

Trauma-sensitive *mindfulness* *for students:* an overview



As mindfulness courses and techniques increase in popularity as a support mechanism for students, **Dr Kitty Wheeler** advocates adopting a trauma-informed approach

Introduction

Mindfulness-based approaches are ubiquitous in university settings in various forms: introductory sessions; drop-in classes; eight-week courses for 'wellbeing'; eight-week courses as part of counselling service provision; techniques used one to one as part of counselling or wellbeing support. Evidence suggests that eight-week courses are efficacious in university settings, with students particularly benefitting from the prophylactic impact of mindfulness during exam season.¹ At the same time, in recent years, the mindfulness field has become increasingly aware of the potentially adverse effects of meditation practice for people with a history of trauma, largely thanks to the work of Willoughby Britton and colleagues.²

Many people with post-traumatic stress report that they find mindfulness meditation calming and settling, whether they practise through sitting meditation or mindful movement, such as walking. The attention stabilisation effect also likely promotes metacognition of traumatic stress responses, enabling recognition of 'early warning signs', which in turn enables quicker intervention and regulation. These benefits of mindfulness meditation for trauma survivors however can be complicated by experiences of dissociation or hyperfocusing – what Trauma-Sensitive Mindfulness founder David Treleaven terms 'the Medusa problem', whereby coming into direct contact with traumatic stimuli effectively 'turns the meditator to stone' (or, to put it another way, triggers the 'freeze' response).³ In particular, immersive mindfulness practice, such as retreats

– though these are less commonly offered in higher education settings – can trigger retraumatisation for survivors. Meditation teachers have historically not always been alert to, nor had the framework to encapsulate, the difference between the edge of exploration and growth – 'turning towards the difficult' – and the edge of retraumatisation. Trauma-sensitive mindfulness (TSM), pioneered by Treleaven, a US-based social worker by training, is consequently becoming influential in the field.

The core aim of TSM is to make the benefits of mindfulness practice available to trauma survivors in ways that keep them safe, respecting and working around traumatic stress responses. TSM draws on body-based trauma psychotherapy, particularly the work of Peter Levine, the founder of somatic experiencing.⁴ It uses a nervous system regulation model of distress, which, for mindfulness teachers working in different models, such as the cognitive one of mindfulness-based cognitive therapy (MBCT), requires a conscious process of integration in pedagogic practice. Most mindfulness teachers are not trauma professionals, and TSM is explicitly not purposed for trauma 'treatment', but rather for trauma 'sensitivity', emphasising the need to work alongside or refer on to trauma professionals where needed.

The 4 'R's of trauma-sensitive mindfulness

In line with guidelines from the US National Centre for Trauma-Informed Care, Treleaven³ outlines trauma-sensitivity as four 'R's:

First, **realising** the ubiquity of trauma. Worldwide, 90% of us will experience a traumatic event during our lifetimes. While not all will develop post-traumatic stress disorder, or a major mental health condition, this means that traumatic stress in higher education mindfulness classes is more common than generally realised: in every setting, whether an eight-week course or a drop-in session, there is likely to be someone with a history of trauma.

Although the risk of reigniting traumatic stress is lower in a class than in immersive settings such as retreats, experience shows us that it is still there. Indeed, I struggle to think of an MBCT course that I have taught in the last five years which did not have at least one participant with a history of trauma. Drop-in classes, which in my experience may attract meditators who struggle the most with wellbeing or mental health and who therefore invest most in ongoing strategies to protect it, often have greater numbers of attendees with a history of either trauma or a severe mental health condition.

This has implications for pre-course screening: along with checking for other contraindications for mindfulness, such as recent bereavement, history of psychosis, or currently severe mental ill health, it is useful to ask about any history of trauma, or events occurring in the past that are still causing the person distress. Even in non-clinical courses, such as those offered for wellbeing rather than specifically for mental health conditions, it helps for the teacher to be aware of this in advance. Disclosure can be followed up with a one-to-one conversation to yield more information, so that students can either proceed with the option of additional support as needed, or do not embark on a mindfulness course that may not be suitable for them at that point in time.

As mindfulness teaching needs to be grounded in and embodied through the teacher's own personal practice of mindfulness, it's important to note that many mindfulness teachers will also have experienced trauma. Indeed, Treleaven's personal experience of vicarious trauma, encountered through his professional practice as a social worker, played a key role in his motivation for developing TSM. Trainee teachers with this history can report that mindfulness

practice, in line with mindfulness-based cognitive therapy or mindfulness-based stress reduction, 'doesn't quite stick' until coming upon trauma-sensitive adaptations, and those with an established practice can report the need to draw heavily upon TSM themselves in the aftermath of a traumatic experience. Even without this history, TSM adaptations, as with any adaptations to mindfulness

pedagogy, need to be grounded in the teacher's first-person experimentation and practice; it's through this, as well as professional experience, that teachers develop an intuitive sense of what would be helpful in the moment when working with a dysregulated student.

The second principle of TSM is **recognising** symptoms of dysregulation – hyperarousal, hypoarousal – as they arise. As all mindfulness

teachers know, you can screen students in advance, but depending on the language used to invite disclosure, they may not self-define as having experienced the 't' word (trauma). Students may instead contact the teacher after one session to say they found it challenging, or they may simply self-exclude, disappearing if they have a difficult experience.

Recognising symptoms of dysregulation in the moment is therefore particularly important. In a mindfulness class, this might be discerned as fidgeting or physical agitation; it could be clenched fists, sweating, looking compulsively around the room, a 'flattening' in facial tone, or closing eyes and hunching in on oneself in the 'freeze' response. During meditation itself, when most people's eyes are closed and they are sitting still, 'freeze' can be hard to identify. Recognising symptoms of dysregulation is notably challenging when teaching online, when facial colour and tone may be hard to read, and people are artificially immobilised in order to remain in the webcam's line of sight.

Notable here is the fact that TSM generally uses the lens of identifying 'dysregulation', rather than 'trauma': this is partly because it is not the mindfulness teacher's job to diagnose, but also because the nervous system regulation techniques of TSM are generally useful for other kinds of dysregulation, as well. Excessive looking around the room, fidgeting and

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physical agitation, for example, may not be symptoms of traumatic stress, but rather of ADHD.

The third principle is to **respond** effectively to dysregulation, to bring the person back into their window of tolerance. Grounding is usually the first port of call, variegated according to the type of dysregulation. Some may be able to ground straight away, through contact sensations of sit bones on chair, or through sensations of breath (though the latter can be difficult for some trauma survivors). But an agitated student in hyperarousal may need to stand up and move vigorously in the space, for example shaking out, before they are able to concentrate on sensations at the soles of the feet; a student in 'freeze' or hypoarousal may need actively to press their feet against the floor for additional sensory input, and visually orient to the room through particular colours, or the sense of space.

Given that mindfulness courses are taught in groups, the TSM approach of putting people 'in choice' is pertinent here: the choice of whether to sit or stand during practice; if sitting, whether on a chair, or on the floor, with their back against the wall; options to move and shake out; options even to leave the room and come back. As mindfulness teachers, we can also respond through personalised curriculum adaptation, as I'll describe further below.

The fourth principle of TSM is the overarching prevention of **retraumatisation**. This means a number of things: weaving in trauma-sensitive adaptations as a matter of course in practice, even before we become aware of a particular person's needs; bearing in mind the person's embedding in social and cultural context that could give rise to, or trigger, traumatic responses; and, critically, knowing when and where to say 'stop'.

Regarding the latter, mindfulness teachers might suggest shorter practices to individuals, and take into account our own context and responsibilities when determining whether it's appropriate to offer more tailored trauma-sensitive support. Some professional structures are more trauma-sensitive than others: many mindfulness teachers are teaching on an external consultancy basis, which means delivering an eight-week course without being embedded in the university's wellbeing structure, and without the possibility of offering additional

one-to-one guidance. Under these circumstances, they might advise a student who is dysregulated in the ordinary course of a class not to participate further, as they cannot offer them the support required for them to continue to participate safely.

An in-house mindfulness practitioner, on the other hand (as is the case in my work at the University of Edinburgh, for example), is in a position to offer additional trauma-sensitive guidance that can enable a student to complete a course, or participate in drop-in sessions, safely and usefully. Either way, if a student experiences continued dysregulation in mindfulness practice, despite adaptations, signposting onward to trauma professionals is appropriate, where this is not already in place.

Trauma-sensitive adaptations for practice within an eight-week mindfulness course

In the traditional eight-week MBSR or MBCT course, including the MBCT: Finding Peace (MBCT: FP) curriculum, often taught in higher education settings, personal mindfulness practice is a substantial component, varying from half an hour to an hour daily. Situations therefore arise where students participating in mindfulness courses need trauma-sensitive adaptations to the personal practice component of the course. To guide the practitioner's

recommendation, a certain triangulation takes place in mind: the specific trigger for the student, and what they may need; the point in the eight-week curriculum where this has arisen; and, when in class, the extent of possible adaptation to meditations for this student, given the group context.

An eight-week MBCT: FP curriculum takes the student on a particular experiential and

psychoeducational journey. The first half of the course lays stabilising and metacognitive groundwork. It uses sensations of body and breath to develop grounding, focusing, attentional flexibility and early whispers of self-compassion. (Explicit self-compassion practices can be counter-productive for those with active depression or a history of trauma.) These are cultivated with the intention of reducing cognitive reactivity (from a cognitive perspective, this is the key maintaining factor in an episode of depression – an



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inheritance from MBCT's original derivation for the prevention of depressive relapse). By exploring practices of gratitude, the early stages of MBCT: FP also deploy Rick Hanson's 'turning good facts into good experiences' lens.⁵ This can be helpful for those struggling with low mood, or indeed trauma, as a means of re-attuning to moments of good experience and good sensation – which may have been previously impossible.

The first half of the course therefore can be broadly defined as 'resourcing' the student: equipping them with techniques and places of grounding, stability and even pleasure in the body, that they will need in order to do any deeper exploration of the patterns causing them distress. In

sessions five to eight, the curriculum works more explicitly with difficult emotional content, the cultivation of self-compassion and behavioural intervention for low energy and mood.

This structure, with its progressive movement through the practice and acquisition of particular skills of attention and forms of emotion regulation, has particular implications for how mindfulness teachers might respond to a student presenting with dysregulation and likely traumatic stress. Trauma-sensitive adaptations to practices that feature early in the course, such as the body scan, and mindfulness of body and breath, may be required: a student might be encouraged to keep their eyes open, or to sit upright for a body scan, to prevent emotional 'flooding'. Particular parts of the body may be particularly triggering, but others, such as the soles of the feet, or weight of the hands, may be stable, and can be cultivated as embodied resources for the attention. This can often come as a great relief for a student whose difficult sensations have been driving them 'out of the body' entirely.

One-to-one check-ins may be needed weekly or fortnightly as the course progresses, to ascertain that the adaptations to the practice are helping and that the student is not being regularly pushed out of their window of tolerance during meditation. In dialogue with the student, whether in class inquiry or one to one, the impetus of the teacher will likely be towards grounding, stabilisation and metacognition, even and especially when the focus of the curriculum shifts, halfway through, towards deeper exploration of difficult emotion. In the 'exploring difficulty' session

– the (to mindfulness practitioners) notorious 'session five' – the central meditation involves bringing to mind some small difficulty or problem, placing it 'on the workbench' of the mind, and noticing where sensations arise in the body. Participants are then guided to hold these sensations in gentle awareness, breathing with them and perhaps even saying internally, 'It's OK to feel this'. Because this practice

explores sensations in the body, with the ballast of weeks of grounding and anchoring practice, it tends to interrupt the rumination and cognitive reactivity that causes a difficult thought or emotion to spiral into greater distress. Without that reactivity, the student thereby discovers in real time that it's possible to 'be with' the

emotion without trying to fix it, often allowing it to soften or resolve.

Even with that ballast, however, a student with a history of trauma may find themselves tipped into hyperfocusing or dissociation. I have therefore guided some students to keep their eyes open during the practice; to sit on the ground for additional grounding sensory input, through the sensations of the legs and feet; or, sometimes, not to attend the session at all. Even when the session is taught with a light touch, students requiring trauma-sensitive adaptations will already be learning a tremendous amount as they navigate around traumatic stress responses, and cultivate attention stabilisation and grounding. It is not always necessary – and can tip over into retraumatisation – for a student to attend a session dedicated to the exploration of difficult experience.

For students with a history of trauma, trauma-sensitive adaptations can therefore enable the aims and intentions of a standard mindfulness course to be fulfilled, in a climate of containment and safety. These adaptations are considerably more subtle than 'going easy' when an edge of difficulty presents itself. Certain traditions of meditation practice which emphasise 'pushing through' are often counter-productive; equally, a very conservative approach, which reinforces a survivor's perception that the body as a whole is unsafe, for example, runs the risk of preventing the helpful discovery of places in the body that do feel safe. These can begin, alongside trauma treatment, to do the patient work of re-befriending the body. Nuanced work is needed on the part of the teacher to discern the distinction between an edge



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that can be carefully explored, an edge that requires the meditator to step away into grounding and resourcing practices, and an edge that requires the student to step away from formal meditation practice – for now – altogether.

Laurine: a case study

Laurine was an international student in her 20s, who had a diagnosis of complex PTSD and was in the last year of writing her PhD. She was in contact with all the university student support services, had completed the four sessions that were offered by the counselling service, and had an ongoing mental health mentor in the disability and learning support service. Laurine first came to me at the university chaplaincy through an online mindfulness drop-in class. Afterwards, she emailed me, asking for trauma-sensitive adjustments with her practice. She told me that she had been abused as a child and teenager, and found meditation helpful with her constant agitation (hyperarousal). She found grounding and yoga particularly useful. When I asked her about her mindfulness practice, she described experiences of feeling unsafe during meditation. She also told me that she sometimes felt very blank and empty while practising. While Laurine interpreted this as 'extreme calm', to me this indicated likely dissociation, requiring intervention in her practice.

Laurine came to online drop-in sessions for some time, but disclosed in the group inquiry (facilitated discussion) that she did her own practice while I was guiding, even though the practices I guided were trauma sensitive. While this response usually merits from the teacher some gentle prompting to open up and explore, in Laurine's case I considered it promising at this point that she felt safe enough to come to the sessions at all. Indeed, she continued to attend, and in later sessions, asked questions that showed she was now listening to and following along with the guidance, interspersing this with responding in ways she personally found helpful.

After several weeks, Laurine and I began having fortnightly one-to-one mindfulness mentoring sessions in person, to help her with her practice at home. I worked with her to identify when her levels of dysregulation were so high that it would be more helpful to walk mindfully rather than do sitting practice, and, when doing meditation, to keep her eyes open, sit on the floor, and perhaps sit with her back against the wall. When sitting on the floor, we incorporated some mindful physical movement, practices I term 'deep grounding' – pressing the feet against the floor to amplify sensations of contact and anchoring, and tapping alternating feet slowly and

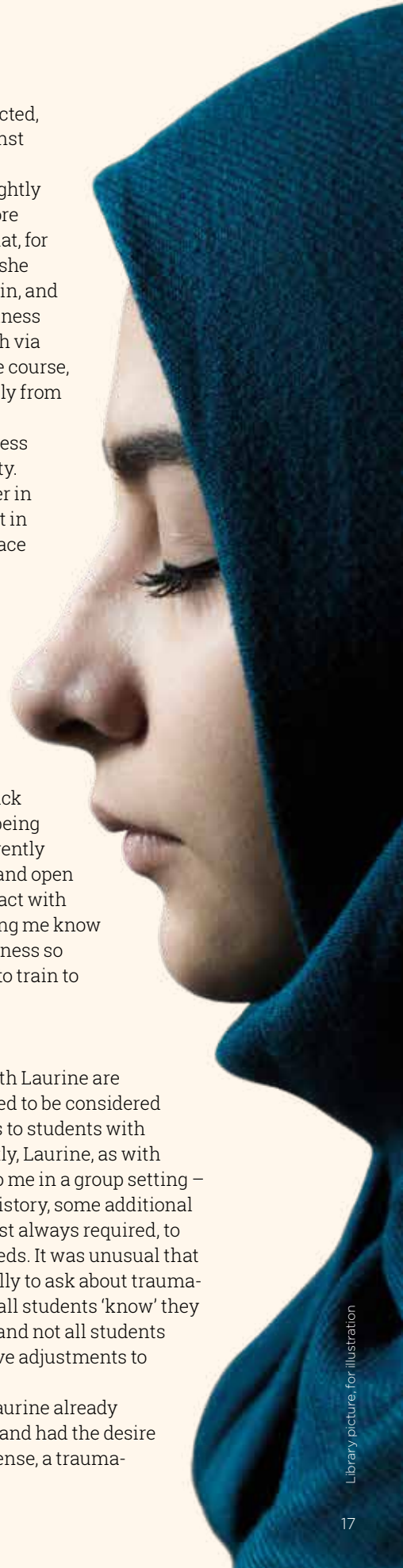
rhythmically.⁶ This, I suspected, would help protect her against dissociation.

We met one to one fortnightly for about three months before closing. I felt at this point that, for now, Laurine had the skills she needed to keep herself safe in, and to benefit from, her mindfulness practice. She stayed in touch via email for a while, and in due course, after graduating successfully from her PhD, she took part in an eight-week group mindfulness course outside the university. This was a big step up for her in terms of her level of comfort in meditating in a physical space with other people. Having been on the waiting list for specialist trauma treatment, she continued on to this, and found it transformative. A couple of months after her treatment closed, we met online for a conversation and I was struck by the change in her: from being quiet, withdrawn and apparently shy, she was bright, bubbly and open in demeanour. My last contact with Laurine was via email, letting me know that she had found mindfulness so helpful, she now had plans to train to teach it to others.

Laurine: discussion

The adjustments I made with Laurine are illustrative of what may need to be considered when offering mindfulness to students with experience of trauma. Firstly, Laurine, as with most students, first came to me in a group setting – but for students with this history, some additional one-to-one support is almost always required, to ensure tailoring to their needs. It was unusual that she contacted me specifically to ask about trauma-sensitive adjustments: not all students 'know' they have experienced trauma, and not all students 'know' that trauma-sensitive adjustments to mindfulness are possible.

Key here, too, was that Laurine already found mindfulness helpful and had the desire to keep practising. In this sense, a trauma-



sensitive mindfulness approach was ideal. The guiding question of TSM, as we recall, is how to make the benefits of mindfulness available to people with trauma, rather than mindfulness being another thing that they have to give up because it's too dysregulating. It's helpful nonetheless for the teacher to keep in mind that a student presenting to an eight-week course, with no previous experience of mindfulness, may have a different experience, and need to be pointed towards another wellbeing approach.

In order to work effectively with Laurine, I took basic mindfulness principles – those of anchoring, grounding, cultivating places of attention and focus – and essentially 'dialled them up'. The practices that I term 'deep grounding', described above, offered greater sensory input, thereby to better hold and steady the attention. We also gave specific thought to the environment in which she practised: options included having her back against the wall, the door to her bedroom closed, and also the freedom to walk and practise outside, if that felt more helpful. Important here, too, is that Laurine and I did no explicit 'exploring difficulty' practice. Instead, I guided her to notice where in her body difficult sensations arose, but then redirect her attention elsewhere, to places of steadiness. This pendulation approach, alongside lots of grounding practice, helped prevent hyperfocusing and the 'kickback' of dissociation, which allowed Laurine's mindfulness practice to become more of a container for the strong sensations she experienced.

Conclusions

In this article, I've outlined ways in which trauma-sensitive adaptations might be adopted by those offering mindfulness-based approaches in higher education settings. I began with exploring the four 'R's of TSM, and various considerations that are necessary when wishing to offer mindfulness in ways that will be safe and effective for students with a history of trauma: pre-course screening; the mindfulness teacher's context and responsibilities; in-person and online recognition of dysregulation, and ability to adapt techniques, environment, and curriculum effectively; and, always, knowing the judicious moment and means of saying 'stop'. I contextualised this further with reference to the guiding aims and intentions of a typical eight-week mindfulness course, and how, within these, a teacher might identify useful adaptations to mindfulness practice, in a way that enables a student with dysregulation to participate safely, and to benefit. Finally, the case study of Laurine explores how mindfulness can

be offered in trauma-sensitive ways outside a course setting, when students with complex needs present, either through drop-ins or other less formalised channels, seeking help with their personal practice.

Inevitably, this article can only be an introduction to what is a rich and potentially fruitful, if complex, field of support for students. Mindfulness teaching is an unregulated profession, despite the establishment of the British Association of Mindfulness-based Approaches (BAMBA); its popularity as an add-on in a wellbeing or counselling 'toolkit' can sometimes mean that the subtler adaptations and uses discussed here are missed. Training and ongoing supervision in mindfulness-based approaches, as well as in trauma-sensitive mindfulness specifically, are vital for those looking to support students in this way. While the challenges are many, and both contexts and cases are highly variable, the rewards, as I hope Laurine's case demonstrates, can be significant. ■

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