

THE EXPERIENCES OF WOMEN SURVIVORS OF CHILDHOOD SEXUAL ABUSE
WHO PRACTICE BUDDHIST MEDITATION

by

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ABSTRACT

This exploratory research study examines the experiences of women sexually abused in childhood who now practice Buddhist meditation. Through in-depth interviews eight women shared their experiences. Three overriding categories emerged through thematic analysis: how the participants combined meditation practice and healing from childhood trauma, the struggles they experienced with meditation, and the transformations/changes they experienced with the meditation practice. While the complexity of their experience with meditation renders it too simplistic to qualify as positive or negative, the data did reveal that meditation has been experienced as an important and useful component of their healing from childhood sexual abuse.

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CHAPTER 1: INTRODUCTION

In this exploratory interdisciplinary research, I have interviewed women who were sexually abused in childhood who practice a particular form of Buddhist meditation called Vipassana or Insight Meditation. I was interested, generally, in exploring the role of spiritual beliefs and practices in the therapeutic process and, specifically, in exploring the application of one particular tradition in recovering from childhood sexual abuse. This research reveals how Theravadan Buddhism, and Insight Meditation practice, are experienced by women survivors. This includes ways that the practice has assisted them, as well as ways that the practice was problematic in terms of their healing from childhood abuse.

A discussion of the social problem of child sexual abuse and the difficulty in healing from this early trauma are discussed below, followed by an in-depth exploration of the purpose of this study.

Statement of the Problem

The sexual abuse of children is a social problem of major proportions. According to Statistics Canada (as of July 1995), there are over 11 million women in Canada who are aged 18 or over. If we extrapolate on the estimated prevalence rate of 20%-30% (Finkelhor, Hotaling, Lewis, & Smith, 1989; Russell, 1986; Wyatt, 1985), that translates into over 2½ million women in Canada living with these childhood wounds.

My interest in this area comes from being a psychotherapist working with sexual abuse survivors since the early 1980's, from my years of meditation

practice, and from my own experience of childhood sexual abuse. As a clinical social worker, I have witnessed the difficulty women survivors have in healing from these deep childhood wounds. Child sexual abuse often affects survivors well into their adult years impacting them emotionally, cognitively, physically, socially/relationally, and spiritually.

As a psychotherapist, I am interested in knowing more about how women are finding their own paths to heal. As clinicians, it is important to listen to women about their healing processes and how they may be discovering a means of growth, change and transformation which is beyond the four walls of the therapy room.

Beginning from this clinical position, if a person is perceived holistically, that is including the physical, social, emotional, cognitive and *spiritual*, the component that is often neglected in the clinically oriented literature is the *spiritual*. There is little written about the necessity of tending to the spiritual life of trauma survivors. Herman (1992) speaks about “religion” often being one of the losses for sexual abuse survivors. She notes that the legacy for many trauma survivors can be:

... a sense of alienation, of disconnection, pervades every relationship, from the most intimate familial bonds to the most abstract affiliations of community and religion. (p. 52)

However, she does not speak about “religion” or “spirituality” specifically in her discourse on the process of healing from trauma in childhood. While

Buddhism is generally perceived as both a religion and a spiritual practice, the Buddhist literature does not speak extensively about either religion or spirituality. Although Buddhism is seen as one of the great religions of the world, it has a worldview that is different from most religions. For example, in Buddhism there is no focus on a god or higher being that directs the universe, and "...it has nothing to do with belief, prayer, worship or ceremony" (Rahula, 1974, p. 49). The Buddhist literature usually talks about the Buddhist *teachings* or "spiritual practices," (Snelling, 1991) "spiritual *disciplines*" (Gross, 1993), and "spiritual *path*" (Epstein, 1998). These spiritual practices would include meditation and the Eight Fold Path which will be discussed further in this dissertation. Rahula (1974) notes that the question is often asked if Buddhism is actually a religion or a philosophy. "It does not matter what you call it. Buddhism remains what it is whatever label you may put on it" (p. 5). What Rahula considers important is to *understand* the teachings rather than being concerned about labels.

From a feminist perspective, organized religion is often seen as contributing to women's oppression (Plaskow, 1993). Examples of this include the Catholic church's opposition to birth control as well as the power of religion to enforce traditional roles for women.

Although there is an abundance of literature on women's spiritual life and the uses/gifts of maintaining a spiritual connection through our lives (Boucher, 1993; Plaskow & Christ, 1989; Snow, 1994; Spretnak, 1982), as stated earlier, there is little clinically focused writing about the use of spirituality by sexual

abuse survivors. It is important to note that books written by women who have been sexually abused (Ashby-Rolls, 1991; Bass & Davis, 1988) as well as First Nations focused literature (Martens, 1988; McEvoy & Daniluk, 1995) do address spirituality as a component of healing from childhood trauma. By looking at one form of spiritual practice, I hoped to elucidate the importance of attending to spirituality in therapeutic work. If spirituality is a source of strength for sexual abuse survivors and they find it useful in dealing with the aftereffects of childhood trauma, then it is important for clinicians to be addressing spiritual issues when working with sexual abuse survivors. Of equal significance are struggles that women may have as survivors with spiritual practice. If clinicians are aware of these struggles they may be able to offer some assistance in negotiating them.

If the clinical literature is any indication of what is happening in the psychotherapeutic community, then psychotherapists may be missing an important area of women's lives that could be a rich source of clarity and strength in working with women who were violated in childhood. It is incumbent upon clinicians to be open to diverse means of facilitating the healing process of women who have experienced sexual trauma in childhood.

Throughout this dissertation I will be using the terms "women survivors of sexual abuse or childhood trauma" as well as "women who were sexually abused or traumatized in childhood." Although some women feel a sense of belonging in calling themselves "survivors," others feel that they are women who *happen* to have been sexually abused in childhood and do not like to be defined as

“survivors.” In my own clinical experience, I find that particularly early on in the healing process, women tend to be very identified with the word “survivor” and find it validating and empowering. It is only during the latter stages of healing that women seem to move away from this label and see themselves as “women who were sexually abused.” This seems to reflect the fact that through the process of healing, the sexual abuse becomes a smaller component of who they are as they move out of the intense stages of healing when being a survivor feels all-encompassing. As both these ways of describing the trauma seem to be important to women at different times in their healing process, I have chosen to utilize both.

Purpose of this Study

In this research, I have explored one spiritual path that women have taken to augment their healing from sexual abuse; that is, Buddhist meditation as practiced in North America. While Western teachers who offer Vipassana teachings attempt to stay true to the original teachings of the Buddha and the Eastern teachers who have passed on the dharma to them, they do infuse more psychological material to allow for the Western mind to understand the teachings.

I will be looking at the original teachings of the Buddha, childhood sexual abuse, women’s experiences of healing from abuse, and methodology, all from a feminist perspective. I was interested in formalizing this exploration of spirituality that many women are utilizing as a component of growth (Boucher, 1993; Feldman, 1994; Plaskow & Christ, 1989; Snow, 1994). From an empirical perspective, Morrow & Smith (1995) in a qualitative study on “coping” by women

who have survived sexual abuse, found that spirituality was one modality of coping that women utilized in their healing processes.

My exploration centers around the main question: **What is a woman survivor's (of childhood sexual abuse) experience of meditation practice in terms of her own healing process?** Through this exploration I hoped to contribute to an area of significance that has received little research attention.

Through in-depth interviews with women survivors I wanted to discover what survivors have perceived as helpful (or not helpful) about their meditation practice. What has been helpful as they have dealt with the profound effects of the early abuse? What has it been like for them if memories have surfaced during meditation, perhaps for the first time?

Through this study I hoped to contribute what, as stated earlier, is often the missing piece in clinical literature; a focus on a spiritual tradition and how women are experiencing a spiritual practice in their healing from childhood abuse. While the intention of this research was not to focus exclusively on caucasian women, no women of color participated in the research.

This interdisciplinary research allows for a rich exploration of the topic of childhood sexual abuse which one discipline alone could not offer. Social work acknowledges the importance of change at both the individual and societal levels. This tenet of social work practice complements the Buddhist belief in the interconnection of all beings and the importance of an "engaged Buddhism," that is one that addresses the concerns of the larger society. Counselling psychology

generally focuses on understanding how people overcome problems and accomplish life tasks, and is committed to designing effective ways to help people live more productive and meaningful lives. This research will focus on the profound problem of childhood sexual abuse that many individuals are struggling with. Although both clinical social work and counselling psychology have offered extensive clinical and research material on the topic of childhood abuse, by introducing spirituality as a possible means for healing, I hoped to expand on what these two disciplines have offered. With the complexity of childhood sexual abuse and the extent of suffering that women endure, this interdisciplinary approach deepens our understanding and offers stronger or more empowering means of healing.

In the following literature review in Chapter Two, I explore the tenets of Buddhism, Buddhist meditation, the interplay between meditation and psychotherapy, how Buddhism and feminism intersect as experienced and interpreted in North America, as well as briefly outlining my personal journey with meditation. I also delineate the symptomatology of childhood sexual abuse, and the process of healing. Finally, I explore material discussing Buddhist practice *and* childhood sexual abuse.

In Chapter Three I address the methodology utilized in this study. I discuss method, sampling procedures, analysis, credibility and ethical considerations. Chapter Four outlines the findings and analysis of the interviews conducted.

Chapter Five offers limitations to the study, conclusions and implications for counselling practice.

CHAPTER 2: LITERATURE REVIEW ON CHILD SEXUAL ABUSE, BUDDHISM, AND MEDITATION PRACTICE

Introduction

In searching through articles, books and theses/dissertations for information on Buddhist meditation practice and any connection to healing from childhood sexual abuse, I found little information. There is much written about sexual abuse, and sexual abuse treatment (Briere, 1989; Briere, 1992; Courtois, 1988; Courtois, 1991; Freyd, 1996; Gil, 1988; Hunter, 1995; Jehu, 1988; Kondora, 1995; Meiselman, 1990; Poston & Liston, 1989; Waites, 1993; Whitefield, 1995). There is an abundance of literature on Buddhism and Buddhist psychology as well as the integration of Buddhism and psychotherapy (Boorstein, 1994; Boucher, 1993; Claxton, 1986; Crook & Fontana, 1990; Epstein, 1995; Goldstein, 1993; Kabat-Zinn, 1990; Kornfield, 1993; Rubin, 1996; Salzberg, 1995; Snelling, 1991; Warder, 1970; Wilson Ross, 1980; Wray, 1986). I have found a paucity of literature that explores Buddhist practice through the lens of sexual abuse survivors. Although there is a dearth of information on childhood sexual abuse in Buddhist literature, there is considerable literature written about the sexual abuse of Buddhist students by their teachers (Boucher, 1993; Butler, 1990; Kornfield, 1993). This has been a difficult issue, as it would be for any spiritual/religious community, to discuss and bring to light. Buddhism is not the only tradition that is dealing with sexual abuse of students, followers or parishioners. As is evident in the media, sexual abuse within many

spiritual/religious traditions is emerging from behind the veil of secrecy and being addressed.

Before moving to the little information I *did* discover on the connection between Buddhism and sexual abuse, I begin with an outline of key issues in both childhood sexual abuse and Buddhism.

Childhood Sexual Abuse

The effects of childhood sexual abuse as well as its treatment have been discussed at great length, particularly over the last two decades when the women's movement brought the issue into the foreground. Herman (1992) proffers an analysis of society's denial of this issue. To accept the reality of psychological trauma is to "...come face to face with human vulnerability in the natural world and with the capacity for evil in human nature" (p. 7). To believe psychological trauma "...means bearing witness to horrible events" (p. 7). If one is to believe the atrocities of human inflicted trauma then one is caught in the conflict between victim and perpetrator. "The bystander is forced to take sides" (p. 7). After every atrocity one can expect a similar refrain from the perpetrator: "...it never happened; the victim lies; the victim exaggerates; the victim brought it upon herself. The more powerful the perpetrator, the greater is his prerogative to name and define reality" (p. 8), and the more irresistible it is for society to believe his side.

Herman (1992) notes that the atrocity of child sexual abuse has come to the forefront twice in modern western history. At the turn of the century, Freud

initially believed, and then retracted his belief, in the sexual abuse he was hearing about from his women patients (Herman, 1992; Masson, 1984; Rush, 1980).

Freud initially believed that,

At the bottom of every case of hysteria there are one or more occurrences of premature sexual experience, occurrences which belong to the earliest years of childhood, but which can be reproduced through the work of psycho-analysis in spite of the intervening decades. (Freud cited in Herman, 1992, p. 13)

Within a year he retracted his position. Masson (1984) notes that the reasons for his retraction are ultimately obscure but appeared to be far more personal and professionally pressured, rather than clinically based. Freud shifted his position, preferring to believe that the stories of women suffering from hysteria were fantasy. Following this, "the dominant psychological theory of the next century was founded in the denial of women's reality" (Herman, p. 14). Armstrong (1982) called this time the "age of denial" which lasted until the late 1970's.

Misperceptions included that incest was rare; occurred only in lower-class and chaotic families; was generally the fault of a domineering, abandoning mother and/or a seductive daughter; and was devoid of serious consequences (Courtois, 1988, p. 7).

Herman (1992) acknowledges the women's movement as bringing the topic of childhood sexual abuse back into our communal awareness. The consciousness-raising groups of the mid 1970's created a privileged space making

it possible "...for women to overcome the barriers of denial, secrecy, and shame that prevented them from naming their injuries" (Herman, p. 29). In these protected environments, women spoke of rapes and childhood abuses, and *other women believed them*. The women's movement also generated an explosion of research in the area of sexual violence against women and children.

The results of these investigations confirmed the reality of women's experiences that Freud had dismissed as fantasies a century before. Sexual assault against women and children were shown to be pervasive and endemic in our culture. (p. 30)

A well documented Canadian study also confirmed the reality of women's experiences in discovering the pervasiveness of child sexual abuse in our culture. (Badgley et al, 1984).

As feminists, researchers, advocates, and clinicians began to believe and support women's stories of abuse, once again the forces of repression emerged. The most obvious current example is the False Memory Syndrome Foundation (FMSF) based in Philadelphia. This organization was founded by Pamela Freyd, a parent whose adult daughter, Jennifer Freyd, disclosed sexual abuse by her father. Jennifer Freyd, a psychology professor at a university in Oregon, has only come forward to speak publicly about her childhood experiences after her parents founded FMSF. This foundation, now with chapters in Canada, is active in discrediting the reality of sexual abuse. While the focus of this research is about healing from childhood trauma and the impact of Buddhist meditation on this

healing journey, and consequently cannot address the extensive debate around recovered memories, it is important to note the cultural climate within which women survivors are trying to come to terms with their childhood experiences. Many survivors, children and adults alike, struggle with disclosure for fear of not being believed. The disbelief of traumatic memory, which is a foundation of FMSF, will likely influence many in ensuring continued silence.

From another perspective, I believe that FMSF is offering something useful to clinicians. With the foundation's claim that psychotherapists are implanting memories into the minds of clients, it may actually encourage clinicians to be more mindful of the work they are doing with survivors and bring even more care to not be leading or suggestive in their questions and comments. Counsellors, psychologists and clinical social workers working with childhood trauma can benefit from the work of FMSF as another form of continuing professional development and honing professional skills. While I do not believe the FMSF claim that clinicians are implanting memories into clients' minds, their concerns do allow us to further visit the issue of client history and how to allow these histories to be told in the most open way without the intrusiveness of suggestion.

Before moving further into a discussion of child sexual abuse, it is important to offer a clinical definition of this term. Sexual abuse can be defined as:

...any sexual activity between an adult and a child, whether that activity involves actual sexual contact or not. Implicit in the term is the contention that sex between an adult and a child is always abusive because it is necessarily nonconsensual. Even where the child appears to be a willing or even eager participant, sex is nonconsensual and therefore abusive because children have neither the knowledge nor power necessary to give true consent. (Burstow, 1992, p. 109)

This definition includes the main components of most definitions in the literature which include forced or coerced sexual behaviour imposed on a child by a much older person (commonly defined clinically as five or more years, Browne & Finkelhor, 1986). "Child" in British Columbia is defined as anyone under the age of 19 (Turner & Uhlemann, 1995). Burstow's definition seems to go one step further than other definitions by clearly acknowledging the vulnerability of children who do not have equal power with adults. It also acknowledges that sexual abuse can occur *without actual sexual contact*. Examples of abuse without sexual contact would be staring at or commenting on a child's breasts, telling sexual jokes, or using sexualized terms of endearment (Burstow, 1992). Since my research will be grounded in the lives of women, I find this definition useful because the terminology offers a richer description of how abuse dynamics work, and even though a child may *appear* to be a willing participant, the inherent power difference always renders the act abusive.

I will use the terms “childhood sexual abuse” and “childhood trauma” interchangeably in this dissertation. Although childhood trauma may include many different experiences, such as physical abuse or neglect, when I use the term childhood trauma I will be referring specifically to trauma resulting from some form of sexual abuse. I have chosen to use the term childhood trauma because it describes the experience from the survivor’s perspective. The term “childhood sexual abuse” is less emotionally laden and more about the mechanics of the incident. I find the words childhood or psychological trauma more honoring of the survivor and the horrific nature of abuse. Herman (1992) defines:

Psychological trauma [as] an affliction of the powerless. Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life. Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning. (p. 33)

Although not all childhood sexual abuse involves life long trauma, it is *traumatic* child sexual abuse that I will be focusing on. From research in this area, it appears that sexual abuse involving one or more of the following characteristics is associated with a greater degree of trauma; a) longer duration and frequency of the abuse (Elliott & Briere, 1992), b) experience of multiple perpetrators (Peters, 1988), c) a closer relationship between the survivor and the perpetrator (Fromuth, 1983; Russell, 1986; Williams, 1993, d) presence of penetration or intercourse (Finkelhor et al., 1989), e) physically forced sexual contact (Fromuth, 1988), f)

concurrent physical abuse (Briere & Runtz, 1989), and g) not being believed (Browne & Finkelhor, 1986; Courtois, 1988; Russell, 1986; Summit, 1983).

There are certain factors that have been found to influence whether childhood trauma is remembered or whether it is repressed. Briere (1992) found in his study of 500 sexual abuse survivors who were in therapy, that those dealing with total or partial amnesia of the abuse had been, "...molested at an earlier age, had been victimized by more perpetrators, were more likely to have been physically injured as a result of the abuse, and more often reported having been fearful for their lives than those survivors without known amnesic periods" (p. 39). I have found prospective studies that explore how children who were sexually abused "forget" (Meyer Williams, 1994), but have located no other empirically based studies that explore reasons, or factors involved in the process of forgetting.

Childhood sexual abuse is clearly an abstruse and complex problem that has historically proved difficult to come to terms with both on an individual and societal level. The complexity of childhood trauma will be elucidated as I shift to a discussion of the myriad symptomatology that arises from this kind of trauma.

Symptomatology

In order to understand the symptomatology of childhood sexual abuse, it is important to delineate a model that attempts to explain how the dynamics of abuse lead to injury of the child.

Finkelhor & Browne (1988) synthesize the injury of child sexual abuse into four components referred to as "traumagenic dynamics" (p. 277). These four

components are: traumatic sexualization, betrayal, powerlessness and stigmatization. "Traumatic sexualization is the process by which a child's sexuality is shaped in developmentally inappropriate and interpersonally dysfunctional ways" (p. 277). This can occur through rewarding a child's inappropriate sexual behavior, the exchange of affection or gifts for sexual behaviour, the misperceptions and confusions about sexual behavior that the child learns, and through frightening or painful events being associated with sexual activity.

The second dynamic, betrayal, refers to the experience of a child discovering that someone they trusted has caused them harm. Abusive experiences perpetrated by a family member or other trusted adult obviously involve more betrayal than those perpetrated by a stranger. However, the child's level of betrayal may also be affected by "...how taken-in the child feels by the offender, regardless of who the offender is" (p. 278).

The dynamic of powerlessness "refers to the process in which the child's will, desires, and sense of efficacy are continually contravened" (p. 278). Powerlessness occurs when a child's body space is repeatedly invaded and is exacerbated by whatever coercion and manipulation the offender may impose. Powerlessness may deepen as the child experiences an inability to make adults understand or believe what is happening.

The final dynamic of stigmatization refers to the negative connotations such as badness, shame and guilt that are communicated to the child, and then

become internalized as part of the child's self image. These negative messages can come directly from the abuser who may blame or denigrate the victim, or may come about through secrecy which conveys a sense of shame about the behavior. Stigmatization may be reinforced by what the child hears in the family or community about abuse or by responses of shock or blame following disclosure.

With this conceptual framework in mind, it is clear that childhood trauma can bring with it a myriad of symptoms. While there is no single pattern of distress experienced by all adult survivors of sexual abuse, there are a number of struggles that are prominent.

I will address symptomatology within a bio-psycho-social-spiritual framework. As sexual abuse is a violation of the physical body, the emotional/psychological self, the social/relational self as well as the spiritual self, symptoms can appear in any or all of these areas.

Physically, sequelae can include pelvic inflammatory disorder, bladder infections, chronic pain, hemorrhoids, headaches, hypertension, sexual dysfunction, and chronic sore throat (Brown & Garrison, 1990; Courtois, 1988; Walker et al., 1988). Van der Kolk (1994) adds to this sequelae in his discussions on the physiology of trauma. He delineates the hormonal stress response which includes corticosteroids, catecholamines, opioids and serotonin. He explains how these hormones are involved in perpetuating the posttraumatic symptoms of hyperarousal, intrusive reliving, numbing and dissociation. This physiological

response can continue for years “...in response to specific reminders of the trauma and in response to intense but neutral stimuli such as unexpected noises” (p. 254).

Emotional/psychological symptoms include dissociative experiences, depression, generalized fear, guilt, shame, self-blame, anxiety, low self-esteem, anger, sleep disorders, suicidal ideation, addictive behaviors, self-injurious behaviors, and eating disorders (Bagley & Ramsey, 1986; Briere & Runtz, 1988; Edwards & Donaldson, 1989; Jehu, 1988; Kondora, 1995; Peters, 1988).

As dissociative experiences can be the most pervasive within this cluster of symptomatology I will define the term in more depth. Briere (1992) defines dissociation as “...a defensive disruption in the normally occurring connections among feelings, thoughts, behavior, and memories, consciously or unconsciously invoked in order to reduce psychological distress...” (p. 36). He outlines three types of dissociative behaviours that are common among abuse survivors: disengagement, detachment/numbing, and observation.

Disengagement or “spacing out” is a withdrawal from the external world. These periods frequently occur without conscious intent (Briere, 1992, p. 38).

Detachment or numbing refers to:

...instances when the dissociating person attenuates the intensity of negative feelings associated with certain thoughts, memories, or ongoing events...In its chronic form, this numbing process may result in an individual who is psychologically removed from her or his feelings and who may, in fact, be relatively unaware of feelings per se. (Briere, p. 38)

Observation occurs when the traumatized person watches events (as opposed to participating) as if she was watching someone else's life. Abuse survivors utilizing this form of dissociation will frequently describe a sense of being 'outside looking in' and therefore not directly threatened by potentially frightening experiences (Briere, 1992).

Waite (1993) notes that dissociation is not simply a pathological response. She acknowledges that dissociative reactions may, on the contrary, protect the individual from overwhelming stimulation. Dissociative responses in childhood can be a useful tool for survival.

Relational symptoms include inability to trust with consequent difficulty in relationships, particularly intimate ones, and vulnerability to revictimization (Courtois, 1988; Finkelhor et al., 1989; Russell, 1986). "The intimacy problems of abuse survivors appear to center primarily on ambivalence and fear regarding interpersonal attachment and vulnerability" (Briere, 1992, p. 50). The issue of revictimization is an important one, particularly as clinicians often report seeing a large number of clients with multiple victimizations throughout the life span (McCann & Pearlman, 1990; Russell, 1986). Revictimization might include sexual assaults as an adult, being in a battering or abusive relationship, or involvement in prostitution.

Although the spiritual impact is discussed only minimally in the literature, Herman (1992) notes that trauma can create a sense of meaninglessness in life and can alter relationships to a spiritual life or a god figure. Courtois (1988) notes that

many survivors reject the notion of a benevolent higher power, and report feeling long abandoned by a cruel and uncaring god. Questions can often arise for survivors as to why, if there is a god, she/he has allowed such tragic, senseless or horrifying events to occur (McCann & Pearlman, 1990).

Although many of these symptoms exist for trauma survivors, Kondora (1991), (as cited in Kondora, 1995), notes that after effects of trauma that are seldom reported include resilience, strength, independence, creativity, a greater ability to look within, and a deeper sense of spirituality. In honoring the strength and resilience of women who have been traumatized in childhood, it creates a more comprehensive understanding to appreciate these empowering after effects along with the after effects that can be devastating and disempowering.

As mentioned earlier in the discussion on dissociation, it is important to acknowledge that reactions to trauma are adaptive and creative. They are all components of survival. They are what a child learns to do in order to manage the unmanageable.

Because such behavior is or was adaptive, it is inherently pragmatic rather than symptomatic. ...the behaviors in question are not passive symptoms of some greater disturbance, but instead usually reflect the client's ongoing attempts to ... cope and respond to the environment as effectively as possible. (Briere, 1992, p. 85-86)

While acknowledging that not all after effects of trauma are problematic as noted by Kondora (1995) it is clear that the problematic after effects are extensive and

complex. The following section offers a discourse on models of treatment as well as stages of treatment for childhood sexual abuse.

Theoretical Treatment Models

Courtois (1991) outlines four theoretical models that form the underpinnings of her perceptions of treatment: 1) the traumatic stress/victimization model; 2) the self-development model; 3) the feminist model; 4) the loss model. Although at times different terminology is utilized, there is some consensus among authors/clinicians about which theoretical models are most useful (Bass & Davis, 1988; Briere, 1989; Gil, 1988; Meiselman, 1990).

Traumatic Stress/Victimization Theory

This theory postulates that child sexual abuse results in traumatic victimization that frequently leads to post-traumatic symptomatology both in the short and long term (Courtois & Watts, 1982; Finkelhor & Browne, 1985; Summit, 1983). From this perspective, post-traumatic symptomatology is viewed as a natural response of a child to a traumatizing event. "According to traumatic stress/victimization theory, the trauma itself is a primary focus of treatment since it contributes to or causes other symptoms and/or secondary problems" (Courtois, 1991, p. 48). This theory suggests that the symptoms will not respond to treatment until the source of the symptoms are identified and the impact diffused. Therefore, treatment focuses on retrieving memories of the trauma and reworking or discharging the associated emotions.

Self-Development Theory

Child sexual abuse is believed to greatly interfere with a child's psychological development. "Abuse often interferes with the satisfactory resolution of developmental tasks associated with each life stage and may disturb the child's intrapsychic development" (Courtois, p. 49). As a result, a very fragmentary sense of self may develop. Impairment may develop in issues of safety, trust, feelings of personal power, self esteem and intimacy. From this perspective, it is believed that a safe and consistent therapeutic relationship is crucial in redressing the developmental damage. Self work is seen as preceding memory work. This self work would include strengthening the damaged self by developing both internal and external support systems.

Feminist Theory

This theory places emphasis on issues of power, gender, and the experience of women as individuals and as a class. Gender difference is emphasized because theorists believe that although boys are also sexually abused and equally traumatized, the majority of sexual abuse *perpetrators* are male (Finkelhor, 1984; Russell, 1986). From a feminist perspective, it is important to acknowledge patriarchal culture that devalues women and children, thereby creating a climate where abuses of power, such as sexual abuse, can easily occur.

Feminists acknowledge, as does traumatic stress theory, that the symptomatology that victims of childhood sexual abuse exhibit is not pathology but an adaptive response that facilitates coping within a situation that was

traumatic (Burstow, 1992; Waites, 1993). The work of therapy from this perspective is to validate the reality of the original trauma, to place it within a societal and cultural context, to identify survivor skills that the woman has developed, and to dismantle and replace behaviours and cognitions that are disempowering (Courtois, 1991). The therapeutic goal is to empower the client by acknowledging that she is the authority on her experience, and by assisting her in the development of a sense of control in her life.

Loss theory

The experience of childhood sexual abuse involves a myriad of losses. Survivors describe grieving for the lost little girl or boy they once were, lost good parents or family, lost security, and a life trajectory changed from what it likely would have been without the trauma and its aftermath. (Courtois, 1991, p. 51)

This theory suggests that all that was lost as a result of the traumatic event(s) must be identified, accepted and grieved. Identifying these losses can be difficult and often propels a survivor into a profound state of grief. A survivor may be grieving for the loss of control, a sense of safety in the world, the self as it was before the trauma, and lost opportunities.

As stated earlier, while differing language is used, there appears to be some consensus in the literature around treatment models. While Courtois (1991) has offered four discrete models in counselling practice they overlap. I have found no efficacy studies that substantiate any one model. Due to the long-term nature of

working with childhood sexual abuse, it is clearly a difficult area in which to do outcome or efficacy studies.

Phases of Treatment

In exploring phases of treatment, this section focuses on individual treatment rather than group modality. Although group treatment can be seen as a viable healing resource for women at different stages, group treatment will not be specifically addressed.

The treatment of women who were sexually abused in childhood can be broken down into three phases: the preliminary or creating safety phase, the resolution or remembrance and mourning stage, and the postresolution or reconnection phase (Courtois, 1991; Herman, 1992). Although the literature is rife with theories on healing stages in recovering from childhood trauma, I have chosen to assimilate the work of Herman and Courtois as their work is similar, concise and offers clear clinical direction while honoring the reality of the trauma of the women and men who are healing.

It is important to note that although these phases are presented in a linear fashion, they are not a linear process. Healing from childhood trauma is more accurately seen as a spiral process. Bass and Davis (1988) address this spiral process:

You go through the same stages again and again; but traveling up the spiral, you pass through them at a different level, with a different perspective. You might spend a year or two dealing intensely with your

abuse. Then you might take a break and focus more on the present. A year or so later, changes in your life - a new relationship, the birth of a child, graduation from school, or simply an inner urge - may stir up more unresolved memories and feelings, and you may focus in on it again, embarking on a second or a third or a fourth round of discovery. With each new cycle, your capacity to feel, to remember, to make lasting changes, is strengthened. (p. 59)

This process is not linear, and is likely as diverse as the diversity of women who are engaged in a healing journey from childhood sexual abuse. As each woman deals with the following three stages, it is likely that different amounts of time will be spent on each and in different ways.

Preliminary Phase

The development of a therapeutic alliance is the most important task in the preliminary stage. The development of a stable therapeutic relationship is essential in creating a foundation of safety for the memory work to be contained within. This stage is also one of assessment and general stabilization of the client's life. Included in this phase would be addressing self harming behaviours such as addictions, disordered eating, self mutilation, suicidal ideation or revictimization such as being in a harmful relationship (Courtois, 1991). Support systems and self nurturing behaviours are also important to address in creating additional safety for the client.

The duration of this phase is variable. "Some (clients) move through this phase quite rapidly, while others literally require years of stabilization before beginning sexual abuse resolution" (Courtois, 1991, p. 56). Although Courtois does not delineate factors that affect the duration of this phase, as discussed earlier, factors that may exacerbate trauma such as longer duration and frequency of abuse and multiple perpetrators would likely extend the duration of this phase.

Resolution Phase

Although this phase requires the survivor to tell her story in detail, the process must proceed slowly and carefully always remaining mindful and honoring of the client's defenses. The goal is to recount the specific incidences of trauma and eventually connect this to the affect in a contained way.

Recall may be of the intrusive/re-experiencing sort (nightmares, flashbacks, startle responses) in alternation with denial/numbing reactions (dissociation, detachment, re-repression...) For the intrusive/re-experiencing symptoms, support, dosing, and containment strategies are required; for denial/numbing symptoms, expressive and evocative strategies are most helpful. (Courtois, 1991, p. 57)

The telling or reconstruction of the trauma story will generally involve a grieving or mourning process. Herman (1992) notes that survivors of chronic childhood trauma are faced with grieving not only for what was lost but also for "what was never theirs to lose"(p. 193). What was never theirs to lose may include a sense of even being a child, and a foundation of basic trust.

Postresolution or Reconnection phase

For trauma survivors entering the final stage of recovery, "...they often feel as though they are refugees entering a new country" (Herman, 1992, p. 197). This stage involves reconnecting with the self and with others in a new way. It is also a time of dealing with other issues such as relational struggles, sexual difficulties and self care. Courtois (1991) notes that although these issues are usually addressed in earlier phases of the treatment, their resolution may not be possible until extensive work on the trauma has been completed. This phase of therapy is of much less intensity than the previous two and has been called the "fun stage" for both members of the therapy dyad. Great satisfaction may be experienced by both in observing the growth and development that has resulted from the resolution reached in the previous stages. As stated by Herman, the adult moving through these phases of healing,

...faces life with few illusions but often with gratitude. Her view of life may be tragic, but for that very reason she has learned to cherish laughter. She has a clear sense of what is important and what is not. Having encountered evil, she knows how to cling to what is good. Having encountered the fear of death, she knows how to celebrate life. (p.213)

To summarize, it is clear that childhood sexual abuse is a complex area of clinical work and research study. The prevalence is significant in our society, the effects are often profound, and women survivors, clinicians, and researchers alike,

are holding this topic in a climate of denial as seen in the legacy of Freud and the present day FMSF.

Since treatment in this area is difficult, it is important that clinicians remain open to non-clinical means of healing such as meditation practice. Further to the significance of including a discussion of meditation, is the aforementioned research by Kondora (1995) who noted that the after effects of trauma include a deeper sense of spirituality. While there is an abundance of forms of spirituality that survivors may be utilizing, I have chosen to focus specifically on one spiritual path, Buddhism. The following section will begin with an overview of some of the main tenets of Buddhism (the Four Noble Truths, the Eight Fold Path, and the Three Jewels), and then move to a thorough exploration of Theravadan Buddhist meditation.

Buddhism

The following discourse will begin with a general overview of Buddhism, its relationship to feminism, and then will focus on Vipassana or Insight Meditation practice that has its roots in the Theravadan school. The Theravadan school is one of three main schools of Buddhism. The other two are Mahayana and Vajrayana. While all three schools share similarities in terms of doctrine, such as the Four Noble Truths and the Eight Fold Path (delineated later in this chapter), they are dissimilar in terms of the specificity of their meditation practices. As previously mentioned, my discussion on meditation practice will be that of the Theravadan school.

Buddhism began roughly 2,500 years ago in North India. It was founded by Siddhartha Gautama (Buddha) a male of royal status who abandoned his family, his social position, and his wealth to pursue spiritual liberation (Gross, 1993). Buddhism, from its beginning, slowly spread out from North India.

During its long centuries of quiet pilgrimage by land and sea, much of Buddhism's powerful influence may have had its source in the deliberate avoidance of claims to exclusive Truth, adherence to inflexible dogma, or the authority of any final, sacrosanct, theocratic hierarchy. (Wilson Ross, 1980, p. 4)

Today it is estimated that between one-third and one-fifth of the world's population follow some aspect of Buddhism, in Asian countries as well as in Europe and North America (Wilson Ross, 1980).

What the Buddha offered was a means or path to liberation and freedom from suffering. His main teachings are contained within the Four Noble Truths, the Eight Fold Path, and the Three Jewels, each of which will be discussed below.

Four Noble Truths

The Four Noble Truths are: that suffering exists, that suffering is caused by desire, that the cause may be terminated, and that there is a means by which that cause may be terminated (the Eight Fold Path). Although the traditional Buddhist discussion of the cause of suffering focuses on desire and craving, the suffering caused by sexual abuse does not arise out of desire or craving. How these two kinds of suffering are related will be discussed at the end of this section.

The first noble truth is about the realistic fact of the existence of suffering in the human condition. "...the pain of birth, old age, death, sorrow, pain, grief, despair, association with the unloved, separation from the loved, not getting what we want - all this is dukkha (suffering)" (Goldstein, 1993, p. 11). Goldstein notes the wonderful paradox about suffering is that the more we open to it, the lighter, freer and happier we become. Rahula (1974) suggests that it is difficult to find one word that embraces all that "dukkha" means. While he concurs with Goldstein that dukkha is about suffering, "...in addition it also includes deeper ideas such as imperfection, impermanence, emptiness, insubstantiality" (p. 17).

Rahula (1974) notes that Buddhism's focus on suffering has often led to an interpretation of Buddhism as pessimistic. He suggests that Buddhism is neither pessimistic nor optimistic but simply focuses on being with all that life presents.

The Second Noble Truth recognizes that suffering is caused by desire or craving. One author defines this craving as:

...a fundamental ache that is implanted in everything that exists: a gnawing dissatisfaction with what is and a concomitant reaching out for something else. So we can never be at rest but are always grasping for something outside ourselves. (Snelling, 1991, p. 44)

Feldman (1999) notes that the wanting mind perpetuates the notion that one's happiness rests upon fulfilled desires. "This is despite the evidence from our whole life that getting what we want, while producing a momentary relief from

the tension intrinsic to craving, never produces enduring peace or happiness” (p. 107).

While the Second Noble Truth invites us to look at the restlessness in our own hearts and minds, the Third Noble Truth teaches that there can be an end to this restlessness (Goldstein, 1993). There is emancipation or freedom from suffering (Rahula, 1974). The Fourth Noble Truth defines a path to liberation “...by telling us what practical steps we have to take in order to root out suffering ...” (Snelling, 1991, p. 46). This path to liberation that the Buddha developed is called the Eight Fold Path. It is a path that embraces all areas of our lives and is not limited to our experience in meditation.

Eight Fold Path

The Buddha offered a path, or means of liberation, that is straightforward yet requires tremendous perseverance and commitment. The eight aspects of the path are: Right understanding, right intention, right speech, right conduct/action, right livelihood, right effort, right mindfulness, and right concentration (Feldman, 1999; Goldstein, 1993; Snelling, 1991; Wilson Ross, 1980). These components of the Eight Fold Path are not about a rigid moral code, ...nor are they about making judgments and arousing sin and guilt, though every willed action produces consequences... Rather, Buddhists try to be aware of any particular failing to live up to an ethical principle and resolve to do better next time. (Snelling, 1991, p. 47)

Further to this, Thich Nhat Hanh (1998) notes that the term “right” is learning to practice in ways that are “of benefit” (p. 11). The term is not meant as a moral judgement.

Right understanding implies that “...in order to practice we need to have heard (or read) the Buddha’s teachings... and have not merely understood them theoretically but have actively penetrated their truth by testing them against experience” (Snelling, 1991, p. 47). More specifically, Feldman (1999) defines right understanding as having some understanding of the value of an ethical life based on an experiential understanding that all of our actions, thoughts, and speech have consequences that lead to suffering or well-being. Right understanding also includes an understanding of impermanence. “It is a movement away from the struggle and distress of grasping, away from the sorrow of being out of step with reality when we endeavor to maintain what is already passing” (Feldman, p. 112).

Right intention addresses the quality of our thoughts that are the precursors to our actions and responses. To cultivate right intention is to develop intentions of loving kindness and compassion rather than grasping, ill-will and harmfulness that lead to division and sorrow (Feldman, 1999).

The ethic of right speech is about speaking the truth and not using one’s speech in harmful ways. Cultivating right speech requires mindfulness as speech can easily flow from habitual reactions or unresolved pain and carry with it much power to wound others.

Right action includes refraining from taking life, refraining from taking that which was not given. On a deeper level, “our actions on every level can be embodiments of compassion and sensitivity that directly contribute to a culture of compassion and sensitivity” (Feldman, 1999, p. 114). Cultivating right action is bringing awareness to the power of our acts in the world in each moment.

Right livelihood is about being involved in activities/employment that have no harmful consequences. Feldman (1999) acknowledges that “to engage in a livelihood that is deceitful or has harmful consequences is to face endless disharmony inwardly” (p. 115). Right effort is simply finding balance in the energy that is put into Buddhist practice. “Too much effort can be as counterproductive as too little” (Snelling, p. 50).

Right mindfulness and right concentration are both components of the practice of meditation itself. Mindfulness and concentration are both essential components of meditation practice and will be defined in the section on meditation.

These eight components are not to be practiced one after the other. Rahula (1974) notes they are to be developed more or less simultaneously. “They are all linked together, and each helps the cultivation of the others” (p. 46).

It is interesting to note that the components of the Eight Fold Path bear a strong resemblance to the ethical guidelines for both social workers and counselling psychologists. Right understanding can be seen as analogous to the ethical stance of needing to have a good base of knowledge in one’s area of work.

The attention to “intention” is also important in these two disciplines since one’s motivation needs to be grounded in a true desire to be helpful. Right speech is also significant and can be seen as speaking with honesty and care with clients. Right action and right livelihood can be seen as analogous to non-maleficence. The final two components of the eight fold path that refer to meditation, mindfulness and concentration, can be understood as the importance of contemplation and self awareness on the part of the helping professional.

Three Jewels/Refuges

Following this Eight Fold Path of liberation is at times challenging, difficult and uncomfortable. The Buddha acknowledged this and spoke of taking refuge in the Buddha, the Dharma (truth), and the Sangha (although historically this word meant the *monastic community*, today it is generally defined as any Buddhist community, *lay or monastic*). He believed that taking refuge in this way would assist us on our path to liberation.

More specifically, taking refuge in the Buddha means: “Even though we may have all of these difficult emotions, by taking refuge in the Buddha we take refuge both in our own potential for enlightenment and in the wisdom of the historical Buddha” (Goldstein, 1993, p. 82). Harrison (1994) describes the first refuge as taking refuge in the possibility of being free from suffering, just as the Buddha realized this freedom.

Taking refuge in the Dharma is about opening ourselves to realizing the truth of what is really there (Goldstein, 1993; Harrison, 1994). Goldstein notes,

“...underneath the doubt, the anxiety, and the fear, the essential nature of our mind and heart is pure” (p. 83). As noted by Grady (1999), taking refuge in the Dharma is taking refuge in truth *rather* than deception, pretense and denial.

Taking refuge in the sangha is bringing awareness to the many beings who also walk the path of awakening. It is about drawing on the comfort of knowing that we are not alone. Harrison (1994) expands this notion of sangha by including all of humanity. He acknowledges that everyone wants to love and be loved and everyone yearns for happiness. This realization can bring comfort on the path of enlightenment. Grady (1999) offers another dimension to the concept of sangha:

While we try to be openhearted to everyone around us, we can practice being openhearted to all the emotions, inner voices, and thoughts in our inner environment. Taking refuge in the sangha means being openhearted with this inner sangha as well. (p. 205)

These three jewels can simply be seen as taking refuge “...in the awakened mind, in the path of awakening, and in the community of all those on that path” (Goldstein, p. 82). For Buddhists, the Three Jewels are “models, inspirations, and guides” (Gross, 1991, p. 73).

While the Four Noble Truths, the Eight Fold Path and the Three Jewels arise out of the historical teachings of the Buddha, in the last decade Buddhist scholars such as Rita Gross (1993) have begun to examine these teachings in relation to the main tenets of feminism. The relationship between Buddhism and feminism will be explored in the next section.

Buddhism and Feminism

The Buddha's non-dogmatic approach in his spiritual teachings has been considered feminist. Gross (1993) believes that no major Buddhist teaching provides any basis for gender privilege or gender hierarchy. She outlines four ways that Buddhism and feminism are actually similar. First, "...both Buddhism and feminism begin with experience, stress experiential understanding enormously..." (p.130). Other authors (Crook & Fontana, 1990) explain this experiential nature of Buddhism:

It (Buddhism) lays emphasis not upon accepting things upon the authority of other people, but upon employing techniques for discovering these things for ourselves ... the Buddhist is not asked to take anything on the authority of others, however eminent. Put things to the test for yourselves, the Buddha reminded his disciples. (p. 43)

Gross (1993) describes the three other similarities she sees between Buddhism and feminism:

...the will and the courage to go against the grain at any cost, and to hold to insights of truth, no matter how bizarre they seem from a conventional point of view... Thirdly, both perspectives use their willingness to hold to experience over convention and theory and their tenacious courage to explore how mental constructs operate to block or enhance liberation... (for Buddhism this is about the habitual tendencies of the ego, for feminism it is about social conditioning). Finally, both perspectives speak

of liberation as the point of human existence, the aim toward which all existence strains. (p. 131-132)

Just as women (Gross, 1993) have critiqued Buddhism in terms of a feminist gender analysis, there are also writers who are looking at present-day Buddhism in terms of race and class issues. bell hooks (1994), a Buddhist herself, wrote an article in a Buddhist periodical critiquing American Buddhism in terms of race.

I am often asked when talking about racism in Buddhist circles to be specific, give examples. ...this longing emerges from the reluctance of white people in power to accept... that white supremacy informs the shaping of Buddhist communities, individual interactions, publications, etc. That reluctance can only be transformed in spiritual practice, not proof. There is enough proof. We see the absence of people of color in predominantly white Buddhist circles. We hear the silence of those voices.

(p. 43)

Boucher (1993) also acknowledges the predominantly white sanghas (Buddhist communities) in North America, as well as acknowledging class issues inherent in Western Buddhist practice. Practitioners of Western Buddhism at this time are primarily middle and upper class. Boucher acknowledges the cost involved with retreats and time away from work that precludes many working class people and women with child care responsibilities from taking part.

My experience of Buddhist practice coincides with hooks' (1994) and Boucher's (1993) assessments in that my own sangha is predominantly caucasian and would be called by Nattier (1995) an "elite" form of Buddhism. Nattier discusses Buddhism in North America in terms of three categories: Elite, Evangelical and Ethnic. Elite Buddhism in North America is defined as "imported". It is a religion that is actively sought out by the recipient and then brought home to one's own country of origin. He calls it "elite" as he believes that only a member of the elite class in North American society has the time and money to travel for spiritual teachings. Evangelical Buddhism he considers an exported version brought here by citizens of other countries who come to this country as missionaries. An example of this that he proffers is Soka Gakkai. While Elite Buddhism draws mainly from the middle and upper classes, Soka Gakkai draws from predominantly lower middle class people. Soka Gakkai has a substantial percentage of African-American, Latino and Asian-American members. Finally, Nattier discusses Ethnic Buddhism which he denotes as people who are *born* into the faith of Buddhism and have come to it simply by "baggage". Ethnic Buddhists may have originated in different countries, for example, Thailand, Japan, China or Korea. He notes the monoethnic characteristics of these communities which leads to little interaction across ethnic lines. He suggests that Ethnic Buddhists may have more contact with Elite Buddhist groups than they have with fellow Ethnic Buddhists with roots in another country.

Nattier's (1995) analysis provides some understanding as to the differences in races in terms of Buddhist groups. Differences are partially based on how transmission occurred, be it export, import, or baggage. His concern is that the different groups do not see each other. He notes that the writing and publications by Elite Buddhists, which he believes is the dominant perspective in American media, reveal a lack of attention to Buddhists of Ethnic and Evangelical varieties. He also states that Ethnic Buddhists have a focus on meditation and do not consider other groups without this focus as particularly Buddhist.

There are also components of Buddhism's early history that have been criticized as oppressive. There has been extensive reproach of two actions of the Buddha: that he abandoned his wife and infant son to begin his spiritual quest, and that initially he refused to allow women to join the monastic life. It was only after three requests by his aunt and the urging of his male cousin Ananda that he allowed a nun's order with the provision that they follow a separate set of rules. These rules did not interfere with their spiritual quests but did ensure that the nuns would hold no positions of authority in the monastic community.

In exploring the Buddha's abandonment of his family to become a renunciate, it is important to contextualize his life. At the time of the Buddha, Northern Indian society had developed a rigid and structured caste system. This came about partly because a money economy had developed allowing merchants to become wealthier than kings. "...the latter reacted to this with more arbitrary rule and confiscations on flimsy pretexts..." (Warder, 1980, p. 30). Freedom

became seriously and increasingly restricted with an uncertain future. Because of these restrictions the Buddha and many others like him contracted out of society and became wanderers in order to preserve their freedom. It was later called the “Age of the Wanderers” where there was an emergence of a class of professional seekers who were exploring questions about the meaning of life (Sponberg, 1992). “Only from an independent vantage point could they hope to exercise any influence on a society they had left, to infuse into it better ideals than money and violence” (Warder, p. 31). These men eventually set up schools to teach people that the usual ways of seeking happiness through wealth and power would in fact lead to increasing unhappiness. This *happiness* that was sought and continues to be sought in Buddhist practice is not based on physical pleasure or external events but based on state of mind and heart (Dalai Lama & Cutler, 1998).

Although from the perspective of present day western culture, the Buddha’s abandonment of his family could be seen as common yet morally reprehensible, when contextualized, the judgment may soften.

The Buddha’s initial unwillingness to allow women into the monastic life must also be seen in context. In the time of the Buddha women were marginalized as they are today. Although there are no clear answers as to why such an enlightened being could perpetuate the marginalization of women, there are some ideas to consider. First, the culture in 6th century BC was patriarchal. It is possible that as much as he believed women should be fully included in the order, he knew there was only so much the culture would tolerate. Another

possibility is that the Buddha had no resistance to the nuns' entering the order, but that upon his death, his male followers changed what he had originally intended. As nothing was written down until after his death, it is possible that some of the monks may have had difficulty with this issue and created the special rules and/or created the story of the Buddha's initial resistance to women's inclusion.

If we do accept that the Buddha had resistance to women entering the monastic life, and that he created the special rules for women, he also clearly believed that women were equal in terms of the spiritual path. He believed that women could become enlightened just as men could and he gave them equal access to the teachings. "Never at stake is women's ability to pursue and achieve the early Buddhist goal of nibbana or peace" (Gross, 1993, p. 34). Gross also notes in another publication that rather than criticize the Buddha for his unequal treatment of women, in the historical context, it is perhaps more accurate "to recognize how radical it was to provide women with an alternative to domesticity" (Gross, 1994, p.6).

Regardless of the reasons why the Buddha did not allow women to enter the monastic life, he eventually agreed to their admittance and from the writings of the women from this time (Therigatha), their experience was enlightening. "Included in this literature are many stories of many women for whom Buddhism was deeply liberating and satisfying, women who manifest that women are highly capable of achieving Buddhism's goals, women who can still inspire their spiritual daughters" (Gross, 1993, p. 30).

Gross adds that from a feminist historical perspective it is important to look at what is “accurate” and what is “useable”. Androcentric history cannot be accurate as it is riddled with omissions about women’s lives. The Therigatha is a prime example. It is “one of the most remarkable and under-recognized texts in world religious literature” (Gross, 1994, p. 6). Useable past is often ignored in androcentric history as the useable past seeks “...historical events that empower, rather than disempower, women” (Gross, 1993, p. 20). Again the words of the early Buddhist nuns from the Therigatha are powerful and inspiring examples of women’s spiritual paths. Regardless of the Buddha’s resistance to women’s monastic involvement, women had begun their spiritual quests within the Buddhist religion.

This section has focused on the conceptualization of Buddhism and its comparison, both favorable and unfavorable, to feminism. In the next section I will move away from a philosophical discourse to a discussion of the meditation practice itself, a foundational component of Buddhist life.

Meditation Practice

The varied techniques of meditation practice which have developed within different religious traditions can be condensed into two basic forms (Layman, 1976). One form is concerned with discovering the nature of existence while the other seeks to develop a deepening relationship with a god. The first form of meditation which includes Buddhist practice, focuses on the here and now. There is no object other than to see what is. The second type of meditation includes

devotion and prayer which are components of Hindu and Judeo-Christian traditions, as well as some Buddhist lineages.

Other authors conceptualize meditation as falling into two types of practices: concentration meditation, and mindfulness meditation (Miller, 1993; Urbanowski & Miller, 1996). Concentration meditation can be thought of as developing a focused quality of attention on a single object such as the breath, a mantra, a candle flame or a prayer. Mindfulness meditation is about moment to moment awareness, focusing attention on whatever is most prominent in that moment. The initial stages of mindfulness meditation usually involve practicing concentration meditation to develop a degree of stability of attention.

As stated earlier in this thesis, this study focuses on the particular forms of Buddhist meditation that are part of Theravadan Buddhism: vipassana/insight meditation and the brahma viharas. As I will delineate further, vipassana is primarily mindfulness meditation while the brahma viharas are a form of concentration meditation. These meditation practices are foundational in Buddhism as a means of realizing, in an experiential way, the teachings of the Buddha.

Before outlining the specifics of vipassana and the brahma-viharas, I will outline my own journey with meditation and coming to Buddhist practice.

Personal Journey

I was raised within the Catholic faith in Quebec. By my middle adolescence I refused to attend Sunday mass as I found the services empty and the

dogma punitive. Although I relinquished Catholicism, I had a keen interest in other religions and what spirituality was all about.

My journey into meditation began when I was 18 years old and I learned the technique of Transcendental Meditation (TM). I found it useful for stress reduction and relaxation and practiced intermittently through my twenties. Although I felt that it had some use, I had little understanding of any larger purpose to the practice. Without this understanding, it was difficult to remain committed and by my late twenties, the practice had fallen away completely.

Around this time, I was involved in the women's movement and was drawn to feminist spirituality and the study of goddesses. The only meditation that I was involved with through my late twenties was more guided forms of meditation. There was an abundance of literature on a burgeoning women's spirituality movement and every book seemed to include a myriad of guided meditations. I found these experiences relaxing and at times empowering, but I felt a need for something that could offer me more of a framework within which to explore the deeper meaning of life.

I soon heard about a Buddhist meditation retreat that was taking place. Although the retreat was scheduled for the entire weekend, I could only tolerate the Friday evening and Saturday sessions. Sitting in such silence, I could not tolerate my own restlessness. Neither my body nor my mind wanted to cooperate in this extended stillness. Although the day and a half that I struggled through was extremely difficult for me, it was also compelling and I found myself at another

Buddhist meditation retreat within the year. It was to be the beginning of a 15 year process of developing and deepening a Buddhist meditation practice.

I am drawn to the entire Buddhist philosophy of which meditation practice is only one part. The larger philosophical framework serves to contain or hold me in my commitment to the practice. I find that the Four Noble Truths with their acknowledgment of suffering and the Eight Fold Path with its practical steps to end suffering are helpful on a daily basis. The acknowledgment of suffering is comforting in a culture that often denies or trivializes suffering and glorifies the pursuit of pleasure. And it is useful to continually deepen in understanding of the Eight Fold Path and its tangible offerings in the alleviation of suffering.

I am also drawn to the practice because it is not about “spacing out” or dissociating but rather being exquisitely present. North American culture often focuses on escape and distraction, while this practice offers a means of ‘being with’ all that life presents to us. And it is a practice that is incorporated into day to day or moment to moment living.

In the next section I will expound on the Buddhist meditation practices that are taught in the Theravadan tradition.

Vipassana

Vipassana is often called insight meditation because it is about gaining insights, about “...clearly, directly seeing and experiencing how things really are” (Goldstein, 1993, p. 53). Goldstein gives an example of sitting in meditation watching the breath.

All of a sudden your mind settles into a different space. Even if it is just for a couple of moments, you feel a deeper kind of calm and peace. Instead of struggling to be with the breath, you begin just to rest with the breath in a very calm, effortless, way. That is an insight through direct experience into the nature of calm and tranquillity. (p. 53)

These insights are dissimilar to the insights developed in psychotherapy. In psychotherapy, insights tend to be more specific, while the insights arising in meditation are concerned with the very nature of being.

Vipassana is also called mindfulness meditation because it involves focusing one's attention on the present moment. It is a practice that requires sitting in silence and using the breath as an anchor while being aware of one's senses and the activity in the mind. Meditation is not judged on whether pain or pleasure is arising, "rather, the quality of our practice has to do with how open we are to *whatever* is there" (Goldstein, 1993, p. 47). And this is not easy. It is not easy to stay mindful as the mind continually strays from the present moment. Especially initially, the attention wanders away on a myriad of paths. "When this happens, the fact should be noted and the attention returned to the object of concentration. It will probably have to be brought back time and time and time again" (Snelling, 1991, p. 52). Kornfield (1993) likens this to training a puppy:

You put the puppy down and say, "Stay." Does the puppy listen? It gets up and it runs away. You sit the puppy back down again. "Stay." And the puppy runs away over and over again. Sometimes the puppy jumps up,

runs over, and pees in the corner or makes some other mess. Our minds are much the same as the puppy, only they create even bigger messes. In training the mind, or the puppy, we have to start over and over again. (p. 59)

Over time, as concentration develops, the mind becomes increasingly tranquil. This is the purpose of the practice as this tranquillity facilitates liberation and the end of suffering. These concepts will be discussed further at the end of this section.

Although Buddhist meditation is not guided, at the beginning of a retreat a teacher will usually provide some instruction in meditation for beginners and as a refresher for older students. To augment my description of vipassana practice a brief instruction from one meditation teacher can be found in Appendix 1. As is stated in this instruction, the important piece is the moment to moment awareness of one's experience.

As noted in Appendix 1 insight meditation begins with a focus on the breath as a means of anchoring the attention. Over time there is usually a shift away from the breath to bare attention or "choiceless awareness". Choiceless awareness is experiencing the flow of mental images and sensations just as they arise without engaging in analysis of what is arising (Amaravati Buddhist Centre, 1988).

Buddhist teachers also focus on how to remain present and mindful when we move from meditation into our daily activities. Goldstein (1993) notes that

practicing mindfulness of the body provides a useful means of staying present in daily life.

As Kornfield (1993) says, “*sitting* in meditation is difficult and *acting* in meditation is equally difficult” (p. 294). He speaks of the importance of bringing mindfulness into the family arena or the political arena “with our deepest compassion.” Kabat-Zinn (1990), another meditation teacher, speaks of bringing:

...moment-to-moment attention to the tasks, experiences, and encounters of ordinary living, such as setting the table, eating, washing the dishes, doing the laundry, cleaning the house, taking out the garbage, brushing our teeth, taking a shower or a bath, drying off with the towel... (p. 134)

Vipassana then is about insight and mindfulness, with the goal being to facilitate liberation and the end of suffering. As stated by Goldstein (1993):

This is our practice: becoming aware of how suffering arises in our mind and of how we become identified with it, and learning to let it go. We learn through simple and direct observation, seeing the process over and over again until we understand. (p. 5)

The discipline of meditation through understanding and gradual training, allows us to relate to life in a different way:

We see our constant likes and dislikes, the fight to resist all that frightens us. We see our own prejudice, greed, and territoriality. All this is hard for us to look at, but it is really there. Then underneath these ongoing battles, we see pervasive feelings of incompleteness and fear. We see how much

our struggle with life has kept our heart closed. When we let go of our battles and open our heart to things as they are, then we come to rest in the present moment...Only in the reality of the present can we love, can we awaken, can we find peace and understanding and connection with ourselves and the world. (Kornfield, 1993, p. 26)

While vipassana is a meditation practice that is centered on an inner focus, the brahma viharas, another important Theravadan meditation practice, are more about the interconnectedness of all beings. They will be discussed in the next section.

Brahma-Viharas

Brahma viharas are Pali and Sanskrit words meaning divine abode or divine home. The brahma viharas have also been called “sublime attitudes” (Aronson, 1980, p. 62). There are four brahma viharas or sublime attitudes: love or loving kindness (metta), compassion (karuna), empathetic joy (mudita) and equanimity (upekkha) (Aronson, 1980; Salzberg, 1995). The literal Pali translation of metta is “loving kindness” or “friendliness”; the translation of karuna is “compassion”; the translation of mudita is “sympathetic joy” or “gladness”; and the translation of upekkha is “equanimity” (Warder, 1984).

These brahma viharas are the practice of relatedness, the practice of connection. While vipassana is a practice of momentary concentration, the brahma viharas are a practice of fixed concentration. Rather than anchoring in the breath and bringing awareness to the experience of each moment, in the brahma viharas

certain phrases are repeated. The four brahma viharas are different in their focus, yet support each other.

Loving Kindness

Metta is about unconditional love, a love without possessiveness. It is a heartfelt care and concern for ourselves and others. Salzberg (1995) describes the nature of metta as being about “reteaching loveliness”. “When we recover knowledge of our own loveliness and that of others, self-blessing happens naturally and beautifully” (p. 18).

In doing metta practice, we gently repeat phrases that are meaningful in terms of our wishes for ourselves and for others. Although the phrases can be changed to fit each individual and what feels meaningful, they usually approximate the following examples:

May I (you) be safe and protected from inner and outer harm.
May I (you) be happy and peaceful of heart and mind.
May I (you) be strong and healthy of body.
May I (you) love myself (yourself) completely.

The metta practice begins with directing this loving energy towards oneself. Then the loving kindness is directed toward a benefactor or mentor, then to a dear friend, then to a “neutral” person and finally to a “difficult” person. A neutral person would be someone for whom we feel neither great like nor dislike, for example a grocery store clerk or mail deliverer. A difficult person would be someone with whom we have experienced conflict. The purpose of moving through these categories is because we often separate people into classifications of

this sort, but as the practice deepens the divisions merge and the separation between these people dissolves. Both Aronson (1980) and Salzberg (1995) note that metta practice leads to a love that is non-discriminating between self and other.

Meditation teachers acknowledge the difficulty of this practice for many people and advise that metta be directed solely towards oneself for as long as is needed, even if this takes years before it feels right to shift the metta energy to others. It can be difficult to direct such loving care and attention to the self particularly for sexual abuse survivors. The dynamics of child sexual abuse often teach a child about self loathing, rendering the adult survivor incapable for some time of experiencing loving care of the self. Some meditation teachers suggest that if it is difficult to feel the energy of loving kindness for oneself, one could start with a pet or teddy bear or a sense of the inner child. It has also been suggested that the loving kindness practice is often too difficult for those who have been traumatized in childhood and that the compassion practice is the easier *brahma vihara* to start with as this practice acknowledges the pain of trauma directly.

Although it may be difficult to experience the *feeling* of loving kindness in this practice (in fact for many of us, practicing metta initially brings up intense feelings of anger and pain) the intention is enough. Each phrase is repeated with care, gentleness and attention without forcing the *feeling* in any way. A feeling of loving kindness may or may not be there.

We form the intention in our mind for our happiness and the happiness of all. This is different from struggling to fabricate a certain feeling, to create it out of our will, to make it happen. We just settle back and plant the seeds without worrying about the immediate result. (Salzberg, 1995, p. 40)

Metta can provide a strength of heart that assists in moving away from the constriction of our wounds into an openness of heart.

It is important to note that practicing metta does not mean that we denigrate ourselves in any way. “Authentic intimacy is not brought about by denying our own desire to be happy in unhappy deference to others, nor by denying others in narcissistic deference to ourselves. Metta means equality, oneness, wholeness” (Salzberg, 1995, p. 38).

Compassion

While metta is about establishing a foundation of the open heart, karuna is about the ability to care about pain. The one or two phrases worked with in the compassion practice are usually similar to:

I care about my (your) pain.
May I (you) be free of pain and sorrow.
May I (you) be free from suffering.

Working with karuna allows us to bear witness to our own and others' pain without fear and aversion. As with metta, there is a progression from oneself outward (Salzberg, 1995).

The first step of compassion is seeing what is true in this world, that is, seeing/acknowledging the suffering that exists. The second component is actually

opening to it. Opening to suffering with compassion is not an easy task because it is difficult to refrain from the polarities of drowning in the pain or completely detaching from it. In order to find a place of balance between these two extremes, teachers often refer to compassion as “experiencing a trembling or quivering of the heart in response to a being’s pain” (Salzberg, 1995, p. 104).

The compassion practice, as I mentioned earlier, is often easier for sexual abuse survivors to begin with rather than metta. Women and men who have been sexually abused can connect with a feeling of compassion for pain because they know pain intimately. It is not difficult for survivors to acknowledge the extent of suffering in this world, as survivors’ lives have often been imbued with suffering.

Empathetic/Sympathetic Joy

The practice of mudita is about the appreciation of joy in this world. “When we take delight in the happiness of another, when we genuinely rejoice at their prosperity, success, or good fortune rather than begrudging it in any way, we are abiding in mudita...” (Salzberg, 1995, p. 119). The phrases of mudita that people generally use are:

May your good fortune continue.
May you continue to enjoy happiness or success in your life.
May your happiness never end.

In the mudita practice, we begin with someone we care about, someone for whom it is easy to feel this joy. From there we continue outward through the sequence. What we see over time, is that another’s happiness is our happiness. As with metta, this practice may be troublesome for sexual abuse survivors. Because

survivors have experienced extensive suffering, it may be difficult to see beyond the pain of childhood trauma into the joyful aspects of life. However, mudita may be useful for this very reason. "Mudita reminds us of joy when we are lost in sorrow..." (Salzberg, 1995, p. 132).

Equanimity

Upekkha is about being present with balance and non-reactivity.

Equanimity is an evenness or stillness of the mind that allows us to be present with both happiness and pain (Aronson, 1980; Salzberg, 1995). Equanimity holds metta, karuna and mudita because it is about being with the joys and sorrows in this world with balance.

The phrases used in the equanimity practice are similar to:

Things are as they are.

I am the owner of my actions and my joys and sorrows are dependent on those actions and not on my wishes for myself.

The equanimity practice begins with a neutral person because feelings toward a neutral person are most similar to the feelings of equanimity (Salzberg, 1995).

Traditionally equanimity practice does not begin with a neutral person but with oneself and then a move outwards (Rahula, 1974). Because we have neither attachment nor aversion to a neutral person, there is greater balance to begin the practice with. From the neutral person, we work through the rest of the sequence.

Equanimity allows for acceptance of things as they are (Salzberg, 1995).

Acceptance however, is not analogous to condoning or sanctioning. For sexual abuse survivors, equanimity can assist in letting go of what cannot be controlled,

(e.g. that the abuse happened and cannot be undone,) at the same time that it allows survivors to work with what *can* be changed including how to relate to the abuse in the present moment, and how to work towards social change.

Companion Practices: Vipassana and the Brahma-Viharas

What the Buddha clearly saw 2,500 years ago was the extent of suffering in this world. What he taught through the Eight Fold Path was a means of liberation, a path out of the suffering. Meditation practice is one component of the Eight Fold Path. Meditation practice is a means of alleviating the suffering. It is a means of becoming transparent to oneself. "...bare attention takes this unexamined mind and opens it up, not by trying to change anything but by observing the mind, emotions, and body the way they are" (Epstein, 1995, p. 110). Bare attention (vipassana) allows us to find a place of balance between running from difficult emotions/thoughts, and drowning or over identifying with them. We see all of our internal struggles and through this awareness, begin to develop a gentle understanding in relation to ourselves. What the brahma viharas do is allow us to extend ourselves outward into the world, to take this understanding and wisdom and reach with love and care beyond ourselves. In this way we begin to see the interconnectedness of all beings. Vipassana practice clears the mind while the brahma viharas open and purify the heart.

How they work together in a practical sense depends on each individual. Both vipassana and brahma viharas can be practiced on a daily basis or they can be alternated from day to day as suits the individual. What they provide as

companion practices is the ability to realize the Buddha's teachings. Together they facilitate an experiential understanding of the Buddha's teachings rather than just a set of ideas to be entertained theoretically.

Research on the Use of Meditation Practice

An extensive literature (both clinically and empirically based) has evolved over the past 25 years which supports the use of meditative techniques for the treatment of various medical and psychological conditions from hypertension to chronic pain (Benson & Wallace, 1972; DelMonte, 1985; Kabat-Zinn et al, 1992; Kabat-Zinn et al, 1985; Miller, 1993). However, I found only two articles that attempt through case reports, to explore the experience of meditation for trauma survivors (Miller, 1993; Urbanowski & Miller, 1996).

In the late 1980's, Esalen Institute conducted a comprehensive analysis of meditation research reviewing over 1,200 studies appearing in scientific journals and masters/doctorate theses between the years 1931 and 1988 (Murphy & Donovan, 1988). These studies explored physiological effects, behavioral effects and subjective reports. Murphy & Donovan (1988) in summarizing this comprehensive analysis note that while some studies found no effect or deleterious effects, the vast majority indicated a clear positive impact from meditation. None of the 1,200 studies the Esalen Institute (1988) found had any focus on sexual abuse, trauma or PTSD. By contrast, in research that has been conducted through the 1990's, two case study based articles have emerged which

focus on childhood trauma. Before turning specifically to these I will offer a general discussion of the research available in this decade.

The 1990's have heralded a mixture of both empirically and clinically based studies of meditation. Shapiro (1992) looked at a group of 27 meditation students at a three month vipassana retreat to explore possible adverse effects. The sample included 17 men and 10 women with a mean age of 35.6 years. Over half of the group had professional careers. Using both a qualitative and quantitative approach to his research, he found that 38 to 55.5% of the meditators experienced adverse effects. This group was given questionnaires before the retreat, one month into the retreat, and six months after the end of the retreat. Of the 27 subjects, 17 reported at least one adverse effect. Adverse effects were seen as intrapersonal, interpersonal and societal, with intrapersonal being by far the largest category. Intrapersonal was divided into four groupings:

The first was increased negativity, which included statements such as "increased awareness of negative qualities and emotions within myself" (e.g. more judgmental, increased negative emotions, more emotional pain; increased fears and anxiety; more high strung). The second was increased disorientation, which included statements such as "confused about who I am; ...becoming aware of how low my self image is..." The third was addicted to meditation, including such statements as "attached to quiet and withdrawal; feel I am missing something between meditation retreats." And finally, "boredom and pain". (p. 64)

Interpersonal adverse effects were experienced by only three of the 27 meditators. Societal adverse effects were also only felt by three of the meditators. Intrapersonal adverse effects were experienced by 13 of the sample.

In the researcher's discussion he does note that:

...individuals that listed an adverse influence often noted that there was a positive aspect to it, either currently, or within a philosophical context.

One person noted; "my family objects to my participation in the Buddhist way, but they enjoy being around me more." (p. 65)

In his closing discussion, Shapiro (1992) suggests a "middle road" when looking at meditation practice. He suggests that we cannot be uncritical of meditation's effectiveness and equally, we cannot dismiss the profoundly positive effects that do not conform to rationalistic science.

Shapiro's (1992) study is unclear to me in terms of the author's evaluation of adverse effects. Some of the adverse effects discussed might be more related to the general conditions of the lives of the participants, and less related to meditation. The practice of vipassana meditation involves bringing clear attention to whatever is there, to be with both the pleasures and pains of life with equal attention. Certainly, with three months of clear attention, adverse effects connected to one's life would arise. Further to this, what Shapiro is calling *adverse effects* might be called *skillful practice* by meditation teachers. If one is experiencing increased negativity this can be seen as a positive aspect of the practice in that it merely brings to light what already exists. For sexual abuse

survivors dealing with a myriad of post trauma symptomatology, it is clear that bringing bare attention to what is happening internally would likely uncover a great deal of pain, particularly in the initial stages of practice.

Another discussion of possible adverse effects (Epstein & Lieff, 1986) suggests that practitioners and therapists need to learn to differentiate between “adaptive and defensive” utilization of meditation (p. 63). They suggest that side effects may develop for new students as well as seasoned meditation students. What is important is that what arises be explored so as to distinguish whether it is seriously problematic or just a temporary hindrance or distraction.

Research continues to be conducted focusing on the mind-body aspect of meditation, that is, how meditation affects stress and possibly assists in healing illness and disease. A study by Massion et al. (1995) looked at the impact of mindfulness meditation on melatonin. “Melatonin, an indoleamine produced in the pineal gland, may be related to a variety of biological functions important in maintaining health and preventing disease” (Massion, Teas, Hebert, Wertheimer and Kabat-Zinn, 1995, p. 40). In this study the researchers sampled eight women who were meditators and eight women who were non-meditators. They found a significant difference in the women who meditated. “...the regular practice of mindfulness meditation is associated with increased physiological levels of melatonin” (p. 39).

Kabat-Zinn (1992) and Miller et al. (1995) explored the utilization of concentration and mindfulness meditation in stress reduction. In a 1992 study

Kabat-Zinn explored the effectiveness of an eight week meditation based stress reduction program for 22 people who had been diagnosed with anxiety disorders. In 1995 Miller et al. did a follow up of 18 of the participants. Of the 18, 10 had an on-going meditation practice at the three year mark. In both the original study and the three year follow-up, the authors found statistically significant improvements in subjective and objective symptoms of anxiety and panic following the program.

Urbanowski and Miller (1996) explored 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" (p. 34). In terms of "meditative techniques", they are referring specifically to concentration and mindfulness meditation. The five cases they present, four women and one man, ranged from no experience with meditation to 12 years experience. In each case they discuss how meditation and the process of psychotherapy work together. One woman, through therapy, began to experience vivid and overwhelming memories of being fondled by her father. Being able to return to and center on the breath, a meditative technique taught to her in therapy, "...gave her the ability to feel in charge of these memories and to work with them in the therapy relationship" (p. 36). They note that she then developed an ability to be with her fears and anxiety and grew to understand that she consisted of much more than her painful feelings.

Urbanowski and Miller (1996) suggest that the pace of therapy can be accelerated by the combination of psychotherapy and meditation.

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. (p. 45)

They suggest that teaching meditation techniques is empowering as the client can utilize them at any time during the day and call on them as lifelong tools to help manage whatever life presents. They also propose that the process is a useful blend of Western psychology's concept of ego-strengthening and Eastern psychology's concept of egolessness. Ego-strengthening occurs as the client is able to tolerate "just sitting" with whatever arises. "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" (p. 45). As is evident in the one case example cited above, states of egolessness can be experienced as the client moves to an understanding that she is more than her trauma, her pain, and her past.

Two cautions are offered by Urbanowski and Miller (1996). First, they state that because meditation practice can bring forward previously repressed material, it is important to consider the issue of informed consent prior to augmenting psychotherapy with meditation. They also believe that only psychotherapists who have a solid meditation practice should be utilizing concentration and mindfulness meditation techniques within the therapy office.

They suggest that only if meditation practice is an integral part of the therapist's life, can there be a deep understanding of the meditative process.

Miller (1993) in an earlier article explored the "...phenomenon of unveiling of previously repressed traumatic memories and painful emotions during the course of meditation practice" (p. 169). Again, focusing on concentration and mindfulness meditation practices, Miller discussed the experiences of two women and one man and how previously repressed traumatic memories and emotions arose through the meditation process. One example he discusses is a 36-year-old woman with 14 years of experience with meditation. In the first month of a three month meditation retreat she began to have memories of being sexually abused at age two and began to become increasingly overwhelmed by fear. She also began experiencing visual hallucinations and severe insomnia. Another woman with no previous meditation experience attended an eight week stress reduction program that was based on mindfulness and concentration meditation. As she started to relax, panic and anxiety began to arise progressing to the point where she became agoraphobic. She then began a course of individual psychotherapy where previously repressed painful emotions from childhood began to emerge. Miller notes that although the stress reduction effects of meditation are well documented, "... there does exist a sub-population of individuals who will likely experience the onset of significant psychological symptoms through the practice of meditation" (p. 176). According to Miller, this sub-population would include individuals with severe personality disorders, significant recent loss,

severe depression, or a history of physical or sexual abuse. While he does not advocate excluding individuals with these experiences from meditation retreats, he does suggest that these individuals need to be clearly informed of the possibility of painful material arising through meditation practice. He also suggests that the surfacing of this material may be the vehicle through which they are allowed access to heal these past traumas. It is also significant to note that the three individuals he discussed all considered their experiences a necessary part of their growth and healing.

Critique of the Research

In trying to make sense of the enormous quantity of research over the last few decades, it is important to consider a number of factors. First the findings are limited in that the vast majority of studies prior to 1990 focus on only one kind of meditation: Transcendental Meditation (TM). The research is also limited as the interview subjects were generally *short-term* practitioners (West, 1987). West suggests that this "...may be partially due to the astute marketing of TM as an antidote to stress which produces a more effectively functioning nervous system and relief from psychosomatic disorders" (p. 16). Studies of meditation focusing on *novice* Western practitioners does not fit well with the Eastern notion that meditation is a path to be followed for years in the pursuit of wisdom and liberation. It is difficult to bridge these two worlds.

It is also important to note that studies done through the 1990's are much fewer and have a different focus. They tend to converge on other forms of

meditation (mostly Vipassana) and have moved away from short-term practitioners. Shapiro (1992) has looked at experienced meditators and Kabat-Zinn (1992, 1995) has conducted a three year follow up study.

West (1987) suggests that meditation studies have followed a conventional medical model where subjects are seen as patients with some form of illness and meditation is the hypothesized cure. "Meditation came to be seen as a potential therapy for current maladies such as hypertension, headaches, drug abuse... Such concerns seem far from the traditional objectives of Eastern philosophies..." (p. 15).

Pekala (1987) also takes issue with the medical-model research being conducted. He suggests that because meditation involves developing a deepening attunement to the processes of consciousness, subjective effects associated with meditation are of primary importance. "Yet, the research involving the phenomenological effects of meditation is still in its infancy" (p. 59).

Holmes (1987) disagrees with Pekala (1987) and West's (1987) analyses of research in this area. He believes that experimental control is the most effective method of studying the impact of meditation. He believes that much of the research in this area has been sloppy and unsophisticated and has consequently been misleading in terms of the positive effects of meditation. An example he gives is the claim that meditation greatly reduces arousal. In his own studies, as mentioned earlier (Holmes, 1983), he found that meditation *does* reduce arousal, but *no more* than a control group of individuals who were simply resting.

West (1987) addresses Holmes' (1983, 1987) critique by articulating his own conflict as a researcher and meditator. As a researcher he considers the research that Holmes has conducted. Yet, as a meditator he has profound experiences in his own meditative process. He resolves this conflict by saying,

...the questions I asked about my meditation were very different to the questions research psychologists asked about meditation. I meditated and examined such things as the nature of shifts in awareness, profound experiences, subtle shifts in the quality of my moment to moment experiencing outside meditation. These are very different questions from those researchers have asked... (p. 209)

Consequently, West advises that we need to move away from seeing meditation as a simple therapeutic tool and view it as a powerful vehicle for the exploration of consciousness.

Over much of this century there has been an interest in and subsequent research around, the impact of meditation. Over the last decade there seems to be a reduction in the amount of research in this area as well as a shift in focus.

Overall I think it is fair to say that the studies suggest that meditation has some positive impact. It is also clear through a century of psychotherapy that the therapeutic process also can have a positive effect on the individual. In the next section I will look at how these two processes compare.

Comparative Analysis of Buddhist Meditation and Psychotherapy

This section will begin within a larger framework before exploring a micro focused comparison of meditation and psychotherapy. Why is this even an important duo for study? Kornfield (1993) notes that every time Buddhism has moved to another country the culture of that country has been deeply affected and changed Buddhism. For example, when Buddhism was transmitted to Tibet and Japan, Tibetan Buddhism and Zen Buddhism were developed. As Buddhism has developed in the west through this century, the most important Western cultural influence on Buddhism is "...the practice of Western psychology" (Kornfield, p.244). Epstein (1995) believes that it is the language of psychotherapy that has seeped into general public awareness and consequently it is through the language of psychotherapy that the insights of the Buddha must be presented to Westerners.

Wray (1986) notes that Western psychology developed out of the void of practical help within Christianity. "...the near total absence of practical aides to human psychological and spiritual growth within Christianity left a vacuum which psychotherapy had to fill..." (p. 161). Seeing Western psychology's development as arising out of such a void offers a bridge to take recent Western psychology and compare it to an ancient spiritual tradition (Buddhism) which *did* offer practical steps to change and spiritual growth.

Rubin (1996) has offered an analysis of the various ways that Buddhism and psychotherapy have been compared. He notes that mental health professionals and spiritual practitioners tend to either keep therapy and Buddhism segregated,

romanticize one and devalue the other, or recommend an integration that is usually a subordination of one to the other. He claims that at different times Eurocentrism (the view that European ideals are the center of the universe) flourishes and at other times Orientocentrism (a view that Oriental culture is sacred) reigns. When Eurocentrism reigns, therapy is uncritically overvalued and Buddhism is neglected. Conversely, when Orientocentrism is flourishing then Buddhism is deified and psychotherapy denigrated.

In Rubin's (1996) analysis of psychoanalysis and Buddhism, he attempts to avoid either Orientocentrism or Eurocentrism. Through my review of the literature I found that most authors seem to avoid this dichotomy. Although most authors tended to eschew Rubin's categories of segregation and romanticization/devaluation, the *integrations* that they develop do have some differences. Before moving further into the comparisons of meditation and psychotherapy it is important to define terms.

Meditation has been defined earlier in this discourse. Finding a common definition of therapy is difficult as there are so many schools of therapy and the authors either speak from specific schools or make divisions in the schools that are not comparable. Rubin (1996) and Epstein (1995) are both psychoanalysts who have long standing meditation practices. Their respective books comparing psychotherapy and Buddhism are focused on psychoanalytic thinking. Wray (1986) divided psychotherapies into three main categories: 1) Psychodynamic which he defined as based on Freud's work and having an emphasis on the impact

of early life on adulthood, 2) Behavioral which is a belief that behaviors are learned and the focus of therapy is on unlearning unwanted behaviors, and 3) Experiential/Existential which would include Rogerian client-centered and gestalt and emphasizes individual human growth and is concerned with meaningfulness in life. Dhiravamsa (1990) also divides psychotherapy into three categories: 1) Psychoanalysis which would include Freud and Jung's work; 2) Experiential therapy which emphasizes an experiential means of healing aimed at growth and not adjustment and would include humanistic psychology, Reichian, and gestalt, and 3) Transpersonal psychology which integrates spirituality into psychotherapy.

Wray's (1986) and Dhiravamsa's (1990) divisions are different in that one leaves out behavioral therapy and the other makes no room for transpersonal therapy. But as Wray notes, although there are hundreds of different therapies which have been developed over the years, the different schools of therapy are actually drawing closer together. He acknowledges their commonality, "...especially when therapists are less dogmatic about theory and concern themselves with the practicalities of helping people change" (p. 163). Wray believes that many therapists are in fact eclectic, not married to one particular model but drawing on many different schools. Corey (1996) concurs with this belief that there is a "...rapidly developing movement toward integration and eclecticism" (p. 447). He notes that the inadequacy of any single theory to assist with all clients and all problems may be propelling this change.

While some authors focus on psychoanalysis and others offer divisions of therapy and discuss comparisons within those divisions, many authors speak about psychotherapy in more general terms. Kornfield (1993) describes psychotherapy as addressing ways of reclaiming a healthy sense of self, ways of dissolving fear and compartmentalization, and searching for a creative, loving and full way to live. He acknowledges that these issues are not separate from spiritual life. In this comparison of meditation and psychotherapy I will, for the most part, be addressing psychotherapy from this general perspective. As Rubin (1996) and Epstein (1995) offer such extensive analysis of a *psychoanalytic* comparison with Buddhism, I will also discuss some specific material from a psychoanalytic perspective.

In moving to the actual concatenation of Buddhist meditation and Western psychotherapy it is important to note that such a linking is rich with complexity. It is difficult to perceive it as a simple dichotomy of similarities and differences, as there are often many hues to the comparison. At times, things which initially may appear quite dissimilar are, upon closer examination, found not to be. Although I will elucidate some aspects of these processes which I describe as 'similar' or 'different', generally the comparison can not easily be seen within such a dichotomous framework.

In terms of how the literature actually *integrates* psychotherapy and meditation, generally, the two are seen as complementary. Epstein (1995) notes that they "...have something important to offer each other..." (p.159). Dhiravamsa

(1990) states that the “loving embrace” of both is the key to the release of suffering (p. 239). Rubin (1996) believes that the two “overlap” and “interweave” and that neither is complete without the other (p. 5). Kornfield (1993) notes that “...neither therapy nor meditation is the solution - consciousness is” and both of these disciplines can help with consciousness (p. 253).

The literature seems to suggest that there is a reciprocal relationship between psychotherapy and meditation. Goldstein (1993) proposes that meditation can help us when we enter therapy in terms of the content “not being so knotted” (p. 102). And the more clarity there is on a psychological level, the easier it may be to settle into meditation. There are also a minority of authors who do not see the relationship so much as reciprocal but as linear. Some believe that meditation can take one far beyond the limits of psychotherapy. Claxton (1986) suggests that psychotherapy may “prune the branches of misconceptions” about what it means to be normal or worthwhile, but Buddhism and meditation “...aim at cutting the roots, namely our deep, unexamined and fallacious premises about what it means to be a person at all” (p. 52).

There is some disagreement in the literature about whether meditation and psychotherapy should proceed together or be approached in a linear fashion. This discussion revolves around the concepts of ego development in psychotherapy and egolessness in Buddhist teachings. This discussion is often called the “self vs. no-self” debate.

Self vs. No-Self or Ego vs. Egolessness

To summarize, this debate of seemingly opposing viewpoints in east-west thinking is actually not as dichotomous as it appears on initial perusal.

Egolessness in Buddhist terms and egolessness in psychotherapy do not mean the same thing. Ego in the Buddhist sense refers to an activity. "It is the activity of *identifying* with the objects of consciousness (i.e. thoughts, feelings, perceptions) and *grasping* anything that maintains this identity" (Welwood & Wilber, 1979, p. 104). This activity of identifying and grasping splits the world again and again into "I" and "It" or "Me" and "Them". It continually creates a schism in the *totality* of experience. The totality of experience at any one moment includes the whole world around oneself, far beyond the limiting notions of "Me".

West (1987) offers an analogy that explores this process of moving into the egoless place towards a wholeness of experience. He likens it to the notion of a dusty mirror with meditation serving to polish it. "When the process is complete there is no difference between the mirror and the world, as the reflection is perfect, and thus man's (sic) mind is seen as taking on the property of universal mind" (p. 116).

Goldstein (1993) notes that the term 'self' in Buddhist teachings is similar to the perspective on ego. The self is an idea we hold "...of an unchanging essence to whom experience is happening..." (p. 93). This idea is fundamentally illusory since everything in the mind and body involves a process of continual change.

In the Western psychological sense, ego is the psychological structure which allows us to function and cope effectively in this world (Welwood & Wilber, 1979). Self and ego are often used as synonyms referring to a healthy ego or a healthy sense of self. Epstein (1995) defines health of self and ego as being flexible, clear, and balanced. This is quite different from the Buddhist view of these terms.

Goldstein (1993) brings these two definitions together: "A healthy sense of self develops through learning to see clearly and accepting all the different parts of who we are; realizing the emptiness of self comes from not adding the burden of identification with those parts" (p. 94). It is clear then that the spiritual path does not require a breakdown of the Western psychotherapeutic notion of a healthy ego. In fact, as noted by Epstein (1995) the actions of a person who has experienced "no-self" "...bears an uncanny resemblance to what we in the West expect from those who have a highly developed sense of self" (p. 72).

Consequently, when we say the goal of therapy is to create a strong ego and a goal of Buddhist meditation is to see ego as illusory, this is not a contradiction as "ego" holds different meanings within these two contexts. Although some would say that a strong ego is necessary before one can tolerate the experience of egolessness, some authors do not see this process as linear but believe that the two can occur concomitantly. Engler (1986) suggested that "...you have to be somebody before you can be nobody" (p. 49). Goldstein (1993) concurs with this progression stating that qualities of strength and balance are necessary in

the mind before one can see that there is no one unchanging self to which all experience is happening.

Epstein (1995) sees this linear development model of first therapy, then meditation, first developing the self then letting it go, or first ego then egolessness, as too simplistic and a false dichotomy. He believes that progress in one venue can deepen the experience of the other and in fact that not only psychotherapy can help develop ego strength, but meditation can accomplish this as well.

It is clear that the concepts of self and no-self and ego and egolessness can be complementary within these two systems. All authors agreed that these seemingly disparate terms were actually not in opposition. Disagreement focused only on whether linear progression was necessary. I am in agreement with Epstein (1995) that linear progression is not necessary. I believe the process of ego strengthening is a complex process which can be facilitated in both the therapeutic and meditative process. The experience of egolessness can also be experienced in both meditation and psychotherapy. In both processes one can experience moments of feeling a larger connection to the world, an opening of the narrow aperture of "me". Also, I do not believe that it is a simple sequence of building an ego through whatever means and then using this strength to then contemplate egolessness. I think both can happen simultaneously and can interweave. Experiences of egolessness, be they in therapy or meditation, can actually help in ego strengthening. Perhaps it can be seen as a spiral process of change and growth

where both ego and egolessness are developing in tandem. As each strengthens, one's ability to tolerate the other is also fortified. In this respect they can be seen as different sides of the same coin.

From here I will move to a discussion of other comparative areas between psychotherapy and meditation such as the deepening process of each, how each works with emotions, their connection to relationship, the different focuses, the nature of insight, use of silence, and the hindrances vs. defensive mechanisms.

Further Comparative Areas

Both psychotherapy and meditation can be seen as processes. Early in meditation, the process is quite similar to psychotherapy. When one begins a meditation practice psychological issues predominate (Epstein, 1995).

But as the practices of concentration, mindfulness, and analytic insight are developed, the psychodynamics change, and the emotional issues of one's childhood often retreat as the focus shifts to an examination of *how* one experiences oneself. (p. 131)

As meditation practice deepens, this shift away from personal historic content is quite common.

The psychotherapeutic process tends to be more focused than the generic process of meditation. The deepening process can be seen in what Epstein (1995) in psychoanalytic terms calls remembering, repeating and working through. Remembering, in psychoanalytic terms, is the bringing to light of childhood experiences that are traumatic or simply an absence in one form or another. He

refers to the “basic fault” which is an experience of a fundamental flaw that is seen to lie *within oneself* rather than in one’s lacking experience. Repeating is a psychoanalytic concept whereby we often unconsciously set up familiar dynamics which are at the core of our distress. Rather than recall or face an incident, we repeat it. Working through is the “...process of making whole, of repossessing that from which we have become estranged, of accepting that which we would rather deny” (Epstein, 1995, p. 204).

Although as Epstein (1995) states, initially the meditative process is quite similar to psychotherapy because it is infused with psychological material, I do not believe that one simply moves through this material into an examination of how one experiences the self. I see these processes as cyclical in some ways. Although over time there seems to be more space for contemplation of self and less focus on psychological issues, life goes on and deepening meditation sometimes brings up a new round of psychological issues which again predominate for a time.

Within both the process of meditation and the process of psychotherapy, blocks commonly arise to impede progress. In Buddhism these are called the hindrances. In psychotherapy they are known sometimes as resistance, or defensive processes, or ambivalence arising from a fear of change.

From a Buddhist perspective, Goldstein (1993) notes that the hindrances are unwholesome forces in our mind such as restlessness, laziness, anger, doubt, greed, and envy. He notes that at times in meditation they appear to be getting

stronger, when in fact our concentration is strengthening, making us more aware of them. These hindrances can block the process of deepening in meditation. The suggested means of working with resistance is to bring a non-judgmental awareness to these unwholesome states as well as to remember that they are likely arising due to a deepening of concentration (Goldstein).

From a psychoanalytic perspective, Rubin (1996) defines resistance as “...the avoidance of any thought, feeling, or fantasy, that is upsetting or threatening” (p. 135). He defines defensive processes as a major mode of resistance that refers to “...the specific strategies employed in avoiding or warding off frightening or painful thoughts, feelings, or fantasies, and thus safeguarding one from anticipated danger, vulnerability, pain, and suffering...” (p. 135). He believes that the complexity of defensive processes arising in meditation and psychotherapy require a psychoanalytic understanding of their working through. Because they are likely unconscious processes, it can be difficult for a meditator to work alone with resistance or the hindrances. He suggests that meditation teachers would do well to learn about the psychoanalytic version of defensive processes to assist students in a more facilitative manner.

I agree with Rubin (1996) that the hindrances or resistances that arise in meditation can be very complex and difficult to work with, particularly for trauma survivors. However, I disagree with Rubin’s contention that clarifying and interpreting the resistance is always necessary. In my own professional work, I have found that with enough internal and external safety, “resistance” or an

individual's understandable ambivalence or fear of change, can simply fall away. At other times it is important to help the individual discover their own meaning for the resistance. For example, some of the women I work with clinically have great difficulty moving out of the belief that they are somehow to blame for their childhood abuse. It becomes clear with further exploration, that this difficulty is connected to loyalty and a need to maintain connection to the perpetrator.

I have trouble with the word "resistance" as it seems to imply an active, conscious refusal to look deeper and this is generally not the case. I find there is often great willingness but a strong unconscious process arises which blocks further work. It is often fear that is real and strong, that impedes progress. But whether we are looking at resistance or the Buddhist concept of the hindrances I feel that a compassionate slow exploration of what is there, is the most useful path.

A perhaps surprising similarity between meditation and psychotherapy is the focus on relationship. I think it is obvious that in many schools of psychotherapy the relationship between the client and the therapist is paramount. The development of a therapeutic alliance creates the sacred holding container in which the client's inner work can proceed. The importance of relationship is less obvious within meditation. It is a myth that meditation is a solitary and completely internal activity. Kornfield (1993) states that meditation or spiritual life cannot be carried out alone. A teacher or spiritual friends are essential to help maintain balance and assist us when we are lost. It is also clear that meditation is not about

strengthening our separateness, but rather clearly seeing our interconnection with all beings in this world. It is about the relational nature of our existence.

Further to the notion of relationship is the concept of silence. It is clear how important silence is in meditation and on retreats. The silence assists in the deepening of concentration and mindfulness. For the period of time of the meditation or the retreat, with no words being spoken, no music, no television, no radio, there is a lessening of distraction which makes it easier (not easy) to deepen the experience. The use of silence is less evident in psychotherapy. Epstein (1995) notes that the *presence* of the therapist may have more impact than her/his problem-solving skills. He believes that it is through the therapist's ability to be with silence, or to offer an "evocative presence," that the emergence of feelings of absence or emptiness related to the earlier mentioned "basic fault" (p.187) can be facilitated.

In the Buddhist tradition of Southeast Asia there are 21 different qualities of silence (Goldstein, 1994). Silence is certainly not as respected in Western culture but in Western psychotherapy, as noted by Epstein (1995), it can be of great use in the healing process. Just as in meditation, the silence allows feelings and thoughts to arise, bringing with them long discarded aspects of the self.

The feelings and emotions that do arise are worked with somewhat differently in psychotherapy and meditation. It is easier to explain how Buddhism deals with emotions than how psychotherapy deals with them. It would be too simplistic to say that the process of therapy is the process of finding expression

for feelings. This is certainly the case with some therapists, and with some clients. In other situations, where clients feel overrun or controlled by their emotional selves, I believe the most important work is to help them find ways to *contain* their emotion. Still in other circumstances, an individual may express emotions in ways that are destructive to themselves or others and may need help finding alternate means of expression. Another way of looking at emotion or feeling is that the therapeutic work involves connecting with the underlying feelings related to Epstein's (1995) "basic fault". Finally, there are some schools of therapy such as cognitive-behavioral, which believe that emotions are of much less significance than irrational beliefs and behavior (Corey, 1996).

A Buddhist perspective takes the middle path of simply knowing feelings (Epstein, 1995). "The Buddha taught a method of *holding* thoughts, feelings, and sensations in the balance of meditative equipoise so that they can be seen in a clear light" (Epstein, p. 101). Goldstein (1993) explores two obstructions to this holding, or knowing of emotion. First, emotions appear as amorphous in the mind. They are not tangible and have no clear boundaries. Second, "...is the fact that we are deeply conditioned to identify with them" (p. 68). Identifying with feeling obstructs the ability to truly know the feeling. Shifting to a non-identification with feeling is not a denial of feeling but simply a movement away from being lost in the feeling and lost in thoughts about the feeling.

In comparing the Buddhist and psychotherapeutic ways of working with emotion, I am not convinced that they are that radically different. Certainly, in

psychotherapy there is more identification with feelings. But I wonder if psychotherapy is also about “knowing” feeling as much as the expression of feeling. In psychotherapy, the expression of feelings often involves an *exploration* of feeling: what kind of feeling is it, sadness? anger...? Where is the feeling felt in the body? What is the body sensation of the feeling? These are all questions that help *know* the feeling and perhaps also lead to more of a disidentification with the feeling. Perhaps, through different means, psychotherapy also helps individuals see that a feeling is not them, is not who they are, and helps them to see the basic impermanence of feeling, that feelings arise and pass away.

I believe that working with emotions in either meditation or psychotherapy, can provide affect tolerance. We all seem to struggle to be with our emotions and often find means to repress or mask them. The active investigation involved in psychotherapy and the tranquillity and concentration involved in meditation, can both offer a means of managing or tolerating the feelings we have most difficulty acknowledging. I feel that both can provide a unique container for emotional work.

The final comparison is the *nature of insight* in meditation and psychotherapy. Boorstein (1994), both a therapist and Vipassana meditation teacher, believes that in psychotherapy, insights are into “...the unconscious derivatives of conflict”, while meditative insights are “...into the essential nature of all experience” (p. 95).

Kornfield (1993) does not believe that insights in meditation promote change any more than insights in therapy. Boorstein (1994) takes this point further by acknowledging that the degree to which insights from either milieu are transformative, depends on two things: the extent to which the individual's ego is able to tolerate the insight, and the extent to which the individual is prepared to make conscious effort to integrate the insight. Regarding the first point, Boorstein notes that: "Spiritual insights, like psychological insights, need a relatively secure structure to support them so that they can be tools for freedom rather than agents of disintegration" (p. 101). An example from psychotherapy would be if a woman psychically brings all the pieces together and realizes that a parent was more malevolent than benevolent, before there is enough ego strength to accept and integrate this reality. This kind of experience can be more destabilizing than transformative, and can lead the client to close down emotionally or leave therapy. Boorstein offers an example from meditation practice. She notes that a deep insight into the nature of suffering in this world can be overwhelmingly painful for someone who is immersed in their own personal trauma. On the other hand, for someone who has experienced a relative level of acceptance of their life and personal story, this insight about suffering can be liberating.

Although the kinds of insights that arise in each arena can differ, insights in therapy support insights in meditation and vice versa (Boorstein, 1994, Goldstein, 1993). As I have implied throughout this section, this suggests that psychotherapy and meditation practice can work well together.

Psychotherapy and Meditation: Working Together

Rubin (1996) postulates that the combination of psychoanalysis, one form of psychotherapy, and meditation is “synergistic”, that is, that the combination of them makes them more effective than if pursued alone (p. 155). He suggests that psychoanalysis cultivates active qualities such as investigation while Buddhism cultivates tranquilizing qualities such as concentration and equanimity. For personal change or transformation both passive and active qualities are important.

Rubin (1996) also suggests that:

...Buddhist models of health could teach psychoanalysis that there are possibilities for emotional well-being that far exceed the limits described by psychoanalytic models, while psychoanalysis could help Buddhists understand some of the unconscious interferences to meditation practice and the growth process. (p. 8)

As stated earlier, he believes it would be highly useful to integrate both traditions.

While Rubin (1996) focuses on the interweave of meditation and psychoanalysis from the therapist or teacher’s perspective and the value of having knowledge in both arenas to facilitate change in others, other authors focus on this interweave from the client or student’s perspective. Boorstein (1994), Dhiravamsa (1990), and Kornfield (1993) concur that both therapy and meditation practice are useful and that each supports a deepening in the other. Kornfield adds that he does not believe that one is superior to the other but simply mutually enhancing. As noted earlier, Boorstein sees the insights that arise in one modality greatly

supporting and enhancing the insights in the other. These authors seem to agree that the degree of psychological suffering that occurs for many Westerners is beyond the capacity of Buddhist meditation to contend with. In these cases psychotherapy is clearly important. Conversely, psychotherapy does not offer what Buddhism can offer: a type of liberation that goes beyond the usual psychotherapeutic modalities.

Finally, Welwood (1979) attempts an integration of east-west thinking and offers four features that an east-west psychology would include: 1) a self-knowledge psychology based on inner empiricism; 2) a psychology of relatedness rather than of separate individuals; 3) a psychology which provides a framework for accommodating the whole range of human experience: and 4) a psychology based on self-knowledge disciplines such as meditation (p. 223-226).

The general consensus of the literature in this area is that Buddhism and psychotherapy can greatly enhance one another. I agree with this stance. I have seen in my own process and in the process of my clients, how a deepening of insight in one area has ramifications for the other. For example, a client of mine after completing a ten day retreat, reported having developed or cultivated more containment and tolerance of feeling. She was consequently able to touch painful experiences in our session that she had previously been unable to reach. Conversely, another client, after two years of working with childhood memories of trauma, found that her meditation practice began to deepen and become more concentrated and tranquil.

This section began with an exploration of the extensive research that has been conducted into meditation practice. Although not always showing a clear positive impact, this research suggests overall that meditation can be helpful in a myriad of situations. A comparative analysis of Buddhist meditation and psychotherapy clearly reveals that the two processes are not in conflict with each other and, in fact, when practiced in tandem, may even create a mutually enhancing, synergistic effect. This discussion will now shift to an exploration of Buddhist practice and child sexual abuse.

Buddhism and Childhood Sexual Abuse

In the dozens of books and articles on Buddhism, Buddhist psychology, and vipassana meditation that I perused for this literature review, there were only two that made more than a passing mention of sexual abuse. Joseph Goldstein (1993) mentions sexual/physical abuse in a chapter on "Relationship with Parents". Although he does acknowledge the necessary process of feeling the fear, the anger, the hatred, and the grief caused by the abuse, he also states that when this process is complete, a survivor "may choose to reach out with forgiveness, love, and acceptance" (p. 158). Although he uses the words "may choose", there is a strong emphasis throughout the chapter on the appreciation of one's parents, whatever one's history, as the spiritually "correct" path to take.

...no matter how troubled our psychological relationship with our parents has been, or how they have behaved toward us, somebody took care of us

when we were entirely unable to fend for ourselves. That is a great gift.

(p. 157)

From a feminist and clinical perspective his viewpoint is problematic.

Although he does acknowledge the importance of not leaping to forgiveness prior to completing the necessary process of delving into the traumatizing experiences, his emphasis on the importance of moving into compassion and forgiveness seems to lack understanding of the depth of psychic trauma involved in childhood sexual abuse. Davis (1991) suggests that forgiveness is a personal choice and not a necessary component of healing. She believes that what is important is for the survivor to come to a place of resolution with the abuser. Resolution may involve:

... setting clear limits and boundaries, suing the abuser in court, cutting ties with the abuser, or even coming to a place of reconciliation. But it does not necessarily include forgiveness. (p. 124)

Adams (1994) suggests that “forgiveness in the absence of repentance by the abuser is a salve for the conscience of society” but is not healing for victim or abuser (p. 77). It is an important consideration that many survivors are culturally pressured to forgive in a situation where the perpetrator has neither offered condolences nor even admitted to committing a crime.

On the issue of forgiveness there seems to be polarizations that have developed. The argument is either for choice in terms of forgiveness, or a belief that forgiveness is needed to truly heal. Perhaps forgiveness is not the most useful word to use as it can be very charged for survivors and can burden them with guilt

if they feel unable to forgive. From my own clinical experience it is not so much forgiveness vs. non-forgiveness that is important, but whether someone can let go of the hate and/or anger towards the perpetrator. While experiencing anger and even hate towards the perpetrator is often a useful part of the healing process, carrying this for many many years keeps the survivor locked in her history and limits her present life.

A second book in Buddhist literature that addresses the issue of sexual abuse is written by a Buddhist teacher (Boucher, 1993). She acknowledges that many American Buddhists are beginning to discuss violence against women and power imbalances that are a foundation of this violence.

Rape, then, is seen as an act in which the rapist abuses his power by violating and damaging his victim. The same holds for childhood sexual abuse, where an all-powerful adult uses a child for his sexual gratification without regard for the physical and psychological well-being of the child. A number of female Buddhist teachers now seek to discover a method of healing for the victims of these crimes. Such crimes occur within a political context in which children are a powerless class, imprisoned and victimized by families where men exercise social, economic, and physical dominance. (p. 261-262)

This quote exemplifies how women in Buddhism are acknowledging the power imbalances in our culture and the power dynamics involved in the sexual abuse of

women and children. In acknowledging this, there is the desire to offer women assistance as they heal from abuse.

Whenever a woman teacher leads a women's retreat and asks people to talk during or after the retreat, there are always several women who report that while they sat in meditation, memories of childhood sexual abuse arose in their minds, perhaps for the first time, perhaps for the hundredth time. The teacher, the group, the woman herself, must meet this suffering in some way. (Boucher, 1993, p. 298)

The question remains as to *how to meet this suffering?* How to meet the suffering of women sexual abuse survivors from within this spiritual tradition? When contemplating this question, it is important to explore more deeply the suffering that the Buddha spoke about as distinguished from the suffering that results from childhood sexual abuse.

Gross (1986) offers an analysis of two levels of suffering. She acknowledges the suffering that results from living in a patriarchal society, of which childhood sexual abuse would be a component. The symptomatology of childhood sexual abuse delineated earlier, embodies this level of suffering. Gross defines the second level of suffering as experience that "...involves an irreducible suffering that has nothing to do with patriarchy, that is simply a constituent of being human" (p. 39). This would include the limits of our birth and death, our finitude. This second level of suffering is what the Buddha spoke about in terms

of the four noble truths. It is our attachment to permanence that causes us the most grief.

Gross (1986) believes it is important to see the limits of feminism. She acknowledges that post-patriarchy will not offer us a utopia where all unnecessary suffering has been eliminated. There will still be the suffering connected to our attachment to permanence, to the limits of birth and death. She believes that seeing these limits creates a more relaxed way of connecting in the world. For feminists to see that feminism is important, but not the final solution is quite valuable in terms of how we live in the world.

Harrison (1994), a gay male Buddhist teacher who is both a sexual abuse survivor and living with AIDS, also addresses the concept of suffering. He notes that meditation practice focuses on the level of experience that is common to all human beings and beyond our personal histories. "Beneath the circumstances of our lives and the effects of our personal history are patterns of aversion, denial, confusion, fear, and anger that are similar for each of us. Understanding these deeper patterns contributes to our understanding of the drama of our everyday lives" (p. 48).

Harrison (1994) discusses how meditation allows the feelings surrounding his sexual abuse and his illness to surface in a space of tenderness.

I see that they do not define who and what I am. They are simply feelings.
They will change. They do not emanate from some fixed core of who I am.
As I allow feelings of unworthiness, helplessness, fear, and rage to come

and go, this creates an atmosphere in which I find more and more of life to be acceptable, with all its suffering, happiness, and fleeting beauty. (p. 49)

I believe that the term “suffering” as used in Buddhist teachings, and the term “suffering” as used to describe the experience of childhood sexual abuse survivors, do interweave. The cause of suffering for sexual abuse survivors is initially connected to the actual abuse, but for *adult* survivors, the suffering becomes internally generated. Suffering becomes an internal process. The perpetrator may be deceased or living hundreds of miles away, the abuse may have occurred 20, 30 or 40 years ago and yet the suffering continues. For most adult women the abuse has stopped externally, but internally suffering continues. The suffering from trauma then becomes related to the Buddhist concept of suffering: that suffering is connected to desire for something different. Very simply put, a survivor may continually wish that the abuse had never happened rather than moving into acceptance. A survivor may also try to banish the feelings of loss and despair rather than working through them. So it is not so much what feeling or cognitive states are present, but how one relates to these states.

There is tremendous hope and empowerment in this perspective. Seeing the suffering that continues in adulthood as related to the Buddhist concept of suffering, means the survivor has within herself the ability to heal. This perspective allows for a letting go of the desire or hope that the perpetrator will somehow remedy the situation. This perspective takes power away from the perpetrator and returns it to the woman who was traumatized. This perspective

focuses not on taking responsibility for the abuse but taking responsibility for healing.

From a Buddhist perspective, the alleviation of suffering for survivors can be seen on two levels. The first level involves naming the abuse and placing responsibility for it where it belongs - with the perpetrator. It also involves working for societal change to end the exploitation of children. This macro level work could be considered engaged Buddhism. Engaged Buddhism is an active involvement by Buddhists in society and its struggles. It is a movement that is attempting to actualize Buddhism's traditional ideals of wisdom and compassion in today's world with emphasis on "... ethical sensitivity, social activism, and egalitarianism..." (Kraft, 1988, p. xii-xiii). In feminist terminology, this is feminist praxis: activism to eradicate the oppression of women and other marginalized groups, thereby taking an active role in changing the patriarchal nature of our society. The issue of 'power over' was one that was addressed by the Buddha. Rahula (1988) notes that Buddhism aims at creating a society where the struggle for power, conquest and defeat are renounced. "There can be no peace or happiness for a man (sic) as long as he desires and thirsts after conquering and subjugating his neighbour" (p. 109). Engaged Buddhism may help sexual abuse survivors in two ways: focusing on a macro level may help *prevent* suffering resulting from patriarchal oppression; and on an individual basis, survivors involved in forms of engaged Buddhism may feel more empowered and experience a greater sense of connectedness.

The second component of alleviating a survivor's suffering from a Buddhist perspective involves attending to one's own internal processes as described earlier by Harrison (1994). The ongoing suffering related to trauma is often unknowingly propagated within our own minds. This is illustrated in situations that I have encountered in my clinical practice. Even when a perpetrator acknowledges the abuse, the impact of it, and expresses remorse, generally the woman's suffering is only minimally affected.

I believe it is empowering for a survivor to realize that the suffering experienced as a result of childhood sexual abuse is similar to suffering in Buddhist teachings. Within this framework, the control over ending the suffering is internal, rather than external. For women to claim the suffering as their own is not about taking responsibility for the original abuse. Responsibility always lies with the offender. As stated above, it is more about taking responsibility for the healing.

In the following chapter I address the methodology utilized in this research study exploring women survivors' experience with Buddhist meditation practice.

CHAPTER 3 -METHODOLOGY

Introduction to Feminist Methodology

The purpose of this study is to explore the following question: **What is a woman survivor's (of childhood sexual abuse) experience of meditation practice in terms of her healing process?** It is fitting to approach this research from a feminist perspective since the research focuses on a marginalized group (women) and deals with topics that have been of great significance to the feminist community (sexual abuse, spirituality).

There is much written in critical and feminist research methodology challenging traditional notions of objectivity (McCalla Vickers, 1989; Benston, 1989; Hammersley & Atkinson, 1983; Lenzo, 1995; Swigonski, 1993).

What is practiced in present science is a kind of "pseudo-objectivity" where, because they are not taken explicitly into account, subjective factors are uncontrolled and unaccounted for. The functioning of such pseudo-objectivity, with its denial of the subjective factors which do enter into scientific practice and the human factors which ought to, is possible only in a context where the view of humanity, and in particular the human observer, has been already equated with the (male) logical and rational functions. (Benston, 1989, p.69-70)

With this perspective on objectivity in mind, I was interested in utilizing a feminist method for this research. I planned on dealing with the objectivity factors by rigorously and explicitly laying out my own position and research process for

the reader to assess. As stated by Swigonski (1993), "...scientists cannot suspend the influences of their culture...Researchers' reflexivity can be used to identify those cultural assumptions and biases" (p. 180).

There is much academic writing discussing feminist research methods (Stanley & Wise, 1990; Swigonski, 1993; Harding, 1989; Olesen 1994; Reinharz 1992). Feminist research raises profound questions in the area of methodology. Three major areas include: a) power relationships between the researcher and the "subjects" of the research; b) validity and importance of women's experiences; and c) assumptions built into established techniques of data collection and analysis (Driscoll & McFarland, 1989). These three components are addressed further as I explicate my methodology.

The framework for this research study was feminist standpoint research. This "stresses a particular view that builds on and from women's experiences" (Olesen, 1994, p. 163). Swigonski (1993) defines standpoint research as serving:

...to identify research problems within the daily reality of marginalized groups - groups whose life experiences have been put into the margins of scholarly works - and to take these groups, such as women ... out of the margins and place their day-to-day reality in the centre of the research. (p. 172)

As articulated by Driscoll & McFarland (1989), feminist standpoint research is about the validity and importance of women's experiences. Swigonski (1993) also

states that the purpose of standpoint research is to advance the causes of the participants. Another point she makes about this method is that:

Standpoint theory maintains that all research must include explicit reflexivity, that is, researchers need to study the role of their own social position as they conduct research. (p. 179)

It was important to continue throughout the research process, to understand and evaluate my position as a psychotherapist, as a meditator and as a sexual abuse survivor. This continual evaluation of position was partially facilitated through journal entries during the entire research process.

Further to this evaluation of my position I had two people interview me about my meditation practice and its impact on my healing from sexual abuse. These interviews were conducted prior to the undertaking of this study. Of the two women who interviewed me, one was a meditator and the other a non meditator. The non meditator had recently completed a masters degree in which she conducted qualitative interviews. The other was a woman who is a long time meditator as well as a skilled researcher. She worked for many years at the Women's Research Centre in Vancouver and has extensive experience in conducting qualitative interviews. I believe that there are advantages to being interviewed by both a meditator and a non-meditator. These interviews were audio taped but not transcribed. I listened to these two tapes prior to beginning interviews with the participants of this study to allow me to further reflect on my position. My reflections in these interviews will be outlined later in this chapter.

My position was further clarified by keeping a journal and participating in these two interviews to address my own experiences as a meditator who has experienced childhood trauma. As a psychotherapist, it was important for me to remain cognizant of my role as a researcher, and not take a psychotherapeutic position with the participants, although as will be stated later, at times these roles are inseparable. As a Buddhist meditator and sexual abuse survivor, it was important for me to be aware of how other women's experiences could be filtered through my own. There have been components of the practice that have been useful for me as well as components that have been troublesome. It was important for me to not make assumptions that other women's experiences would be the same. What I found useful may be problematic for other women and conversely, what I found problematic may be of great use. My position is clearly outlined later in this chapter.

In looking at standpoint research as advancing the cause of the participants, I plan to summarize this study and submit it for publication in both academic and main stream publications. It is my hope this article will be useful for sexual abuse survivors who practice meditation, for psychotherapists who work with adults traumatized in childhood, and for meditation teachers who will likely have survivors at retreats. Generally speaking, from a clinical perspective it is only in being open to all possibilities of healing for women who have been abused that we can truly advance the cause of our individual clients as well as survivors as a whole.

Procedure

The approach I used in exploring my research question was multiple in-depth interviews conducted and analyzed within a feminist frame.

Because psychological theories have relied on men's lives and men's formulations for these norms, they explain women's psychological difference as deviant or "other". The interview is a critical tool for developing new frameworks and theories based on women's lives and women's formulations. (Anderson & Jack, 1991, p. 18)

In-depth interviewing suited the information that I was seeking, especially because it is based on women's very personal life experiences of trauma and spiritual healing. I conducted two interviews with each woman. The initial interviews were between one and a half and two hours long, while the second set of interviews was between one hour, and one and a half hours. Both interviews were audio taped.

The first interview with each participant began with the reading and signing of the consent form (see appendix 5). The interviews themselves were conducted in an open ended fashion. I began the interview with a brief overview of my interest in this area and what my research question was. From there I asked them to speak about their experiences with Vipassana (see appendix 2 & 3 for orienting statement and question). As they shared their experience, I inserted probing questions, inspired by their responses, that helped deepen and clarify the discussion. I chose to begin the interviews in an open ended fashion to allow each

woman to tell her story with meditation practice in her own way. Some women chose to share in chronological order, while others moved to salient experiences and stories with the practice that they immediately wanted to share.

Each participant was given a transcript of the initial interview a few weeks prior to the second interview. The second interview allowed for clarification of the material that arose in the initial interview. A second interview facilitated an “opportunity to ask additional questions and to get corrective feedback on previously obtained information” (Reinharz, 1992, p. 37). Second interviews provided a more collaborative approach to the interpretation of the women’s words. An article on interpretive conflict states:

By extending the conversation we initiate while collecting oral narratives to the later stage of interpretation, we might more sensitively negotiate issues of interpretive authority in our research. (Borland, 1991, p. 73)

While she does not advocate allowing the research participant complete interpretive control, she does encourage a dialogue around interpretations so as to explicitly explore differences. Thus, in my second interview I sought input from each woman regarding accuracy and interpretation of their shared experiences in the first interview. Prior to the second interview, I read the first one and marked areas that I was unclear of as to accuracy. I also made note of places where I interpreted something but was uncertain as to whether this was the woman’s intention or belief. These issues could then be specifically addressed in the second interview.

Minister (1991) explores what she calls “gender-based communication.” She believes that women’s style of communication tends to be a “collaborative, participatory, and inclusive process women together use to discover themselves...” (p. 34). Oakley (1981) offers another perspective on feminist interviewing:

...the goal of finding out about people through interviewing is best achieved when the relationship of interviewer and interviewee is non-hierarchical and when the interviewer is prepared to invest his or her own personal identity in the relationship. (p. 41)

One component of a feminist method is the self-disclosure of the researcher, and to this end all the participants were aware that I was a psychotherapist, a meditator, and a sexual abuse survivor. These disclosures were done with care and simplicity so as not to impose my experience or lead them in any way.

In addressing the relationship between the researcher and the researched, Stacey (1991) says:

Discussion of feminist methodology generally assaulted the hierarchical, exploitative relations of conventional research, urging feminist researchers to seek instead an egalitarian research process characterized by authenticity, reciprocity, and intersubjectivity between the researcher and her subjects. (p. 112)

While I believe it is important to move towards an egalitarian process in the interviews, as in the therapist/client relationship, there remains a power difference

that cannot be denied. The power difference is simply contained within the imbalance of personal information being shared. This imbalance is intrinsic within the context and purpose of the interview. It is useful to be cognizant of this power difference and to remember its possible utilization for empowerment rather than exploitation.

In doing qualitative research interviews, it is important to note the similarities with a therapeutic interview. As stated by Kvale (1983),

... Both (the therapeutic and research interview) may imply increased understanding and change, but with the emphasis upon intellectual understanding in a research-interview and on personal change in the therapeutic interview. (p. 179)

That is, the *goals are different* in these two kinds of interviews. In the therapeutic interview, the goal is to facilitate change within the client. In the research interview, the goal is to gain an understanding of the phenomena or situation from the perspective of the participant. While the goals from the researcher's perspective may be different it is also possible that change occurs for a participant through the process of the interviews. This was the case with one of my participants who clearly stated at the end of the process how beneficial it had been for her in terms of her meditation practice. Consequently, while the goals of a research interview are not therapeutic, it is possible that a research interview will be therapeutic to a participant.

While the goals may be considered different, both types of interviews may entail a form of deep listening to foster depth and richness in understanding. During the interviews it was important for me as a psychotherapist to remember that this deep listening need not involve a facilitation of change. My role was simply to learn in a respectful way what the participants had to share about their experiences with meditation as sexual abuse survivors.

Sampling Process

I interviewed eight women about their meditation practice as it relates to their sexual abuse healing. The sampling procedure that I utilized has been called purposive sampling (Lincoln & Guba, 1985; Patton, 1990).

In purposeful sampling the size of the sample is determined by informational considerations. If the purpose is to maximize information, the sampling is terminated when no new information is forthcoming from new sampled units; thus redundancy is the primary criterion. (Lincoln & Guba, p. 202)

I recruited the participants through word of mouth and from an advertisement in a Seattle Buddhist publication (see appendix 4). The advertisement stated the purpose of the research, and the participant criteria I was seeking. The criteria were: 1) practicing vipassana meditation for at least one year, 2) having been sexually abused in childhood by a family member and abused to an extent that they feel it has impacted them in their adult life, 3) being female, and 4) having done at least one year of psychotherapy for the childhood trauma. I

chose a minimum of one year of vipassana practice as it seemed important to interview women who have had some extended experience. Meditation can be difficult, particularly initially, and it seemed that at least one year would be needed before a fair assessment could be made. It was difficult to make a decision about length of time a participant had been meditating as there was no literature to offer guidance on this. My decision was made based on personal experience and discussions with other meditators. While it would have been interesting to speak with women who were new to the practice and hear about their experiences, my sense was that women who had had at least a year of practice would have more to offer this study in terms of how they experienced it as sexual abuse survivors.

With my second criterion, I wanted to focus on intrafamilial abuse as it generally involves a more intense degree of betrayal for the child and consequently more likelihood that the trauma will continue to have an impact in adult life (Freyd, 1996; Fromuth, 1983; Russell, 1986; Williams, 1993). While abuse by a *male* perpetrator was not a component of this criterion, all the participants were abused by men, with a couple of the women being abused by female family members as well.

Criterion three is self-evident in that I limited this study to women survivors. The final criterion was an ethical decision. I did not want to interview women who had not participated in any one-to-one healing work. If the interview process for this study was the first time a survivor discussed the abuse and its ramifications, this may not have been in her best interest without a continuing

relationship of support. I also set this criterion because I wanted the participants to have some experience with the psychotherapeutic process as I believe it generally gives people more ability to discuss their internal life.

In the initial telephone contact I shared with each participant the area I was focusing on for this research. I asked each woman to choose the location of the interview so that we met wherever they felt most comfortable. In considering safety and privacy, possible options for meeting were the woman's home, my home or my office. For the four American women interviewed the options decreased. I told each woman in the initial telephone contact that I expected the interviews would be about an hour and a half to two hours in length.

I audio-taped each interview and explained to the participants that no one other than myself would listen to the tapes.

Analysis

In looking at the analysis component of this research, I considered Janesick's (1994) term "methodolatry", that is "...a preoccupation with selecting and defending methods to the exclusion of the actual substance of the story being told" (p. 215). Patton (1990) writes, "...there are no absolute rules except to do the very best with your full intellect to fairly represent the data and communicate what the data reveal given the purpose of the study" (p. 372).

Tesch (1990) concurs with this, adding that each discipline seems to have its favorite type of qualitative research: "...the notion of qualitative analysis is

fluid and defies definition. The only agreement we would find among qualitative researchers is that analysis is the process of making sense of narrative data” (p. 4).

In interviewing women about their spiritual paths and their sexual abuse histories, it felt important to preserve each woman’s unique experience while making comparisons and looking for themes. “The tension here... is reconciling an individual case’s uniqueness with the need to understand generic processes at work across cases” (Huberman & Miles, 1994, p. 435). I believe I maintained each woman’s uniqueness by beginning with individual introductions of each participant and representing salient points of each woman’s experience within specific themes. I have made case comparisons and maintained individual uniqueness by creating a schema of themes that can hold both the differences and similarities of the women’s experiences.

As noted by Tesch (1990), “Individual researchers have different ‘recipes’ for arriving at a preliminary set of categories” (p. 91). The following is my ‘recipe’ for developing an analysis of these data. The recipe I chose was one that seemed to be in line with researching a topic that had not been explored extensively and thereby required a broader perspective in terms of the analytical process.

Following each interview, I took notes that captured my observations, and ideas that arose during that particular interview. Then I transcribed the interview, continuing to note in my journal ideas and observations that arose as I immersed myself in the data that the transcription process afforded. As I transcribed I looked

for commonalities in content, uniqueness in content, confusions and contradictions in content, and any missing information with regard to the research question. The first transcribed interview was given to each woman before the second interview took place. The second interview allowed them to address any contradictions in content and fill in missing information, and to clarify specific issues and meanings. The second interview also allowed the participants to share any new information that may have come to mind. I made journal notes following the second interview as well as during the transcription of this interview.

When all the interviews were completed and transcribed I began the next phase of analysis, that is looking for themes in the transcribed interviews. I define a "theme" as simply a distinct quality, characteristic, or idea in the discourse. As this study was exploratory in nature, I saw the emergent themes arising out of larger sections of each interview rather than from a process of line by line coding. I began to read the transcripts of each participant's interview asking the question "what is this about?" and jotted the answers to this question down on sticky notes in the margins of the document. When this process of classifying ideas was complete I moved to the next step of analysis. This next step involved taking one woman's first interview and listing all the emergent preliminary categories or ideas on the sticky notes. I chose to begin with the participant that had by far the longest interview with the idea that many of the themes discussed by others would be included in her interview. When this three page list from her interview was complete I began to move the themes around, joining ones that were the same or

redundant, and grouping ones that were similar. Following this grouping process I came up with thematic headings for each grouping of ideas from the interviews. For example, this participant that I began the analysis with spoke at different points of her interview about her experience with aversion/resistance with memory, and in another place spoke of how at times she was overwhelmed in meditation without knowing it. These two ideas were grouped together under the heading of “how the participants experienced/work with memories when meditating.” When this was completed I proceeded to work with this participant’s second interview and insert all of her ideas within the headings that I had established with the analysis of her first interview.

I then began this same process with all of the interviews: taking the material from each sticky note within the transcripts of the participant interviews and inserting this into a particular theme. Through this process two changes occurred with the thematic headings first established. First, some of the headings had to be expanded or broadened to allow for all that was discussed by the participants. For example, what began as a heading in the initial interview analyzed as “use of Metta” shifted to the broader category of “contribution of Brahma Viharas.” The second change that occurred was the establishment of an unclassified category to ensure that all salient points from the transcripts were included even if I could not initially classify them. When this process was completed I had 15 pages of ideas from the transcripts all under headings that were in no particular order or schema.

Before looking specifically at the themes developed, I carefully went through the list of unclassified ideas. These unclassified points were either located under a theme, included in the brief introduction of each participant, or a decision was made to not include the point. An example of the first is that a number of the women spoke about their gratitude for the practice. Initially, I did not know where to locate these experiences. After careful consideration I decided that gratitude could be considered a spiritual experience and decided that it clearly fell into the category of spiritual changes. Unclassified ideas that were not included were ones that did not particularly pertain to the research question, or seemed redundant, that is, a participant had already discussed the point in another way. These ideas that were not included were very few in number.

When the process of classification was complete I created a list of the headings themselves. With a perusal of these thematic headings I began to see that these headings could all fall within three overriding categories: How the women combined meditation practice and healing, the struggles they experienced, and the changes and transformations that were afforded them through the practice. With the term "category", I simply refer to a grouping or classification of the themes. The thematic headings were then shuffled into a categorization scheme that included these three overall categories, with themes held within each.

Validity: Credibility & Transferability

Guba and Lincoln (1989) look at the quantitative research concepts of internal and external validity and offer parallel terms for constructivist/qualitative research. They use the term “credibility” as being analogous to internal validity or assessing the truth value of a given inquiry:

...instead of focusing on a presumed “real” reality, “out there”, the focus has moved to establishing the match between the constructed realities of respondents (stakeholders) and those realities as represented by the evaluator and attributed to various stakeholders. (p. 237)

Methods they discuss which enhance credibility include: prolonged engagement, negative case, progressive subjectivity and member checks. Prolonged engagement is defined as “substantial involvement at the site of the inquiry, in order to overcome the effects of misinformation, distortion, or presented “fronts”, to establish the rapport and build the trust necessary to uncover constructions...” (Guba & Lincoln, 1989, p. 237). “Prolonged engagement” in this study was apparent in both my long-term experience in meditation practice as well as in the conducting of *two* interviews with participants.

Negative case analysis involves the inclusion of a case that does not fit into all the categories of the analysis. While this study does not include a woman who has completely abandoned practice due to a lack of benefit or too much difficulty, it does include women who have had very difficult experiences in meditation and on retreat.

Progressive subjectivity is “the process of monitoring the evaluator’s own developing construction” (Guba & Lincoln, 1989, p. 238). The process begins prior to the investigation with an articulation of the researcher’s biases, that is, researcher reflexivity. “At regular intervals throughout the study the inquirer again records his or her developing construction” (p. 238). In this study, progressive subjectivity was already addressed in the reflexivity or position of the researcher. As the research proceeded I continued to journal my developing constructions.

Finally, to add further credibility to my study, I conducted member checks.

If the evaluator wants to establish that the multiple realities he or she presents are those that stakeholders have provided, the most certain test is verifying those multiple constructions with those who provided them.

(Guba & Lincoln, 1989, p. 239)

These member checks were done in the second interview at which time I clarified what participants had shared in the first interview. Member checks were also utilized in the analysis component of the study. I asked all the participants if they wished to participate in the analysis component of this study by reading my findings and giving their feedback. Two of the participants were interested in participating in this final feedback loop. They kindly read a draft of the findings and provided me with written feedback. The questions that I suggested they keep in mind when they read the draft are included in appendix 6.

Guba and Lincoln (1989) use the term transferability in addressing external validity or generalizability. In looking at whether the analysis can be

transferred to other cases/situations, the burden of proof for claimed transferability is on the receiver. "...What he or she does is to provide as complete a data base as humanly possible in order to facilitate transferability judgments on the part of others who may wish to apply the study to their own situations" (p. 242). In this study, thick description was provided so that the reader could decide in an informed way, whether or not the study was transferable to them.

Dependability is parallel to the conventional criterion of reliability. In qualitative research, methodological changes and shifts in constructions are expected in emergent design.

Far from being threats to dependability, such changes and shifts are hallmarks of a maturing - even successful - inquiry. But such changes and shifts need to be both tracked and trackable, so that outside reviewers of such an evaluation can explore the process, judge the decisions that were made, and understand what salient factors in the context led the evaluator to the decisions and interpretations made. (Guba & Lincoln, 1989, p. 242)

The keeping of a journal kept an audit trail of these shifts or changes through the investigation process. From the perusal of this journal the main shift that occurred over time was an expansion of the findings. Initially I thought that I would mainly discover positive experiences with the practice, with only a few difficulties. What I did discover was some profound difficulties as well as a complexity of experience that could not always be delineated within the realms of positive and negative.

Olesen (1994) addresses another method of increasing validity which is triangulation of data sources. By obtaining the data from two sources (7 women survivors, and a Buddhist teacher who was also a survivor,) I increased the validity of this study.

Bracketing my Position

As stated earlier I am a psychotherapist, a Buddhist meditator, and I experienced sexual abuse in childhood. In clarifying my position I used both a journal through the process of the research, and was interviewed by two women regarding my experience with meditation as a sexual abuse survivor.

I found the journal helpful only in outlining my initial assumptions about this research: what I believed about therapy, meditation and sexual abuse, and what I expected to find in this study. I found the interviews much more useful in eliciting the complexities of my own experience.

As a therapist I have much faith in the therapeutic process. In working as a counsellor since the early 1980's I have seen the profound changes that can occur in part through the therapeutic process. I am also aware of the time, commitment and expense that is often required in dealing with childhood trauma issues. I have also seen as a therapist, that for clients who are engaged in other activities that bring healing, the process is often easier. This may include group modalities of therapy, particular interests or hobbies that bring joy, or a spiritual practice.

From the perspective of being a Buddhist meditator for 15 years I am aware of its profound impact in my own life, as well as the difficulties I have had

with the practice and its teachings over the years. From the perspective of a sexual abuse survivor I am aware of how difficult it was to deal with the early trauma and how therapy alone would have rendered the process much more difficult.

In the two interviews I reflected on the impact of Buddhist meditation as a sexual abuse survivor. Generally what I discovered was the complexity with which I experienced the practice. In many ways the practice with its foundation in physical sensation, helped me develop a much stronger connection to my own body and sense of boundaries, both physically and psychically. I also discussed the comfort I experienced in a tradition that has as its foundation, an acknowledgement of suffering in the world. I discussed how the practice deepened my sense of connection to others in the world. My main difficulty with the practice has been with teachers. One is rendered quite vulnerable and open in a retreat setting, and the teacher's words can have great power in this context. I have experienced a few teachers to be unskillful in their mentioning of early trauma or early wounding which impacted me within the vulnerability of a retreat setting.

It is difficult to delineate what my expectations of the findings were. I was not testing a hypothesis and therefore was attending to the raw data with as much openness as possible allowing the data to speak for itself. Generally speaking, I began the study with expectations of finding overwhelmingly positive experiences with the practice. I expected that women would delineate experiences of meditation making a difference in their healing journeys. With the difficulty of dealing with post traumatic symptomatology I expected that meditation practice

would be found to augment the therapeutic process. I anticipated that it would be another source of comfort, healing and support in coming to terms with childhood traumas. These expectations shifted through the course of the study to a realization of profound difficulties with the practice as well as a complexity of experience that could not be delineated into a simple positive and negative analysis.

Ethical Considerations

In briefly addressing ethics, a few things seem important. Firstly, is the necessity of informed consent, that is, that the women were aware of exactly what was involved in this research, and how the information would be used. It was also important that each woman know that she could revise or delete any words from the transcript. If any of the participants desired they were also able to review and edit the audio-tapes following each interview. None of the participants requested this. The participants were also informed that they could withdraw from the research at any time or refuse to answer any questions. In this study no participant withdrew from the study, or refused to answer any question that was asked.

Finally, in addressing confidentiality, each woman was given the choice to use her real name if she felt that was important for her own healing, or a pseudonym. All the participants, except for the meditation teacher, have chosen pseudonyms.

In the next chapter I will delineate the experiences the eight participants had with meditation practice.

CHAPTER 4: RESULTS

Introduction of Participants

The findings of this study will be delineated in a thematic way as stated in the previous chapter. Before outlining the important themes that arose out of the interviews, I will begin by introducing the eight women interviewed. With respect for the confidentiality of each woman, names have been changed and there have been slight alterations in the personal information. The one exception to this is the meditation teacher I interviewed. Michele MacDonald Smith was comfortable with her own name being used. All of the women have done at least one year of therapy, with most of the women having done many years of therapy. As mentioned in the introduction chapter, while not the intention of this research, the sample is limited to caucasian women.

Ellen is a 50-year-old woman living in Seattle and working in the mental health field. She has been practicing Vipassana for over 15 years and came to it when acquaintances were involved in organizing a weekend retreat. She has done many weekend and 10 day retreats over the years and recently completed a three month retreat. The abuse she experienced in childhood was familial, began in infancy and was severe and sadistic in nature. She embarked on a process of memory recovery a few years prior to beginning meditation practice. Ellen is single with no children and has a graduate degree from an eastern university.

Anne is a 54-year-old woman who lives in Oregon. She works for an arts related organization in Portland and has a bachelor's degree in the arts. She has been married for over 25 years and has a 20-year-old son. Anne's meditation practice spans 30 years, which she describes as "my longest consistent interest in life." The first 10 years of her practice were spent working closely with a teacher not in the Theravadan tradition. When she stopped working with this teacher she learned that he had been sexually abusing some of his students. This was understandably devastating for her and continues to impact her Buddhist practice, particularly in terms of trust issues with teachers. Anne was abused by numerous people in childhood (including her father) and did not have memories surface to consciousness until she was in her late thirties, many years into her meditation practice.

Mera has struggled with both the intensity of her memories and the intensity of pain with fibromyalgia, and is presently on disability. She is 38 years old and has a Masters degree in Education. As per her request, I am not presenting any information about her abuse history except to say that she has been *working with* the abuse for four and a half years. This work began approximately five years into her meditation practice. While she has always had memories of sexual abuse, it is only in the last number of years that she realized her disconnection from the *impact* of the abuse on her life. Mera was practicing another form of meditation, which had a focus on intensive body sweeping, prior to her practice of insight meditation. She is happy with the switch as she finds her present practice is more

compassionate than her previous one. She is single, has no children, and lives on the north shore. Her meditation practice spans ten years.

Cynthia is a 53-year-old woman, partnered, with one adult daughter. Cynthia did her first Vipassana retreat 20 years ago but did not pursue it at that time. She was drawn to it again about six years ago when she was dealing with extensive grief and loss in her life. She began having memories of childhood sexual abuse six months after beginning her on-going Vipassana practice. She has no reason to believe they surfaced as a result of her meditation practice, particularly as they first arose in the form of a flashback when at a dental appointment. Even though she has been working with trauma issues for five years now, she feels she is at the beginning of her healing work as she still has few memories and feels disconnected from the emotional content as well. She acknowledges that a serious crisis in her daughter's life that arose shortly after her initial memories, significantly slowed her own healing journey. She lives in Vancouver, and has a master's degree in business.

Jane is a 49-year-old woman living in Portland, who is presently out of the workforce due to chronic illness. She has been practicing Vipassana for almost 20 years. While she always held much rage and anger, particularly toward her father, she had no memories of sexual abuse until two years into her meditation practice. These memories arose in therapy rather than in any meditation practice. While these memories were difficult, they were not as overwhelming as more severe memories that surfaced eight years later. When these memories surfaced

she was too overwhelmed to meditate for over a year. Jane was abused through much of her childhood by her father and other relatives. Over the decades Jane has maintained a very deep and committed practice that includes extensive teaching of meditation. She holds a Masters degree in psychology from an Oregon university, is partnered and has no children.

Margaret is a 45-year-old woman who has been practicing Vipassana for eight years. Unlike all the other women interviewed she has never sat with a Western teacher. She has sought out Burmese teachers saying she wanted to receive the teachings in a purer form and not interpreted by another Westerner. She is also aware that she felt safer with Eastern men. Margaret was abused intrafamilially and has always struggled with believing herself. Doubt of her own trauma memories was exacerbated 10 years ago when she briefly worked with a therapist who clearly did not believe her experiences of abuse. Margaret is partnered with no children, has a PhD in communications and teaches in the area of conflict resolution. She lives in the lower mainland.

Laura works as a social worker in the lower mainland, is partnered and has two adult daughters. She is 56 years old and has been practicing Vipassana for four years with three years of another meditation practice prior to that. Memories of intrafamilial abuse arose for Laura during menopause. The memories arising brought high blood pressure, which led her to seek out a meditation practice. Her staying with the practice has moved far beyond her initial intention of stress reduction. She feels she has found spirituality in Buddhist practice which she says

she never found within the church she belonged to for 25 years. Educationally, Laura has a Masters degree in social work.

Michele was the only participant who was interviewed only once. This was due both to her international teaching schedule and the geographical distance between our homes. As this 47 year old has taught meditation extensively, I asked her about her experiences from a teacher's perspective working with sexual abuse survivors on retreat, as well as her own experiences dealing with early childhood trauma. Michele had memories of severe sexual abuse arise over 15 years ago. She says that at that time her meditation teachers had no idea how to help her. Fortunately, she feels this has changed dramatically and that now, teachers have much more awareness of the childhood trauma issues that retreatants may face. It is important to note that Michele's comments as a teacher are coming from a deep understanding of trauma having gone through her own journey of healing. While she states that there is more awareness amongst teachers about childhood trauma issues, in my opinion she is likely more experienced with these matters than some other teachers, both from her own experience and from the high number of trauma survivors that attend her retreats. Michele feels that survivors are drawn to this practice because it is a path that is about truth and "...people who have been through a lot of denial really care about the truth." She was drawn to this practice in the mid-seventies. She is partnered, has one child, and a home base in Hawaii. For ease and clarity of reading these results, when Michele's thoughts are

interspersed in the emergent themes I will italicize her name as a reminder to the reader of her teaching role.

Thematic Analysis

I will now begin an exploration of the participants' experiences with meditation practice as survivors of childhood sexual abuse. For the purpose of this document I will be using the term "meditation" to mean practice either on retreat or in everyday life. I have chosen not to differentiate between the two as it is not pertinent to the discussion, and the participants generally did not make this delineation. There are certain situations where being on retreat is an essential part of the experience and this will be clarified.

Having carefully perused the documents in the manner described in the previous chapter, I discovered three overlying categories: 1) Combining practice and healing, 2) Struggles with meditation, and 3) Transformation and changes. Each of these categories has a number of themes, which will be outlined. An overall summary of categories and themes can be seen in the following Table:

Table 1: Thematic Analysis of Eight Women Abuse Survivors who Practice Buddhist Meditation

Name of Category	Themes
Combining Practice and Healing	<ul style="list-style-type: none"> • How the Participants Experienced/worked with Memories when Meditating • How Participants Experienced Healing Through: <ul style="list-style-type: none"> ➤ Practice ➤ Teachings ➤ Teachers • Use of Brahma Viharas • Therapy and Meditation
Struggles with Meditation	<ul style="list-style-type: none"> • Struggles with Practice • Struggles with Buddhist Teachings • Struggles with Meditation Teachers
Transformation and Changes	<ul style="list-style-type: none"> • Cognitive Changes • Physical Changes • Emotional Changes • Spiritual Changes • Changes in Everyday Life

Category 1: Combining Practice and Healing

This category was an important one that emerged as women talked about how these two seemingly disparate experiences coincided, and how they often found ways of using the practice to assist in their healing from childhood trauma. The themes that emerged were: a) How the participants experienced/worked with memories when meditating; b) How participants experienced practice, teachings,

and teachers as healing; c) Use of Brahma Viharas; and, d) Therapy and meditation. Each will be described in the following discussion.

How Participants Experienced/Worked with Memories when Meditating

The majority of the women experienced traumatic childhood memories arising when meditating. Cynthia, who never experienced memories on retreat is also someone who described herself as being at the very beginning of her healing process and having few memories of childhood. At the other extreme, Ellen, a participant who completed a three month retreat, described experiencing memories of trauma every day during those three months. She explained that this was different than flashbacks as she was actively “working with” the memories.

What might start in being like a flashback, like some image or something, but it would tend to keep going in terms of its fullness. It would be going into it at a sensation level and a meaning level and emotional level, it would be like trying to integrate the pieces of that experience.

This experience that Ellen describes can be seen as similar to therapeutic process and the ‘working with’ memories in that milieu. It also is an attempt to integrate the pieces of experience.

Anne describes feeling memories arising a number of years ago that had no context. “...so much fear and terror came up and yet I was still meditating. I didn’t know what it was all about but I tried to stay alive, I tried to stay alive making a string of my breaths...stringing together the rising and falling...” This has shifted dramatically for her as she has uncovered a context for the arising

terror. These shifts are discussed in the next theme, How Participants Experienced Healing Through Meditation Practice.

Two of the women described a growing awareness of resistance to the traumatic memories. Through the practice, Laura developed clarity on how she was pushing away pain from a particular abuse incident. She knew she did not want to keep pushing it away so she decided to alternate between being with the pain and returning to the breath. Allowing herself this process of alternating between the emotional pain and the breath gave her the ability to not push away, to not resist the traumatic material. Out of this process Laura discovered a deep awareness of resistance in her own being and how recognizing it sooner allowed her to open sooner to what was being resisted. She stated that she recognized the value of what was happening, knowing that she “had to look deeper.” Ellen also described her process with resistance. She feels that early on in her meditation practice she was experiencing resistance without knowing it. A feeling memory or visual memory might arise, “...but what was happening was that my body and mind were so quickly going into aversion without me even knowing it. There would be a lot of body tension, a lot of physical pain and holding.” Very early on in her practice, Ellen experienced much physical pain which for her was physical holding of the memories. Today she feels that she is much more aware of aversion when she is meditating, knowing that if she is suddenly fatigued or experiencing tension in the body that likely something just arose that she “shut down” around.

I have much more awareness of that process so I can either just stay with the fatigue which I know is resistance ... or sometimes I will be able to figure out what was going on before and let myself go back to it, and either way is okay.

Like Laura, she feels it's much easier now that she understands the process and has *choice* around it, rather than it occurring without awareness. Ellen described this as the development of "equanimity" with memories arising and the importance of bringing gentleness to the resistance.

A number of the women saw the *concentration* aspect of meditation as accelerating the opening to all forms of the traumatic experience (visual, body and emotional memories). It seems that this acceleration could be met in the practice either with containment or with feelings of being overwhelmed. Jane was so overwhelmed with memories that she felt the need after ten years of practice to stop for over a year. She felt lost in the child's experience and experienced meditation as inappropriate at that time. Therapy was crucial at that time to work through the traumatic material. She also noted that the many years of practice she had prior to this crisis time helped her to have some container for the traumatic experiences. Mera described being so flooded with trauma memories that she was unable to formally practice, but *was* able to practice in terms of basic awareness such as noticing the sky or the birds singing. This has shifted for her in that she can now use the practice to help with containment when she is flooded in some way. Laura mentioned that intense and shocking memories arose for her early on

in her meditation practice. She noted that at that time she did not have a strong enough practice to benefit from it. "...the emotions just carried me away... and I wasn't grounded enough, I didn't do the meditation enough for it to have the effect that I think it could have had." She said that this has shifted for her today because the memories that she is working with are not as intense and she has more experience with the practice, including a regular group to sit with.

Mera also experienced being overwhelmed with memory. She often experienced memories coming in a fast repetitive manner and said that if she had not had the practice with its focus on the breath she would have become "psychotic." She has now found a way to use the breath to help contain the experience and separate from the sensations she is experiencing. Ellen also experienced being overwhelmed on retreat when she thought she was managing.

I think my tendency is well I can hold the form and I can keep sitting as much as other people or be doing whatever and sometimes I can't...somehow I've gotten over an edge without really knowing it...I really need to be taking more breaks and just going for walks or just chilling out to be able to integrate that much traumatic material over a period of time.

Ellen says she is learning about "toleration" and only being present with as much material as is tolerable. Along with this Ellen feels like the practice tends to bring forward memories while offering a container for them at the same time. Laura finds it difficult when memories arise in meditation but finds that the breath

helps ground her, thereby becoming part of the containment experience. A more specific discussion of how the participants used the practice, or worked with the practice when they were overwhelmed will follow in the next subcategory.

Michele noted that there are differences in women who have always had memory, versus someone who has memory arise for the first time while in meditation, versus someone who had memory before meditation and time in therapy to move out of crisis with it. Clearly, someone who has memory arise for the first time while meditating may have much more difficulty than someone who has been dealing with trauma memories for years. She acknowledges that if trauma memories have been repressed for many years and they arise for the first time on retreat, staying on retreat may not be wise, as there may not be enough support. *Michele* noted that she had a strong practice prior to memories coming to consciousness, which she feels, made the process easier for her. *Michele* also believes that in whatever fashion a woman survivor approaches practice (i.e. before memories surface, after memories surface, or perhaps always having memory of trauma) that it is all workable. She knows the value of therapy and feels that she is cognizant of useful language to use with a survivor, at whatever stage they are at with meditation and with healing, to help them with their own process. *Michele* noted that “mindfulness is like medicine” in that you have to find the dose that is workable. And the dose that is workable is very individual.

In this last section I have described how the participants experienced traumatic histories overlapping with meditation practice. In the next component I

will explore how the women experienced the practice, teachings and teachers as healing.

How Participants Experienced Buddhist Practice as Healing

While the healing aspects of practice, teachings and teachers will be discussed in distinct categories, it is important to note that the practice of meditation and the teachings are not distinct from one another. The meditation practice is a component of Buddhist teachings being part of the Eight Noble Truths. Also, many of the women stated that it was only through the practice that the teachings could be deeply understood. This overlap is also evident in the way that some women would describe as *teachings* what others would define as *practice*. The practice and teachings are alive and interact with each other. The teacher can be seen as the conductor of the experience, leading and guiding the way.

Meditation practice as healing.

A number of the participants discussed how meditation practice was facilitative in terms of healing childhood wounds. One aspect of Margaret's experience was that practice helped her know she had a body. Anne repeated this sentiment, feeling an increased "connection" to her body. Jane felt that practice had helped her with "acceptance" of life and what happened to her. She added that this acceptance was very different from "condoning" what had happened to her. Both Anne and Jane also described the practice as a "coming home". Anne said that the practice allows her to come home to herself, "...the place to be able to

really be, to be me.” Jane discussed the coming home as an acceptance of herself as a human being, which the child could not do. She delineates how in childhood she was interested in evolution prior to human evolution.

I had an easier time relating to bacteria, and blue-green algae, than I did to human beings...I found human beings so incomprehensible and so difficult to understand in the kind of horrors that humans could perpetrate that I was very disconnected from humanity from childhood on.

She acknowledged that the practice (and therapy) has facilitated her “return to my human roots, (I) accept myself as a human being, and life in this human realm.”

Generally speaking, Mera feels that practice is a way of caring for herself, and that she believes it makes her life easier. Ellen finds the practice allows her to be more present with herself and with others. The practice’s emphasis on mindfulness is in part what facilitated these healing experiences for the participants. A number of women described this as the opposite of dissociation and as being able to do what the child could not do in childhood. Mera noted that practice has brought her more awareness about when she is dissociating and when she is present. Ellen also finds being with direct experience healing. She explained:

I would be in very intense grief... about some of the abuse and if I were just staying with the sensations with it around my heart or being with the tears or just the sense of heartbreak. If I were able just to stay with the

sensations it would be fine...intense but okay. But as soon as a thought would come in like 'I can't take this amount of heartbreak' ...there would be more suffering start to happen, I could feel it.

Mera also talked about being mindful in each moment. She speaks of how she often experienced her genitals as enlarged and vulnerable. In looking at the direct experience of what was happening in the present moment she was able to differentiate past and present and decrease the suffering which would have occurred if she were experiencing the genital enlargement without this differentiation. Jane noted a similar experience when she was in crisis with memories and knew that what she was experiencing was a *memory* of what happened and she was not actually experiencing it. However, Jane cites the teachings, rather than the practice, as being helpful with this differentiation when she was in crisis with new memories emerging and was unable to do the practice.

Cynthia said that mindfulness facilitated an awareness of the pervasiveness and intensity of her negative self-talk. "It was at a Vipassana retreat that I became aware that probably 30 times a day I was yelling really abusive, verbal abuse things at myself." As with the earlier discussion on resistance, awareness is the first step to change. For Cynthia to shift this pervasive self-talk, she needed to have awareness of its existence and intensity. Mindfulness afforded her this awareness.

Several of the women acknowledge how practice helped them be less identified with the abuse. Mera spoke specifically about being less identified with

her traumatic experiences. She said that practice has given her "...more skills and a choice about being identified, or how not to be."

Cynthia spoke from a macro perspective saying:

I feel less identified with this particular body, this particular ego, this particular lifetime and therefore a little bit less identified with this particular experience as a survivor of sexual abuse.

While they are not saying that the wounding they experienced in childhood is not important, they seem to be saying that they are less identified with it. And being less identified with the historical wounding can bring healing.

A number of the women spoke specifically about the retreat setting and what this offered. Margaret experienced a sense of safety on retreat. Safety arose out of the silence, the routine/predictability of the schedule, and there being "a place for me." She elucidated on "place":

...I just remember being so struck by that, there was enough room for me, there was a place for me at the table, and there was room for me in the sitting hall, and that I deserved a space.

She also found safety on retreat in that she did not have to interact with anyone, and there was predictability with the experience in the routine of the daily schedule. Laura also spoke about the silence of retreat and how nourishing it is because of its intention, making it radically different from the hostile silences she experienced from her mother in childhood. She delineated how retreats are radically different from childhood in that all one's needs are met without having

to do anything. Anne acknowledged that sometimes on retreat she experienced tremendous support from the teacher and the whole sangha even though there was no interaction with other retreatants. Further to this: “And so I could be with that, and God it’s worth a million bucks.”

Anne has found it difficult to do retreats at various times and speaks of the importance of making the practice “my own.” She said that the retreat setting isn’t always right for her. For one thing, she struggles with large groups of people. Also she is aware of being prone to misinterpret what a teacher says. Her struggles with teachers will be delineated later in this discussion. Anne said:

It’s like instead of going off on retreat, I’m more interested in having my day to day life, not necessarily be like a retreat, but not separate as well from being on retreat.

She gave an example of bringing mindfulness to her art practice. “I’m loving the mindfulness, I’m loving the immediacy, I’m loving the moment to moment, being totally involved with it.” For Anne making the practice her own was healing in that she was able to give herself permission to be present in everyday life whether present with her art, with animals or with a tree. However, Anne acknowledges that she still struggles with making the practice her own:

I still have so many shoulds...So I’m still having to come back to being kind to myself, that this is all right, that I don’t have to do it how other people do it.

Teachings as healing.

As stated above, practice and teachings inform each other and are difficult to classify separately. However, there were some aspects of the teachings that did emerge as distinct from practice. As well, some of the participants offered some general comments about the teachings and/or philosophy of Buddhism. Cynthia feels that the teachings are actually more helpful to her than the practice at this point. Further to this she said that without the teachings she does not know if she would be alive in that they have provided her with a sense of “meaning and connection” that she would not otherwise have. Because of her traumatic history, she feels she may have killed herself or committed any number of destructive behaviors if she did not have Buddhist teachings in her life. Anne speaks of how she learned to hold dualities, for example that: “...(my father) apparently loved me to pieces but he hurt me to pieces. It’s very difficult to hold that in one world view.”

Another aspect of Buddhist teaching that a number of the participants found healing is the way the Noble Truths both acknowledge the existence of suffering and offer a way to end suffering. Cynthia found the Buddhist perspective that suffering is a part of life very helpful. Jane found that even when she could not meditate for a year due to new memories arising, the teachings about suffering brought her comfort during that time. *Michele* concurred with Cynthia and Jane. “I think just to be able to find a path that says the first noble truth is suffering, that’s pretty helpful...(it) gives a sense that you can start opening.”

In Buddhist philosophy, a component of the teachings on suffering is the discussion of our inherent reaction to any stimuli as pleasant, unpleasant, or neutral. Ellen noted this teaching and how liberating this was to be able to notice this and then work with not pushing away what was unpleasant or grasping at what was pleasant.

It has been liberating for me, the Buddhist concept that there is just an inherent reaction of pleasant, unpleasant, or neutral. If it's unpleasant then we want to push it away or ignore it or (if) pleasant (we) want to hang on to it. This is really the place where we have some choice...if we can notice something as pleasant then we can begin to notice our usual grasping quality that will start to happen...if we don't notice it as unpleasant we will tend to go down the road of trying to push it away or resist it and that's really where suffering comes in. And I think that's crucial for me.

For a number of the women interviewed it was helpful to be working within a spiritual belief system that both acknowledged the existence of suffering and offered a means of diminishing suffering. As Ellen said, she felt that the practice gave her an increasing sense of choice in terms of means to diminish suffering.

The teachings around **impermanence** were also discussed by a number of participants. This teaching is simply "...the clear seeing of the impermanent, conditioned nature of all phenomena, knowing that whatever arises has the nature to cease" (Goldstein, 1993, p. 15). Mera spoke about how the concept of

impermanence helped her know that the symptomatology that she experienced around the childhood trauma was not a permanent condition. She also found the teaching of impermanence helped with her fibromyalgia. She says,

It got to the point where I'd stopped working and I wasn't sleeping and I was really in a state of crisis. But at the same time there would be these moments of awareness. Or maybe it was just an instant of peace or just trying to shift my awareness to what I was doing, like washing the dishes, or looking out the window. I think what I was gradually learning was about impermanence. And that with my fibromyalgia, ...things change, there is constant movement.

She found it helpful to see difficult experiences whether physical or emotional "from a place of change...to see it as passing, that there is some passing." She acknowledged that when she was imbedded in seeing things as permanent she felt hopeless and when she opened to the notion of impermanence, she could experience change. Cynthia found that her understanding of impermanence gave her a sense of distance from her own difficulties. This distance felt useful for her. Jane spoke of how the teachings around impermanence were another aspect of Buddhism that carried her through a severe crisis when she could not meditate. She acknowledged that even though she was in intense emotional pain she could hold the concept that the pain was not permanent. Jane said:

Even though when I was in the child consciousness and it felt like it was never going to end, I think at some level that I knew that those feelings were impermanent. They were feelings arising and passing away in the present moment.

As noted in the literature chapter, a component of healing for sexual abuse survivors is being able to tolerate the intense feelings of rage, terror, hurt, shame, betrayal, sadness and grief. To have a deep understanding of impermanence as these women had can allow for the touching of intense emotional experiences knowing that they will arise and pass away.

The Buddhist teaching around **interconnectedness** blurred the boundaries of teachings and practice as participants often spoke of it as a teaching but also spoke of how they experienced it deeply in practice.

A number of the women spoke of the concept of interconnectedness and its impact on their lives. Jane, who could not meditate when in crisis around new memories, found that the teachings of interconnectedness helped her during that time. Ellen spoke about how we affect each other on an energetic level:

...I am increasingly aware that even how I am with the grocery store clerk affects how her day is. That it is not insignificant how I am with my energy around someone I don't know that well let alone people I know well. ...I don't mean about trying to be a nice girl or a good girl or anything like that, but at some other level I want to contribute to it being easier for

people, rather than creating more difficulty. And that to some extent we have choice about that.

For both Ellen and Jane the teachings around interconnectedness were useful in their healing.

Teachers as healing.

Teachers are a significant component of Buddhist teachings and practice, in some ways similar to priests and ministers in Christian faiths in that they interpret and deliver the teachings and guide practice. Most of the participants of the study spoke of the importance of teachers who understood childhood trauma issues. Many of the women had sat with teachers who had a deep understanding of trauma and found it tremendously helpful to have guidance from a teacher who could weave together meditation and trauma. Ellen spoke about how important it was to have guidance from a teacher when trauma material was overwhelming her meditation practice. She felt it useful to have a teacher who could help her go in and out of the traumatic material, a teacher who could be flexible with the practice to match her needs. Margaret, who has only sat with Burmese teachers, feels a need at this time to sit with a teacher where she can bring trauma material and feel supported and accepted. She feels that this is more likely to be found in a Western teacher.

A number of the women interviewed also spoke of a sense of safety that teachers afforded them. Margaret spoke about how safe eastern teachers felt to her (as opposed to western male teachers) and how they satisfied a “good father”

feeling for her. Laura also expressed a deep sense of safety provided by teachers in their sincerity and lack of agenda.

There is no bullshit. It's sincere teachings from the heart. ...and the teachings, they don't have an agenda for me. These are the teachings that they are offering and you are free to accept them. There's no manipulation or force, or you need to believe what I believe. So that provides a lot of safety for me because that's not how I grew up.

Another aspect of the Burmese teachers that Margaret found useful was that they did not engage on the level of personality. "...one of the most helpful things about practicing with him (Burmese teacher) was that he did provide this great opportunity to see my own projections because he so clearly does not engage on a personality level." As stated earlier, Margaret is now feeling a need for a different kind of teacher. She noted that while it was useful at the time to have a teacher that she did not develop a relationship with, she now feels a need for a teacher with whom she can have more of a relationship and share the traumatic material.

Laura felt that teachers were inspiring models for her. Examples of this modelling included groundedness, spaciousness, and openness, yet maintaining good boundaries. She also found it useful when teachers shared their own experiences, particularly difficult ones. What she has learned from the shared experiences is: "...that is how we were raised, this was our background, yes these things were done, but we don't have to let that run our lives. We can change."

Mera also spoke about the importance of a teacher's self-disclosure particularly in terms of "naming." In discussing a particular teacher Mera says: "She talks about self-hatred and annihilation, all that kind of stuff."

Ellen spoke of it being only with a teacher's assistance that she could clearly see resistance. A teacher's depth of understanding around resistance, particularly connected to trauma, has helped her be more cognizant of her own process of resistance. She says that often she would think she was with the fear or anger, but actually was with resistance to it, rather than the experience itself.

While the participants certainly have had difficulties with teachers which will be outlined in the second category "Struggles with Meditation", they also had experiences where teachers became an important component of their healing journey. For some there was a sense of safety which is so important for individuals who have grown up with a dearth of safety in their lives. For others, teachers helped guide them through difficult times in the practice. For Laura her feelings that teachers had 'no agenda' can be experienced as intensely healing for those who have lived childhoods dominated by an adult agenda and adult manipulation. I will now explore the participant's ideas on how the Brahma Viharas became a component of healing.

Experiences with Brahma Viharas

In the process of combining healing and practice, the participants also spoke about experiences with the Brahma Viharas. While the women spoke about metta extensively, their experiences with it were mixed. On the positive side,

Ellen found that even when doing Vipassana practice, if she brought a “metta attitude” to it she could experience a sense of nurturing towards herself. Cynthia also found metta helpful, particularly since, unlike Christianity where loving kindness begins with others, in Buddhist practice loving kindness begins with the self. “So that’s a tremendous, tremendous gift for healing any wound.”

Laura spoke about metta in the context of survivor shame. She acknowledged that while Vipassana helps see the shame, metta helps heal it. She feels that being loving towards oneself (metta) develops a “tender heart” and allows you to be open to whatever is there. Opening to the shame then allows for deepening into the “experience of my own goodness.” Laura found metta helped in another way as well. With her now many years of practice, she finds that metta arises spontaneously in her life after memories arise. That is, whenever painful, disturbing material arises for her, what follows is loving kindness towards herself.

Jane also spoke about metta in connection with memory. As mentioned earlier, after many years of practice Jane stopped meditating for over a year when new trauma memories arose. After this sabbatical from meditation it was metta practice that she returned to first. “I just woke up one morning and thought I’d really like to do the loving kindness meditation. So I spent a whole year doing loving kindness meditation, extending it for myself.” It seems like Jane’s own process was similar to Laura’s in that a desire to extend loving kindness towards oneself followed the onset of new trauma memories.

Anne acknowledged that she was able to extend metta to herself, particularly with the help of her pets. She said:

Sometimes I'm trying to be present with the animals when I really need to feel that kind of loving kindness and I can't, I need to bring up the feelings of loving kindness. And if I hold my animals, the cats, or sit with the dog, that is a way that I can bring that up.

Anne did say that she found it difficult to follow through with metta practice as a whole, and consequently felt "bad and guilty." She was able at times to extend loving kindness to herself but felt unable to expand the metta outwards in any way. "I just feel this wall start to come up. And it's a protective barrier. I feel that I have to protect myself. And it's the opposite of what's intended, I know."

Jane spoke about directing metta to others deep into her healing process. She described placing photographs of her perpetrators on her home altar and saying metta phrases to them. She acknowledged that she did this only after six years of therapy and after several years of returning to meditation practice, with an emphasis on directing metta to herself. Anne is an example of someone who needed to stay with loving kindness towards herself, while Jane is an example of someone who felt it important to extend metta to perpetrators.

Mera has experienced difficulty in sending metta to herself and finds it easier to extend metta to others. She explained that with the intensity of dealing with her past and the intensity of the fibromyalgia, she struggles to give care to herself. She does acknowledge that she is slowly "getting it". "Maybe because I

can be gentler with myself that I was able to open up to it (metta).” Mera also discussed a means of evoking loving kindness. When she was a child she perceived Jesus as a loving being. This connection was fractured when she was abused. She now sees Jesus as a Buddha and can utilize this image to experience loving kindness. Mera has experienced difficulty with metta and now seems to have found ways to experience metta in her practice and life. She also acknowledged that “giving/sending metta to others has become synonymous with giving it to myself.”

Michele contributed her thoughts and experiences with compassion practice. She feels that compassion (along with mindfulness) is the most useful practice for trauma survivors. Compassion is...:

...caring about pain...and it made a huge difference in my practice. Metta didn't quite touch it. To say may I be happy with a traumatized infant it doesn't quite cut the mustard...when I learned compassion... it was a total revelation that that's what I'd been needing.

Michele noted that a particular Burmese teacher suggests beginning Vipassana with a bit of metta saying it's like washing the hands before a meal. She believes that for trauma survivors *compassion* practice needs to be that washing of the hands before a meal.

While none of the women interviewed spoke specifically about compassion practice it is important to note that they often seemed to use loving kindness and compassion interchangeably. Along with interchangeability of metta

and compassion I found compassion arising in the interviews in the manner in which the women shared their experiences. For the most part the participants spoke with great compassion about their difficulties as sexual abuse survivors. There is no doubt that they have faced profound struggles, yet I sensed a strong undercurrent of compassion for themselves during the discussions. I interpreted this undercurrent both through tone of voice and through the language that was used during the interviews.

Therapy and Meditation

The final component of how the participants combined healing and practice is evident in their discussion of therapy and meditation. While traditionally speaking, therapy would deal with the content of abuse memories, and meditation practice would not, the participants did not experience these milieus in this way. As delineated earlier in how the women dealt with memories when meditating, many of them were dealing with the content of memories during meditation practice. Along with specifically dealing with content in both therapy and meditation, the participants generally spoke about how they saw therapy and meditation working together.

Jane noted that it is the combination of teachings/practice and therapy that have assisted her in her healing from childhood issues. Ellen acknowledged that therapy and meditation both offered means of containment. She found that the combination of containers allowed her to touch places of trauma that would have been much more difficult with only one of these avenues of containment. A

number of the women spoke about how these two entities complemented one another. Cynthia offered an example of this: on retreat she became aware of the intense negative self-talk that carried on in her mind, but it was through therapeutic intervention that she developed a means of shifting this and learning to comfort herself. Margaret realized on a retreat how disembodied she was but it was through therapy that she was able to work more specifically on how to make friends again with her body and simply become embodied. She also feels that the practice taught her to be present with her truth, and therapy assisted her in dealing with the feelings that arose when she did open to this truth. Margaret feels very positive about having both therapy and meditation practice in her life. She said:

I don't believe that my healing would be as rich and deep and full as it is had I not actually had both, both a meditation practice and teachings that supported being with what is and a very helpful and meaningful therapeutic relationship that really allowed me to be in all that pain, and really experience the pain.

Jane offered another perspective on therapy and meditation. She found that meditation helped her have more compassion for the family members who wounded her so deeply while therapy helped her find a way towards *self* compassion. Jane's experience of compassion for an abuser will be delineated in the third category of transformation and changes. From a therapeutic standpoint she said she needed her therapist "radiating compassion" for her. She acknowledged the importance of therapy in having a sense of not dealing with the

trauma alone as the child had had to. She acknowledged that meditation is meant for an adult mind and definitely needed the therapeutic work to deal with the trauma material. She feels that "...there is no room (in meditation) for a very damaged, terrified, shame-filled, life-threatened child...I didn't feel that meditation practice could hold that (during the crisis phase with memories)." Jane noted that she also needed to move through the layers of shame, horror and despair before she could experience compassion for the child that she was. She said therapy was essential for this.

Michele believes that a therapist is needed if memories of abuse arise for a meditator. She sees a shift in the teaching community in this belief. She notes that in the early 1980's when her memories were surfacing "...there was a feeling that therapy wasn't something you needed to do...the practice should do everything." Now the teaching community has more understanding that there are many ways to facilitate the process of healing. *Michele* also states that it would be helpful to have teachers or therapists who had a deep understanding of both therapy and meditation, something she has never experienced in her journey.

This concludes the first category, combining practice and healing, wherein I looked at the various ways that the participants found meditation practice interweaving with their healing. While there were many positive experiences for the women as they utilized meditation as a part of their healing journey it was not an entirely easy journey. In the next section I will outline the struggles with meditation that these women discussed.

Category 2: Struggles With Meditation, Teachings, Teachers

The participants experienced struggles with the meditation practice itself, with particular Buddhist teachings, and with meditation teachers. While in the previous section it was difficult to separate practice and teachings, when the women spoke about their struggles with Buddhism there seemed to be more of a delineation between the two. I will begin by describing struggles with the practice itself.

Struggles with Meditation Practice

In a broader context, one woman spoke about her need to feel positive enough about herself to even approach meditation. Sometimes "...it's like what's the point." For her it was difficult to utilize meditation as a healing place unless she felt worthy. Another woman noted struggles with the practice in that mindfulness is doing what the child could not do. Ellen said:

So you are being asked to do exactly the thing that you couldn't do then and if you felt that if you did do then you weren't going to survive. So it's like you are being asked to do what was most terrifying to do then and which felt like it was going to be about death...

Ellen also noted that being body-based, Vipassana tends to elicit memory. This led to concerns about retraumatization.

A number of the participants spoke about possible retraumatization and re-enactments in the practice. Ellen said the rigor of the traditional retreat schedule brought up concern for its potential to retraumatize. Ellen is aware, particularly

from the three month retreat, of the importance of taking breaks and not following the schedule to avoid potential retraumatization. She remains uncertain as to whether the length of that retreat unto itself was retraumatizing for her. She acknowledged the difficulty of even knowing...

...if it is retraumatizing then it's all mixed together for me with the effects of the practice, not about trauma particularly but just...effects of the practice in terms of how it shifts your orientation to the world and to yourself ... your orientation to the world also gets really effected by intensive practice like that... so I wouldn't know how to separate that out.

Ellen also acknowledged that her tendency is to push herself in her life, consequently this tendency also gets displayed in Vipassana practice. She said that she would have liked to have had daily one-on-one interviews with a teacher on retreat which is not standard. "...the teachers we are studying with (Western teachers) have been with a teacher (Eastern teachers) who would see them daily for interviews. And yet they are teaching us the same practice without nearly that amount of checking..."

Two of the women spoke about being "stuck" in meditation which can also be a form of retraumatization. Cynthia has experienced retreats where she felt stuck in self-hatred. She found that just being with *herself* brought up intense self-hatred "... but not getting to a place where I learn more from it...not where I'm resolving anything, or it's creating healing." Ellen expressed concern about

whether she was just “looping” with trauma memories when on retreat; again, like Cynthia a sense of being stuck without any movement.

Anne realized, particularly in her early years of meditation, that the practice often became a means of re-enacting trauma-related material. She found that she could take “pretty innocuous meditation kind of stuff...flip it right around and use it as a way of punishing myself as to how I wasn’t worthy.” She also acknowledged that her years of following a guru were another harmful re-enactment. “...(He) was my father, and he was charismatic and very authoritarian... I wanted to be recognized, I wanted to be special...” Anne stated, if she had had a meditation teacher who knew about trauma early on in her practice “I would have had a different life.”

Mera spoke about sitting itself as a re-enactment if it becomes self-abusive. She said she is learning that at times it is appropriate to sit and other times it would be self-abusive to sit. Margaret also discussed an experience that falls into a form of re-enactment when she experienced a lot of sexual energy in connection to the manager of a retreat. She explained:

I experienced on the first retreat all this sexual energy; it was very strong, just energetically with this guy on retreat. And I was really taken quite by surprise...And I really felt all kinds of weird stuff about it, guilty and shame. And also I felt violated by him because he would do these things, (the teacher) was really clear that you don’t interact in any way with anybody on retreat, you keep your eyes down...we would have this eye

contact that would be scintillating and he would open doors for me. I knew this was a wrong thing that was happening and it was also very exciting. So then the second year I was there, he was there. I had determined not to have this experience again. And also I was at a place of much more openness with my own self, so I had more space to just be curious...but trying not to judge it, let it just be. So from that place, then I started getting all kinds of memories. I started realizing that for whatever reason, who knows, but energetically there was this way that he became like my brother... and so I did experience on that retreat at various times kind of flashbacks of abuse by my brother that would get stimulated by his presence... and that is also what made it feel unsafe to me to go back the next time. I knew he would be there.

A number of the women delineated struggles with the breath itself. Anne spoke about how she used the breath to keep memories down. Before memories came to consciousness for her, instead of watching the rising and falling of the breath she used it as a means of control. "I was hanging on to rising and falling and controlling it."

For Mera, her breath became a place of fear at times, as it would evoke overwhelming sensations. She also acknowledged that the duality of the breath has been the most important part of her meditation journey. By duality she means "one place being a place of grounding and awareness that's been really helpful but on the other side a place of real terror in what that evokes." Mera said that this has

shifted for her in that she no longer experiences the breath as a place of fear. She did mention that presently, awareness of the breath does not bring intense emotional pain but does bring an awareness of the physical pain in connection to her fibromyalgia.

Michele noted that "...the breath is rarely neutral for someone who has been traumatized." And for this practice it is important to have an anchor that is *neutral*. She says that finding that anchor depends on where the violation was on the body and what feels safe. Sometimes she suggests people just use the surface of the body or where the clothes are touching, or simply the hands. For others, using hearing as an anchor can be a neutral place. *Michele* said that she had been meditating for 10 years before her memories came. They came when she shifted her anchor to sensations of the breath in the belly, rather than sensations of the breath higher up in the body. Her teacher suggested she move this anchor and when she did, "...it's getting deeper in your body and it's so close to the pelvic area...there was such a tight grip on those memories, but once I got down here I couldn't hold back."

A number of the women spoke about dissociation in the context of the practice. Anne spoke about her early years in Tibetan practice.

I connected so easily because I just went into a dissociated state. I thought

I was doing the practice... Becoming not me is fine, not difficult.

Experiencing me as a person and who I am and what's arising or not arising, that's difficult.

She said when she first began Vipassana practice she continued to use meditation as a means of dissociating. Anne acknowledged:

...I was using Vipassana as a means of not being with what was arising, of not being with sensation, feeling, thought... and the way I was doing that was by using the words rising and falling.

As stated earlier, Anne used the breath as a means of control, as a means of not being with herself. She also mentions the fine line between spaciousness (a positive experience often associated with meditation practice) and dissociation. While there is this fine line, she is aware that when she dissociates she disappears and when she experiences spaciousness there is no disappearing. "There's room for me in the spaciousness too, there's room for everything."

Margaret acknowledged that in hindsight she is aware of "...dissociating fairly often on retreats, but not knowing that, thinking that I was actually fairly concentrated." She began to realize that she was "observing" the breath from a dissociated place. Margaret was aware of having resistance to the practice lately and realized this was due to the term "observing" which she felt her wiser self knew was regressive. She found it helpful to contemplate the word "experience" rather than "observe" which I am more familiar with in this context. For both Anne and Margaret these dissociative experiences shifted with the intervention of a teacher. These profound shifts will be explored further when the final category "Changes and Transformations" is presented.

From a teacher's perspective, *Michele* feels that dissociation on retreat "isn't a big deal." She sees it as a means of protection if the pace is going too fast. While she does acknowledge that the extent of dissociation is important, she sees survivor dissociation as "...basically a little bit fuzzier state...than someone else lost in fantasy." Dissociation can be a concern for trauma survivors. Part of the healing process is learning other means of safety and survival, other than dissociative techniques. While the practice offers this in its focus on mindfulness, pacing is important.

A number of the participants struggled with the silence. As stated earlier, it was the silence that Cynthia mentioned as being the catalyst that illuminated the self-hating inner talk. Mera again talked about *duality* in her experience with the silence. On the one hand it brought peace, and on the other hand it was a place that represented secrecy, isolation and separation. The silence was equated with secrecy in, "...the silence of what's hidden and what's not being said." Mera also notes the isolation she has experienced in the silence is connected to her isolation and aloneness both in childhood and adulthood. *Michele* concurs with Mera's experience and says "...at some point the isolation of the silence of the retreat will repeat the isolation of childhood." *Michele* sees this as a positive sign that the individual is needing more contact, needing to reach out. She may suggest the person help out in the office or do some gardening work outside. But sometimes it is just not enough and she acknowledged that for some people it may not be the time to be on a silent meditation retreat.

Both Cynthia and Ellen felt oppressed by the silence at times. Ellen found a need to express the traumatic experience on the three month retreat. "I just wish there was a padded cell somewhere where I could just go scream my head off. I didn't want to contain it. I wanted there to be some way of ventilating." Cynthia also struggled with a desire to express herself:

...where do I scream when I'm at a Vipassana retreat. Where can I cry loud. I can sit in the meditation hall and have tears streaming down my face, but I can't scream...and so then the environment of the Vipassana starts to feel oppressive because all this stuff is coming up and I feel like I'm going to explode.

The silence of the retreat was clearly problematic for Cynthia at times when intense emotion was arising.

Jane expressed difficulties with the meditation instructions themselves. As I have stated earlier, traditionally teachers instruct meditators not to stay with the contents of the mind when practicing. This would include not staying with the contents of trauma memories that may arise in meditation practice. Jane noted that survivors are often given different instructions in individual interviews that may suggest they stay with the content if they feel the need, particularly if new memories are arising. She feels strongly that these instructions should be given out to the entire group in the main instructions. Jane, who has taught meditation herself, spoke about her own meditation instructions:

When I'd give the meditation instruction about working with thought, instead of just saying don't look at the content just look at the process, noting 'memory, memory', and then let go of the thought, I would say 'try not to get into the content unless the content is new for you'. I'd say, for instance, 'if you are dealing with memories that have been repressed if they start coming up in the meditation practice and you just say "memory, memory" and not acknowledge the content then that can add to the repression.'

Jane raised another point about the instructions of not being with the content. She stated that grief and anger may arise,

...but there's no engagement with the content of the anger. ...if you have a memory arise, perhaps there's anger, and then that anger may turn into sadness or grief. And there might be crying, and the instructions are to see the anger, to see the grief. Then if there's crying you can note crying, tears, wetness. It's all very impersonal. What happened to the child was not impersonal. It was very personal.

She noted that further in healing this could be done, but early on when an individual is dealing with trauma memories this can be very difficult. Jane believes that trauma work in therapy is connected to the child mind, while Buddhist meditation is designed for the adult mind. Her belief around timing issues is that "...once you have cleared away a lot of trauma, meditation practice and Buddhist teachings help us to see deeply into the nature of reality. Through

the meditation practice one can actually experience the universal beyond the particular experience.”

Michele spoke about difficulties with the meditation instructions from a teacher’s perspective. She acknowledged that she often gives different instructions to survivors in individual interviews, than the main instructions given out to the larger group. Michele acknowledged that:

...often they’re trying to follow the main instructions and they think they should be doing it a certain way, ... it takes a long time, especially if all the other teachers are saying something else.

Ellen spoke of her difficulty in returning from ‘no-self’ experiences in meditation. She explained that while ‘no-self’ places are different from dissociation, in terms of body memory and the traumatized parts of herself, they felt similar. Because they felt similar, the return from the no-self place felt like the return from a dissociative place to the *body* where the trauma happened. Consequently, “...a sense of terror would come up, not while I was in those kinds of states but afterwards.” She found it helpful that her main teacher on the three month retreat understood this process from a personal place and could support and validate her. The no-self places did not feel difficult for Ellen, as they were different from, though similar to, a dissociative experience.

While Ellen discussed experiences upon *returning from* no-self places, Anne spoke about her difficulties with the experience of no-self:

I question sometimes the breaking down of the self when you are a survivor and I never had a self, so I'm only developing a self. One of the things that I said when I turned 50 is that I've just become a person at 50. I'm not so keen to break that down now.

For Anne it seemed that moving into no-self places was challenging her development as a person.

Finally, a couple of the women spoke about difficulties they experienced following a retreat. Mera has found that after a couple of retreats she has experienced more fear. "I was very aware and very easily triggered by my outside environment. It was really intrusive." Ellen believes she needed more support after the three month retreat. She said that this intense retreat fostered greater opening to infant places of abuse. "I think it was difficult to be in the world as much as I needed to be when I came back from that, given that level of opening and vulnerability." The retreat setting, whether it is for a weekend or for three months, can be a highly discomfiting experience for sexual abuse survivors. There are always cautions articulated by teachers to care for the self noting the vulnerability in returning to the outside world. On three month retreats there is generally a week of slowly moving out of the deep meditative silence. However, there is nothing formally in place for individual support following a retreat.

Struggles with Buddhist Teachings

While there were a number of struggles in this theme, the main difficulties that arose in the interviews were with *anger, karma and forgiveness*. Anne, Jane

and Ellen all expressed struggles with the teachings around karma. Ellen has difficulty with karma in terms of responsibility around the abuse. She struggles with, "...how to think about understandings of karma without it being another level of self blame." One way that she does try to make sense of it is, "...to be enlightened or to reach liberation, you pretty much have to experience all that there is to have experienced within the human condition." It is interesting to note that although Ellen struggles with karma and responsibility she does feel that the practice (along with therapy) helps her to deeply know that the abuse in this lifetime was not about the "badness" of that child. This will be explored further in the final category, Changes and Transformations. Jane related a story about being on a retreat many years ago with an Eastern teacher. This teacher told another woman survivor at the retreat that her father had abused her because she had abused him in a past life. "Knowing what I know now I'd say that that is not only a very damaging statement which I thought then, but also a very superficial view of karma."

Anger was another component of the teachings that Jane and Anne struggled with. Different meditation teachers offer different interpretations of anger. Some embrace the healthy non-abusive expression of anger while others suggest it is at best unskillful, as was experienced by Anne and Jane. Anne spoke about being on a Zen retreat when memories of paternal abuse were present, along with intense feelings of rage. The meditation teacher had said at one of her dharma talks, that even hitting a tennis ball with anger would bring about bad

karma. Anne said: “And I was thinking hitting a tennis ball? I could blow up the fucking building, talk about bad karma. I just didn’t know what to do with it all.”

Jane also challenged the Buddhist view of...

...anger as being totally negative and destructive...anger is definitely considered the worst thing you can do. I thought to myself theoretically that if you look at some sexual abuse, I think some sexual abuse has to do with power and not necessarily with sex. But I think some sexual abuse by pedophiles is driven by the strong lustful feelings for children. So it’s not an act of anger it’s an act of perverse sexual desire. And because anger is considered worse than lust or desire in Buddhism it could lead one to think that being angry at one’s abuser is even worse than the abuser, than the abuse. I have a really hard time with that. No one ever said that to me but it can be implied from the teachings.

Cynthia, Anne and Jane discussed their struggles with the concept of forgiveness. As with karma, Anne found forgiveness difficult to work with and “...sometimes as a survivor I think it’s simply not healthy.” Cynthia struggled with trying to reconcile “being a good Buddhist with how do I relate to my father now.” She was getting the message from teachers that she needed to forgive her abusers which brought up intense conflict for her. She believes she was fortunate to work at an agency that countered the Buddhist perspective by believing that “...forgiveness is a *practice* and a practice that a survivor is going to determine in terms of a time frame of it, and whether it even occurs.” Jane spoke about having

found forgiveness, which she describes as "...having genuine compassion for my abuser's suffering and the life conditions that created such a damaged person." She acknowledged that she had to come to this understanding on her own. "If someone had told me to feel compassion for my abusers I would probably feel angry, what I probably would feel is like punching them in the nose." She believes that it is something that each person needs to arrive at independently. From a teaching perspective, she is careful with how she uses the word "forgiveness". She noted the traditional forgiveness phrase that is said before metta: "If I hurt or harmed anyone I ask their forgiveness. If anyone has hurt or harmed me, I extend forgiveness towards them. Her first step at changing this wording was to make it read: "...I extend forgiveness towards them, *as much as I'm able to at this time.*" However, she found a judgemental quality in this phrase as there is the implication that at some point in the future there will be more ability to forgive. Consequently, she changed the wording again to "...I now extend forgiveness towards them, *as much as I wish to at this time.*" Jane finds this a much less judgemental statement. "However much you wish to at this time and if that's none, well that's fine. If it's a little tiny speck, that's fine." This shift in wording is simple, yet what it provides is a sense of *choice* for survivors. It avoids an environment where someone might feel badly about themselves for not being *able to forgive yet*. *Michele* noted that forgiving ourselves or others often happens naturally with the practice with milder hurts. With some of the more extreme, painful and intense experiences it is not that simple to forgive. In exemplifying the

difficulty of forgiveness Michele told the story of a man from the Navaho nation who was captured and tortured in World War II. She noted that he feels it is actually harder to forgive than to endure the horrific experience itself.

Jane struggles with a component of the Buddhist discourse on suffering. She acknowledged that some teachers speak of suffering as being created not from our circumstances, but from how we relate to our circumstances. She feels that this may be true to some extent but "...it seems blaming toward the person who's going through a bad time. ...Seeing our attitude towards circumstances as the problem rather than the circumstances themselves denies the experience of a child." She acknowledged that sometimes with suffering you need to change the circumstances and not just your relationship to these circumstances.

Laura struggled with the concept of "detachment." A particular meditation teacher that Laura sat with "...talked a lot about detaching from our emotions, and I interpreted that as...suppressing of them, denying them." This teaching coincided with her teaching from her mother that "...It's wrong, it's bad, shame for having the feelings." Her other struggle with this teaching was coming from a place of emotions being a very large part of who she was. "...if I'm not my feelings then what am I? I felt like I would be nothing." While this has shifted for her, and she has cultivated a deeper understanding of this teaching and knows that it is not suggesting emotions are bad or wrong, she does acknowledge that different terminology would have been helpful for her. While a sense of detachment or *less identification* with a particular emotion is often the result of

practice, directly suggesting “detachment from emotion” can be triggering for survivors as it can be taken as a suggestion of denial as it was for Laura. It could also encourage further dissociative response.

While there were specific problems with the teachings as outlined above, for the most part they were deeply meaningful to the participants. As Jane says, “on the whole Buddhist teachings are about 80% positive and helpful and the other 20% forget them.” Laura states that outside of her initial difficulty with “detachment”, “...the rest of it I love.” Anne describes a “closeness” to the teachings. It became clear during the interviews that the participants’ struggles with the teachings had been very difficult for them. However, in the larger context they said they found the teachings to be much more helpful and positive than deleterious. In the next section, a discussion of how the participants struggled with the meditation teachers themselves will be presented.

Struggles With Teachers

As mentioned in the introduction of participants, Anne worked with a teacher for 10 years who she subsequently discovered was sexually abusing many of his students. She said this experience has “colored” a lot of her Buddhist practice, particularly in the area of trust. She acknowledged that she does not trust any teacher with the exception of one woman teacher. While she connects this mistrust to the extreme breach of trust by her first Buddhist teacher, she also connects it to her traumatic childhood. As she struggled with the false intentions of her perpetrators, she struggles with the intentions of meditation teachers.

“...my first thing is that they are just the front and who are they really, and what are they really intending.” Jane also mentioned the abuse of power that she has been aware of in various Buddhist communities. She continues to feel deeply distressed and saddened by this and acknowledged that “...it’s difficult to know what is the most skilful way of dealing with this issue.” She did note that she has seen this abuse of power in other schools of Buddhism and not within Vipassana sanghas: “...the Vipassana community has probably handled it in a more skilful way than any other of the Buddhist schools that have come to the west.”

A number of the women also spoke about teachers who had no understanding of childhood trauma issues. Cynthia spoke about telling a teacher she cared for and respected about her trauma history. Cynthia said:

The first response from (name of meditation teacher) was that, ‘but he’s such an old man, how could you even think about,’ besides the fact that she didn’t believe me. But it was, ‘how could you even think do you want to bring suffering to an old man’, and then ‘how do you know it happened’? The fortunate part was that she was so harmful. If she had said just those two things I would have really taken it seriously. But she went so far in the other direction that I could say, she’s nuts. I mean she’s so bad at this. Like what she said to me was, ‘I’ve even heard that some children enjoy it.’

After this experience Cynthia did not sit with this teacher for two years. While she has sat with her again she acknowledged that she has lost a sense of

safety with her, and consequently, cannot deepen her practice while on retreat with her. Jane's struggle with a teacher was previously outlined in my discussion of the teaching of karma. She experienced a teacher who told a survivor that she had been abused because she had abused her father in a previous life. These examples illustrate how some teachers possess little understanding of childhood trauma. As Anne declared, if she had had a teacher early on who understood about trauma, "I would have had a different life." *Michele* acknowledged that her initial work with childhood trauma began many years ago and she feels like her teachers at the time had no idea what to do with her. She noted that when the emotions opened up, "...it was like Pandora's box opened up so it was very dramatic. You know in those days there was no model for working with it in this context. Even the best of the best of the best (teacher) had no idea what to do with me with all that stuff." Michele does believe that today in the Vipassana community things have changed and there is more awareness of the potential for childhood trauma issues arising for retreatants.

A number of the participants spoke of their struggles in working with Eastern teachers. Margaret found Eastern teachers useful (as described earlier) in being able to clearly see one's own projections as there is no relationship built with a Burmese teacher. On the other hand she found it difficult not having any relationship. When she was on retreat and feeling connected and identified with her own pain "...it leaves you so alone with it, like that child so alone again." Margaret also acknowledged that she may have chosen Burmese teachers as she

learned so well as a child how to be alone and take care of herself. Ellen also discussed her struggles with Eastern or more traditionally oriented teachers:

Although I got very very concentrated, probably more concentrated than any retreat that I have ever been at, I could see from his style that that kind of very strict way of working with things was for me just going to encourage a kind of masochistic way of relating.

Like Margaret, she experienced both positive and negative repercussions from sitting with a more traditionally oriented teacher. What both Ellen and Margaret did was listen to themselves about what was useful. Margaret found that she required different things at different times. Early on it was useful for her to sit with Eastern teachers. Now she knows she needs a teacher to whom she can take her trauma material, if it arises. For Ellen, even though she was more concentrated than she ever had been before, she knew she did not want to sit with this particular teacher again. She made choices about what would be right for her and she realized that sitting with this Eastern teacher "...wasn't a good thing for me..."

Jane offered some general comments about teachers. She was speaking about one particular teacher who emphasizes "...reconciliation, compassion and forgiveness. Everyone is supposed to be so nice all the time. It's harder in that context to express any negative emotions..." She believes that an emphasis on forgiveness or reconciliation can interfere with the healing process in terms of the expression of difficult emotions.

In the above section the discussion focused on the participants' struggles with meditation: struggles with the practice itself, struggles with the teachings, and struggles with meditation teachers. In the next section the discussion will shift from struggles with meditation to the changes and transformations that these women have experienced.

Category 3: Changes and Transformations

Many of the experiences outlined in the following section could have been classified in the first category of 'combining practice and healing' or more specifically 'how participants experienced practice, teachings, and teachers as healing.' I chose to extract these into their own section as these items seemed more distinct as *specific* changes and transformations. I will not delineate between *changes* and *transformations* because the decision to consider a particular experience a change or a transformation can only be determined by each individual woman. While I am hesitant to call any particular experience a transformation, certain changes that occurred in these women's lives could be seen as truly transformative. Consequently, I felt it important to include this term as part of this categorization. To just use the term 'change' seemed to minimize some of the experiences that these women had. I will discuss these changes and transformations in five themes: cognitive changes, physical changes, emotional changes, spiritual changes and changes in everyday life. Although I will discuss 'changes and transformations' within these five themes it is important to note that these themes are not static; our body, mind, emotions and spirit all overlap,

interweave and interact. However, for the sake of clarity, as I delineate the 'changes' it seems appropriate to have some separate themes to work within.

Cognitive Changes

Ellen experienced a cognitive shift or change in what she describes as "clear seeing." She used the experience of clear seeing as an example as she spoke about how the difficulty of meditating is offset by the...

...wonder and awe of other kinds of experiences (when meditating).

So for me to have moments of ... clear seeing of the perpetrators in the abuse...clear seeing of them acting out of their own distortedness and just seeing that clearly without it having to do with me. Them just acting from their own history, their own distortion, their own aggression,...their own woundedness, their own hatred.... And just seeing that clearly is very powerful, even if it's only for moments.

She explained this further saying that she has moments of clear seeing without ascribing meaning to it from the child's perspective...

...which is I'm bad, I'm wrong or some version of that to try and make sense of it. I think there are moments of healing and clarity where you can just see more clearly what the other people were doing, and it being *their* responsibility for *their* behavior.

As Ellen said, this was a very "powerful" shift for her. From this cognitive experience of 'clear seeing' Ellen also could experience moments of compassion for her perpetrators.

Belief in her own memories was an important cognitive change that Margaret experienced. She shared about being on retreat, and one morning during walking meditation experiencing a deep knowing that her memories of abuse were not faulty. "I just heard myself say there's no doubt, you did experience what you've been saying." She feels that the practice directly and powerfully assisted her in believing herself by its "...cultivating that ability to be present with what is true." The practice assists in seeing things as they actually are without the distortions often created by our hopes or our fears.

Mera delineated a cognitive shift for her that she described as experiencing more "choice" about how she works with her mind. Through the practice she has developed a sense of choice about whether she wants to be with the abuse issues and how she wants to deal with them. Mera acknowledged that the practice has given her more tools, which allows her more choice. She offered an example:

It gives me choice because I can look at what is going on in my mind, whether that's wanting, wanting less pain, wanting more of something, but just to be with that sense of what it's wanting, rather than going on with the story of wanting.

As stated earlier in this discourse, developing a sense of choice is a powerful shift for a survivor who has been disenfranchised through childhood abuse.

Physical Changes

Margaret had an experience on a retreat that can be seen primarily as a physical one. The practice calls for attention to the breath and body sensations. Margaret realized she was attending to these from a dissociative place. She explained a particular interview she had with a teacher:

...on one of the interviews I thought I was reporting bodily sensations. And his feedback to me just kept being 'these are thoughts, these are thoughts, these are thoughts, be in your body, be in your body, be in your body'. And I left that interview and I spent half of that day just sobbing. Both in kind of recognition and the sorrow of my not being able to be in my body, and also with this incredible gratefulness that someone was giving me permission to really be in my body.

He helped her to not only realize she was not in her body but allowed her a way to begin to pay attention *inside* her own body. As mentioned earlier in this thesis, it is not an easy task for sexual abuse survivors to be inside their own bodies, as that was the place of wounding. For Margaret this shift was a powerful one. She was then able to take this insight to her therapist to continue deepening her awareness of her own body.

Emotional Changes

From an emotional perspective, Cynthia spoke about how she has felt disconnected from her emotional self and how the practice has helped her connect more with her emotions. Ellen concurred with this, acknowledging that the

practice assisted her in touching deeper places of wounding and in touching a depth of grief that she had been unable to touch previously. She also noted that on the three month retreat she was aware of an increasing “tolerance” for particularly intense feelings like terror and rage. Laura also spoke about a shift in her ability to be with intense feeling. She finds that simply bringing awareness to the feeling, and labelling it, takes “...the power out of it...it’s kind of embracing it, it’s not embracing it in becoming consumed by it, it’s being friends with it.”

Cynthia and Jane also spoke about changes they experienced with anger, within the context of the practice. Cynthia acknowledged that the practice has helped her give herself more “permission” to feel the anger and “...at the same time I’m able to move through it and not identify with it so much and maybe not stay as stuck in it. Jane spoke about the practice helping her to see her anger and rage as “conditioned reactivity.” She explained:

I found that probably 90% of the anger I expressed had nothing to do with the person I’m expressing it toward. It had to do with my dead relatives...being able to see something that I’m experiencing as a conditioned reaction and that I don’t have to go with that anymore.

Jane acknowledged that having trauma memories surface which gave her a context for her reactivity, also helped in breaking this cycle. However, the practice helped in terms of mindfulness and equanimity, and being able to see whatever arises in each moment as just something arising and passing away in that particular moment.

It's gotten to the point where I cannot experience these negative mind states (rage and anger) without being mindful of the fact that I am experiencing that. So this has given me a certain level of choice as to how to deal with that, whatever it is that's causing the mind state to arise. So I have a greater level of choice in my actions, in my speech.

Jane also spoke about the specific anger she felt for her father, one of her perpetrators. Her father died when she was seven and a half years old. He was alcoholic and one night when drunk fell down the basement stairs and died. Jane was on a retreat in the early 1980's before any sexual abuse memories had come to consciousness:

I just knew I hated my father and had tremendous rage towards him, for many reasons. There were good reasons to have rage toward him because he beat my mother and he was, as my brother said, someone with no redeeming qualities. So on the tenth day of the retreat when the bell rang at 4 in the morning I had this experience of reaching for the basement door and falling down the stairs. In that split second I just felt the full weight of my father's suffering and pain. His whole life was tremendously sad and wasted. In that moment, all anger towards my father just vanished.

So for Jane, when sexual abuse memories did arise about six months later, she did not experience the rage and anger that some women experience towards their perpetrators. She had already had a profound experience of this anger shifting. It is impossible to delineate what aspect of the meditation practice

facilitated this experience for Jane. What is known is that this experience on retreat was an important and healing one for her. In many ways it is comparable to Ellen's experience of 'clear seeing'; that ability to see the wholeness of the life of someone who has harmed you.

Jane also spoke directly about compassion and how active work with compassion helps her with her own habitual reactivity. She is able to have compassion for another's' unskillful actions by bringing her awareness to their suffering and the kind of life they have had to bring them to a place of such unskillfulness.

Anne and Laura spoke about what I believe is a similar emotional experience even though they used different terminology. Anne spoke of how meditation is a "coming home place" for her. "...it's a personal place, there's a place that I can come to in myself...that I can settle in to in meditation that I don't really come to at any other time." She described it as a place "...to come home into myself." Laura spoke of "...discovering this place in me that I can feel safe. I feel safe with myself. And I haven't felt that way before." Laura and Anne's sense of safety and experiences of coming home into the self are such important experiences for survivors. As discussed in earlier chapters, survivors have such difficulty with feeling safe and feeling inside the body and at home. Consequently, these experiences of safety delineated by these women are meaningful.

Mera spoke about how the practice helped her know that the shame and other feelings she experienced were not all of who she was. "I'm not just that, not

just shame, not just a survivor.” This is also an important healing for survivors to know that they are more than their painful emotions. Laura also discussed shame and how the practice has helped decrease what she calls her “dark side.” She feels that the teachings of being loving towards oneself have helped with this shift from a place of shame to a sense of her own goodness. “So I believe that at our core we all have this innate goodness. I think that I access that by being quiet with myself.” Working with shame can be a difficult piece for sexual abuse survivors as it is often at the core of the trauma experience. For Mera to realize she is more than her feelings of shame, and for Laura to experience her goodness rather than badness, (the usual word for shame), are both powerful changes for these women who have been deeply wounded early in life.

Spiritual Changes

The participants also spoke about changes that can be best described as spiritual. In some ways all the changes these women experienced could be deemed spiritual changes as for many people the word spiritual can encompass all aspects of one’s being. For the sake of this discussion there were a few items that the participants discussed that seemed to require a discrete theme of spiritual changes. For example, Ellen spoke of the practice giving her a sense of being a part of a “bigger picture.” Ellen said her “...personal experience of abuse just feels like, even though it’s very important, feels like it’s just some part of some wider picture...there is some sense of other lifetimes and maybe there is a larger picture here that I can’t fully understand.” Being able to hold this bigger picture and be

with what one might call the mystery of life has helped reduce the suffering for Ellen. Anne noted that when she feels “connected” in meditation she feels like she is sitting with hundreds of thousands of beings that have sat over the years. Jane also acknowledged a sense of deep connection to others. She said while it was important to connect with the particular traumatic experiences in her history, “...what meditation practice can offer is an opening into the universal and opening in to the actual experience of our interrelatedness. A direct experience beyond an intellectual realm, an experiential heartfelt knowing of our interdependence.” Again, these are such important shifts in connecting with a larger picture, with what some might say a more spiritual connection. Margaret said, part of surviving was splitting off from her spiritual self. “...the spiritual being just had to go under for a while out of just not being safe.” It is only through Buddhist practice that she has reclaimed her own spirituality.

Jane’s experience with placing pictures of her perpetrators on a home altar, and sending them metta and forgiveness, was discussed in an earlier section. While forgiveness could be deemed both emotional and cognitive, I have chosen to place this forgiveness experience within a spiritual theme. While Jane did not name it a spiritual experience, from my perspective it is most fitting in this theme. After doing much work with collages and pictures Jane could say to her perpetrators, even the most difficult one, that she forgave them. She described this move into forgiveness: “I feel freer than I ever have in my life. It’s such an

incredible feeling of liberation...After almost 50 years I finally feel free for the first time in my life.”

Gratefulness for the practice was expressed by a number of the participants. While gratefulness could be deemed a cognitive experience or an emotional one, I believe it is primarily a spiritual experience. Goldstein (1994) notes that the Buddha said two things were rare in this world: people who benefit others and people who feel gratitude. Gratefulness in Buddhist practice is often considered a component of spiritual maturity. Jane expressed gratitude that she had a number of years of meditation practice before deeply disturbing memories arose. “I am incredibly grateful that those memories had not come up before I’d had years and years of meditation experience to help me through.” Mera noted numerous times throughout her interview how grateful she was for both the practice and the teachings. Her gratefulness emerges from an awareness that “I don’t know what I would have done” without them. She also stated that she is in “awe” of all the trauma material she has moved through and feels such gratitude for how much the practice has facilitated this movement. Ellen also expressed gratitude for the practice. She particularly notices gratitude after a retreat...

...when I’m able just to be more present with them and with people who are also able to be present. Gratitude that that is possible in the world. And I actually think that’s what I appreciate the most and what seems most worthwhile to me in life as well...and I can feel myself feel a bit teary about that because it does feel like what’s most important in life generally

to me. ...for me the practice seems to be the thing that assists with that the most, with developing that capacity to be present.

Margaret expressed gratitude for both therapy and meditation. As stated earlier, she does not feel that her healing would be as deep and rich if she did not have the practice, teachings and therapy. Margaret was specifically grateful for a meditation teacher who she felt was giving her "permission" to be in her body. She also acknowledged gratitude for the re-enactment experience with the manager of a retreat because "...I was using it and I was constantly saying this is helping you get information about what you experienced." Margaret also expressed gratitude for the process of the interviews that she says afforded her further clarity about a particular difficulty with the practice, namely the notion of "observation" of the breath which has been discussed earlier. Laura expressed gratitude in calling the practice a "miracle" in her life.

Changes in Everyday Life

A number of the participants experienced changes that can best be described as components of every day life. Laura talked about how she started a new part time job shortly after a retreat and was aware of how "mellow" she was which was out of character for her. Generally, she said that through practice she is more aware of her moods and has more clarity for seeing other people. "I see them more for how they really are rather than looking through my filter. We all have filters but I think my filter's clearer." Further to this, Laura believes the practice has allowed her to come out of "denial" about how things really are in everyday,

“...seeing them for how they are, rather than how I would like them to be.” She gives a wonderful example of this during a job interview when she was able to gauge whether this would be a good situation for her, rather than just wanting it to work and seeing the situation through this filter. Laura added that she does not “personalize things” as she used to. “I can just stand back and (say) well that’s about this person and it’s not about me.”

Mera also discussed changes in every day life: “The teachings and the practice become a way of life as they become more integrated.” For Mera they were no longer separate from her life, but an integral component.

Margaret delineated a change in day to day living that was exemplified in her decision not to go to a certain retreat. She was scheduled for a residential retreat and was aware of deep anxiety arising. At the last minute she decided not to go. “And it really was the first time that I really listened to that little being and said okay I know you could do this, and I know you know how to do this, but I’m not going to make you survive in that way anymore.” A few months prior to this retreat Margaret had a memory surface of herself leaving home as a very young child and witnessing something very traumatic. In light of this memory arising “I was taking care of that part of myself saying I’m going to keep you safe, I’m going to keep you home.” This was an important shift for Margaret to be able to bring gentleness to herself and allow herself to *not* do something that was too frightening. This deep listening to self and *following through* with what she heard was an important experience for Margaret.

Ellen has also noticed changes in her daily life. She feels that equanimity has developed through the practice which has rendered her feeling more “even” in her life in general. She explained:

A little less sense of being thrown around whether it's by internal experience or external experience, things happening outside of me externally, other people, or about my life, or whether it's internal processes of memory or judgements or self talk....and just not being as buffeted by it.

She acknowledged noticing after the three month retreat that there was less “identification” with particular feelings, thoughts or external situations. “Somehow that didn't have the same kind of power to be defining for me who I was.”

In the above section I have delineated changes and transformations that the participants experienced cognitively, emotionally, physically, spiritually, and in every day life. These changes and transformations were varied and seemed to be plentiful in the collective discourses of these women.

The experiences of the women in general were rich and complex. While I have presented the three overriding categories in a somewhat linear fashion (combining practice and healing and moving to struggles with this and then moving to changes and transformations) the participants' experiences are in no way linear. Their struggles continue along with the healing effects of the practice. As Cynthia said, on her most recent retreat, there was less self-hate arising, but

she could not be sure that this would not come up with a vengeance on another retreat.

I will now delineate the feedback received on these findings from the two participants who participated in this component of the process.

Participant Feedback

Mera and Jane were willing to participate in this aspect of the process by reading my findings and offering their feedback while keeping the questions in mind which are listed in Appendix 6. They provided feedback both by writing notes throughout the findings document, as well as a short cover note.

As per the first question regarding their “reactions to the analysis” Jane wrote “thank goodness” something has been written about this topic. Mera commented that she went over the document three times and found no substantial changes that she felt needed to be made.

The second question was around the categories and themes developed and whether they were relevant to their stories. Jane commented that she felt the categories were relevant and the analysis good. She offered no suggestions for changes to the categories or themes that would render them more fitting to her. Mera said that she found the findings and categories valid and offered one suggestion regarding the schema of categories. She included another theme within the category Transformations and Changes: “community/sangha”. While I believe this is a solid suggestion and would fit with the other sub categories of cognitive, emotional, physical and spiritual changes, I chose not to incorporate this change

into the categorization table as I feel that community/sangha fit within the other themes.

My third question to the participants was whether they felt anything had been misinterpreted or left out. Mera did not note anything that she felt I misrepresented or left out but did include a few lines for clarification, or deepening of her comments. For example, when Mera spoke about her experiences with metta she shared that initially she had difficulty but over time found a way to experience metta. In terms of deepening of her experience with metta, she included a new statement with her feedback on the findings that “giving/sending metta to others became synonymous to giving it to myself.” I have included this statement within the findings.

Jane felt a number of items had been left out of the discussion. She also felt something was misrepresented in the section where I discuss “how participants experienced/worked with memories when meditating.” In that section I mention that Jane was so overwhelmed with memories after 10 years of practice that she had to stop for over a year. I then stated that therapy was crucial at that time to “help her reconnect with her adult self.” Jane noted in her feedback that this was “not what I meant” and offered a clarifying statement that she needed therapy to “work through all the feelings from the abuse in order to release them.” This change was made in this chapter. For my own interest and for the integrity of my findings a return was made to the original transcript to assess Jane’s original words. In rereading this section of the transcript I feel that my statement in the

findings was not utilizing the same words, but were a fair implication from what she said. However, this addition does seem to offer a more complete picture of what therapy meant to Jane when she was in crisis.

Jane also mentioned a number of items that she felt were left out of the analysis. These were:

...that therapy provides support in ways that meditation cannot, that Vipassana or Buddhist meditation in general is designed for the adult mind and during the crisis period of memory retrieval, there was, at least for me, no place for the abused child in a meditation context, and...I think that what I said about Buddhist practice dealing with the impersonal and the universal, and trauma work dealing with the personal and the particular, was one of the most important points I was trying to convey in the interview.

Jane then supplied quotes from her transcripts that supported these three items. In considering Jane's points I perused the findings to see if I felt these had been included in some way. I found that these missing points were implied throughout the document. For example, while I never included a summary statement made by Jane about how she believes that meditation deals with the impersonal and universal and trauma work in therapy deals with the personal and particular, I do discuss a particular example where Jane mentions the meditation instructions as suggesting an impersonality when what happened to the child was very personal. While I feel that the missing pieces that Jane proffered do not

question the integrity of the research, including a number of the quotes which she suggested does deepen the understanding of Jane's perspective as a trauma survivor involved in Buddhist meditation practice.

My fourth question to these two participants was whether they thought this study could be helpful to other women survivors who are meditating. Mera's comment was in the affirmative. She felt that the experiential perspective of the participants would be helpful to other meditators. Jane noted that she felt the study would be beneficial to both practitioners who are survivors and to meditation teachers.

I am grateful that the two participants agreed to provide their thoughtful comments on my findings chapter. I feel that their input has increased the validity of this study as I was invited to revisit some of my analysis and rethink some portions as outlined above.

In the next section, I will outline conclusions regarding the collective discourses of the eight participants, as well as explore the implications for counselling practice.

CHAPTER 5: LIMITATIONS AND DISCUSSION OF THE STUDY, IMPLICATIONS FOR COUNSELLING PRACTICE & CONCLUSIONS

Limitations of This Study

A primary limitation of this study is the homogeneity of the group. For example, there were no women of color in the sample group. All eight women who participated in this study were caucasian. While this was not the intent of this research study, these were the women who responded to the call for participants. Without the input from women of color there is much richness and complexity missing from this study. Rodwell and Blankebaker (1992) use the metaphor of "cultural wounding" to elucidate racism and they compare this to child abuse. One example they proffer in this comparison is the unpredictability and confusion that reigns in the world of an abused child and similarly in the world of people of color who are exposed to cultural wounding. The experiences of women of color may have been different in that racism is a component of their lives and may have impacted their healing journey as well as their meditation practice. Another factor for women of color may have involved Eastern teachers. While some of the white women in this study mention their difficulties with Eastern meditation teachers, women of color, particularly Asian women may have had a completely different experience. Their difficulties may have been with the Western teachers.

Homogeneity was also evident in the age group that responded to the call for participants. The oldest was 53, the youngest 38 with most being in their fifties. There were no women in their twenties or early/mid thirties. These younger

women, with differing developmental issues may have brought differing ideas to this analysis. Homogeneity was also apparent in that all participants could be deemed middle class.

The small sample size itself, and limited contact with the participants also create limitations for this research. Eight women can not be deemed representational of women sexual abuse survivors who practice Insight Meditation. Spending at most three hours with each participant over a number of months also limits the data. When the span of their practice is considered, a few hours over a number of months is a very small amount of time to collect data on their experience. A study that would have revisited the participants through the entire span of their practice would have greatly impacted and deepened the research. For example, with the woman who has a 30 years meditation practice, to have interviewed her several times over that period would likely have expanded the information about her experiences with meditation and perhaps highlighted the complexity *over time*.

There was some diversity represented in the participants in terms of sexual orientation and disability. Two of the women are lesbian (with one being partnered with a woman who also practiced meditation, and one being single). Two of the women interviewed are presently disabled, and dealing with chronic illness. I also perceive the issue of disability as a limitation of this study as I addressed no specific questions to this issue. As sexual trauma is body-connected and Vipassana is a very body-centred practice, it was remiss of me to not include

specific questions about their physical disability, trauma, and the meditation practice. I feel that I have further “othered” women with disabilities by not asking about this. I wonder in hindsight how their disability impacts their healing from childhood trauma, and/or their meditation practice. Has their disability restricted access to healing possibilities such as therapy or to retreat settings? As noted by Wendell (1996) part of the deconstruction of disability is to remove the source of difficulties, for people with disabilities, from the individual to the environment. In order to do this we need to know what problems are being encountered by people with disabilities in meditation practice, or retreat settings. This is what I have neglected to discover within this study.

Discussion of the Research Findings

In discussing the results of the research, I would like to begin by referring back to the stages or phases of healing from childhood trauma as discussed in the literature review. Combining the phases outlined by Courtois (1991) and Herman (1992) I discussed three phases: the preliminary phase which involves developing a therapeutic alliance, stabilization, safety, and development of support systems and self-nurturing behaviors (cessation of self-destructive behaviors); the resolution or remembrance and mourning phase which involves telling the trauma story with all its inherent affect; and finally the reconnection phase which involves a reconnection with self and others in a new way. Herman notes that this final phase often includes much gratitude and a “cherishing of laughter.” In perusing the myriad of experiences, ideas, thoughts and feelings that the participants shared

with me, many of them fall within the confines of these phases of treatment. As I delineate how the participants' experiences coincide with the phases of treatment, it is important to note that this is not an assessment of where an individual participant is in her healing journey. What I am suggesting is that particular items discussed by the participants can be seen as coinciding with a particular phase as outlined by Courtois (1991) and Herman (1992). As I delineate the women's experiences with Buddhist meditation in relation to the phases of treatment for a sexual abuse survivor, I will generally not distinguish between Buddhist *practice* and Buddhist *teachings*. As discussed earlier, the practice and teachings interweave.

As noted above, the main ingredients of phase one of healing are developing a therapeutic alliance, stabilization, safety, ending self destructive behaviors, and a preliminary development of support systems and self-nurturance. Many of the women I interviewed had experiences, within a meditative context, that could be deemed to be one of these ingredients.

A number of the women spoke about how the Noble Truths acknowledge the existence of suffering in life. Cynthia, Jane and Michele all mentioned how helpful this was. In some ways this can be seen as a development of a therapeutic alliance. The teachings themselves, with their emphasis on suffering, can be seen as developing a therapeutic alliance with a survivor in that they align with the trauma survivor. The acknowledgement of suffering offers understanding and acknowledgement of the *traumatic* component of the sexual violation of a child.

For a sexual abuse survivor there is often the feeling of invisibility in terms of the abuse itself and the subsequent pain and suffering. To work within a framework whose very foundation offers an acknowledgement of the existence of suffering, can be deeply validating.

I believe that phase one emphasizes the importance of timing and containment. It focuses on beginning the process of learning how to contain things when overwhelmed, and how to bring the intention of self-care to the process of healing by listening and adhering to issues of timing. The aspects of timing and containment were discussed by the participants in the context of the meditation practice. Jane felt overwhelmed with new memories and knew that after nine years of practice she needed to stop for a while. Mera described needing to stop meditation for a time when flooded with memories and moved to being with basic awareness. Mera also explained how she learned to utilize the breath as a means of containment when she was feeling overwhelmed with memory. The breath helped her separate from the sensations she was experiencing. Further to this, she spoke of how the practice gave her a sense of choice of when and how she would be with trauma memories. She said the practice gave her more tools, which in turn gave her more choice. Laura spoke about anchoring in the breath helping to ground her, while Ellen said meditation practice offered a container for her. Mera also spoke about how the practice was simply a means of caring for herself. Anne also mentioned the development of self-care that she created by sending metta to her pets.

Margaret also had an experience around timing that was developed through a deep listening to herself. She discussed how she developed the ability to deeply listen to herself which was exemplified by her decision not to attend a particular retreat. While self-listening skills can be seen as a component of all three phases of healing it is certainly a skill that begins in this initial phase. However, I am not suggesting that what Margaret did in this instance means she is in the beginning phases of trauma work. On the contrary, it seems that coming right up to the day of a scheduled residential retreat and being able to hear the small voice inside that did not want to attend, is listening deeply and powerfully.

Through the practice, Cynthia was able to clearly see her self destructive self-talk. She could see the intensity and pervasiveness of her self-abusive thoughts. Further to this, Cynthia spoke about how she would have killed herself or committed any number of self destructive acts without the Buddhist teachings which have given her a sense of meaning and connection.

Another component of self-destructive acts is retraumatization. Retraumatization, also referred to as revictimization or “repetition compulsion” (Whitfield, 1995), is simply that “once traumatized, people often lose their hold on self-protection and are prone to put themselves in harm’s way” (Van der Kolk, 1996, p. 35). It is a common experience for trauma survivors whereby they find themselves reenacting some aspect of the trauma scene in a disguised form, usually without being aware of it. This retraumatization can be seen in anything from lack of self-protection with an abusive partner or work supervisor to lack of

self protection in situations that may be psychologically harmful such as intense meditation. Mera, Ellen and Cynthia all spoke about the practice being potentially retraumatizing. It is important and often difficult to learn what is harming or retraumatizing, and to avoid those situations. Learning this skill is not elementary, particularly when meditation can be useful one day, and harmful the next.

Margaret spoke about a re-enactment that she experienced with a manager on retreat. For some women, re-enactments are a means of telling their story. For Margaret, continuing further into this process with the retreat manager eventually brought her closer to her trauma story in terms of abuse by her brother. Many meditation teachers do speak about the common retreat experience of retreatants having intense attraction and/or aversion to other retreatants. They also speak about the importance of just watching these states as they are connected to one's own material. However, I believe for trauma survivors this can be experienced in a more intense way. For many trauma survivors re-enactments are a common process and represent attempts at healing or mastery. With intervention from a skilled therapist or meditation teacher, these re-enactments could possibly be moved through much more quickly.

Safety is another important component of phase one of healing. Margaret discussed experiencing a strong sense of safety on retreat. She found the retreat setting with its silence, predictability, and offering a "place" for her, all enhanced her feelings of safety. Margaret and Laura also felt that the meditation teachers provided them with a strong impression of safety. Anne and Laura both talked

about the practice as a “coming home” where they could discover a place inside that felt safe.

Referring back to Michele’s statement that “mindfulness is like medicine” and the importance of finding the right dose, it seems that part of the first phase of healing is a beginning awareness of what that right dose may be. Too much mindfulness can lead to overstimulation or a sense of being overwhelmed and too little might not provide the benefits that mindfulness can bring. Meditation practice seemed to bring the participants safety and stabilization at times, while at other times it accelerated the process of reintegration of trauma material, contributing to a feeling of being overwhelmed. Also, the correct dose of mindfulness is very individual and within each person the dose may shift over time. As stated earlier, with meditation practice as in life, containment and a consideration of timing are important, along with a strong dose of self care. These are foundational pieces which are important in the beginning phases of treatment from childhood trauma, and they seem to be offered to some extent within a meditative context.

According to Herman (1992) and Courtois (1991), the second stage of healing is the resolution, or remembrance and mourning phase. This second phase involves a retelling of the trauma story with all its affect. As stated earlier, most of the participants experienced traumatic memories arising during meditation. With this in mind, meditation can then be seen as a component of this second phase in that it becomes another arena to explore the trauma story. The practice, with its

focus on mindfulness, can be seen as the opposite of dissociation, helping the women be with what the child had to split off from, helping them to be with the trauma story. Ellen explained how memories arising on retreat were being processed for her as they would be in therapy; an attempt to integrate all the pieces of the traumatic experience.

The notion of resistance to the memories and accompanying affect discussed by Laura and Ellen are also a component of the second stage of healing. As the trauma story is told and felt, a natural response to this is resistance. And at times this resistance can be very subtle. Meditation seemed to assist these two women to find a way to both illuminate and work with their resistance. From a therapeutic perspective, this sense of awareness and acceptance of one's own process of resistance to the abuse, or feelings connected to the abuse, is essential to the healing journey. To receive such clarity around resistance within meditation practice is certainly facilitative of healing.

Margaret and Anne both acknowledged that the practice facilitated more connection to the body. Through the practice, and the intervention of a teacher, Margaret found a way to pay attention inside her own body. This can also be seen as a component of phase two healing in that the reassociative experience of telling the story would involve the body along with the thoughts, feelings, and spiritual content.

A component of being with the trauma story means being able to be with the emotive content without getting lost in it. While this can be seen as

containment as discussed in the initial phase of healing, I believe the deepening of this skill fits more with the second phase of treatment or healing. Mera spoke about how the practice afforded her a proficiency at being less identified with the trauma material. She particularly acknowledged shame and how the practice helped her discover that "I'm not just that, I'm not just shame." Laura also mentioned shame and that the teachings and metta practice helped shift the shame to a knowingness of her own goodness. Jane and Mera spoke of the concept of impermanence and how helpful this was in touching intense feelings. Ellen acknowledged that the practice helped her touch deeper places of wounding and grief than she had ever been able to reach. Telling the trauma story is important, but it is also difficult to be with the intense feelings of rage, terror, hurt, betrayal, sadness or grief. The teachings on impermanence can be particularly useful in this second phase of healing. Being able to hold the notion of impermanence would be of great benefit in knowing that even these intense feelings would arise and pass away. To have a deep understanding of impermanence as these women had can allow one to touch the intense emotional experiences resulting from early trauma. In a way the concept of impermanence offers another layer of safety. Safety can arise in knowing that intense emotional distress will arise and pass away; it will not last forever.

Jane and Laura also utilized metta practice after new memories arose. Laura found it particularly useful with feelings of shame associated with her wounding. This care towards the self in connection with the trauma memories is

an important piece of this second phase. To develop an ability to touch one's experience with care and compassion is an important ingredient of healing. And it is an ingredient of healing that is cultivated, rather than a natural one for trauma survivors. Perhaps what is more accurate is that it is a rediscovery of a natural response having moved through the conditioned response learned through childhood wounding, which typically is to wound the self in a myriad of ways, rather than care for the self.

Connecting with affect, namely anger, is also a component of this phase. It is clear that this has been hampered in some participants as they heard from Buddhist teachers that anger is negative, destructive and can bring about bad karma, as recounted by Jane and Anne. However, different teachers interpret the teachings on anger differently and as stated earlier, anger itself may not be the issue but rather how one relates to it and expresses it. Cynthia felt that the practice gave her "permission" to feel anger and helped her move through it without being stuck in it. Jane noted that the practice helped her see her anger as "conditioned reactivity." Realizing that much of her anger was about her history rather than a present situation gave her more choice in terms of her speech and actions. Jane also recounted an experience on retreat where many years of anger and rage towards her father dissipated in a moment when she experienced the full weight of his suffering and pain.

Part of telling the story is seeing where responsibility lies and moving away from the child's belief that she is to blame. Ellen experienced this "clear

seeing” through the practice where she could see that the perpetrators were acting out of their own distortedness and that what occurred was not about the child’s badness. Another component of telling the story is actually believing oneself. This is not always easy when there can be familial, societal and internal pressures to deny the truth. Margaret recounted an experience on retreat where all doubt of her traumatic history lifted. She said that the practice helped her be present with what is true.

This second phase of healing can be extraordinarily difficult (Herman, 1992). Intense fear, helplessness, loss of control and threat of annihilation are generally defining characteristics of trauma. To be with the trauma story requires *moving towards* these characteristics, characteristics that the child desperately attempted to *move away* from. From the above discussion it appears that meditation practice created the space for much trauma material to arise. For many of the women it facilitated a means of being with the full depth of these experiences.

Phase three of healing is a time of reconnection with self and others in a new way, and often a time of gratitude (Courtois, 1991; Herman, 1992). Jane’s experience of “acceptance” of life and what happened to her, can be deemed a component of this phase. Anne spoke about the practice giving her a sense of coming home to herself, Jane spoke of an acceptance of herself as a human being, while Ellen spoke about the practice helping her be more present with herself and others. All these experiences fit within the bounds of this reconnection phase.

Anne talked about making the practice her own. This seems like a new way of reconnecting with herself, to even know what that would look like for her. Ellen and Jane spoke about the teachings on interconnectedness and how helpful these were in their healing. With this learning Ellen mentioned how she was in fact reconnecting with others in a new way. She was aware of her own impact on others and how she did not want to increase anyone's suffering, even those she came into casual contact with such as a grocery store clerk. Some individuals who experience early trauma have a persistent sense that they have no impact in the world along with a deep disconnection from others. This sense of having no impact arises from the violation of sexual abuse, and the fact that one's physical and psychic boundaries were not respected. Out of that often comes a sense of isolation or aloneness. With this in mind, the teaching around interconnectedness can be an important and useful one for women who were sexually abused in childhood.

Ellen talked about holding a bigger picture, that is a sense of many lifetimes that she cannot fully understand. This seems like phase three experience as it is connecting to life in a new way. Anne had a similar experience. At times she feels connected to hundreds of thousands of beings who have sat over the years. Margaret simply said that practice has allowed her to reclaim her spirituality. Jane's experience with forgiveness, while not necessarily a goal for everyone, has given her a sense of liberation that she has not experienced before. This also fits with a reconnection with self and others in a new way. Mera spoke

about how the practice and the teachings had become more integrated into her daily life. I see this as falling into the phase three category as the conditioned and normalized trauma response is no longer the strongest. Having the practice and teachings strongly integrated does bring with it a new relationship to self and others.

Another aspect of this third stage of healing from childhood trauma is the experience of gratitude. As noted in “spiritual changes and transformations”, a number of the women expressed deep gratitude for the practice. Ellen felt grateful for the sense of “presence” the practice gave her. Jane appreciated the practice when she was in crisis with new trauma memories arising. Margaret expressed gratitude for the teachings and practice and how they have enriched her healing journey. Mera was grateful for the teachings and practice and acknowledged how they have assisted her in moving through trauma experiences. Laura simply expressed her gratitude by calling the practice a “miracle.”

While not all aspects of the participants’ experiences coincided with the phases of treatment, there were enough that did to suggest that meditation facilitated healing for these women. As stated earlier, they do not see it as a replacement for therapy but find it offered important experiences for them on their healing journeys. Some of the discussions with the women focused so specifically on the practice that they did not fit with the phases of treatment. For example, discussions about struggles with the breath or struggles with specific Buddhist teachings were not relevant to the discussion on healing phases.

I would now like to shift the focus from clinical trauma theory to research on meditation. While many of the experiences shared by the participants coincided with the stages of healing, how did they fare in comparison to previous research into meditation practice? As stated earlier, much of the research prior to 1990 focused on Transcendental Meditation. It looked at particular behavioral or physical difficulties (such as anxiety or high blood pressure) and examined how meditation fared in assisting with these difficulties. It was only in the 1990's that research focusing on Insight Meditation was published. I have discussed Shapiro's (1992) research on meditators on a three month retreat experiencing "adverse effects". Certainly, the women participants in this study could be deemed to have experienced adverse effects from meditation practice. Some experienced adverse effects from unskillful words and actions of teachers. Others experienced what could be deemed adverse effects from the meditation practice itself. Cynthia discussed being lost in self hatred on a particular retreat when she did not feel she was moving to any kind of resolution. Ellen also spoke of a sense of "looping" with trauma memories without any movement. As I mentioned earlier, adverse effects could be related to the general conditions of someone's life and not so much to meditation. For a sexual abuse survivor immersed in post trauma symptomatology, bringing mindful attention to what is there may uncover a great deal of pain. In meditation practice, as in the therapeutic milieu, there is often a fine line between a healing process and retraumatization and/or adverse effects. In therapy, often a client will experience increasing symptomatology early in the

process, as there is a focus on the difficulties in her life and the usual defenses to keep the pain at bay are slowly dismantled. This may be a similar process in meditation where the initial stages of the practice may bring increasing pain or adverse effects.

It also cannot be denied that meditation, like therapy, can at times be retraumatizing and therefore it may be essential to step back from what may be overwhelming. Sometimes it is clearly apparent that something is retraumatizing for a survivor, and other times it is not. For some survivors it requires an enlightened witness to help clarify whether something is difficult yet healing, or has moved into an actual retraumatizing experience. This enlightened witness could be a friend, a meditation teacher, or a psychotherapist. What is evident in this study is that survivors also have the ability to listen to the self and stop what is not useful. This is evident in Jane's decision to stop formal meditation for over a year when she was steeped in emergent trauma memory. Mera and Anne also spoke of ceasing formal practice at times and moving to simple awareness in everyday life.

Urbanowski and Miller (1996) conducted exploratory research with sexual abuse survivors. They investigated the combination of psychotherapy and meditation and suggested that they are synergistic and can accelerate the process of therapy. Jane said that she found that meditation accelerated her processing of trauma memories. Urbanowski and Miller also suggested that teaching meditation techniques in therapy was empowering and gave survivors lifelong tools that

could be utilized at any point during the day. As stated above, some of the participants in this study, while not always able to do formal practice, utilized tools of meditation in their daily lives and took great comfort in this.

Urbanowski and Miller's (1996) findings also coincide with the extensive discussion in the literature review exploring the concatenation of psychotherapy and meditation. As stated in that discussion, psychotherapy and meditation are seen as highly complementary (Dhiravamsa, 1990; Epstein, 1995; Kornfield, 1993; Rubin, 1996). The literature suggests that there is a reciprocal relationship between meditation and therapy. While this comparison is not the focus of this study, the women did not discuss any particular problems with the combination and Jane went so far to say as they both offered different components of her healing. For example, she shared that the practice helped her have compassion for her perpetrators while therapy helped her discover compassion for herself. A number of other women provided examples of how therapy and meditation worked together for them. For instance, as discussed in the findings chapter, Margaret shared how she deeply discovered in meditation her own disembodiment, and through therapy explored how to make friends with, and return to her body. She acknowledged that having both meditation and psychotherapy as components of her healing provided a richness and depth that would not have been possible with only one.

Miller (1993) also conducted exploratory research with trauma survivors. His focus was the phenomenon of unveiling previously repressed traumatic

material during the course of meditation practice. He discussed three individuals who through meditation practice began experiencing memories of trauma. While this was difficult for these three individuals, they all considered these experiences a necessary component of their healing. Miller suggests that individuals with a trauma history need to be clearly informed of the possibility of painful material arising through meditation practice. Many of the women in this study experienced memories (visual, body and emotional) arising in meditation. This has been clearly delineated in the theme entitled "How the Participants Experienced/worked with Memories when Meditating" under the first category, Combining Practice and Healing. The issue of informed consent is also something brought forward by Urbanowski and Miller (1996). This is an important consideration for clinicians. Informed consent, or developing procedures to help clients make informed choices, is a usual component of ethical practice. This would include discussions of the limits of confidentiality, the benefits of counselling, therapeutic techniques and the risks involved. While it is important to "strike a balance between giving clients too much information and giving them too little" (Corey, 1996), if using meditative techniques in one's counselling practice, it is important to discuss how these techniques, as with many others, could bring forward long held emotions that could overwhelm the psyche.

I would now like to highlight aspects of this discussion that are particularly relevant to trauma survivors. These are: the different ways the women

made the practice their own by listening to themselves, and a developing sense of choice that the participants discussed within a number of contexts.

As noted earlier in this discourse, the aftereffects of trauma include resilience, strength, independence and creativity (Kondora, 1991). These aftereffects were evident in how the participants demonstrated determination and creativity in making the practice their own. The traditional means of doing practice were not always feasible for these women yet they often found ways of making it workable. For example, Anne struggles with metta practice but finds she can utilize her pets as a means of eliciting a feeling of loving kindness. She also spoke of how at times she does not feel she can formally practice but can listen to the birds in the morning or make her art practice meditative and a wonderful exercise in being present. Anne expressed her determination to continue making it her own. "I feel like one of those old Catholic nuns who the pope never lets in, they just hang in there and they're going to make it theirs." She acknowledged that as hard as the practice has been for her she is not willing to give it up and is determined to utilize the practice in ways that meet her needs.

Mera spoke about her difficulty with relating to the image of the Buddha and found that if she used the image of Jesus, who she considers a Buddha, she could elicit loving kindness. She, like Anne, feels that formal sitting is not always appropriate for her and finds that practicing basic awareness is at times more congruent with her needs. Margaret was able to listen to herself after a number of years of sitting with Burmese teachers, realizing that she no longer wanted this

type of retreat experience. She was able to deeply heed her changing needs. Ellen had a similar experience in terms of Eastern teachers and after sitting with one could listen to herself and know that she did not wish to sit again with such a traditionally oriented teacher. Jane was listening to herself when in crisis with abuse memories, and after many years of meditation practice, she knew she had to stop. It seems like a process of deep listening that allowed her to sense one day a readiness or need to begin metta practice again, and then many many months later, a desire to return to Vipassana.

Listening to self seems to involve knowing which teachers feel safe to sit with, as well as listening to internal timing. As a number of the women have articulated, there is a time to sit or attend a retreat and a time to back off. There is no rightful path with this. The most integrated is a continual listening to the self around what is healing at any particular time. And if one listens deeply for what is healing, on one day it may be sitting or attending a retreat, while at another time it may not be. While listening to the self is often a difficult proposition for survivors, the participants of this study have certainly cultivated this ability. It is important to note that this ability to listen to the self may also be developed in part through practice. I believe the focus on mindfulness in meditation practice, and being in the present moment, is a wonderful means of developing the skills of *self* listening to *self*.

Through the revelations of the participants I am also struck by the sense of “choice” that has arisen through the practice. Mera spoke about how it was

through the practice that she developed a sense of choice in how she worked with her mind. She feels that the practice has given her more tools, which allows for more options. Jane spoke of how the practice has given her more choice in her actions and her speech. Mindfulness has facilitated a keener awareness of her own reactivity, which has helped with increasing choice of response. Jane also had awareness of increasing choice in how she changed the wording on the usual forgiveness statement from forgiving as much as “able to” to forgiving as much as “wish to.” This language shift allows for more of a sense of internal control and choice about forgiveness, rather than some external marker that one must achieve when one is “able to.”

Ellen discovered increasing choice in the teachings on our inherent reaction of “unpleasant, pleasant and neutral.” She felt increasing choice with heightened awareness of her responses. With more awareness of these responses, came more choice of response to any particular situation. Both Ellen and Laura spoke about awareness of resistance to suffering and having more choice with working with resistance as this awareness grew. The clear seeing of resistance that the practice afforded left them in a position of choice around resistance. A developing sense of choice in life is an important marker for a trauma survivor. As stated earlier, deep boundary violations in childhood are choiceless, and often render a child helpless causing them to move through life feeling a lack of volition in all avenues of experience. Therefore, the sense of choice that a number of

women began to experience in various ways, with and through the practice, is to be celebrated.

Implications for Counselling Practice

From a clinical perspective, there are a number of important considerations that are raised in this research study. First, while the women experienced a complexity of experience with the practice, they did delineate many experiences that were healing for them. This raises the question as to whether meditation should be a component of therapeutic process. I believe that there are techniques in therapy that fall into a meditative milieu such as focusing and grounding techniques that emphasize the here and now. A more direct teaching of meditative tools may be useful for some clients. It is important to keep in mind that different clients will have different capacities for mindfulness and this needs to be respected. While I believe that meditative techniques may be useful at any stage of healing, it may be particularly useful in the first and second phases. For the women in this study it was useful for stabilization and containment, factors of level one healing, and in touching the wounded parts of themselves, aspects of the second phase of healing.

As with many tools that can facilitate the process through trauma material, there is the potential for retraumatization. A therapist needs to remain cognizant of this potential through the entire therapeutic journey. Women in therapy experience 'stuck' places just as in meditation. These stuck places are not so much the issue but rather how intense and how long they last. It is in attending to these

concerns that a thoughtful consideration can be brought to the issue of retraumatization with meditation practice.

I think it is also important for clinicians to keep in mind the effectiveness of meditation beyond its use as a therapeutic *tool*. Meditation practice, along with other spiritual practices can bring a survivor healing that extends far beyond the relief of symptomatology. This has been discussed in the women's sharing of profound experiences with the practice that brought distinctly spiritual experiences. When we look at our humanity in a holistic fashion, our spirituality is an important factor that brings meaning and a deeper connection to all of creation. The women in this study experienced the practice as both a healing tool and a spiritual deepening as they moved to appreciate the interconnectedness of life.

Another consideration for clinicians is to remain mindful of the possibility that survivors might move too soon into care, compassion and understanding for perpetrators. Forgiveness, compassion and understanding of those who have harmed one are directives of many spiritual traditions. In my own clinical practice I have seen many women early in their healing allude to compassion for the people who have harmed them in statements such as, "they had a hard life too", or "they did the best they could". From my experience, these early feelings of compassion for the perpetrator are often a means of obscuring the depth of one's own suffering. This is an important time as clearly an individual is not yet ready to be with her own pain. At times this focus on the abuser's pain can be an avenue

into their own. I believe the experiences that some of the participants delineate of compassion for perpetrators have not been a means of avoiding their own pain, but rather a co-habiting with their own suffering. Their experience is different from that which I believe clinicians need to watch for.

An important indicator for clinicians in understanding whether a client's spiritual path is directing them into a false or early understanding for a perpetrator is how much a client can be with her own injuries. This external imperative to forgive or understand the abuser can cover one's own suffering and cover one's *anger* at the childhood sexual abuse. In my experience, a healthy non-abusive expression of anger is necessary in the healing process. For an individual who has been sexually abused to discover anger around the incident(s) is often seen as a sign of growth. Particularly for women, anger is often an elusive emotion. From a therapeutic perspective, the issue is one of balance. It is necessary to discover one's anger at the abuse and other injustices in life, and it is equally important not to live there as that can descend into a self-destructive place. I would be concerned about meditation teachers who suggest that any anger is karmically destructive just as I have concerns with therapists who are overly identified with anger and reinforce that position with clients.

Finally, in looking at implications for practice, Urbanowski and Miller (1996) proffer two cautions in bringing meditation to therapeutic work. Their first caution is around the issue of informed consent previously discussed. Their second caution concerns the psychotherapist having meditation experience. They

believe that only with a deep understanding of the meditative process can they adequately bring this into the therapy room. I do not agree that only therapists who have a practice themselves can bring these techniques into the therapeutic environment. As with all techniques, therapists need to utilize particular strategies with caution always to remember the importance of non-maleficence. Just as more experienced therapists tend to bring greater depth and skill to the therapeutic journey with clients, therapists with a meditation background would bring more depth and skill to the use of meditation in the therapy room than those without it.

Further Research

In terms of future research, it is essential that research into childhood trauma continue. As previously mentioned, healing from traumatic experiences in childhood can be arduous and anything that may facilitate this process is important to bring forth. As spirituality is often a neglected aspect of the human experience within clinical literature it is important that further research into its function in healing human suffering be conducted. And as this study is focused on the experiences of white women only it is important for similar studies to elucidate the experiences of women of color. It would also be interesting to explore the experiences of women survivors of childhood trauma engaged in other spiritual traditions. How would their experiences in spiritual practices compare to the women in this study? Specific to Buddhist meditation and childhood sexual abuse, it would be interesting for other researchers to conduct further exploratory research to augment what has begun here. Specifically, it would be useful to

conduct research over time to see how women survivors deal with the practice early on, rather than after many years of practice as is the makeup of this study.

Conclusion

In concluding it is important to return to the research question: **What is a woman survivor's (of childhood sexual abuse) experience of meditation practice in terms of her own healing process?** Some of the specifics of this question have been illuminated through the discussion of the findings in comparison with the phases of treatment. The fact that women's experiences with the meditation practice can be compared to phases of clinical treatment shows the ways that the practice has facilitated healing. While the practice often facilitated healing, it could not always be deemed to be a positive experience. As mentioned earlier in this thesis, Shapiro (1992) in a research study of long term meditators, discussed the "adverse effects" of the practice. These women could be deemed as experiencing adverse effects, such as Margaret's experience with re-enactment on retreat, and other participants' discussions of memories arising in meditation. While these could be considered adverse effects according to Shapiro's study, they can also be deemed as facilitative of their healing from trauma. The participants also delineated struggles they had with the teachings, teachers and the meditation practice itself.

In spite of the difficulties these women experienced with the practice, with retreats, with the teachers, and teachings of Buddhism, many of the women expressed a deep gratitude for, and deep commitment to, the practice. The

participants were not saying that the practice could heal trauma or take the place of therapy, but rather, that along with their struggles with meditation there were important gains to be gleaned as a result of this spiritual path. While honest about the difficulties they experienced, they all continue to find this practice a useful component of their lives which helps with their healing, and with finding meaning in this life. As Laura said about Buddhist practice, "it's a miracle." I am impressed with the tenacity of these women in spite of the difficulties they have experienced. Also I am moved by the strength, resilience, and wisdom they emanated. These qualities are likely a combination of who they are, the therapy they have undergone, and the spiritual practice which is such an important part of all their lives.

Spirituality is an important component in the lives of these trauma survivors and needs to be considered in the lives of all trauma survivors. As clinicians, we need to understand the spiritual lives of traumatized clients and how spirituality can be utilized as a resource in healing.

As suggestive in the literature review, the spiritual component of healing has too long been neglected by counsellors and psychotherapists. As clinicians we have extensive information about the psycho-social impact of childhood sexual abuse; we know about the ways in which the patriarchal structure offers a breeding ground for incestuous abuse; we know a great deal about how to assist women clinically in their healing process. What we know little about is how women may be using spirituality as a means of dealing with the core wounding of

abuse. We may be doing women a disservice by not building on the spiritual ground that they have already gained in their healing journeys.

As we listen to women survivors of sexual abuse and their experiences of spirituality we can further develop and enhance our therapeutic work with them. As we know more, we will be able to work clinically to build on these spiritual strengths and use them to help navigate the problematic areas of healing.

I see this research endeavor as a form of engaged Buddhism, that is, taking the tenets of Buddhist teachings and addressing a profoundly difficult social problem. "For our sanity and our survival... it appears necessary to engage in spiritual as well as social change, to merge the inner with the outer paths" (Macy, 1988, p. 203). With this study, I hope I have made a contribution towards this kind of integration and have offered an understanding of how one particular spiritual tradition can impact healing from trauma.

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APPENDIX 1-INSTRUCTIONS FOR VIPASSANA PRACTICE

Sit comfortable, with your back straight but not stiff or tense. Gently close your eyes and feel the sensations of the breath as the air passes the nostrils or upper lip. Or you might choose to feel the movement of your chest or abdomen as the breath enters and leaves your body. Wherever you choose to follow the sensations of breathing, whether the in and out at the nostrils or the movement of the chest or abdomen, train your awareness to connect clearly with the first moment of the beginning in-breath. Then sustain the attention for the duration of just that one in-coming breath. Connect again at the beginning of the out-breath and sustain your attention till the end.

It is important not to become overly ambitious. We all have the capacity to feel one breath completely. But if we try to do more than that, if we have the idea that we are going to be mindful of our breathing for half an hour, then that is much too much. To sustain unbroken attention for that amount of time is far beyond the capacity of our mind, and so we quickly become discouraged. Connect and sustain for just one breath...and then one more. In this way you can work well within your capacity, and your mind will begin to concentrate simply and easily.

At times other objects will arise - physical sensations, thoughts, images, emotions. Notice how all these appearances arise and change in the open awareness of mind.

It can be helpful in the beginning to focus primarily, although not exclusively, on the breath. Focusing in this way helps stabilize attention, keeping

us mindful and alert. Bringing the mind back to a primary object, like the breath, takes a certain quality of effort, and that effort builds energy... We come back to the breath again and again, and slowly the mind grows stronger and more stable...

You can also use the technique of mental noting to strengthen mindful awareness. The art of mental noting, as a tool of meditation, requires practice and experimentation. Labeling objects of experience as they arise supports mindfulness in many different ways.

Noting should be done very softly, like a whisper in the mind, but with enough precision and accuracy so that it connects directly with the object. For example, you might label each breath, silently saying in, out or rising, falling... If physical sensations become predominant, note pressure, vibration, tension, tingling, or whatever it might be....

Investigate the technique for yourself. If at times you find that noting interferes too much, or is too slow for the rapidity of change, stop labeling for a while. See what happens. Understand that it is a tool, and learn for yourself how best to use it (Goldstein, 1993, p.34-36).

APPENDIX 2 – ORIENTING STATEMENT FOR INTERVIEWS WITH WOMEN SURVIVORS

Childhood sexual abuse is not only a profound social problem in terms of the prevalence, but it also seems that the symptoms of trauma, that often persist into adulthood, are difficult and long-term. In this interview I am interested in how your meditation practice has impacted your healing process from childhood abuse. I know there are many ways to approach this but I am interested in what comes to mind for you as a sexual abuse survivor who practices Buddhist meditation. I know that this is a very open ended beginning but I am wanting you to be able to begin wherever you want to begin.

I will ask you some specific questions for clarification. You can refuse to answer anything I ask or decide to withdraw from the study at any time.

Probing questions included questions for accuracy, deepening of the dialogue, or connections that I might ask about regarding trauma and the practice.

Interviews always ended with an allowance for any further comments before ending:

Is there anything else you would like to add before we end?

Demographic Questions:

Age

Socio-economic background

Education

Single/coupled

Children

Relationship to perpetrator

APPENDIX 3 –ORIENTING STATEMENT FOR INTERVIEW WITH MEDITATION TEACHER

Childhood sexual abuse is not only a profound social problem in terms of the prevalence, but it also seems that the symptoms of trauma, that often persist into adulthood, are difficult and long-term. In this interview I am interested in how your meditation practice has impacted your healing process from childhood abuse. I am also aware that many sexual abuse survivors come to your retreats. I am interested in your perspective as a teacher with this issue. How do you see women being impacted by the practice in terms of their healing from childhood sexual abuse? I know that this is a very open ended beginning but I want you to be able to begin wherever you want to begin.

I will ask you some specific questions for clarification. You can refuse to answer anything I ask or decide to withdraw from the study at any time.

Probing questions included questions for accuracy, deepening of the dialogue, or connections that I might ask about regarding trauma and the practice.

Interviews always ended with an allowance for any further comments before ending:

Is there anything else you would like to add before we end?

Demographic Questions:

Age

How long have you been a teacher

Single/Coupled

Children

APPENDIX 6 – QUESTIONS REGARDING PARTICIPANT FEEDBACK

Questions asked of two participants who read findings:

1. What are your reactions to this analysis?
2. What do you think about the categories I have developed? Are they relevant to you and your story?
3. Is there anything that has been misinterpreted or left out?
4. Do you think that this study could be helpful to other women survivors who are meditating?