Thomas Room

Working with Specific Populations

Welcome to the

WORKING WITH TRAUMA

CONFERENCE

2019

SELECTED SPEAKER



DIANNE BLAYNEY

Conference Host

Working with Trauma is proudly hosted by: (PACFA) Psychotherapy and Counselling Federation of Australia

Time

14:35pm - 14:55pm





DISSOCIATION AND MEDITATION Possibilities and Pitfalls

PACFA Conference Feb 2019

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Types of meditative dissociation

Seven types of meditative dissociation

birth trauma memories (Bache, 1991)
evocation of death anxiety (Clement, 2005)
replay of childhood wounds (Treleaven, 2010)
out of body experiences (OBE's) (Wilde & Murray, 2009)
purposeful and directed dissociations (Edge, 2001)
states of association (Edge, 2001)

Adaptive or maladaptive Short and long term meditation Secular and spiritual settings

Dissociation

Dissociation

Disruption to normal integration of memory, identity, affect, cognition, behaviour, consciousness (DSM5, 2013)

Continuum of dissociation

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Everyday (daydreams)

Intense (DSM5 dissociative disorders, trauma)

One-ness
(universe, nature)
(Edge, 2001)







Meditation

Spectrum of meditative states

absorption and detachment (Bowins, 2012)



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out of body experiences (OBE's) (Wilde & Murray, 2009)



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cosmic unity (Waelde, 2004)



Overlap of meditation and dissociation

ultimate therapeutic dissociation (Bowins, 2012)

abstract and concrete, implicit and explicit, objective and subjective (Forner, 2017)

Assessment of Dissociation

Eight dimensions of meditative experience adapted from Classical Yoga Literature to distinguish dissociation in a war veteran (Waelde, 2004)

- consciousness
- identity
- cognition
- affect
- attention
- sensory perception
- time sense
- pain sensitivity

Research

TITLE: MEASURING AND ASSESSING DISSOCIATIVE PHENOMENA IN MEDITATORS

Aim

differentiate meditation and dissociation along eight dimensions of experience consciousness, identity, cognition, affect, attention, sensory perception, time sense and pain sensitivity

Explore

when meditation is dissociative perception of risk or adaptation individual differences



Participants

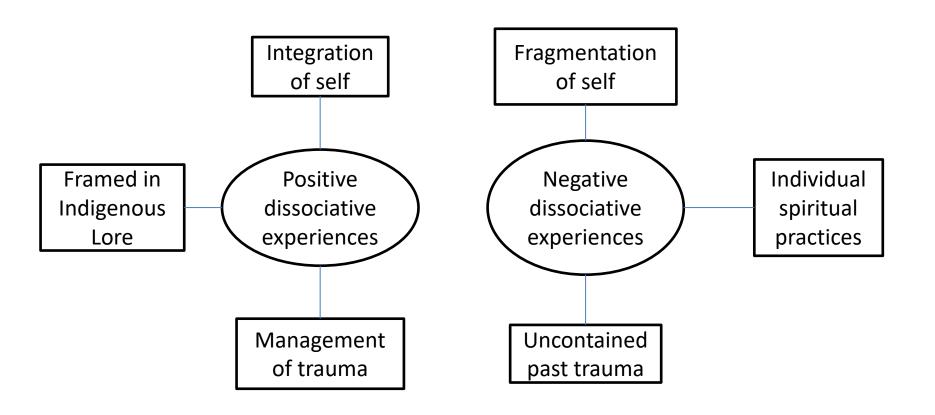
Qualitative, phenomenological study Purposive sample of two

(F) 60 year old female facilitated personal growth courses, 20 years meditation experience in six different settings

(M) 82 year old Australian Indigenous Elder used altered states of consciousness most of his life, Indigenous healings with individuals and groups

Thematic Analysis Results

Two main themes and three associated sub-themes



Theme 1 Positive dissociative experiences

1.1 Integration of self.



"I can't recall any fear when I was out over the ocean looking in...I registered in my brain, ok smarty, you know you can do this now but you can't do it all the time, if you switch off you're right out there and although your physical body is back there what's going to happen"

Theme 1 Positive dissociative experiences

1.2 Framed in Indigenous Lore.

"It is the heritage, the legacies handed down through that bloodline over my years as a child, just watching the old fellas, what they used to do"



Theme 1 Positive dissociative experiences

1.3 Recognition of trauma.

"I try to bring them into the one-ness of going out and then coming back, just by looking at a leaf here... to hear that they are contacted or felt that is a blessing, to know that they're still carrying their ancients."



Theme 2 Negative dissociative experiences

2.1 Fragmentation of self



"(Create) an illusion world so that I didn't have to face whatever it was, pain, thoughts or whatever".

"I felt separated from (into) a physical me and an energetic me, a light and dark me, a conscious and unconscious me, a thing I was aware of and a thing that I wasn't, so I was just aware of separation and split."

"I could feel everybody's emotions"

Theme 2 Negative dissociative experiences

2.2 Individualised spiritual practices.

competitive and hierarchical spiritual philosophies could not be challenged. grounded on earth inferior



"I wasn't ticking all the boxes for what they wanted, I used to try and question that, it was shut down, ignored, overridden, not validated."

"I dissociated from the heart down"

Theme 2 Negative dissociative experiences

2.3 Uncontained past traumas.

"My basic training with mum was escapism and my dad would suppress emotions and feelings but deal with it through physical-ness, I did it dad's way and mum's way"

"(Now) my soul is centred in me and I don't have to find it out there"

"If there'd been support along the way I probably would have got to the same place I am now quicker".



Findings

Waelde's eight dimensions of meditative experience helpful

Participant experiences were either

- ego-syntonic or ego-dystonic
- understood within Indigenous culture or unrecognised in contemporary meditation settings
- trauma managed or trauma uncontained

FindingsFirst key factor

Self-concept

- M's sense of self was reinforced and F's sense of self fragmented
- Spectrum of five dissociative constructs (pathological, typical, purposeful, directed and association) (Edge, 2001)
- Ongoing debate whether dissociation is pathology or clever adaptation

FindingsSecond key factor

Meditational context

- M's inherited Indigenous legacy
- F's "advanced" but actually aligned with definitions of "spiritual by-passing" (Wellwood, 2000; Treleaven, 2010)
- Importance of safe meditation framework and instructor knowledge of anticipated psychological difficulties

Findings Third Key Factor

Previous exposure to trauma

- F's early developmental trauma linked to later dissociation

Three case studies in literature also describe re-traumatisation during meditation

- birth trauma memories (Bache, 1991)
- evocation of death anxiety (Clement, 2005)
- cyclical replay of unresolved childhood wounds (Treleaven, 2010)
- F saw dissociative experiences as important developmental journey as do long term meditators in spiritual traditions (Bache, 1991; Clement, 2005)
- M used sacred dissociative practices to protect against intergenerational trauma and enhance spiritual connection
- Fragmentation in service of wholeness but needs adequate professional support.

Clinical Implications

- Three possible contra-indications for a negative dissociation
 - 1. ego dystonic
 - 2. non trauma-informed settings
 - 3. history of developmental trauma
- Develop lines of therapeutic questioning based on Edge and Waelde's models
- Screen meditators
- Use stabilising techniques, socially engaged talk therapy, embodied practices
- Use simple creative meditations (guided) rather internalised mindfulness practices (breath and thoughts) (Forner, 2017)
- Harness healing potential in purposeful /directed dissociation and states of association

Future Possibilities

Pilot study for future research

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