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Open Mind, Open Heart: An Anthropological Study of the Therapeutics of Meditation Practice in the US

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Abstract

Based on ethnographic fieldwork and interviews collected with meditation teachers and students in the United States, this article will argue that active training in meditation-based practices occasions the opportunity for people with traumatic stress to develop a stronger mind-body connection through heightened somatic awareness and a focus on the present moment that they find to be therapeutic. Three important themes related to healing through meditation for trauma emerged from the data and centered around the ways our interlocutors attempted to realign their sense of self, mind and body, after a traumatic experience. The themes helped explain why US women perceive meditation as therapeutic for trauma, namely that the practice of meditation enables one to focus on the lived present rather than traumatic memories, to accept pain and “open” one’s heart, and to make use of silence instead of speech as a healing modality. As meditation practices increasingly enter global popular culture, promoted for postulated health benefits, the driving question of this research—how meditation may perpetuate human resilience for women who have experienced trauma based on their own perspectives of meditation practices—is a critical addition to the literature.

Introduction

Interest in meditation-based contemplative practices has soared in the United States over the past thirty-five years, both among clinicians and the general public. (See Figure 1.) This article will argue that in the United States (US) its rising cultural popularity is grounded in its therapeutic promise as an alternative or complementary treatment modality to psychotherapy. Indeed, the National Institutes of Health (NIH), American Psychiatric Association, the Veterans' Affairs Administration, the US Department of Defense, and other mainstream research institutes have taken significant interest in meditation. Blue Cross and Blue Shield, a major insurance provider in the US, is adding training in forms of meditation to its insurable treatments list.

Part of the reason for the rising interest in meditation is that clinical research now suggests that meditation-based practices may be an effective means of addressing anxiety (Goldin and Gross 2010), depression (Toneatto and Nguyen 2007), and substance abuse (Dakwar and Levin 2009). Published accounts of meditation-based medical research typically focus on changes in biomarkers or self-reported scales before and after a standardized intervention. However, we know little about the person-centered experience of meditation. This article will focus on the stories that American women who use meditation-based contemplative practice as a therapeutic for trauma and their teachers tell about their experiences of “the practice.” The ways that meditation has been used as a treatment for trauma in the US likely diverges from those found in other, more culturally-specific contexts—for example, among Cambodian monks (Nickerson and Hinton 2011) and Tibetan refugees (Lewis 2013). This article will add to this literature to help us better understand how people experience meditation practice as therapeutic in the cultural context of the US.

We highlight three important themes related to healing through meditation for trauma, which centered around the ways our interlocutors attempted to realign their sense of self, mind and body after a traumatic experience. These three themes, reiterated in the stories that we analyzed, and grounded in ethnographic observations, include:

1. The practice of meditation locates one's temporal index in the present.
2. Pain becomes a tool for opening the heart to connect with others.
3. Silence and quieting the “story-line” is therapeutic.

The themes shed light on why meditation is emerging as an important, and perhaps highly effective, alternative or complementary trauma intervention in the culture of the US at this particular moment. The reasons that women perceive meditation as therapeutic, according to our findings, is that the practice of meditation enables one to focus on the lived present rather than traumatic memories, to accept pain and “open” one's heart, and to make use of silence instead of speech as a healing modality. These practices, our participants suggest, help a person to cultivate what Pagis has called their “somatic self-reflexivity” (Pagis, 2009), or somatic awareness, as well as their ability to ground their attention in the present moment. While other forms of psychotherapy may have similar goals, this article documents what participants perceive to be particularly therapeutic about meditation through careful anthropological study.

As meditation practices increasingly enter global popular culture, promoted for postulated health benefits, the driving question of this research—how meditation may perpetuate human resilience for women who have experienced trauma based on their own perspectives of meditation practices—is a critical addition to the literature. This query builds on the growing clinical literature on meditation for people with trauma exposure by adding an ethnographic perspective to the published data. It also contributes to the anthropological study of complementary and alternative approaches to mental health care for trauma in the United States with an examination of how meditation appeals to women in the US at this particular historical moment as a particular self-making process (O'Connor, et al. 2012) that they believe cultivates a mind-body connection. Because meditation does appear to be beneficial, it is worthwhile to consider how meditation more generally might be thereapeutic

in a number of instances, and why there is a cultural need for meditation at this time in the US.

Study Design and Methodology

In this study, we sought to investigate how women and teachers described the transformative process of meditation practice in the US for women who have experienced trauma. The study used a three-pronged design to guarantee the triangulation of data for reliability: ethnographic fieldwork with meditation groups in the mid-Atlantic US, interview data collected from ten students with trauma exposure, and interview data collected from ten meditation instructors who had worked with students who had experienced trauma exposure.

Myers (NM) engaged in approximately 400 hours of ethnographic fieldwork in various meditation settings in the US between 2009 and 2011. Her research included participant-observation in: an 8-week mindfulness meditation course (MBSR, which is notably going to be covered by some health insurance carriers in the future); multiple, weekly community “sits,” in weekend meditation workshops for mental health; and, in a weeklong silent retreat. The ethnographic portion of this study used verbal informed consent under the oversight of the University of Virginia's Institutional Review Board. Her sample included primarily Caucasian men and women between the ages of 18 and 65.

Both sets of interviews were audiotaped, one-hour, semi-structured interviews with ten women who began to practice meditation after experiencing a traumatic event, as well as ten meditation instructors who had experience working with people with trauma exposure. A recent review suggested that approximately nine key informants are sufficient to achieve theoretical saturation in a carefully selected interview population (Guest, et al. 2006). In the semi-structured interviews, the authors asked how trauma shaped students' meditation practices and how these practices shaped students' everyday experiences. All students were also administered the Stressful Life Events Screening Questionnaire (SLES-Q; Goodman, et al. 1998) to capture participants' self-reported trauma histories. The SLES-Q provided a structured description of the women's trauma exposure. The range of traumas our participants reported included various forms of sexual and physical abuse, natural disasters, and life-threatening illness, as described in further detail below. Many had experienced multiple traumas.

Recruitment of “student” interview participants (n=10) occurred by word-of-mouth, snowball sampling, and an advertisement placed on Craigslist. The sample consisted of primarily Caucasian women, over the age of 18, who had experienced at least one traumatic event after the age of 18, and had engaged in a regular meditation practice for at least one year after that traumatic event (but no practice prior to the event). We regret that this small study's focus on women limits the application of this study's findings to men. The research team also purposively sampled meditation instructors (often leaders in the field) with expertise in working with trauma exposure—for example, in community groups post-Hurricane Katrina, among rape victims, or in an Intensive Care Unit. The sample of ten meditation instructors was primarily Caucasian, over the age of 18, and both male (n=2) and female (n=8). Many were experts in their field, and had published books and articles on

meditation. Each instructor also had five or more years of teaching experience. The research team did not ask the instructors about their own trauma histories. The Georgetown University Institutional Review Board provided ethical oversight of interview data collection. Due to the audio recordings and compensation for this portion of the study, informed written consent was obtained.

Once the data was transcribed, the team conducted a thematic narrative analysis of each interview using progressive qualitative coding by two coders (Charmaz 1990). Theoretical saturation was reached when no new themes emerged in the data coding process. Codes were then condensed, renamed, and expanded until the team was able to identify, analyze, and report key themes in the data related to the experience of meditation as a therapeutic for trauma (Braun and Clarke 2006).

The “Practice” of Meditation in the United States

The meditation classes observed for this study and described by research participants (some classes described by participants were offered by the teachers interviewed) are now described to give the reader a sense of a standard format for group meditation training in the United States. When asked why students come to seated meditation classes, the teachers seemed to understand that many students were seeking a therapeutic experience. For example, one instructor stated: “Most people come to class because of some kind of suffering...trauma, some loss. It may not be a huge loss, but ... people come looking for some comfort or solace, or a way to deal with ... life.” Another noted that silence was likely part of the therapeutic experiences that people were seeking: “People come to me to quiet their inner dialogue,” another instructor claimed.

Meditation training groups typically included at least six people. Most meditation classes opened with a “sit.” Students were expected to enter the room in silence, remove their shoes, and arrange themselves on cushions or chairs in a designated way. Students were not supposed to make eye contact with each others, and most people looked at their feet. At some point, the teacher welcomed them, and then rang a bell, most often a “singing bowl” to begin a period of silent, seated meditation lasting between 10 and 30 minutes depending on the teachers and audience. Sometimes, the teacher spoke intermittently to help students “focus on the present moment” during the sit by offering suggestions like “note your breath,” or “notice the space between your forehead and your chin.” One participant describes these classes as “like taking a bath, you first don't want to take your clothes off but the you grow to like and appreciate it.”

Teachers did not typically encourage people to focus on a specific memory or event or symptom or life experience. Several students described this as particularly helpful, such as Charlene: “it seems like groups that I have been trying to attend for support have some type of substance abuse or domestic violence stipulation, but those aren't the folks I am trying to deal with right now. I'm trying to get my head right, and that type of environment is not the type of history I want to dwell on. I want to dwell on what I can do for myself, not dwelling in that, you know, sickness.” Teachers sometimes reminded students that memories and thoughts were to “pass without judgment, and then the person should return their attention to

the present moment. This is one example of a perceived therapeutic aspect of meditation for people who had experienced trauma—the encouragement for the participant to focus on the temporal index of the present, which eventually emerged across our dataset and became the first theme discussed below.

Despite the silence and “impersonal” context (e.g., no eye contact), there was emotional engagement. Pain became a point of connection to which people needed to “open their hearts.” People giggled, wept, sighed, and could detect each other’s breathing, restlessness, sorrow in the quiet room, even if nothing was said, as Pagis has mentioned in a different study (Pagis 2010). This again, was something we noted across the data and emerges as a second theme below, which was that for meditation participants with trauma experience, their pain became a tool for opening their heart to connect to others.

Moreover, as emerged in the development of theme three, that silence and quieting the story line is perceived as therapeutic, this cultivated silence was encouraged as therapeutic. A teacher often would tell students that when one quiets one’s mind, one’s emotions might surface. “Things come up,” teachers often said. Like a “storm,” the teachers often advised, the students needed to let the storm pass by not reacting, accepting their emotions, and “sitting through it” with attention and reverence for their own inner being. One student said, “I think I have some habits now for being more aware of what I am feeling. You know, noticing them and then thinking okay, how do I choose to react.”

At some point (often 20-30 minutes, but sometimes more depending on the setting), the teacher rang the bell, signaling to students that they might open their eyes. Then, the teacher often spoke for 15-30 minutes. They typically offered advice about how to deal with anxiety peppered with personal stories and humorous anecdotes. People nodded or laughed. The students, however, were not invited to dialogue with the teacher. Again, silence was upheld as therapeutic for students in this practice. Everyone listened.

At the end of the time, the teacher might invite a question, or—if the group was small—invite people to make a brief, “one sentence” or “one word” comment about their present state of mind. Then people headed back to their everyday lives, bypassing pleasantries as they seemed to savor the silence. The world outside could be jarring to the senses after this kind of quiet, and people were encouraged to maintain that silence as long as possible (e.g., not listening to the radio in the car on the way home). In this practice, people were working on all of the themes, but especially the first—staying in the present moment.

These distinct qualities of meditation training groups in the United States help us to make sense of why these modalities are so readily embraced by trauma survivors and the clinicians and researchers who seek to help them. Below we further explore these themes in training—paying attention to the present moment, pain as a tool for opening the heart, and silence as therapeutic—in order to further elucidate the everyday experiences of these practices. Understanding these themes suggest why interest in meditation has soared in this cultural moment as a therapeutic for trauma.

Three Emergent Themes

1. The Temporal Index in the Present Moment is Therapeutic

An important aspect of meditation instruction involves helping practitioners to avoid letting the mind drift, particularly into re-playing past events or planning, worrying, or speculating about the future. In a sense, meditation is an exercise in temporality: learning to stay in the present moment. From this perspective, emotions and thoughts are not “banished,” but rather understood as dynamic; they are not solid and permanent. Because of this, the specific content of thoughts and emotions are somewhat immaterial during meditation practice. In some forms of psychotherapy the patient and clinician will focus the site of intervention on gaining greater self-understanding through debriefing, processing and “working through” the content of traumatic memory; but here, the intervention is merely to allow the present moment to exist as it is.

Learning to be present in one's experience is not merely an exercise of the mind, but an embodied one, involving mind and body in sync, which meditation helps cultivate. At stake here, is how the body helps the mind stay in the present. For example, Ritaⁱ told us that while her memory of the trauma was not gone, she felt differently in relation to it. “You don't lose the perception,” she offered, “you just aren't suffering because of it. You're still aware of the situation, but prior to [practicing meditation] I had no moment of ‘I am okay right now. And I will deal with the next moment when the next moment comes.’” Another student said that in her intimate relationships she still felt herself reacting in a “primitive sort of brain stem way,” but “the lag time of me figuring it out is much less. You know, I am able to sort of catch up and process before I, you know, scream at them.” Once she had figured out that she was responding from a place of fear perpetuated by a traumatic memory, this student was able to interrupt that process more quickly.

Focusing on the present moment in general, then, heightened participants' somatic awareness. It seemed to strengthen the links between their minds and bodies. Prior to meditation practice, several students and teachers described people's relationship to their bodies as similar to being a “head on a stick.” The students said that they had scant sense of their own body because they were stuck inside their own heads. Cultivating a sense of connection with their bodies in the present moment during practice, the students seemed to feel, left them more in control of their own stress level, discomfort, numbness and pain.

Lucinda, for example, described how meditation practiced helped her cultivate a sense of well-being towards her own embodied experience. Meditation practice, she said, enabled her to transform her anxiety into something beneficent. Speaking as though she were giving another person with trauma exposure advice, she explained:

Listen to your body, really kind of pay attention...you know that you're anxious, you know that you're uptight, but really try to be kind to yourself. This is actually something that you do not just do to alleviate yourself from the anxiety or the nightmares or the trauma that you experienced but that you can actually...I think of

ⁱAll names used in this article are pseudonyms.

it almost as a kind of healing. It does more than just alleviate. It can actually have a certain beneficial feeling.

Lucinda is explaining how raising somatic awareness can be beneficial to people with trauma experience. Rita similarly spoke of how meditation practices cultivated her capacity to counteract her sense of physical detachment. “I now go back to feel my body. Do I feel numb? Whereas somebody else would burst into tears, my overwhelming response is ‘I feel really numb.’ But now I’m aware of it ... Anything that has put you back in your body and gets you out of the ‘Head on a Stick’ syndrome.”

Teachers also often referred to improving one’s mind-body connection through meditation. As teacher Ellen explained: “when people go through trauma, they become disassociated from their bodies. They just don’t even realize they have a body sometimes.” The sense of separation people with trauma exposure at times cultivated with their own physical body, the teachers claimed, affected their ability to sustain early meditation practice. People had to practice being in the present moment so that they could learn how to be with their bodies once again. Teacher Doug, for example, described how two of his students had been choked and one almost drowned, and so paying attention to their breath caused them great anxiety.” After class they would come to me and say, ‘sorry the program is not for me.’” Doug advised them: “Be very gentle and very compassionate with yourself. Pay attention. Don’t force yourself to do anything. We have our whole life to practice.”

Teachers argued that being awake to the sensation of one’s body in the present moment led the students to feel safer and even to overcome painful sensations. “Some people are in a lot of pain all the time,” Belinda told us, “and then you teach them how to feel their body and feel lightness and feel safe and feel self-love...and they haven’t had that in so long.” She continued, “suddenly they have a new barometer, like, ‘Oh, I feel light. I feel safe. I feel connected to something more than myself. I feel like I’m being guided.’ And those are new sensations physically—to feel the body that way—and I think that really helps.” Again, this is an example of how heightened somatic awareness in the present moment can help anchor a person with trauma in a place of safety rather than fear.

Laura described using increased bodily awareness to prevent herself from dissociating, another common reaction to trauma: “one thing that really helped me ... was just focusing on my physical presence. ‘I am breathing and I can feel the floor.’ Previously, I would sort of dissociate a lot. It [meditation] just helped me stay in my body and stay in the room.” She also offered a depiction of the way the practice helped her to manage powerful somatic symptoms of anxiety: “if there’s something where I start reverting to that anxiety and that worry, it’s not just like, oh, ‘I’m worried that the sky is gonna fall,’ it’s ‘I can feel the anxiety in my body’.” Laura explained that noticing the anxiety in her body, as the teachers had mentioned, helped her have compassion for herself. Lucinda seemed to feel the same when she said, “it’s been extremely helpful in terms of mindfulness of what is going on with my body, becoming more aware of tension, and things like that that I was not always in touch with before.”

Heather also found healing in the new ways she approached her life because of her meditation practice:

Now I am capable of taking the thoughts that I'm thinking about the particular trauma and...I don't want to say making them more positive, but to kind of taper off the negative, and just... it sounds so cliché, but it's like 'it is what it is.' Maybe to let go, like it happened and that sucked but okay. Now here we are and it's Wednesday, so what're you going to do with your Wednesday afternoon? More living in the moment.

Pagis (2009: 274) has described how students' habitual negative reactions are being relaxed during meditation practice.ⁱⁱ Katz (2001) might add that one is learning how to control one's emotional responses. We would add that meditation shifted one's temporal focus onto the present to help them enhance their somatic awareness, which led to a stronger mind-body connection that participants found beneficial. It helped students feel safe, here and now, and so interrupted the students' emotional connection between their traumatic memories and present experiences. Using meditation's focus on the present moment to calm one's body down seemed to create new ways to react to traumatic memories—with respect, but not with fear of the present moment. Such an effect is similar to those produced by conventional therapies for trauma exposure (e.g., exposure therapy), but these are achieved by very different means (e.g., revisiting the traumatic memory until it no longer seems upsetting), and with a very different tone to the approach.

2. Pain as a Point of Connection is Perceived as Therapeutic

As many survivors of trauma who “come out the other side” will attest, severe and deep forms of suffering can often lead to a place of compassion and acceptance. This has been referred to as “post-traumatic growth,” (Tedeschi & Calhoun 1996), where the so-called “legacy of trauma” includes transformative and positive experiences. Such transformations often take place as a result of a paradigm shift—sometimes a long, arduous process.

In community-wide disasters, for example, descriptions of transformative experiences are not uncommon. As Seeley (2008) describes in her ethnographic research in lower Manhattan during and after 9/11, something occurred which surprised the vast numbers of mental health professionals who had come to help. Finding themselves in what Seeley calls “simultaneous trauma” (2008), psychotherapists found it increasingly difficult to maintain professional boundaries—the kind that usually discourage much in the way of personal disclosure or outward display of too much emotion. And yet, amidst the community-wide horror, many found themselves to be not only exposed to the same traumatic events as their clients, but also facing the same kinds of debilitating psychological responses.

This led to somewhat of a paradigm shift in their practice. Without the usual professional boundaries, many found themselves directly confronted with their own fallibility. But rather than limiting their clinical effectiveness, many found that in exposing and coming face-to-face with their own raw humanity, they were infused with a new kind of empathic confidence. This kind of therapeutic work—contemplating the likeness of others in one's same situation—is a common method of coping among Tibetan Buddhists who have widely

ⁱⁱUsing Damasio's argument, Pagis claimed that one's body has a basic central nervous system that is always monitoring one's self, and which generates a powerful nonverbal message when it relates to an external stimulus in such a way that prompts a reaction from us. Damasio, Antonio R 1999 *The feeling of what happens: Body and emotion in the making of consciousness*: Harvest Books.

experienced trauma exposure (Lewis 2013). This not only helps to cultivate compassion but it is an effective way to work very directly with difficult emotions. Rather than moving away and desperately avoiding pain, Tibetan Buddhists are expected to move closer to their experience because they believe that it is often the resistance to experiences that cause people the most suffering. Among Tibetans exposed to political violence, Lewis (2013) found that the most resilient refugees living in exile were those who managed to use pain as an opportunity to connect with their own vulnerability and tenderness, which seemed to strengthen their connection to the humanity of others.

The meditation students observed and interviewed in the current study had similar experiences. A common misperception among new meditation students is the idea that one should “have no thoughts.” Instead, meditation instruction coaches students in a “touch-and-go” method; the idea is to observe with gentle curiosity any mental state, including thoughts and emotions. This gentle “light touch” allows for observation, but prevents getting swept away. While at first glance it might seem like this sort of distancing would inhibit emotional healing, we describe below how allowing things to be as they are—and not wallowing in the past or projecting into the future—seems to hold inherent therapeutic value for women trauma survivors. In the end, a new felt somatic awareness helped the students to feel closer to and relate better with others, thereby reducing a trauma-induced sense of isolation. Teacher Belinda offered an example as she talked about her work with relatives waiting for loved ones to awaken (or die) in a high-impact trauma unit (e.g., serious car accidents): “They have all this love, and they can’t get the love past the fear.” She explained how this was a very difficult situation to be in—sitting by the bedside of a loved one who is not awake, and desperately hoping that they will awaken. She taught her students how to meditate at the bedside in order to “be with” them, while they waited. “When they come into a different state of mind,” she said, “they can feel that the love is just kind of flowing, and I think that makes them feel very different about being in the room...when they meditate, what’s usually right there is great love and gratitude that they still have each other.”

Ellen described something similar when discussing how her meditation courses seemed to impact people affected by political violence, which included some mixture of students who had been at war with each other for decades. By sharing pain with each other in the silence, a palpable camaraderie developed between former adversaries:

The people—they just start to hug each other. One started explaining how she felt about her son. The other one was talking about her son from conflicting countries. After the meditation, there was just a feeling of such connection—we are all human, but more alike than we are different. So this meditation puts you in this—I don’t know if it is a spiritual place, but a place—where there is more loving as opposed to animosity ... They realize that they don’t have to be alone ... it had a calming effect on people.

Students described how even the ability to be close to someone physically, which can be harmed by trauma, was aided by participating in classes where people sat close to one another and shared their pain in silence. They thought the positive effects carried over into everyday life. Heather claimed, “I think the meditation has helped to minimize, and even diminish, some of the negative side effects of the trauma...I am [now] capable of sitting

relatively close to another human [laughs]. I can even shake people's hands and it rarely affects me. So, some of that ability to function with a certain amount of confidence has returned.”

Vicky also talked about her previous inability to touch other people who needed something, and the ways meditation helped her, especially by improving her ability to physically connect with her children: “the practice has helped me ...be compassionate with my touch, with my kids. My older daughter when she was [recently] pregnant she was lying on my lap and I was rubbing her belly. When she cried, I used to just say—whatever [and push her away]. Now I can [physically comfort] strangers and my people. There's been a healing in that way.”

Meditation may help people learn, as Jackson (1994) once argued about another kind of support group, to be-in-a-pain-full-world. Traumatic events may resist narrative (Caruth 1995), pain may “unmake” one's world (Scarry 1985), emotions may defy language (Katz 2001), but meditation enabled these students to connect to others without necessarily speaking. While talking about trauma is valuable for various reasons for a variety of people, this enhanced sense of physical connection by being with pain among others was another option for people trying to heal.

The practice of using pain to open the heart and connect to others also allows a person to focus on one's self in a kind of communication with the self that is different from psychotherapy.ⁱⁱⁱ When it is your pain and your heart, you can address that pain on your own. People did not have to rely on a psychotherapist to reconnect them to others, they could use their own experience.

Many described this as essential for healing. As Colette explained, “it became a habit. It was something that I could depend on, that I could do myself, which I didn't need a lot of money for. And I could do it at any time that I wanted.” Later, she elaborated: “I think it's also profoundly healing because you can kind of reclaim your life back. And it gives you a sense of control back.”

Rita described how meditation helped her understand that if she could not find healing in interactions with others, but she could find it on her own:

I think what happens when you go through a trauma. Some of it's physical. Some people are raped. Some people are in a war. Nobody else experiences it exactly the same way you do. So when you're looking for help, ‘how do I cope? what do I do?’ You're looking for an authority figure to tell you what to do. ‘Please tell me the path! What do I need to do? How do I make this pain stop?’ You're brought up thinking we'll there's an authority figure—there's a priest, there's a minister, there's a pastor or something— somebody who can tell you what to do. And there just isn't.

ⁱⁱⁱFor a good discussion of therapeutic practice in the US in everyday life, see Bellah, 1996; and for more on psychotherapy as an intervention, see Frank, 1973; and for an ethnographic perspective on psychotherapeutic practice, see Luhmann, 2001.

When she realized no one else could help her, she started to meditate. She felt that her practice empowered her to care for herself. “I think mindfulness starts to get you thinking – I might be able to help myself through this. You're not giving over to something external. I hate that ‘finding it within yourself’ part. You're really just trying to see what's really there, what you can handle.”

Jen had similar sentiments. “I really think,” Jen said, “as crazy as this sounds, that [her trauma] is a huge blessing for me. I feel that it has really helped me grow and expanded what I want. I'm just happy now that I've started meditating. It's actually self-empowered me. It's made me feel more independent and more that I can handle just about anything that is thrown out me.”

Laura also appreciated the seeming independence of her practice. “Ultimately,” she explained, you are your own guide. I think it is really important for people that have been abused because your trust in yourself and your self-esteem is so diminished that you really have to call the shots for yourself.” It was important, it seems, that opening one's hard was something the interviewees could do on their own. Building a sense of independence, self-reliance, and self-control was culturally important for women living in the US (Bellah, et al. 1996; Hochschild 2003). Building an independent way to manage pain and use it to connect to others seemed to be crucial.

3. Silence and Quieting Self-stories is Perceived as Therapeutic

Studies have explored the use of silence in the therapeutic encounter—an area that we argue might be particularly promising for survivors of trauma. Researchers in palliative care have been concerned with highlighting the difference between “awkward silence” and that which is invitational or compassionate (Back et al. 2009). They emphasize the importance of clinicians training in the productive use of these techniques because pauses and longer moments of silence are not typical in everyday communication (at least in the West). Likewise, Carr and Smith (2014) write on the merit of silence in “Motivational Interviewing,” an approach often used in substance abuse treatment that relies on posing “open questions,” and contemplating a variety of choices. They found that therapists trained in utilizing “intra-turn silence,” or *pause*, create a highly client-centered approach to treatment. We push Carr and Smith (2014) to ask how silence in the therapeutic encounter might be of benefit. Does it promote grounded awareness of the body and the mind? Or occasion what meditation practitioners understand as “freedom from fixation” (Lewis 2013)? Is there anything to be gained by allowing survivors of trauma to simply *experience* without articulating or verbalizing? From our data, it seems that in this silence, what is gained is the ability to transform that somatic experience from negative to positive, or at least to neutralize it.

The practice of meditation in this study seemed to encourage a person to calm the mind in a quiet place—something of a novelty, the students and teachers often suggested, for people living in the noisy and chaotic culture of the US. The mind, however, was almost never silent in meditation practice; but the topics the mind followed in its wanderings, the teachers claimed, were often patterned. The teachers thought of the stories that preoccupied one's mind as “self-stories,” which informed one's reactions to everyday experience.

One teacher, George, described how the stories that one tells oneself can lead to suffering when a person “wants the moment to be different than it is.” This may be especially difficult for people who have experienced trauma. “It’s that resistance in the mind. It’s not the conditions that we encounter that are suffering. It’s our reaction to the conditions—that’s suffering.” For people with trauma, the teachers suggested, the worst stories had come true, and it was hard to recast those narratives, especially in terms of a negative somatic response to the fear that those worst-case scenario storylines seemed to embed in the psychic fault lines they left behind.

George offered an example from a class he had taught in a local jail. A member of his class who had been through multiple traumas in his life failed to reach his wife on the phone, he said, and panicked. George’s student imagined that his wife did not answer because she was out with another man. When he decided to call a family member to check on her, his wife picked up the phone immediately, and he realized the story was not true. She had been visiting with his family.

The student’s realization pleased George, his teacher. George felt that if one could recognize one’s own self-stories, one could also be free of the ways the stories narrowed experience to a certain perspective. “He got it,” George told me. “He began to understand. Suffering is all in the mind. It’s not the conditions. It’s not the fact that he couldn’t reach his wife. It was the story in the mind about not reaching his wife that was tormenting him.”

“Self-stories” may be a particularly North American way of thinking about thoughts in the mind. As Kidron (2009; 2012) has noted, there is a core cultural assumption, perhaps in part due to the influence of Freudian psychotherapy (Illouz 2008), that one holds a deep reservoir of repressed material in one’s brain that surfaces in the stories one tells to one’s self. Some argue that pain “shatters” language, as Scarry (1985:5) wrote, and so it is difficult to tell one’s trauma story to others. Jackson (1994) claimed that a pain-full body in a pain-full world *resists* everyday language (perhaps lending the process more agency). Even so, if one does not give repressed psychic material voice, the Eurocentric psychosocial norm posits, according to Kidron (2009) and others (Crossley 1999; Frank 1995), then one may become a victim of one’s own inability to cope. In such a cultural context, Kidron argued, voice becomes repair.

When talking about self-stories, the meditation teachers index the desire of people in the US for voice. In contrast to psychotherapy, they are subscribing to the notion that these repressed stories are not good for their students. They cause them “suffering.”

Hailey thought meditation-based practices could help her students manage their stories:

sometimes it helps to bring mindfulness to the beliefs they have about themselves and about the situation—not to get all lost in a lot of cognitions [stories], but when they’re mindful of the beliefs, the beliefs don’t rule so much. That’s one element of the mindfulness practice, to realize—‘when I get caught, when I realize that I’ve been in this whole traumatic reaction, it makes me think that I’m a weak person or a bad person’—is the beginning of not believing it.

The teachers said they told their students that one must let one's self-stories surface, recognize them for what they are, and let them go. Once a person began to recognize self-stories, the teachers thought, one might also begin to notice how one's body responded emotionally with reactions like anxiety, fear or avoidance to those stories. Hailey, for example, described how past traumas interfered with moment-to-moment experience. "When your system has been overwhelmed by fear, it has to find some ways to work with that energy—and they don't look pretty, but it's not your fault. That's just what our systems do ... it's part of trauma that these complex symptoms emerge."

"It is important," teacher Ellen also claimed, "to explain to them that's what happens, that it's okay. Your mind is not the enemy. It is what we use to learn from. The thought and the feelings are a tool." Doug described this in more detail: "learning how to stay with our experience is a way through the difficulty, through the stress, through the suffering, that actually serves to lessen or alleviate or end one's difficulty or stress or suffering in a way that pushing something away does not achieve."

And so, once students learned to notice how the body responded to a story, teachers recommended that the student "be with it" rather than trying to interrupt their body's emotional response. The point, the teachers explained, was not to judge the stories one may tell one's self, but to notice the ways they responded *in their bodies*. For people with trauma exposure, this could be a difficult—and at times, subtle—process that teachers described as liberating. One teacher noted:

you don't deny the trauma, you don't deny what happened, you don't deny that you don't want to see this person again or that this or that happened. It's not about denial and saying it never occurred, but it is really through facing it, through being able to be with it, you find that you can be free of it. In that, people can find incredible freedom from those things that really bound them before, that made them really fearful, that prevented them from living their lives.

Some teachers and students described this as "putting your head in the snake's mouth" or "inviting your rage to tea." When we face our anger and fears, one teacher suggested, and "have tea" with them, they disappear. While talk therapy also seeks to expose people to their fears, the exposure is accomplished through speech and relies on others. In this case, the exposure is accomplished through silence and relies on one's own ability to accept their experience alone.

This style of facing down one's fear resonated with the students. Ellen observed the following: "see, once you become aware of what is going on, the fears and the thoughts begin to dissipate ... when you are denying it and it is inside, you know, all these feelings are stuck inside, and you don't know what is bothering you, but you are afraid, and you don't know what is happening." The students agreed that they had long avoided emotionally-charged, traumatic memories, and also used the concept of repressed thoughts overwhelming them emotionally. Katherine described how her memories of sexual abuse by a close relative "caught up" with her during her freshman year in college and had an impact on her body: "everything just started to close in on me and I felt like I couldn't breathe. Before then, I had just taken the abuse out of my mind and acted like it didn't happen. And once all of these

things were going on, you know, some flashbacks started to occur.” Katherine then sought help from the university counseling service where she learned meditation practices from short trainings offered to students.

Heather also avoided proximity to others after being kidnapped by a stranger from her home in college and sexually assaulted. “I was reclusive,” she told us, “I didn’t want to see people.” Heather similarly thought meditation helped her stop avoiding the negative emotions resulting from her trauma exposure. Rather than calming her mind and repressing emotions, Heather learned to allow her emotions to well up without becoming overwhelmed:

I think I can access how I feel about something better, now. There has been in the past a lot of disconnect ... when someone asked me “oh, how did that make you feel?” I kinda - “I don’t know.” I mean it obviously made me feel some way, but I couldn’t quite grasp what that was. I had compartmentalized so much that I wouldn’t let my mind go there. And to think about it for even a few seconds was overwhelming. And so the meditation has allowed access to some of that.

“It would have normally been very terrifying” Lauren also said, “but the style of the mediation is so gentle that I was able to do it and it has given me a better handle on who I am.”

Colette explained that meditation practice first increased her memories of trauma, and then helped her to contain them. “They’re not overwhelming memories,” she told me. “They’re subtle. They’re like dreams. So I just kind of let them float in and I’m able to hold them at this point. They are sometimes insights into what I experienced growing up...or why I’m blocked in this or that. So they feel positive, not overwhelming ... The practice feels safe, I guess.”

While other literatures about meditation document a basic process of awareness and acceptance, these data demonstrate how meditation teachers in the US directed students to work with emotionally arousing inner dialogues on their own. Importantly, the self-stories were both told and corrected non-discursively during an interior dialogue that the student held in their own mind. In the US, where there is a narrative ethic to shape one’s self as a human being (Frank 1995), permission to do so semi-privately in the comfort of one’s own mind may have been especially helpful to these women with trauma exposure who often told us that they neither desired nor felt themselves capable of telling their stories to others.

Conclusions

The ways that meditation has been used as a treatment for trauma in the US may diverge from those found in other, more culturally-specific contexts—for example, among Tibetan refugees in India (Lewis 2013). It is often surprising, for example, for Western researchers to learn that sitting meditation practice is not widely practiced among Buddhists in Asia. As Lewis (2014) describes, the Tibetan Buddhist forms of meditation taught in the United States are not routinely practiced even in monasteries and nunneries—practitioners may not be given a sitting meditation practice unless embarking on a three or four-year retreat (something only a seldom few opt to do). Instead, many Buddhists employ practices such as

lojong (mind-training) that help reinforce impermanence and an understanding of *karma* to work with the difficult emotions associated with trauma exposure. Such practices work to purify negative actions such that one moves into his or next life with an opportunity for a good rebirth. But while practices such as these may be incommensurate with Western beliefs and ideals, sitting meditation in a secular form, seems readily adaptable to a myriad scope of cultural groups in the United States.

The narratives described above provide clues to the ways in which the embodied selves of women in the US interacted with the resources culturally available to them to effect healing from the wounds of trauma. Trauma exposure, our collected narratives suggest, powerfully influenced the ways our participants related to and experienced their own self in a holistic sense. Trauma exposure, the students and teachers reported, acted upon one's somatic experiences of one's own self *and* their own inner self-stories. Healing from trauma, then, required attention to both (Seligman 2011). In this account, we have seen how meditation has addressed women's experience of trauma more holistically through a mind-body approach that focuses on somatic awareness in the present moment, promotes pain as a point of connection rather than isolation, and attempted silence and the quieting of self-stories as therapeutic.

Pagis (2009) has argued that meditation works to replace a classic internal conversation—reinforced in western culture, as Rose (1998) and Illouz (2008) have argued, in the “talking cure”—with an embodied kind (2009:267). Meditation practice's focus on embodied self-reflexivity, according to Pagis, built one's awareness of their “somatic self beyond the cognitive-discursive self targeted in many western psychotherapies. Pagis argued that the “somatic self consists of a feedback loop between one's self and one's body, and a strong or repeated stimulus and response led to patterns of behavior or reactions that were not necessarily apparent to the person who experienced them. Katz (2001) similarly described emotions as corporeal self-reflections operating implicitly at the foundations of our conduct. Katz's study of emotions and Pagis's “somatic self are particularly relevant to this study because most depictions of traumatic stress indicate that emotional hyperarousal in the presence of a benign stimulus is one of the key effects of trauma.

Our data supports these ideas that meditation is at least perceived as working therapeutically on embodied emotions and somatic selves. Our participants reported that the practice of meditation helped them to manage complex bodily sensations and emotional pain without needing to put these experiences into words. Moreover, this may be particularly helpful for women in the US who may feel they lack cultural tools to cultivate a mind-body connection. The practice of meditation appeared to help the women in this study sort through what they understood as buried or repressed psychic material—seen as essential to healing in this context. This helped to rebuild their self-esteem and sense of self-efficacy in a cultural context where people often take pride in being self-reliant.

The women in this study used meditation to silently—and very privately—accept a self they often perceived as a source of danger, pain and disappointment. To do so, the women learned more about their bodies' reactions and altered them to be less negative and more neutral. They learned to pay attention to their own internal dialogue about these reactions, as

well, which their teachers called “self-stories.” American cultural values were identifiable in the ways they explicitly valued individuality, independence, and self-reliance. But meditation practice's focus on opening the heart made them more able to connect intimately with loved others as participants reported receiving positive social feedback about their increased ability to control their reactions and overcome the numb feelings trauma had left behind. And on a deeper level, their connection to, and acceptance of, their own suffering led them to a place of compassion and discovery.

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Figure 1. Mindfulness-related Meditation Research Publications by Year, 1980-2012 (Black, 2014)