how commitment was a great ethical value for them in relation to meditators. This included for example working with one’s own traumatic experiences, getting a proper training for teaching meditation and being really present for the meditators. One teacher said: “I think that putting people into these programs requires a certain level of commitment and availability, to be available as a teacher. We are asking them to do this and we have to be responsible to for it.” She continued by differentiating being a well-trained meditation teacher with being really available. According to this teacher, even though a meditation teacher would have a high quality training, that itself does not equal to teacher’s ability to be present. Another teacher spoke about the same thing but from a slightly different angle: Being well-trained to work with trauma survivors does help to be more present for them. She talked about the difference between facilitating mindfulness practices correctly with how the teacher’s willingness to step in to the relational work can enable the meditator to feel really seen:

...if you are not trained to notice those kinds of things (trauma response), then I think of it, people that are not going to enter that realm are more of technicians, they are mindfulness technicians...you breathe and if you are in pain, breath into the pain and be

with it and eventually, let the mindfulness work kind of operate. And probably a lot of the times, that's a good advice and most of the times it could leave the person feeling lost and alone, unseen, unheard, unseen.

The teachers above talked about how having a meditation teacher training does not necessarily mean that they will choose to be present and available for their meditators. On the other hand, having commitment and training in trauma specific issues can support the teacher's relational skills with a trauma survivor. According to Treleaven (2018), the relationship with a teacher is a container, which can increase safety for a traumatized meditator.

Trauma specific skill set is not investigated in Crane et al.'s (2012) teacher competence domains. However, the teacher's ability and willingness to be present are included in the domain of "relational skills" (p. 14) as well as in the domain of "embodiment of mindfulness" (p.17). These domains describe how it is crucial that the teacher has a commitment and capacity to stay connected and be present to the meditators. Similarly, the interviewed teachers as well as Treleaven (2018), Vallejo and Amaro (2009) and Lindahl et al. (2017) all highlight how meditators with trauma need the actual presence of their teacher when facing challenges in their practice. The importance of the relational aspect is not limited only to the teacher-student relationship but widens into the whole community where meditation is being practiced. The community of meditators can be crucial in creating safety for all practitioners, not only the meditators impacted by trauma.

Community as a Container

Treleaven's (2018) fourth principle invites to pay attention to the community as a whole, not only to the meditating individual. The role of the community came up in most of the interviews. One teacher criticized how the emphasis solely on meditation practice instead of the

community, has twisted the mindfulness practice from its origins, the connectedness with not only oneself but also with others. The teacher saw this as a risk for meditators with trauma: one should not just meditate in solitude but the community is a safety net in itself. Teaching meditation in a trauma-sensitive way meant for this teacher not only offering meditation as safe way as possible, but also the accessibility and presence of the community. According to the teacher, this might mean community gatherings, chanting, and simply offering more activities than just a weekly sitting or a retreat. The teacher continued with the idea of community being the centerpiece for one's contemplative path:

'My religion is sitting quietly with my eyes closed and not talking to anybody.'

Which, you know, I love! But that means that we have left behind all these things that were a foundation for healthy nervous system regulation. And what we have left are the most extreme practices: deep silence and solitude essentially, and so then those really are conducive to amplifying the freeze or collapse system.

Here, the teacher was referring to the Buddhist traditions that have been the root source for Western meditation practice and mindfulness movement. In his understanding, the community should be the centerpiece of one's contemplative path, not solely meditation practice. According to this teacher, socializing, cooking together, eating together, going out and doing service together would be the foundation for one's meditative path. Similar to the Window of Tolerance (Treleaven, 2018), the teacher also pointed to the risk of overriding one's nervous system by meditating too intensely and without the support of community.

All the interviewed teachers recognized the role of the community for trauma survivors as an antidote for traumatic isolation. As Treleaven (2018) puts it, social engagement is the first tool that a trauma survivor tries to use when being triggered. Community offers a natural support

for this and a container of safety, which Treleaven (2018) highlights being one of the most important prerequisites for trauma-sensitive work. Assuring safety can be seen as a teacher competence in itself when teaching meditation in a trauma-sensitive way. The teachers hold the space for the meditators by their presence, example, instructions and actions.

Teacher competence: Holding the space. In the sixth domain of teacher competence, Crane et al. (2012) talk about “container” (p. 36) that the teacher establishes by “holding” the space in a way that feels safe and enables trust and learning. This is aligned with Treleaven’s (2018) and the interviewed teachers’ perspectives to community as a container. The teachers described how they saw their responsibility as space holders and developing trust for the community. On the other hand, they also recognized the community’s healing and safety supporting qualities.

The teacher’s availability and presence mentioned earlier in the thesis (p. 51) was seen as a foundation for developing a safe community. One of the teachers combined the availability of a teacher with ethics and community by saying that he would love to see more Buddhist teachers in local communities:

... it serves the needs of traumatized folks more than these few celebrity teachers flying around to retreats and having big sitting groups but you can’t talk to them. So: lots of teachers, clear ethics, and then all the usual stuff around appropriate boundaries.

The teacher’s comment was more about bigger community work but talked also about the boundaries that Crane et al. (2012) mentioned as well as aligned with how Treleaven (2018) sees the importance of teacher’s availability crucial for trauma-sensitive meditation.

Another teacher saw that while it is important to have the teacher present and responsive to what is happening in the meditation group or community, having external resources where to

refer a struggling meditator, is also part of the holding space and safety: “You need to have a buddy, you have to have a partner, maybe a co-teacher, at least somebody that you know who has clinical training that agrees to take referrals.” This comment was directly aligned with Treleaven’s (2018) recommendation that trauma work should be done with a professional.

According to Crane et al. (2012), the teacher is responsible of the boundaries, basic guidelines, trust and confidentiality in the group, while responding skillfully to the group’s needs. The interviewed teachers, as well as Treleaven (2018) and Crane et al. (2012), describe how holding the space is about guaranteeing an emotional and physical environment for meditators to safely navigate their present moment experience. One teacher described, how holding the environment meant also understanding the causes of one’s own actions and choices as a teacher:

The way you light the candles isn’t neutral, the fact that you use candles at all, or a bell or that you sit in a circle rather than rows, how high you turn the lights or low, the exact instructions you give, the shirt you wear, all of this is material and all of these are specific interventions.

According to this teacher, also making assumptions of for example having eyes closed during a meditation practice does not establish safety in the community:

For one person ‘let your eyes rest on the floor a little bit in front of you, that’s going to be like ‘aaah, so nice.’ It is calming, it is focusing. For someone else, you don’t know who in your group was raised in a household where every day they heard: ‘Eyes down.’ So to really understand that every single thing we do is intervention.

From this perspective, also the words a teacher chooses to use, are a form of intervention. Crane et al. (2012) emphasize how the teacher should encourage “common humanity” and

“moving from personal to universal learning” (p.36). This also encouraged in the MBI-TAC as a choice of using the words: the teacher should encourage the meditators saying “thinking is happening” rather than “I think.” However, one teacher argued, how using non-identifying language can damage the holding experience: “I think it is harmful to train people to stop identifying with their experience and say they do not own their thoughts, it’s is going to cause them to be dissociated.”

The way the teacher holds the space for the community models to that community how to relate to their present moment experience. According to Crane et al. (2012), the sixth domain of the teacher competence is inviting the teacher to normalize the shared experiences. This is also what the interviewed teachers said about trauma: it should be stated, normalized and its manifestations should be openly addressed. This can, when done skillfully, hold the space for the community to support each other. The teachers reported also being aware of the bigger context: the whole society and both their own and the students’ positionality in it.

Social Context and Society

According to Treleaven (2018), when wanting to teach meditation in a trauma-sensitive way, it is crucial to recognize and understand that trauma is not only a psychological problem that is caused by what individuals have experienced in their lives but that the society creates and upholds oppressive structures that cause trauma for many people. The interviewed teachers reported the understanding of the oppressive systems such as systemic racism being very important when teaching trauma-sensitive meditation. One teacher described how trauma is often thought as an individual problem, and that in the word of mindfulness she sometimes feels teachers are talking about “white middle class trauma,” which is totally another thing than trauma that for example the Latino population in the US faces. According to this teacher, their

trauma has a daily, repetitive form that manifests as a lack of health care and social services, proper nutrition and, other basic needs in their everyday lives.

Another teacher talked about the risks of the meditator belonging to any group of minorities:

It is important to know that the number goes up for marginalized population and that trauma is actually probably close to a 100 percent if you are black, if you are a black woman, if you are gay, if you have a disability...all trauma is much much more likely.”

This teacher had come to the conclusion of the probability of trauma among minorities through her own groups and statistics she had collected by interviewing the participants. However, all the interviewed teachers emphasized the importance of the social context in which the teaching is happening: which kind of minorities or discriminated populations are participating to the meditation session, class or retreat. Earlier in the analysis and discussion the teachers reported how meditators themselves tend to hide their traumatic experiences (consciously or unconsciously). What comes to systemic oppression and discriminated minorities, it was widely agreed among the teachers that trauma-sensitive meditation means to be able to see, recognize and respond to the trauma that is due to systemic oppression. Often this requires, that the teacher themselves have to work with their own prejudices and positionality as a Western meditation teacher with white privilege, as a heterosexual, cis gendered person.

One teacher reported how “being aware of one’s positionality” is crucial for a meditation teacher, such as one’s “internalized racial bias, sexual bias.” He was clear about how “for some folks an old white man teacher is never going to work, no matter how skilled they are.” He also stressed that working with one’s own positionality as a teacher is to recognize one’s “class

privilege, male privilege, white privilege.” He added that the privilege work is not only about the teacher but requires the whole community to make an impact.

The interviewed teachers were aligned with Treleaven’s (2018) perspective to social context and society as causes of trauma. Both the teachers and Treleaven highlighted the awareness of systemic oppression being an instrument for delivering trauma-sensitive mindfulness. Treleaven (2018) writes about how the invisibility of less privileged groups of people in society can be strengthened by the privileged ones. The cycle of invisibility must be broken and all of the interviewed teachers had the intention to do their best in breaking it. They reported being very aware of the chance of re-traumatization if not acknowledging systemic oppression. This awareness is a teacher competence in trauma-sensitive approach to teaching meditation and mindfulness.

Teacher competence: Awareness beyond past and present. According to Crane et al. (2012), qualities such as “curiosity, respect, compassion and warmth” (p. 14) are crucial in the first domain of teacher competences: the teacher’s relational skills toward the meditators. Similar, to the interviewed teachers, Crane et al. mention “awareness” (p.14) as an important dimension in meeting the meditator skillfully where he is at. The interviewed teachers, however, saw awareness being an important part in preventing re-traumatizing oppressed meditators.

Crane et al. (2012) do not talk about systemic oppression that has deep roots in the world’s history, but refer more to the meditator’s present moment experience and the teacher’s ability to be accepting, open and sensitive to that. The interviewed teachers reported being aware about the vulnerability of marginalized groups of people and described being willing to work with that vulnerability. This intersection of awareness of the past and present oppressive systems is where trauma-sensitive approach to meditation comes along. In order to recognize what the

present moment is about, we need to go back to understand more. We bring this awareness to the way of teaching meditation. As one teacher described, the work of recognition is ongoing, beyond past and present:

That makes me feel quite distressed at times...to know that I cannot be perfect and that I will fuck this up. If somebody is in my class who is a person of color and I have privilege because of my white skin, there is going to be some micro aggression I do by accident. It is an ongoing work for me.

Here the teacher was embodying “authenticity” (Crane et al., 2012, p.14) and being truthful about her own social context and how it may impact the participants of her classes. She also demonstrated what Treleaven (2018) sees as a key component to trauma-sensitive meditation and mindfulness: awareness. The awareness of the teacher’s own positionality widens to include the awareness and intimacy of the teachers’ personal work with trauma. The interviewed teachers went beyond present and past and created sixth principle for teaching trauma-sensitive meditation. They also went beyond Treleaven’s (2018) Five Principles of Trauma-Sensitive Mindfulness.

The Sixth Principle: Inner Work and Expertise

In addition to Treleaven’s (2018) Five Principles of Trauma-sensitive Mindfulness, the participants brought up a number of teacher qualities and practical details that were not included in the Treleaven’s framework. One reason for this might be, that his Five Principles are not a guide to meditation teacher’s personal spiritual or psychological growth, but rather a set of professional skills, tools and perspectives for meeting meditators where they are at. In the thesis interviews, however, the participants highlighted the role of personal growth and how it had

impacted their work as meditation teachers. The participants gave a strong value for the inner work and healing that teaching trauma-sensitive meditation requires from the teacher.

The teachers described how their inner work included qualities such as “humbleness, vulnerability and intimacy with one’s own traumas.” They emphasized the importance of a teacher being humble in relation to the meditator. This meant seeing the meditator as the expert, not the teacher. Being humble included being aware of assumptions and leaving them outside the meditation space when entering. This non-assuming anything about the meditator was described as “essential,” even “sacred.” It was seen as respecting the hidden nature of trauma, but also as being open to anything the meditator was bringing into the meditation class. According to Crane et al. (2012), the attitude of humbleness, curiosity and respect are essential attitudinal qualities of any mindfulness based intervention teacher.

All of the participants brought up the importance of being intimate with one’s own trauma and wounds as a meditation teacher: working with one’s own trauma. When asked about the quality of a teacher-student relationship, the teachers brought up the importance of the teacher’s inner work. One teacher described her inner work with trauma in relation to teaching like this:

...I lean deeply into my own places of trauma, engage the compassion and self-love that I can, and do not go beyond my own limits. If I can stay in this intensely sensitive place that is right up against my own trauma...if I can stay with that vein of gold where my pain is, I rarely hurt another.

The teacher illustrated the intimacy with her own trauma as a requirement and support when teaching. She continued talking about how having not worked through her own healing from trauma, she would be in danger to project that into “fixing meditators’ problems with

mindfulness.” Similarly, to Treleaven (2018) and Compson (2014), she emphasized the importance of the meditator being able to choose and combined this freedom with her personal healing as a teacher competence:

If I were to not hold my own trauma, I would then be projecting something onto someone else and trying to fix them in some way. I need to hold my own brokenness and the holes in my own web. Only then will my students have the opportunity to see me doing the real work of mindfulness, and follow along, if they are ready to. And if they are not ready to do it, it’s their choice. They have to have that choice.

Another teacher described up how being a trauma survivor herself had filled her with trust toward her students:

I am very optimistic because if I can meditate, given everything that I have been through... I feel I have an optimism that anybody can do it. When people come into the class and they discover right away that this is really challenging because it is bringing up things they are not equipped to deal with and they may feel they want to throw the towel, I think I can approach them with my optimism that they can really do this and... and when they come back and they say ‘Well I did it.’

All of the interviewed teachers saw respecting the meditator’s expertise as a way of increasing the meditator’s agency, that also Treleaven (2018) and Crane et al. (2012) talk about. The teachers, however, also emphasized the importance of their own expertise: education and additional training in mental health field. Treleaven (2018) highly recommends that a meditator with trauma should work closely with a trauma professional, but he doesn’t go into very deep what comes to mental health training for trauma-sensitive meditation. The recommendation to work with a trauma professional was the general understanding among the interviewed teachers

and many of them had therapists to whom refer the meditator if needed. The participants also emphasized how they have found training or education in mental health field very beneficial for teaching trauma-sensitive meditation. However, there were differences in which kind of mental health training was seen as qualified. One teacher saw that meditation should be taught only by mental health professionals, others found their educational background in mental health very beneficial in general. The only teacher who did not have an education in mental health field, reported to have benefitted from a number of additional trainings in the field of psychology and psychiatry. She reported these regular trainings being crucial because there had been a number of traumatized people in her classes. All participants, whether they had a professional background in the mental health field or not, saw additional training crucial for them when working with meditators suffering from trauma.

Limitations

The purpose of this study was to investigate what teaching trauma-sensitive meditation is and how the selected meditation teachers described their experiences of teaching it. The limitations of the study included the non-representativeness of the interviewed meditation teachers. There were only two teachers with multi-racial backgrounds, and all the other participants were white Caucasian. Therefore, the group of teachers did not largely represent people traumatized through systemic oppression. They also did not directly represent meditators with trauma, although all of them described having been that too. However, the direct voice of trauma survivor meditators is missing from this study.

The number of interviewees being only five, no generalized conclusions can be made based on the data and analysis of this thesis. Also, the lack of coding taxonomy in the research results narrows the conclusions that can be made based on this study. Furthermore, using MBI-

TAC for categorizing the participants was a limited tool it being specifically directed to evaluate MBSR and MBCT teachers in training. However, it was the only tool for measuring mindfulness meditation teacher's competence that I could find. Therefore, I decided to use it to analyze and reflect all data, both from MBSR and insight meditation teachers.

Another clear limitation was that I, as a non-professional in mental health field researched a topic directly focused on mental health and one of its aspects: trauma. The master's degree being in arts and mindfulness studies and not in psychology replicated this limitation.

Conclusions

Teaching trauma-sensitive meditation means to be open and inclusive to all kinds of meditators with their diverse backgrounds and personal emotional wounds. A trauma-sensitive approach to teaching meditation is essential in both secular and Buddhist realms. Wherever meditation is offered, there will be trauma survivors present, whether teachers or participants are aware of it or not. Being informed about trauma and sensitive to its appearance is an important part of a meditation teacher's competence.

Teaching trauma-sensitive meditation does not only point to how a teacher facilitates an actual practice of meditation but how the teacher works with all the other aspects of teaching trauma-sensitive (and any kind of) meditation: offering many objects and anchors of meditation, supporting safety, recognizing the signs of overwhelm, relational skills of a teacher-student relationship, understanding the red flags and the physiological and psychological signs of the meditator exceeding their Window of Tolerance (Treleaven, 2018). Teachers cannot offer trauma-sensitive meditation without first having a proper training to teach meditation and second, without receiving additional training on trauma and its relationship with meditation. Even with both of these, teachers cannot do trauma work with a meditator if they are not mental

health professionals. However, understanding the nature of trauma and its manifestations on a neurophysiological and practical level can support any meditation teacher in responding to meditators' needs skillfully and recognizing when it is time to ask for more help and refer the meditator to a trauma professional.

According to Britton (2017), PTSD is one of the exclusion criteria from both MBSR and MBCT courses. Trauma is also identified as one of the emotional risks in the MBSR Curriculum Guideline (UMASS Center for Mindfulness, 2017). However, the interviews of this thesis, Britton's Five Myths of Meditation (Britton, 2017), and Treleaven (2018) show that people with trauma find their ways to meditation classes anyway, whether an MBSR, insight meditation or other kind of meditation class. All interviewed teachers, despite their tradition, had additional training in mental health and trauma. Both the literature review and the interviews show that being trauma-informed and trauma-sensitive is an important part of a meditation teacher's competence. Two of the interviewees in this thesis noted that, in the insight meditation tradition, a trauma-sensitive tool, called Somatic Experiencing, has been part of the teacher training for years. At the time of the writing of this thesis, Willoughby Britton, David Treleaven and Jared Lindahl are preparing their first training on trauma and meditation safety at the UMASS Medical School Center for Mindfulness. Trauma training needs to be required for all levels of meditation instructors and facilitators, as well as those who teach but do not have meditation teacher training. All meditation should be trauma-informed and trauma-sensitive.

Addendum

The intent of this addendum is to not only provide the reader with a tool that allows an easy understanding of the work described but also to serve as a practical summary of the skill set required in teaching trauma-sensitive mediation. The addendum summarizes the views of

Treleaven (2018) Crane et al.(2012), and the interviewed teachers, and connects them with the identified trauma-related teacher competences.

The interviewed teachers valued a preventive approach as a teacher competence: being informed about the neurophysiology of meditation and trauma can help in preventing as well as recognizing and responding to meditator's arousal and feeling overwhelmed. Most of all, the way the meditation practices are delivered needs to be inclusive and take into consideration that not one size fits all. The teachers also emphasized flexibility in regards to the meditation practices and objects of meditation. The most important goal emerging from the interviews was the meditators' safety and the teacher's own presence and availability to the meditator. The interviewees highlighted the importance of being aware of not only the present moment, but also of the social context, the background, and the history of systemic oppression that the meditators might bring into the class even if these factors are not visible. Examples of systemic oppression include being a person of color, being transgender, belonging to a sexual minority or being a person with disability.

Table 10 consists of four columns: Treleaven's (2018) Five Principles, the MBI teacher competences (Crane et al., 2012) that the interviewed teachers touched upon, and the trauma-sensitive teacher competences that the interviewees discussed. The fourth column is a synthesis of all three views for teaching trauma-sensitive meditation, and offers practical skill sets emphasized by the interviewed teachers.

What table 10 does not include is the Sixth Principle of Teaching Trauma-Sensitive Meditation that the interviewees described: that is, the importance of the teacher's personal inner work with their own traumas and being able to hold that simultaneously when teaching. This is the basis of being able to provide a trauma-sensitive approach when teaching meditation.

Additionally, the interviewees emphasized the necessity of training in mental health and trauma. They further stressed the importance of meditation teachers having a network of trauma professionals and therapists to whom they can refer meditators when needed. The training in mental health and trauma was deemed beneficial for meditation teachers, regardless of whether the class was specifically for participants at risk of traumatic activation.

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Tables**Table 1: Characteristics of the participants, gender**

| Gender | Number of participants |
|---------------|-------------------------------|
| Male | 1 |
| Female | 4 |

Table 2: Characteristics of the participants, race/ethnicity

| Race/Ethnicity | Number of participants |
|-----------------------|--|
| Caucasian white | 3 |
| Multiracial | 2, of which 1 Caucasian white/Latino and 1 Caucasian white/Caucasian and native Pacific Islander |

Table 3: Characteristics of the participants, nationality and residence

| Nationality and residence | Number of participants |
|----------------------------------|-------------------------------|
| American, East Coast US | 4 |
| American, West Coast US | 1 |

Table 4: Characteristics of the participants, age

| Age range | Number of participants |
|------------------|-------------------------------|
| 21-30 | 0 |
| 31-40 | 0 |
| 41-50 | 3 |
| 51-60 | 2 |

Table 5: Characteristics of the participants, highest education

| Highest Education | Number of participants |
|--------------------------|-------------------------------|
| PhD | 3 |
| Master's degree | 1 |
| Bachelor's degree | 0 |
| High School degree | 1 |

Table 6: Characteristics of the participants, years of practicing meditation

| Years of practicing meditation | Number of participants |
|---------------------------------------|-------------------------------|
| < 10 | 0 |
| 11-20 | 0 |
| 21-30 | 3 |
| 31-40 | 1 |
| > 40 | 1 |

Table 7: Characteristics of the participants, years of teaching meditation

| Years of teaching meditation | Number of participants |
|-------------------------------------|-------------------------------|
| < 10 | 0 |
| 11-20 | 4 |
| > 20 | 1 |

Table 8: Characteristics of the participants, practice lineage as reported by the participant

| Practice lineage | Number of participants |
|-------------------------|-------------------------------|
| Theravadan Buddhism | 4 |
| Tibetan Buddhism | 2 |
| MBCT | 1 |
| MBSR | 1 |
| Secular Mindfulness | 1 |

Table 9: Characteristics of the participants, related training

| Related training | Number of participants |
|-----------------------------------|-------------------------------|
| MBSR teacher | 3 |
| Somatic experiencing practitioner | 3 |
| Insight Meditation teacher | 2 |
| MBCT teacher | 2 |
| Yoga teacher | 2 |
| Organic Intelligence | 1 |

Table 10: Principles, competencies and practical skill sets

| Five Principles (Treleaven, 2018) | MBI Teacher competence (Crane et al., 2012) | Trauma-sensitive teacher competence (Interviews) | Synthesis: Practical skill sets |
|---|---|---|---|
| WOT: Window of Tolerance | Intentionality | Intentionality, prevention, responsibility | <ul style="list-style-type: none"> • Educating oneself and the meditator about the neurophysiology of meditation and trauma • Recognizing external and reported signs of arousal and being overwhelmed • Teaching meditation in a trauma preventive manner |
| Shifting attention, supporting stability | Skillful delivery of the practice Delivering certain learning objectives | Flexible delivery of the practice: do more of what works, practice on your own pace | <ul style="list-style-type: none"> • Respecting the natural protection of the wandering mind (protecting the nervous system) • Assuring that there is an exit from a meditation object to another, or from the meditation practice itself • Offering multiple objects of meditation, not only the breath or another single object |
| Keeping the Body in Mind | Supporting the meditator's expertise | Supporting the meditator's agency Supporting the meditator's safety | <ul style="list-style-type: none"> • Assuring that the meditator always has a choice and the freedom to make decisions in all aspects of meditation: to practice eyes open or closed, to select the object of meditation, to choose to drop out of the meditation practice, to make an informed choice of the type of meditation tradition • Assuring that there is a physical exit of the meditation space • Accessibility to the space (e.g. accommodations for disabilities) • Physical safety |
| Relationship as a Refuge | Teacher's presence Community | Teacher's availability and commitment Community | <ul style="list-style-type: none"> • Being both present and available, including outside the meditation sessions • Understanding the supportive role of a community • Organizing opportunities for social interaction within the community |
| Social Context and Society | Present moment awareness | Awareness beyond past and present | <ul style="list-style-type: none"> • Working with one's positionality and ongoing conscious development of skills of recognizing systemic oppression and inherent traumas • Recognizing the invisible nature of systemic oppression in the participants |