TRAUMA, PSYCHOTHERAPY, AND MEDITATION

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INTRODUCTION

An extensive literature has evolved over the past thirty years which has supported the use of a range of meditative techniques for the treatment of various medical and psychological conditions (Benson & Wallace, 1972; Benson, Frankel, Apfel et al., 1978; DelMonte, 1985; Fulton, 1990; Goldberg, 1982; Kabat-Zinn, Lipworth & Burney, 1985; Kabat-Zinn, Lipworth, Burney & Sellers, 1986; Kabat-Zinn et al., 1992; Miller, Fletcher & Kabat-Zinn, 1995; Moyers, 1993; Murphy & Donovan, 1988; Noetic Science Institute Staff, 1993). During the past decade there has been a growing literature on the adjunctive use of various Eastern meditative techniques with traditional psychotherapeutic models to enrich and enhance the therapeutic process and promote psychological healing and states of well being (Atwood & Maltin, 1991; Bogart, 1991; Craven, 1989; DelMonte; 1989, 1990; Gear, 1991; Kutz, Borysenko & Benson, 1985; Kutz et al., 1985). It is also becoming more apparent that some of the non-ordinary states that can be achieved through meditation parallel the non-ordinary states of hypnosis and self-hypnosis, and all these techniques can be used to work with trauma survivors (Benningfield, 1992; Briere & Runtz, 1987; Coulson, 1993; Spiegel & Cardena, 1990). A recent article described the phenomena of the unveiling of previously repressed memories or emotions through meditation practice in clinical and non-clinical settings (Miller, 1993). This same phenomena frequently occurs during the process of psychotherapy with individuals who have significant past histories of trauma. Adverse effects of meditation have been previously described (Castillo, 1990; Epstein & Lieff, 1986; Miller, 1993; Shapiro, 1992).

Although meditation is sometimes viewed incorrectly as an escape from reality or only a form of relaxation, in fact it is a courageous and sometimes painful exploration of an individual's inner world and can greatly facilitate psychological development in ways that traditional psychotherapy cannot. This is a valuable capability when applied to the deprivations arising from the neglect of emotional and self-empower-

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ing capacities, or the psychological atrocities that can be hidden in seriously impaired families (Anderson, Martin et al., 1993; Grinfeld & Reisman, 1993). Today, therapists are challenged to guide many adult individuals back through their childhood pain, allowing them to relive past trauma in a safe environment. Meditation practice can facilitate this process and may allow the therapeutic work to proceed at a much faster rate than therapy alone.

Meditation is generally of two types, the practice of concentration or mindfulness. Often a meditator will combine them, either in a single meditation session or during the course of meditation practice. Concentration meditation (CM) can be thought of as developing a laser beam quality of attention. The instructions are to place the mind's attention on a single object, i.e., the breath, a mantra, a prayer, a candle flame, a visualized color, etc. Whenever the mind's attention wanders from that object, the meditator redirects her/his attention back to that object, allowing the distraction to move outside the sphere of the mind's attention. As concentration strengthens, it is often accompanied by states of calmness, relaxation, and equanimity. Common physiological changes include a decrease in heart rate, blood pressure, respiratory rate, and muscle tension (Benson & Wallace, 1972; Murphy & Donovan, 1988; Noetic Science Institute Staff, 1993).

Mindfulness meditation (MM) can be viewed as developing a spotlight quality of attention, whereby any passing mind-object can become the object of the mind's attention (Kabat-Zinn, 1990, 1994; Levine, 1979). MM encourages an experiential exploratory stance towards whatever mind-object presents itself in a given moment, with the intention of deepening one's understanding of the nature of the mind and growing in wisdom towards eventual liberation from suffering. MM involves developing over months and years an attentional stance of moment-to-moment stability and presence which allows the meditator to experience whatever arises in the field of consciousness. The initial stages of this form of meditation usually involve practicing CM to develop a degree of stability of attention.

In MM, the meditator is encouraged to investigate the mind-object from a stance of calmness and neutrality; free of judgment, self-involvement, and conclusions. Krishnamurti (1973) described this meditative stance as "choiceless awareness," and this aspect of MM is well described in the traditional Buddhist literature (Thera, 1962). As the meditator's mindfulness deepens, she/he is more able to embrace the present moment as it is, free of reflexive and habitual thoughts and behaviors which usually cloud present moment experience. The increasingly direct contact with the present moment often reduces stress, fear, anxiety, and dysphoria, mind states often associated with some past experience which is distorting the present moment reality.

The Body Scan (BS) is a technique that combines features of both MM and CM. The instructions are to begin by grounding oneself with the breath, and then to systematically direct the breath and the mind's attention through the body from the toes upward to the head and then the entire body. Typically this technique takes from thirty to forty-five minutes. It develops concentration by its focus on staying with the breath and directing it to the various body parts. Simultaneously, mindfulness is strengthened by directing one's attention to a constantly changing object. For individuals with

a past history of physical or sexual abuse, as the abused body region is approached, there may be flashbacks of the abuse, or fear and anxiety, as the unconscious wants to keep these memories outside of the individual's conscious awareness.

The development of attentional stability is a process that must be carefully constructed for trauma survivors. It is important for the client to establish a sense of being grounded, of being connected with the physical world. Walking meditation is a good beginning concentration practice to do this, as it develops a sense of being connected with one's body without approaching areas of the body that may trigger trauma flashbacks (particularly in those who have suffered sexual abuse), and it brings a sense of feeling grounded, connected with the earth. Walking meditation simply involves placing one's attention on the process of lifting, moving, and placing one's feet during the process of walking. When the mind is observed to have wandered, the instructions are to let the distraction go with the next outbreath and to return one's attention to the process of walking. The pace of walking can vary from very slow to very fast.

Although the meditation instructions sound simple, beginning meditators are often frustrated and discouraged by the frequency of the mind's wandering. As the background "chatter" of the mind quiets, a common experience is the unveiling of past memories or their associated emotions (e.g., flashbacks) that had long been forgotten and in some cases totally repressed. If the unveiled memory/emotion is significant enough, it may not be possible to simply let it pass and return to the primary object. The unveiling of a past trauma which had been repressed can be quite overwhelming to the meditator, and the resulting initial psychological turmoil may be far greater than the presenting symptoms which led to the use of meditation as the treatment intervention in the clinical setting (Miller, 1993).

Through the practice of MM, the meditator encounters a wide range of psychological states, both pleasant and unpleasant. If unresolved or repressed material from the past surfaces with its original intensity, the instructions are to maintain a non-judgmental awareness of this material and observe the process of the mind rather than the specific content. As mindfulness strengthens, the meditator is better able to face increasingly more difficult material with calmness and equanimity. Similar to what often happens during the process of psychotherapy, previously repressed material continues to arise as the meditator becomes more skillful at working with it. Through continued practice the individual begins to recognize the various patterns of her/his mind and begins to disentangle her/himself from automatic thoughts and responses that often have their root in some past experience or family or societal pattern, thus allowing more conscious choices to develop.

Initial psychological symptoms which motivate the individual to present for treatment often become the door to the individual's unconscious which may be filled with unimaginable emotional pain and traumatic memories. The individual may have an accurate intellectual memory of the details of the trauma but may have totally walled off the associated emotional/affective memory and/or the associated memory of the bodily sensations experienced during the trauma. Many trauma survivors defend against this deep and intense pain by employing a variety of psychological defenses.

Defenses may include: a life of constant activity, substance abuse, self-defeating behaviors which they are consciously unaware of (e.g., the repetition compulsion), anxiety, depression, shame, guilt, dissociation, and in extreme cases, dissociative identity disorder. As severe trauma often arrests various aspects of psychological development, survivors often find themselves stuck at a particular developmental age. This stunted psychological growth is well described in recovering substance abusers (Blanken, 1993). In some cases an individual's defense against past trauma can actually result in productive behaviors as viewed by an outsider, e.g., a workaholic who excels in the workplace. It is also common for trauma survivors to function at varying psychological age levels in different psychosocial situations, but generally, healing from the trauma must occur before psychological growth can take place.

A common experience for trauma survivors during meditation practice is the unveiling of the past trauma which had been previously suppressed or repressed. This frequently results in an initial increase in psychological turmoil. Meditators should be encouraged to self regulate and to stop any practice that causes distress beyond the level they are willing to tolerate. However, within this turmoil is the potential to heal the past trauma and to continue the psychological growth process. The ability to face difficult and painful psychological material often increases as the meditator develops greater attentional stability through meditation practice. For trauma survivors who have self-medicated their inner pain with substance abuse, the first step is sustained sobriety. Meditation practice is incompatible with active use of drugs or alcohol. Once sobriety seems established, painful memories and emotions can begin to be approached and some meditation practices can be introduced. Concentration meditation practices, particularly attending to the breath and walking meditation, may be useful as initial practices. Throughout recovery, meditation can be used in various ways to help the individual work through difficult material as it arises.

This paper explores the process of healing past trauma and increasing the client's awareness of how her/his past affects her/his present through a combination of psychotherapy and meditation techniques. In this approach, the therapeutic alliance is emphasized, and the meditation techniques include Mindfulness Meditation (MM), Concentration Meditation (CM), a Body Scan (BS), and light hypnotic trance states. The therapist must draw upon his or her in-depth experience with meditation as well as the psychotherapeutic diagnostic formulation to skillfully decide when, what meditative techniques, and what frequency of practice will be appropriate for a particular client. The client's prior experience with any meditative practice will assist the therapist in this decision. The following five case reports demonstrate the integration of meditation with traditional psychotherapy and the diverse ways the therapy may evolve based upon the biography of each individual client.

CASE ONE: CATHERINE

This thirty-one-year-old married white woman came to therapy suffering from anxiety with agorophobic features. She experienced frequent panic attacks and also suffered from chronic nausea. She is an only child. She described her father as being

alcoholic, verbally abusive, and as having had "loose hands" with her when she was an adolescent. She is married to a school teacher who she describes as being alcoholic and verbally abusive.

When she came to therapy, she was having difficulty going to her work as a dental hygienist. She was also eager to be able to go to visit her parents, a trip that had been planned for some time and that required her to go on an airplane, something she felt she could not do.

Her greatest love and main interests are her animals. She is an avid rider and has horses, dogs, and cats. She teaches riding at a summer camp. She eats well and exercises regularly. She is health conscious. For seven months preceeding coming to therapy she saw a counselor/meditation teacher and had been doing concentration meditation using a mantra. As suggested by the counselor, she was also doing positive affirmations.

The therapist and client discussed the importance of her having an inner "safe place." After a light trance induction by the therapist, the client brought from memory a place where she felt safe. A cueing mechanism was introduced so she could go to that place at will.

Following the establishment of her safe place, mindfulness meditation was introduced, using the breath as the grounding object. Within two weeks she described herself as being able to move her attention to her breath when anxiety arose, aware of the anxiety in the background. She stated that by focusing her attention on the breath as she started to feel anxious, she was able to maintain some level of attentional stability, which made her realize that anxiety was present but that it was not her, not her total being. In therapy sessions she was able to be present with material that she had previously pushed away . Her previous coping strategy, to try to control everything and finding herself very anxious when this was not possible, gave way to being able to entertain issues and new ways of coping as she grew in her ability to maintain attentional stability.

It became clear that prior to age eight she had been a fun-loving, joyful child. Her anxiety began with a family move across country, her mother's illness in conjunction with and following this move, and her sense of being miserable and out of control, unable to affect the circumstances of this time. In addition, her grandfather and an uncle died during this time period, her first experience of death and loss. During this period, in addition to having frequent episodes of anxiety, she also began to somatize, which she describes as the beginning of her hypochondriasis.

The therapist closely monitored the frequency, duration, and compliance of her meditation practice to ensure that it was being appropriately utilized. As she continued to practice meditation, and her ability to return to the breath developed, she found herself less controlling, less afraid of becoming ill, and more able to be present with her fears. In addition to practicing focusing on the breath, she also practiced awareness of body sensations and emotions which brought deeper awareness of the actuality of what was going on in her body and with her feelings. Previously her fear

of even approaching body sensations or feelings had kept her in a fearful tension of trying not to be aware. Bringing awareness to body sensations and feelings allowed old experiences to emerge, including vivid memories of frightened helpless feelings during the time of the family move and of her mother's illness. She also had vivid memories of her father fondling her when she was an adolescent. Being able to return to and center herself on the breath gave her the ability to feel in charge of these memories and to work with them in the therapy relationship.

Within three months she was able to go on a plane to visit her parents. She was also able to go in cars with friends and to go out to restaurants, something she had previously been unable to do. She also returned to work and was able to maintain a regular work schedule.

In the course of her therapy, her ability to allow the truth of her family history (paternal alcoholism, inappropriate sexual advances by her father) and of her marriage (emotional distance, her husband's alcoholism and abuse) became stronger and clearer as she became more skilled in focusing her attention at will and maintaining attentional stability. As a consequence, she became more able to be present with her fears and began to experience through her meditation practice that her fears, her anxiety, and her hypochondriasis were parts of her but were not her whole being. Consequently, she became stronger in her sense of self, was able to confront family members appropriately, and was able to set self-protecting and self-respecting boundaries.

She described her changing relationship to her anxiety as follows: "When I first came here, my anxiety was in control of me; after a while the anxiety would come, knock me over, I would find my breath and be able to come back to center. Then, after a while, the anxiety would come, and I would be there with my breath, breath and anxiety both present, and the anxiety didn't bother me. After a while the anxiety seemed to just kind of fade away."

Comments

Catherine's case demonstrates how an individual can work on both egolessness and developing a stronger ego simultaneously through the combined practice of psychotherapy and meditation. She was able to create a "safe place" for herself which allowed her to give up her previous need for control, and working with MM and CM, she was able to transform her symptoms and traumatic memories into passing mind objects rather than "self." At the same time, she developed a stronger sense of "self" and was able to confront family members with a new confidence and set appropriate limits with them. This case also clearly demonstrates how attentional stability, or MM, can be a powerful tool. By grounding herself with attention to her breath, she was then able to use MM to give space to the anxiety and fear, and to explore them from a place of calmness but alert presence. This exploration led her to the childhood traumas that contributed to the development of her described symptoms, and paradoxically the giving up of control actually gave her more control in her life.

CASE TWO: PENELOPE

When she came to therapy, Penelope was a thirty-three-year-old white female, a medical professional, separated from her husband of ten years. She was engaged in trying to come to a sense of self and self-assertiveness as she disengaged herself from her emotionally abusive husband. Her relationship with her family, including mother, father, and one sister, and a strong relationship with a grandmother, was close. Her family, particularly her parents, had had a profound role in her life—supportive, sometimes controlling and constraining, sometimes volatile but always from a ground of love. She has been a meditator in the Zen Buddhist tradition for twelve years.

The course of therapy included the ongoing practice of meditation to continue her development of attentional stability. Focused attention was used to investigate feelings. A particular emphasis of therapy was the bringing forth of sub-personalities while in a light trance. (Her ability to work in light trance was greatly aided by her familiarity with various states of consciousness, developed through her practice of meditation.) These sub-personalities revealed to her the richness, scope, skills, and capabilities of her personality. She was able to investigate these sub-personalities and to orchestrate them in a self-empowering and self-realizing manner.

During one session, while in light trance, she spontaneously entered into a flashback in which she was being sexually assaulted. She cried out various protests and fears in a child's voice, and her body shook convulsively. The therapist was able to explore the experience with her as she was reliving it and was able to bring her from the experience, out of trance, into the present.

Reconstructing the previously repressed experience with the therapist, she realized she had been sexually assaulted by the gardener of nearby neighbors at the age of seven. Reliving this experience, gaining self-perspective and self-understanding of her unconscious patterns, and being able to process it with her therapist, aided her in eventually releasing herself from the long-term emotional abuse of her marriage. She felt she may have been more vulnerable to choosing an abusive relationship, carrying the unrealized memory, shame, and self-blame of her early sexual abuse.

She is presently legally and physically divorced from her first husband and is in a mutually supportive and respectful relationship.

Comments

Penelope's case demonstrates the power of an abreaction in transforming one's life from previously destructive patterns which are rooted in unconscious material. She had no conscious awareness of the sexual abuse that victimized her at age seven. Her experience with meditation with resulting awareness of altered states of consciousness and attentional stability facilitated her de-repression of traumatic childhood sexual abuse and allowed her the attentional stance to remain with this traumatic

material out of trance. She was then able to integrate this past trauma into her present-day life and understand her previous "need" to be in an abusive relationship (i.e., a repetition compulsion).

CASE THREE: LINA

Lina came to therapy as a depressed twenty-four-year-old with a flat affect, married to a charming, extroverted, active drug addict. She was trying hard to meet the demands and needs of her husband, feeling that she was entitled to personhood only through him. She felt she had a good, steady job and was known as a reliable employee. She tried very hard at everything in her life and kept falling into despair. She was afraid of becoming like her mother who was negative, isolated, and depressed. She described her father as endlessly patient and accommodating. She suffered from headaches and described being depressed since childhood.

Initial work involved establishing a solid therapeutic relationship and introducing the body scan and concentration meditation. These practices helped her to begin to focus at will and also opened up the possibility of repressed material surfacing. Within five months she revealed eating issues, self-cutting, and suicidal thoughts.

Over the next two years Lina began oscillating between seeing the damaging nature of her marriage and desperately needing the marriage. Attentional stability developed by practicing concentration meditation was of some help to her in tolerating these swings. During this time she was hospitalized for suicidal depression and was tried on several antidepressants which provided little relief. Her increasing ability to stabilize herself by bringing her attention to the present moment at will helped facilitate her hospital discharge.

Following her hospitalization she again began self-cutting. At this time she revealed to her therapist her repeated rape by a cousin when she was four years old and which persisted for several years. This horrendous rape involved her cousin repeatedly thrusting pencils into her vagina. She revisited her sense of fear and helplessness and her sense of doing something wrong. Although her parents eventually discovered that "something was going on" and stopped her cousin's behavior, the matter was never discussed, and she continued to feel ashamed and as if she had done something wrong.

From this point on her work in therapy was focused on ego development, from age four on, including the use of MM and light trance regression. Through regression in light trance, pre-four-year-old emotional states (which revealed powerful energy and a great enthusiasm for life), as well as the emotions of the trauma and of other life experiences, were explored. This work of opening fully to affect was facilitated by Lina being able to stabilize herself through coming to the breath and hence to the present moment at will, whether in session or at home. Walks in nature also involved shifting her attentional focus from difficult psychological material to observing the external beauty which surrounded her and provided a respite from the emotional pain. She also consciously practiced mindfulness at her workplace. Through these practices, Lina developed a powerful ability to move herself out of rumination involving content, to her actual experience of the present moment.

Over the course of the next two years, Lina continued to develop ego strength. Early in this time period, she divorced her husband. Self-abusive behaviors, including cutting, stopped. She continued to experience depression and struggled with self-motivation and with interpersonal relationships. Her mindfulness practice proved to be an ever present tool that she carried with her throughout her healing journey.

At this time Lina presents developmentally as a mature woman. She is in a marginally satisfying primary relationship and continues to be prone to depression which manifests from her sense of isolation. She has a strong connection with the natural world and knows how to skillfully use this connection. She continues to work on interpersonal relationships and on self-monitoring her tendency to isolate, which manifests in negativity and feeling critical of others and of herself. Her increased ability to function in the world is reflected in her coping skills, including regular exercise, in significant job promotions, in her attractive appearance which shows self-care and self-respect, and in her attention to her possessions and her home. Perhaps her most important "skill" is her ability to experience herself as more than her "story," as more than her particular struggles. Her ongoing practice of mindfulness has enabled her to return her attention to the present moment and to experience a spaciousness and a reality beyond her own being, even as she continues to explore that being.

Comments

Lina's case demonstrates another example of the simultaneous development of strengthened ego and egolessness. Lina presented as a significantly personality-disordered individual, with self-cutting, suicidal ideation, depression, an eating disorder, and dependence on a dysfunctional relationship from which she obtained her identity at the time of presentation to therapy. After developing a strong therapeutic alliance she began to share her painful inner world and self-destructive behaviors. Through the use of present moment awareness, which she successfully developed using a variety of meditative techniques, she was able to consciously remain with painful affect, fear, and memories through sustained, non-judgmental attention. During her time in therapy she eventually revealed quite painful events from her past including the severe sexual abuse by her cousin. She was able to develop ego strength which gave her the self-confidence to divorce her husband and to stop all self-cutting behaviors. Alongside of the development of her ego was the understanding of herself as someone who was more than the content of her past traumas and experiences. Her continued practice of MM and connection to the natural world allows her to access that spaciousness of being that is not limited to "self" and provides a source of renewal and peace that cannot be found in the biographical self.

CASE FOUR: PAT

This married woman in her thirties came to counseling with her husband, Eric. They are the parents of three young children and are themselves members of large families (Pat coming from a family of thirteen children and Eric coming from a family of six children). Both came from Roman Catholic families, with Pat's family being particularly devout. They appeared very tense and eager to make a good impression.

The presenting problems were Pat's functionally limiting neck, shoulder, and back pain, as well as her migraine headaches. They also described a number of family and work stresses, including the recent death of one of Pat's sisters who died from a brain tumor.

After three visits, it became clear that Eric was not interested in participating further in the counseling process. It was the therapist's impression that the process was far too threatening to the defense structure and the sense of "self in the world" that he had constructed. Pat made the commitment to continue.

Pat and the therapist made an excellent therapeutic alliance. This was a very important element of the therapy as it was clear that trust was a difficult issue. A family theme was not to trust anyone outside the family. Mistrust, dissension, power struggles, and backbiting were rampant within the large, extended family.

It rapidly became clear that Pat had an oppressive upbringing, including the powerful communication that original sin is a given and life is a struggle to be good and to expiate one's sinfulness. She was repeatedly struck for such offenses as not sweeping the floor properly.

At a young age she was given the care of five younger children and numerous household responsibilities. During a protracted childhood illness she was confined to her bed and to her room and was beaten for leaving in an attempt to find some company. In school she was shy and fearful and was quickly branded "stupid." Currently, she was experiencing frequent feelings of "being crushed" and would often have spontaneous images of a hand being raised to strike her. Nights were a fearful time for her, a time of nightmares, demons, and the fear of going crazy. She prayed often and fervently to the Virgin Mary, seeking her protection.

CM was introduced as a concentration and focusing practice which could complement her practice of prayer and which would be helpful in bringing her to a place of non-judgmental peace. Specifically, Pat was instructed to practice by choosing a number of "mindfulness bells" in her life, i.e. sounds at which she would stop and take her attention to the breath, and following three breaths, allowing her mind to clear. As this practice developed she was often able to quiet her mind, an experience that resulted in her body becoming more relaxed. As her body/mind became quieter, she began to experience more spaciousness in her mind. The practice of MM was introduced, which involved watching thoughts and feelings. This resulted in her being able to become aware of fears as they arose, without being consumed by them. This ability segued into the investigative work of the therapy.

Extensive therapy work was done regarding her childhood, including regressions to access various childhood experiences. In therapy, the processing of these relived experiences helped her to see them from the perspective of her adult self, rather than in the self-blaming terror of her child self. The combination of the therapy work and her ability to bring awareness to her thoughts and feelings resulted in an ability to make perceptual shifts regarding her own self-worth.

She also began working with a physician who helped her design a physical therapy, self-care, and exercise program to work with her severe neck pain. In all of this work she took great self-responsibility, with commitment and great energy. She began to be able to honor her strengths, to assert herself in her family, to set appropriate boundaries within her family, with her husband and children, with her parents, siblings, and extended family. She began to speak the truth as she saw it and to honor the love and good intentions present in her family. As she began to experience herself as a person of self-worth and goodness, she began to express these qualities in her family. Birthdays were never celebrated in her family. In all the years of their growing up, none of the thirteen children had ever had a birthday party. Pat began sending birthday cards to her siblings on their birthdays.

Therapy lasted thirteen months, with monthly follow-up visits for another six months. The deep love she feels for her family, her ongoing practice of MM, in combination with her faith and practice of prayer, help her to bring awareness to her own thoughts and feelings and to the ongoing challenge of her family dynamics.

Comments

This case provides a good example of integrating an individual's religious belief system with CM and MM and the therapeutic process of psychodynamic psychotherapy. It must have been confusing for Pat to be oppressed and physically abused by her devout Catholic family and yet use the Virgin Mary, a central figure in the Catholic tradition, as her source of protection and refuge. Certainly her experience with prayer and her strong faith set the stage for her to be able to skillfully use various meditation practices during her healing process. Having suffered from Post Traumatic Stress Disorder, and feeling powerless in her inner childhood world, through her positive therapeutic alliance she was able to access experiences from her painful childhood and reframe her relationship to them through an adult's mind. The experience of spaciousness she achieved through her meditation practice opened her world to a larger sphere of consciousness which empowered her to open the prison door of her past and walk out into the sunshine of life. Despite her family's attachment to the family culture of oppression and suffering, she was able to break free of this family culture and have the self-confidence to change her relationship to family members in a positive and healthy way.

CASE FIVE: JOHN

This well-groomed, attractive, professional man in his mid-thirties was motivated to begin therapy by the collapse of his marriage. Fiercely attached to his wife and his two young daughters (ages three and five), he was devastated by his wife's request for a separation.

His family history revealed a nightmarish upbringing in a family that looked perfect from the outside. His physician father (who died during John's adolescence) was a

pillar of his church and his community; his mother, the compliant, supportive wife. Inside the house, the father was abusive, violent, and visited terror on his wife and four children (three boys, one girl). The mother was alcoholic and non-protective of her children. After his father's death, John's mother married a man who had left the priesthood. This was also an abusive relationship for John, though of a lesser magnitude as John was seventeen and better able to shield himself. John grew up feeling alone, abandoned, unprotected, helpless, and enraged. In their desperate need to protect their individual selves, John and his siblings felt isolated and unconnected to one another.

John, intelligent and energetic, adopted an intellectual defense system and did well professionally. He married a beautiful, optimistic woman whose family dealt with emotions by not acknowledging them. He swung between being protective and caretaking of her, or being confrontive and rageful. His anger was terrifying to her.

The heart of John's therapy revolved around his deep, pre-verbal belief in his worthlessness and "badness," and his sense of possibility in coming to know and believe in his wholeness. The drive of his strong life force, and his need to be a "good boy," brought him to learning and studying many things that became useful in his therapy. Among them were his participation in Alanon, which he extended to participation in an Adult Children of Alcoholics (ACOA) group, his ten-year practice of Transcendental Meditation (a form of CM), and his practice of T'ai Chi. His ability to concentrate and to focus his attention were great assets in the course of his therapy, as well as his understanding of being present with and working with his body. His good physical condition and his athletic pursuits (including running, biking, and skiing) were helpful in relieving stress and in helping him to reinforce his ability to be in the present moment.

A strong therapeutic alliance was established. Initial work involved regression in light trance to various ages, specifically to his sobbing, fearful two-year-old, to his anarchistic eleven-year-old boy, and to an adolescent personae. Each of these personae were named and each wove in and out of the therapy as John renegotiated his childhood. A strong transference relationship developed in which John frequently identified the female therapist as his mother. Concurrent with this work, John was continuing his practice of CM and was using his ability to volitionally focus, to shift his attention at will. This greatly facilitated his ability to move in and out of difficult material.

After four months of therapy he was calmer and more able to acknowledge his rage and grief. At that time he participated in a Tavistock group process workshop, exploring his relationships and place in groups. He also began conversations with his siblings which resulted in "get togethers," including a camping trip with his brothers, in which they began to share memories and experiences of their childhood. During the camping trip, one brother came out of the tent carrying his belt. When he snapped it, the other brothers all laughed, remembering their father snapping his belt as a precursor to beating them.

The ongoing work of struggling with shame, resentment, fear, and anger continued, stimulated in the present by the process of his separation and subsequent divorce. A

form of meditation called Metta (translated as loving kindness meditation, where the individual initially focuses love and positive energy towards someone he respects and loves, then towards himself, then towards someone for whom he has negative feelings) was introduced, and John practiced regularly as he tried to see himself as basically whole and good. As he began to have flashes of self-worth, the practice of awareness of his thoughts and feelings was introduced. Up until that time the therapy had focused on his reliving of his feelings, traveling through his childhood, acknowledging, allowing, and opening the possibility of seeing his experience from a non-blaming perspective.

One year into therapy he reported, "I'm sitting on top of the floodgates; I don't know which way it will go." At this point, he was able to be more aware of his feelings and to allow them. The transference relationship was interpreted and articulated with awareness and less fear of rejection.

Six months later he "fell through to himself," describing the feeling as being "out of the birth canal." He was able to be present with great sadness and described himself as "being himself" and able to be on his own. To the therapist he looked much softer and seemed more centered. He was much more flexible and less fearful in his ability to relate. The therapist's sense was that John's heart had opened to himself, a feeling with which John concurred. He described himself as "being in the water" and began to exhibit more adolescent behaviors. He had previously joined a men's group, and his interest in the men's movement deepened.

Five months after this breakthrough, following his session, he backed into the therapist's car in the office parking lot. He immediately returned to the office, on the defensive, ready to do battle. When the therapist's reaction was one of non-judgment, it seemed the final capstone on his ability to trust. During the following two months, his ability to trust himself deepened, and he began to have an experiential awareness of interdependence. During this time his mother had a stroke. He began to be aware of her, of her life, of her sense of separateness. He began to find himself feeling forgiveness.

At this time (two years after beginning therapy), he and the therapist decided it was time to end their work together and that it would be helpful for him to deal with issues regarding his father by working with a male therapist. He was referred to an older male therapist, who shared much of his interest in story, metaphor, and poetry.

The transfer to the male therapist was made with the understanding that there would be from "time to time" visits with the female therapist. The relationship and the work that had been done were honored by John and his therapist. Follow-up sessions were made four months later after John's completion of a vision quest and nine months later following his mother's death.

Comments

This case demonstrates how an individual with significant experience with meditation can flourish in the psychotherapeutic environment with the aid of well developed

concentration and the ability to be present with attentional stability. Despite ten years of practicing CM, and outwardly appearing successful, he remained trapped in his childhood prison of feeling worthless, shameful, angry, and afraid. Through a positive therapeutic alliance combined with his ability to move in and out of painful affect through his CM, he was able to access those traumatized parts of his childhood that were contributing to his misery and the breakup of his marriage. The introduction of MM helped him to disidentify with automatic negative self-judgmental thoughts and begin to access his wholeness. As he became more able to love, respect, and accept himself, his heart opened to others, including his mother who had been a key player in his dysfunctional childhood.

DISCUSSION

As the above cases demonstrate, meditation and psychotherapy can complement each other quite well in therapeutic work with the appropriate client. Also, the individual simultaneously learns powerful tools, such as CM and MM, to carry with them as they grow and meet challenges throughout their life.

In the meditation community, a common focus of meditation practice is to transcend the ego, a state of egolessness. For an individual with a solid ego structure this can be a liberating experience with associated bliss, a feeling of oneness with all of the universe, and the perception of a profound spiritual experience. However, for the trauma survivor, entering into egolessness can be a horrifying experience in which they may feel a deep emptiness and disintegration of whatever fragment of a self had existed. Rather than bliss, this can lead to states of terror, anxiety, hopelessness, fear, despondency, and in rare cases, psychosis. Paradoxically for some, egolessness becomes a haven of peace and refuge, as the trauma survivor can temporarily leave the memories and scars of their past abuse.

This paper has explored a model in which a trauma survivor works with a psychotherapist who is an experienced meditator and who is able to tailor meditation practices to the level of trauma of each client in order to facilitate healing without flooding the client with previously repressed or suppressed memories or emotions. These meditation practices are offered to aid the client in developing attentional stability and the ability to be present with whatever material arises. This promotes the ability of the client to work with that material and to experience that she/he is more than her/his trauma, pain, and past (an experience of egolessness). The use of light trance in many of the cases presented reflects the importance of the client being able to retrieve memory—both painful ego-wounding and ego-supportive material. Although the suppression of past experience limits one's sense of wholeness, when all of experience can be accepted, one is able to be with an essential wholeness and with the wounding and wholeness of others. Accessing previously repressed or suppressed memories or emotions, in combination with the development of attentional stability, creates a powerful healing modality which strengthens the ego as well as inviting experiences of egolessness. This phenomena appears to be in sharp contrast to the implications of the often quoted phrase "You have to be somebody before you can be nobody" (Engler, 1986). Based on the authors' observations, spiritual/psychological growth is rarely linear, as evidenced by the fact that many people are more highly

developed in one capacity than in others, e.g., more developed intellectually than emotionally or spiritually. The power of integrating meditation into the psychotherapeutic process arises from its ability to help individuals access a calm, non-judgmental open awareness towards parts of themselves which they come to realize is not their whole being. Initially CM is usually taught so the client may begin to experience states of peace and tranquility with its associated bodily relaxation. Once grounded in attentional stability and calmness, the practice of MM can be introduced. Feelings, emotions, memories, traumas, and other "ghosts" from their past can then be examined as the client is comfortable, using attentional stability to move in and out of these unpleasant states as tolerated by the client. It is a process that usually occurs over an extended period of time.

The pace and structure of the meditation practice and of therapy should arise from a solid and trusting therapeutic alliance and from consultations and agreements made between client and therapist. The trauma survivor may meet with the psychotherapist weekly at times and then may engage in self-directed meditation for periods of time with less frequent contact with the therapist, but knowing that the therapist is available. At other times the meditation practice may be too difficult, and focusing on individual or group therapy with minimal or no meditation may be indicated.

From the authors' experience, a group MM-based stress reduction program may be very valuable. For some trauma survivors the intensive practice and the relational context of MM-based stress reduction is valuable early in recovery. For severe experiences of trauma, the classes may be most helpful after the trauma has been re-experienced in the holding environment of individual therapy.

For clients such as those described here, the skillful use of meditation practice in conjunction with psychotherapy has a number of positive attributes. It provides great flexibility in the therapy, allowing the client to work at an appropriate pace for her/him. It acknowledges and provides for the incorporation of a number of treatment modalities, which can significantly reduce treatment cost. It is empowering for the client, as she/he learns a practice which enables her/him to be ever more present with whatever mental content presents itself. The practice of meditation involves substantial amounts of time spent "being present with" a particular object of concentration (e.g., the breath) or "just sitting with" whatever presents itself, without judging any of the thoughts, feelings, sensations, etc., that move through the field of awareness. The development of the ability to be fully present in this way creates an internal holding environment that brings an ever deepening experience of self-trust and self-reliance. As this ability develops, there is a movement from the holding environment created by the therapist, to a powerful, self-generated holding environment. This ability may reduce the length of therapy and affect its structure. Clients may have a period of weekly therapy and then a period of seeing the therapist infrequently as they continue and deepen their meditation practices. In addition, the meditation practice gives the client a lifetime practice, a way to work with whatever life presents, a way to be more fully present moment to moment, a way to be more fully alive.

The five cases described here demonstrate the wide range of clinical presentations which can benefit from the addition of a meditation practice to traditional psychotherapy. The most important feature of combining psychotherapy with meditation is

the psychotherapist's personal experience with and understanding of meditation practice. This practice cannot be approached as a "cookbook" treatment learned by reading about it, attending a seminar on it, and then using it in one's psychotherapy practice. Rather, these meditation practices need to be an integral part of the therapist's own personal life so that a genuine understanding of the process of what happens during meditation is well understood.

Eastern psychologies tend to downplay the importance of the "self," whereas Western psychologies focus on fixing a "defective self." Blending these two opposing perspectives on growth and healing may be more powerful than using either alone. Just as one can learn how to skydive *and* scuba dive simultaneously, one can work with a client to help her/him develop a stronger ego and simultaneously access states of egolessness. The above cases provide several models for how this can be approached. Psychotherapy is an art as well as a science, and each client is a unique art form to be guided along her/his own personal path of healing and growth.

In its deepest essence, the healing journey is one of entering into the eternal present moment where the mind state of "tranquil but alert" presides. It is in this state that we are freed from the memories, traumas, and family and societal beliefs about ourself and our world and are able to experience our essential wholeness in a way that allows us to most skillfully and compassionately live our lives. For trauma survivors who have often had to limit their participation in life, this is a freedom they never thought possible.

A Note on Working in the Current Climate of Cost Containment in Mental Health: Meditation has been known to reduce medical utilization (Orme-Johnson, 1987). An important consideration by the therapist in the context of today's cost-driven mental health climate is the likelihood that the length of therapy will vary according to the depth of a client's trauma. The pace of therapy can be accelerated by the combination of meditation and psychotherapy described in this paper and by the utilization of mindfulness meditation-based stress reduction programs, support groups, individual meditation practice, and in the setting of structured meditation retreats. However, it should always be kept in mind that healing from severe trauma cannot be rushed! In the cases discussed, it is evident that work occurred over various periods of time and involved various modalities. It is also evident that some individuals' healing journeys are more complex and longer than others. If primary responsibility of the psychotherapist is always to the client, this treatment approach may present new challenges and new opportunities for the psychotherapist working in today's managed care environment.

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