

Teaching Mindfulness:

Potentially Traumatising or Detraumatising

Teaching Mindfulness Safely

Tim Duerden

Senior Lecturer University of Salford
School of Health & Society

Lead trainer Integrated Mindfulness Ltd. & Mindful Resilience Enhancement

This presentation will be available at
www.mindingthegaps.uk

START WHERE
YOU ARE

Mindfulness Definition:

‘Mindfulness means paying attention to what’s happening in the present moment in the mind, body and external environment, with an attitude of curiosity and kindness.’

The Mindfulness Initiative, 2015, p.6

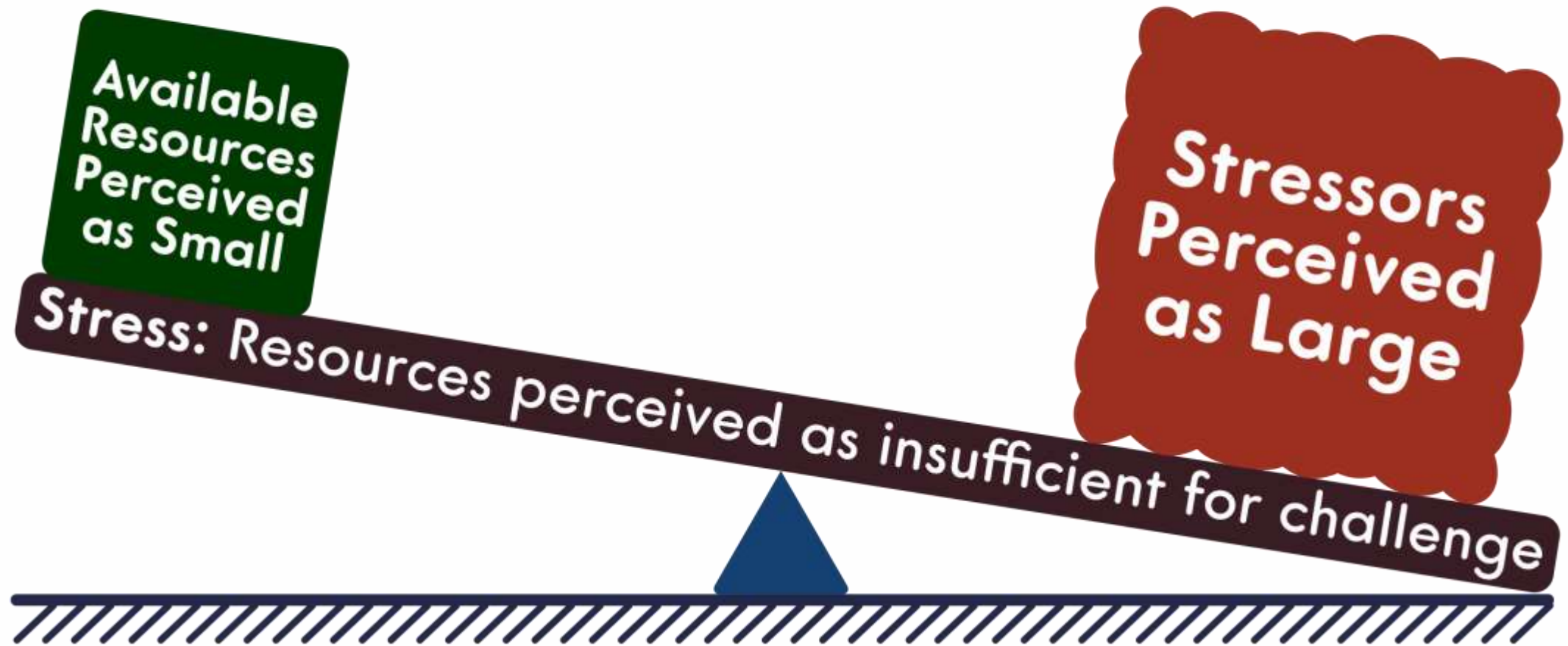
- Reflect on this definition as if mindfulness is new to you.
- How might someone with a history of trauma feel challenged by this definition of mindfulness?

The Mindfulness Initiative (2015). Mindful Nation UK Report by the Mindfulness All-Party Parliamentary Group. Retrieved 10 February, 2016, from http://themindfulnessinitiative.org.uk/images/reports/Mindfulness-APPG-Report_Mindful-Nation-UK_Oct2015.pdf

Mindfulness: does it feel safe?

- Is the present moment safe to notice or overwhelming?
- Does my mind feel safe to notice?
- Does my body feel safe to notice?
- Does the external environment feel safe to notice?
- Have I experience of curiosity being safe?
- Do I associate kindness with safety?
- Does kindness to self feel safe?
- Do I feel safe enough to mindfully notice that I do not feel safe right now?
- If I do not feel safe, what do I do to get through this moment?

The Transaction Model of Stress: Stress



Lazarus, R. & Folkman, S. (1984) *Stress, appraisal, and coping*. New York: Springer Pub

The Transaction Model of Stress: Coping



The Transaction Model of Stress: Resilience



Problem Focused Change vs Resource Focused Change

- When we experience disturbance due to a stressful situation we have two main options to change what we are experiencing:
 1. **Problem Focused Change:** we aim to change what is inwardly or externally stressful in the situation [Shrink the Stressors]
 2. **Resource Focused Change:** we aim to change the resources we are bringing to the stressful situation so we change how we perceive the situation [Grow our Resources]
- These options are both ***changes***:
 - Mindfulness is often unhelpfully said to not be about changing anything.
 - What changes with mindfulness are the inner resources we bring to a challenging situation: so something does change...

Lights Out

- Imagine stepping out of a bright room through a door into a dark, open, outdoor space at night.
- You have a torch to find your way in the dark – but every time you use the torch you stop your eyes adapting to the dark.
 - Using the torch is an example of Problem Focused Change.
- To let your eyes adapt you must avoid any light.
 - Letting your eyes adapt is an example of Resource Focused Change.
- The transition from Problem Focused Change to Resource Focused Change is often very unsettling and can trigger intense flares of unwanted thoughts and feelings.
- If you are terrified of the dark, what resources could help you resiliently wait in the dark until your eyes adapt?

Resources Needed for Mindfulness to be a Safe Experience



Mindfulness: Awareness vs Practice

- Mindfulness practice cultivates mindfulness awareness.
 - The cultivation of mindfulness awareness is implicitly or explicitly part of the process of trauma recovery: meeting the experience of trauma with kindness and curiosity is essential for healing.
- Mindfulness practices, however, may be detraumatising, retraumatising, or traumatising depending on the appropriateness of the practice for the individual's needs. For example:
 - Mindfully walking the dog **vs** slow group mindful 'zombie' walking.
 - Mindfully loosening foot and hand muscles with eyes open in a chair for 5 minutes **vs** a 45 minute body scan lying down on the floor on your back with eyes closed in an unfamiliar group of people in session 1.

Suggested Requirements for Trauma Sensitive Mindfulness Practice:

- **Person centred:** a collaborative curriculum based on a process of co-creation between teacher and participants with mindfulness practices adapted to, and emerging from, identified individual need.
- **Safe:** easily attainable, kind challenges offered with minimal risk of failure or shaming, and maximum sense of personal choice.
- **Relational:** embedded in a trusting relationship with teacher and group.
- **Scaffolded:** Practice grows from familiar experiences and established resources within an accessible psychoeducational framework and with explanations of what practices will involve (no surprises) with short practice 'test-drives'.
- **Gradual:** brief, repetitive practices, skills cultivated in small steps starting in low intensity, familiar contexts.
- **Grounding:** open eyed, active, moving, external environment anchors.

MBCT Standard Session 1 Content

- Introductions: First in pairs then to the whole group: “giving their first name and, if they wish, saying what they hope to get out of the program”.
- Raisin Eating
- Short breath focus practice
- Body scan practice (each day until next session)
- Short breath focus practice at end

MBCT Quotes: About the first session in general

So, given their lifelong tendency to hide their experiences of suicidal depression, it is hardly surprising that some participants initially found being part of a group particularly challenging. The challenge showed itself in a variety of ways. Some were at first strongly reluctant to speak in front of the whole group. Others could not trust the group sufficiently to **close their eyes during meditation practices**, while others chose to **sit in chairs rather than to lie down for early body scan practices**, or **lay in postures offering maximum protection, curled on their sides or wrapped in a blanket**.

One participant, Frances, described later in the course how terrified she was in the first class, feeling restlessness and irritation with everything about it, especially the **sound of the bells**. She needed to sit close to the door to feel safe enough to stay.

This sense of fear in the first class can be palpable and may be prolonged, as it is harder to settle in a group where many others feel similarly unsettled.

(Williams et al, 2017, p. 125)

Williams, J. M. G., Fennell, M. J. V., Barnhofer, T., Crane, R., Silverton, S., Segal, Z. V., Williams, J. M. G., ... Teasdale, J. D. (2017). Mindfulness and the Transformation of Despair: Working with people at risk of suicide. London: Guilford.

MBCT Quotes: About raisin eating

...sometimes their experiences were more intense and in some cases much more negative. Some people described the raisin as “revolting” or “disgusting.” It reminded them of something they wouldn’t eat—insects or animal droppings. Some could not bring the raisin closer to their mouths than arm’s- length, let alone explore and taste it.

In one particular group, with 12 participants, half were unable to bring a single raisin to their mouths.

(Williams et al, 2017, p. 127)

Williams, J. M. G., Fennell, M. J. V., Barnhofer, T., Crane, R., Silvertown, S., Segal, Z. V., Williams, J. M. G., ... Teasdale, J. D. (2017). Mindfulness and the Transformation of Despair: Working with people at risk of suicide. London: Guilford.

MBCT Quotes: About the body scan

The invitation to lie down in a strange place with people they hardly knew, paying attention to a body that they spent little time connected to in any positive way, was frequently challenging.

In a group where the experience of childhood abuse or trauma was frequent, the invitation to spend time, in a group of relative strangers, waking up to sensations in parts of the body associated with traumatic memories might seem particularly difficult or inappropriate.

For this reason, we ensured that participants understood that it was okay for them to decide for themselves whether to take part or not, to sit or lie, to open or close their eyes, to choose where to focus their awareness (e.g., on the breath, the body as a whole, the floor or chair supporting them) if parts of the body were especially challenging.

With this evidence of care and respect, the invitation was more readily accepted.

(Williams et al, 2017, p. 129)

Williams, J. M. G., Fennell, M. J. V., Barnhofer, T., Crane, R., Silverton, S., Segal, Z. V., Williams, J. M. G., ... Teasdale, J. D. (2017). Mindfulness and the Transformation of Despair: Working with people at risk of suicide. London: Guilford.

Bessel van der Kolk: Trauma Recovery

The challenge of [trauma] recovery is to re-establish ownership of your body and your mind — of your self.

This means feeling free to **know what you know and to feel what you feel** without becoming overwhelmed, enraged, ashamed, or collapsed.

For most people this involves

1. Finding a way to become calm and focused.
2. Learning to maintain that calm in response to images, thoughts, sounds, or physical sensations that remind you of the past.
3. Finding a way to be fully alive in the present and engaged with the people around you.
4. Not having to keep secrets from yourself, including secrets about the ways that you have managed to survive.

Being able to feel safe with other people is probably the single most important aspect of mental health. Safe connections are fundamental to meaningful and satisfying lives.

Van Der Kolk, B. (2014). *The body keeps the score*. New York, NY: Viking.

A Final Question (or three...)

- What is the underlying educational and/or clinical rationale to offer a mindfulness practice that is **not** informed by a trauma sensitive approach?
 - What is gained by **not** offering the practice in a trauma sensitive way?
 - What is risked by **not** offering the practice in a trauma sensitive way?

Trauma Sensitive Mindfulness & Compassion: 1 Day Conference June 28th 2019

- Booking: mindingthegaps2019.eventbrite.co.uk
- Teacher training in trauma sensitive 1-2-1 mindfulness: search for mindfulness in courses via University of Salford website:
www.salford.ac.uk/pgt-courses/mindfulness-based-approaches-with-cbt-single-module

Thank You

This presentation will be available at

www.mindingthegaps.uk

For access to other resources, sign up for our newsletter at this website.

Tim Duerden

Senior Lecturer University of Salford

School of Health & Society