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MINDFULNESS AND TRAUMA: IMPLICATIONS FOR TREATMENT

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ABSTRACT: Mindfulness, originally a construct used in Eastern spiritual and philosophical traditions, has found new utility in psychotherapy practice. Mindfulness practice has been recently applied to treatments of several psychological and health related problems, and research is showing successful outcomes in psychological interventions incorporating mindfulness practices. Several schools of psychotherapy have theorized why mindfulness may be an effective intervention. One population which would theoretically be benefited by mindfulness practice in treatment consists of those individuals who have experienced traumatic events and are exhibiting post-traumatic stress disorder and/or related correlates of past trauma. The present paper gives a general review of the application of mindfulness to clinical psychology interventions. Additionally, we explain how mindfulness is applicable to our integrative behavioral approach to treating trauma and its sequelae. Specifically, this paper will (a) give a general overview of the conceptions and applications of mindfulness to psychology and psychotherapy and provide a brief account of the concepts origins in eastern traditions; (b) discuss the theoretical conceptualization of clinical problems that may relate to the long-term correlates of trauma; (c) describe how mindfulness, acceptance and the therapeutic relationship can address trauma symptoms and discuss a modified treatment approach for trauma survivors that incorporates mindfulness and acceptance practices into traditional exposure treatment.

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Understanding the long-term effects of traumatic experiences and identifying appropriate treatment for trauma survivors continue to be complex and at times controversial tasks (Brewin, 2003). While cognitive-behavioral treatments are generally considered to have the most significant empirical support for the treatment of trauma (American Psychiatric Association Work Group on ASD and PTSD, 2004; Foa, Keane, & Friedman, 2000), practices associated with the treatment of the broader range of trauma related problems continue to evolve. Our understanding of trauma symptoms has expanded to include the knowledge that outcomes associated with traumatic experiences are not limited to Post-traumatic Stress Disorder (PTSD) but rather extend across a range of intra- and interpersonal problems. Therefore, in our work with trauma survivors, we have conceptualized trauma symptomology in terms of functional classes of behavior, rather than focusing on a syndromal classification of symptoms (Follette & Naugle, 2006). While a great deal is known about the treatment of basic anxiety related phenomena associated with traumatic experiences, there are a number of lacunae in our knowledge about the treatment of the broader range of problems associated with a trauma history.

Certainly the current repertoire of cognitive behavioral treatments for trauma survivors has demonstrated efficacy. However, we believe that the addition of mindfulness related treatment interventions will enhance our ability to treat people who have difficulties associated with having experienced a traumatic event. The theoretical work arising from our conceptualization of functional domains of behavior has informed our present integrative behavioral treatment approach. In our approach, we work to influence behavior change by increasing both acceptance strategies and skillful behavior. Mindfulness is a core component of both of these approaches.

In the present paper, we will briefly address the historical roots of mindfulness, with its origins in eastern religious traditions. We will present a short review of the application of mindfulness to clinical psychology interventions. Finally, we will discuss our view of the utility of mindfulness in our integrative behavioral approach to treating trauma and its sequelae.

MINDFULNESS IN EASTERN RELIGIOUS TRADITIONS

In discussing the integration of Buddhist teachings with Western psychological practices, it should be noted that there are

many different schools of Buddhism and we will speak in rather general terms, in that they share many basic tenets (Kumar, 2002). While a detailed description of the Four Noble truths is beyond the scope of this paper it is appropriate to present them briefly in that the utility of mindfulness practices arise directly from them. Basically they state the following: "(a) suffering is ubiquitous; (b) suffering is a consequence of the automatic tendency to cling to phenomena; (c) the cessation of suffering is possible; and (d) this cessation can be achieved by practicing the Eightfold Noble Path" (Kumar, 2002, p. 41). An in depth discussion of the Eightfold Noble Path is beyond the scope of this paper. However, it is relevant to note that aspects of the path include engaging in right understanding, conception, speech, action, livelihood, effort, mindfulness, and concentration (Harvey, 1990). Each aspect of the path is interdependent, promoting skillfulness and diminishing ineffective elements that lead to unskillful behavior (Harvey, 1990). In some form, all aspects of this path are relevant to our treatment approach. Among these concepts, the path of mindfulness has received a great deal of attention in Western psychology. In this tradition, mindfulness, or *sati*, is a state of keen awareness of mental and physical phenomena as they arise. Thus, mindfulness is a practice of focusing our attention.

Mindfulness meditation, a part of the eightfold path, typically focuses on several domains, including bodily sensations, states of mind, and interactions between one's behavior and the universe (Harvey, 1990). This practice involves the use of focused attention to private experiences in order to cultivate calmness and stability (Kabat-Zinn, 1990). Thoughts and feelings are not ignored, suppressed, analyzed or judged for content. Rather, these experiences are noted as they occur and observed non-judgmentally, moment by moment, as the events enter into the field of awareness (Kabat-Zinn, 1990). In a sense, mindfulness allows a sense of "calm abiding" with our current experiences.

Mindfulness meditation is thought to help achieve self-acceptance, or *maitri*.[1] Chodron (2001) explained that there are four aspects of *maitri* that are fostered when people meditate: commitment, awareness, willingness to experience emotional distress, and attention to the present moment. Practicing these behaviors in both pleasant and unpleasant circumstances helps people see themselves as part of a

[1]The Pali equivalent of *maitri* is *metta*, usually translated "loving kindness".

greater context, not as good or bad, but as part of a changing universe. This approach to life circumstances is central to our acceptance based therapy.

While there are important similarities between Buddhist thought and some schools of Western psychology, it is important to remember that there are also significant differences. Both perspectives have parallel goals in that both seek to foster growth, understanding, and freedom from suffering. Furthermore, both share a fundamental assumption that there is an inherent potential within each person toward continual growth (Kumar, 2002). Buddhist teachings and contextual behavioral approaches share an emphasis on a contextual understanding of the world. From a Buddhist perspective, knowledge is attained experientially and individuals and the external environment are perceived as unpredictable (Chodron, 2001). In contrast, Western behavioral psychology is a "science" in which the goals are prediction and influence of behavior. Cognitive-behavioral "scientists" analyze even experiential exercises and generate hypotheses to be tested in order to understand mechanisms of change. However, both share the goal of achieving a state of awareness and acceptance. While there is a long historical tradition of these practices in Buddhism, investigation of the utility of mindfulness and acceptance are relatively new in Western psychology.

As described by Ekman and colleagues, mindfulness is a practice that has been used in Buddhist traditions to endure painful emotions in a way that is not typical of Western approaches to these experiences (Ekman, Davidson, Ricard, & Wallace, 2005). Rather than just noticing such emotions, Western traditions tend to focus on controlling and overcoming negative emotions. The two traditions also differ in some ways in the proposed mechanisms through which suffering emerges. From a Buddhist viewpoint, suffering is generated by acting from the assumption of essentialism, that is, "believing that one is a discrete, fixed self and identity, independent of external environmental influences or internal physical processes" (Kumar, 2002, p. 41). Western psychological approaches differ among theoretical orientations, in their consideration of the self. However, in general there is some fundamental self that is identified and is often thought of as a rather fixed identity. While they differ in terms of the precise mechanisms of action, Buddhist and many current psychological approaches to the problem of suffering are similar in that they view "craving" or attachment to particular outcomes as at the core of human misery.

Both Buddhist teachings and Western psychology offer useful viewpoints that can guide future thinking about the relief of human suffering. Newer behavioral and cognitive-behavioral treatments have adopted a "middle way," so to speak, between these two approaches. Many of these approaches (particularly ACT and DBT) espouse a dialectical world-view in which clients are encouraged to accept where they are in life, while being challenged to act more effectively in the future.

MINDFULNESS AND PSYCHOLOGY

The conceptualization of the construct of mindfulness has varied among clinicians and researchers in psychology. This is partly as a function of differences in studying the construct from the perspective of cognitive versus therapeutic utility. Langer and Moldoveanu (2000) reviewed various conceptions of mindfulness in health, business and educational fields. Their definition of mindfulness involves "drawing novel distinctions" (p. 2), which may lead to four possible consequences, including (1) a greater sensitivity to one's environment, (2) increased openness to new information (3) creation of new categories for structuring perception and (4) an enhanced awareness of multiple perspectives in problem solving. Brown and Ryan (2003) define mindfulness as "the state of being attentive to and aware of what is taking place in the present" (p. 2). They state that core characteristics of mindfulness have been described throughout the literature as "open and receptive awareness and attention" (p. 2). In their review of theories of self-regulation in various schools of psychotherapy, they find support for the importance of awareness, attention and the capacity to be observant to self-regulating behavior. They propose that the capacity to self regulate one's behavior is linked to mindfulness and to overall psychological well-being.

Mindfulness-Based Cognitive Therapy (MBCT) is a therapeutic approach that has directly incorporated eastern-based mindfulness practices as a way of addressing problems such as recurring episodes of major depression. Segal et al. (2002) describe how they developed MBCT, which included traditional change strategies of CBT. However, they did not want to communicate a message that all problems, thoughts and feelings need to be "fixed" or changed. Based on Kabat Zinn's work, Segal et al. (2002) developed a CBT treatment that teaches clients' to embrace thoughts and feelings with increased

awareness, with the overall goal that increased awareness and openness to these experiences will have the end result of changing them. Segal et al. state that the mindfulness-based CBT for preventing depression relapse emphasizes that attempting to "fix" all negative or unwanted thoughts and feelings that arise is dangerous. This is because it may teach people that their feelings and thoughts are dangerous, which would encourage attempts to solve potential problems by ruminating about them; this approach then lends to further depression. Thus, in developing MBCT, Segal and colleagues contended with the opposing nature of change (in CBT) and one of acceptance (inherent in mindfulness).

Baer & Miller (2002) have been influential theorists in this area and their work illustrates two primary conceptual differences between traditional CBT and mindfulness. The first difference is that mindfulness training does not include the evaluation of thoughts or goals to change thoughts that are judged to be maladaptive or "irrational." Secondly, Baer & Miller note that traditional CBT involves specific goals to change a behavior or thought pattern, whereas mindfulness meditation is practiced with an attitude of "nonstriving". In preventing depression relapse, this was accomplished by teaching clients to accept that some negative thoughts and feelings will always be present, and also noticing depressive thought patterns (without judgment, via mindfulness skills) so as to prevent them from escalating into more severe depressive symptoms. This balance between mindfulness and change is also evidenced in Dialectical Behavior Therapy (Linehan, 1993) and Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999) where the theoretical basis of treatment is balance between acceptance and change.

MINDFULNESS AND TRAUMA

Several lines of research point to a possible relationship between trauma and mindfulness-related processes. Pain resulting from exposure to certain "traumatic" experiences, such as rape, combat, or natural disasters, is commonplace and to be expected in most people. However some individuals will develop long-term problems associated with a traumatic experience and from a Buddhist point of view we might describe these symptoms as a form of suffering. Clients with trauma symptoms that persist exhibit a number of behaviors that reflect a narrowing of their behavioral repertoires in response to

aversive internal experiences. This narrowing is demonstrated by a sort of psychological inflexibility, which has been described as being a result of not being able to be mindful or present (Follette, Palm, & Rasmussen-Hall, 2004). Part of the process becomes increasing use of a variety of avoidant behaviors. Some examples of these that we commonly observe include efforts to suppress intrusive thoughts, removal of oneself from situations that elicit negative private experiences, substance use, and emotional numbing. This avoidance of painful internal psychological experiences represents the antithesis of mindful behavior and it becomes a persistent strategy that is maintained by conditioning processes. Moreover laboratory and clinical data make it increasingly apparent that such avoidance is a counterproductive strategy.

Karekla, Forsyth, and Kelly (2004) found that, compared to their less avoidant counterparts, participants who scored high on avoidance measures experienced greater panic symptoms in response to a laboratory challenge. A series of studies examining thought suppression have demonstrated that coping strategies involving attempts to suppress or reduce the frequency of certain types of thoughts actually increase the occurrence of those thoughts (e.g. Wegner, 1997; Wegner & Zanakos, 1994). Researchers have shown that this "rebound effect" occurs when instructions to suppress a particular thought result in an increase in the frequency of that same thought. When the experience intensifies and occurs more frequently, the person may continue to utilize avoidance strategies and thus create a "behavioral loop" (Hayes & Gifford, 1997, p. 170).

Pennebacker and O'Heeron (1984) and others have found that individuals attempt to suppress thoughts when they are traumatized (Silver, Boon, & Stones, 1983). Many trauma survivors in clinical settings report actively avoiding situations, thoughts and the emotions associated with them in efforts to avoid the aversive nature of these experiences (Palm & Follette, 2000). However, as we have suggested, there is considerable evidence illustrating the paradoxical effects of avoidance, which can increase the occurrence of intrusive thoughts (Clark, Ball, & Pape, 1991; Wegner, Shortt, Blake, & Page, 1990) and intensify the negative emotional experience (Cioffi & Holloway, 1993; Wegner & Zanakos, 1994). It is also possible that increased suppression and avoidance lead to emotional numbing and dissociation from cognitive or emotional stimuli.

Emotional numbing, commonly associated with trauma, can be conceptualized as another form of behavior that is not mindful. Clients with trauma histories may evidence attention deficits and functional impairments characterized by limited awareness and emotional numbing (Sachinvala, Von Scotti, & McGuire, 2000; Vasterling, Duke, & Brailey, 2002). Litz and colleagues described how, among clients with PTSD, emotional numbing might develop through several different pathways such as chronic avoidance of trauma-related stimuli, inattention to emotional stimuli, response inhibition, or depleted affective resources from coping with re-experiencing and hyperarousal symptoms (Flack, Litz, Hseih, Kaloupek, & Keane, 2000; Litz, Orsillo, Kaloupek, & Weathers, 2000; Roemer, Litz, Orsillo & Wagner, 2001).

An inability to regulate emotional responses and difficulties in interpersonal relationships may be part of the pre- and post-traumatic factors that maintain poor functioning among individuals with trauma histories (Roth, Newman, Pelcovitz, ver der Kolk, & Mandel, 1997). Cloitre, Koenen, Cohen, and Han (2002) argue that these factors may lead to complications in using exposure-based treatments in emotion regulation and interpersonal difficulties may lead to symptom exacerbation in early phases of treatment with resulting compliance problems and increased drop-out rates (Pitman et al., 1991; Scott & Stradling, 1997; Tarrier et al., 1999).

Research examining non-response to existing treatments for trauma seems to indicate that the inclusion of mindfulness skills in treatment may be beneficial. Further, treatments for trauma in which mindfulness skills have been added have shown promising results (Becker & Zayfert, 2001). Mindfulness interventions have been integrated into new behavioral treatments for trauma with promising preliminary results (Becker & Zayfert, 2000; Simpson et al., 1998). Mindfulness skills may be particularly useful in decreasing avoidance in treatment. The integration of mindfulness skills could improve the effectiveness of exposure treatments through increasing patients' ability to contact painful memories, thoughts, and feelings without engaging in avoidance strategies. An inability to remain present without engaging in avoidance can be conceptualized as a skills deficit.

Factors associated with poorer response to treatment include skill deficits in distress tolerance and emotion regulation, vulnerability to dissociation under stress, and ability to maintain a good working relationship with a therapist (Chemtob, Novaco, Hamada, & Gross, 1997; Cloitre & Koenen, 2001). Jaycox, Foa and Morral (1998) found

that clients who exhibited high emotional engagement at the beginning of treatment and steady habituation throughout treatment benefited from exposure; whereas those who did not engage emotionally did not benefit. Differential responding to treatment may be related to clients' ability to identify emotional responses or the use of avoidance strategies (i.e. distraction, worry, etc.) that oppose emotional engagement. Taken together, these findings strongly suggest that the addition of mindfulness skills to trauma therapy may enhance treatment acceptability and efficacy.

INTEGRATION: LINKING HISTORY WITH PRESENT UTILITY

Mindfulness, as understood in the behavioral psychotherapy tradition, encourages acceptance rather than rigid avoidance of one's experiences. This rigid avoidance or excessive control is generally considered to be a form of what we might call "mindless" behavior. Certainly it is clear that efforts to avoid negatively evaluated private experiences may be a problematic method of coping (Leitenberg, Greenwald, & Cado, 1992; Roemer et al., 2001). Moreover, this attempt to avoid or suppress often results in an increased "attachment" to the trauma experience that can result in increased suffering. Our approach incorporates the use of mindfulness in order to facilitate both emotion regulation and acceptance.

Linehan (1993) has identified mindfulness as one useful tool in developing emotion regulation skills. Rather than serving a control function, mindfulness strategies are taught to increase awareness and flexibility of responding to emotional experiences. Clients are helped to practice experiencing thoughts and feelings they typically avoid. As outlined in DBT, mindfulness exercises provide instructions on attending to and identifying thoughts, feelings, and memories of all types. Frequently, those memories that are avoided have some traumatic content. Clients are taught to just notice these thoughts and feelings without having to act to alter those private experiences.

Hayes et al. (1999) described mindfulness, exposure, cognitive defusion, and values clarification as methods aimed at both acceptance and change processes. They stated that "any approach that encourages non-evaluative contact with events that are here and now, will necessarily also lead to increased contact with previously avoided private events because these private events will eventually

be here and now and a non-evaluative, non-judgmental approach to them will inherently increase contact" (Hayes & Wilson, 2003).

In addressing trauma clients specifically, Cloitre et al. (2002) found that skills training in affective and interpersonal regulation before conducting exposure resulted in significant improvements in functioning. In particular, they found that improvements in affect regulation and positive therapeutic alliance during that skills training were significant predictors of PTSD symptomology reduction during exposure treatment. Significant changes in affect regulation and anger expression occurred during the skills training phase of the study but not trauma symptoms, whereas trauma symptoms decreased during exposure but not affect regulation or anger expression. These findings suggest that including skills training in emotion regulation and interpersonal effectiveness before conducting exposure may lead to better outcomes than doing exposure alone.

MINDFULNESS AND PSYCHOTHERAPY FOR TRAUMA

We have found the integration of basic principles from DBT and ACT with a focus on mindful acceptance as a primary goal to be useful in the treatment of trauma related problems. In addition, we incorporate principles from Functional Analytic Psychotherapy (FAP; Kohlenberg and Tsai, 1991) to specifically target mindfulness in the therapeutic relationship. These therapies are principally driven, theoretically consistent in most domains and have explicated mechanisms of change. In our treatment program we use an acceptance based approach with skill enhancement drawn from DBT. In this paper we will focus primarily on the use of DBT, briefly mentioning the ACT and FAP approaches. Interested readers are referred to several sources that discuss these other modalities in more detail (Kohlenberg, Tsai, Kohlenberg, in press; *Act paper this series*).

Dialectical Behavior Therapy (DBT) has been labeled part of the "new wave" in cognitive behavioral therapy. Part of what is "new" is an expansion of both the theory and the applied aspects in regard to traditional CBT. As noted earlier, mindfulness is integral to DBT. The rationale and application of mindfulness practice in DBT are theoretically and practically linked to the Buddhist concept of mindfulness through focusing on awareness of the present moment and a non-judgmental, descriptive approach to internal and external experiences. While DBT was developed to treat problems associated with

parasuicidal behavior and later Borderline Personality Disorder, it has been shown to be useful in treating other problems such as substance abuse and couples issues. DBT integrates mindfulness into the treatment package as part of the skills training component of treatment. Skills training is intended to develop specific skill sets such as emotion regulation and distress tolerance that are seen as skill deficits among individuals with borderline personality disorder and related problems. Mindfulness is one module of DBT skills training which is split into three sessions. The first illustrates the three components of the mind as understood in DBT (wise mind, emotion mind, and reason mind). The second describes the how of mindfulness (observation, description, and participation). Finally, the third session teaches the "what" of mindfulness (descriptively, non-judgmentally and one-mindfully). Clients are taught in session one to understand and recognize the three different states of mind and how reasonable mind (using only rational thought) and emotion mind (being immersed in emotion) are normal human experience, yet may sometimes be ineffective.

Wise mind is understood as a balance (or dialectic) between emotion mind and reasonable mind, where both emotion and reason are considered before taking action in life. With regard to these states of mind, mindfulness is understood as a tool for recognizing which state of mind one is experiencing, so that effective action may be taken. The "how" of mindfulness module teaches clients the distinction between observing, describing and participating in one's experience. The "what" of mindfulness module teaches clients how to observe, describe and participate in a mindful way (by doing one thing at a time, focusing on the present moment, and letting go of judgment).

Several similarities can be drawn between the DBT conception of mindfulness and that of Eastern philosophy, particularly in the focus on non-judgment and awareness of the present moment. In *The Miracle of Mindfulness*, Thich Nhat Hanh describes in detail the process of living in a mindful way. Nhat Hanh (1987) focuses on attending to the present moment and engaging in one task at a time at being important to fully experiencing each moment. He also suggests several exercises for mindfulness practice, including "half smiling" when waking in the morning, counting the breath, following the breath and mindfully washing the dishes. In addition to teaching the three modules of mindfulness, mindfulness exercises are utilized traditionally at the beginning of skills training groups, within individual therapy session and outside of treatment to

provide application of mindfulness to treatment and everyday living. Mindfulness exercises in DBT are intended to help client's generalize mindfulness as a life skill, and focus on observation, description or participation in the present moment. For example, following one's breath or counting sounds is a mindfulness exercise entailing observation, while washing the dishes is a mindfulness exercise involving active participation in the moment. In this way, aspects of being mindful, such as non-judgment, descriptiveness and increased awareness are integrated into the process of treatment and are generalized to the client's daily life.

This is particularly relevant in the treatment of clients with a history of trauma (Wagner & Linehan, 2006). A person may try to avoid remembering a traumatic event by avoiding all situations in which such memories occur. This strategy may become problematic over time as the person increasingly restricts his or her range of life experiences. In addition, because memories are automatic results of historical events rather than voluntary behavior that can be controlled, attempts at controlling them are futile and may result in a vicious cycle of extreme efforts to suppress memories that continue to arise (Hayes et al., 1999). Additionally, attempts to control thoughts and feelings related to an historical event that cannot be changed may also produce an impossible situation. For example, an individual may use drugs to manage their emotions about a rape or other abusive experience. But the truth is that no amount of effort will change a historical event and by becoming locked in efforts to forget or not have these experiences, the client is paradoxically constantly reminded of what they are trying to avoid. This is not to imply that there is something wrong with the client-this tendency toward avoidance is a fact of the human condition. However, many converging lines of thought increasingly suggest that there may be another way. That way is movingly mindfully through life on a path that is graced by mindfulness and skillful behavior.

We believe that mindfulness is useful in trauma therapy by helping the client to increasingly focus on the present moment and let go of the tyranny of the past and/or fear of the future. In doing so, we see increased psychological flexibility while targeting the reduction of emotional avoidance and suppression. The use of mindfulness as an intervention would theoretically break the behavioral loop of avoidance and increase attention and purposeful behavior that is often a deficit in those individuals with trauma histories.

Exposure remains a fundamental aspect of behavioral therapies for trauma and is also a key component of our work. The use of mindfulness and acceptance techniques in PTSD interventions may address problems with exposure treatments that have been identified in the literature. Mindfulness skills training may be useful in addressing emotion dysregulation, awareness of private experiences and self-acceptance. Furthermore, the integration of mindfulness skills in treatments for PTSD could improve the effectiveness of exposure through increasing patients' ability to contact stimuli to which the exposure is occurring without engaging in avoidance strategies. Mindfulness practices provide a method in which people can practice experiencing thoughts and feelings that have been avoided in the past. In a sense, mindfulness exercises provide instructions on how to attend to and identify thoughts, feelings, and memories without acting to alter those private experiences.

Finally, we have found that an emphasis on the therapeutic relationship is an essential component of treatment (Kohlenberg & Tsai, 1991). In working with clients who have limited experience with safe intimate relationships, focus on the therapeutic relationship is a prerequisite for addressing the client's trauma history. While, the client may be hypervigilant, particularly with regard to threat cues in the therapy, this does not constitute mindfulness of the relationship. In fact, hypervigilance is quite the opposite. Thus, through attending to client problems and improvements that occur in the session we enhance the client's ability to notice the range of notes in the relationship and to remain emotionally present with the therapist when the work becomes difficult. This work can enhance the client's interpersonal skills in a variety of ways and may be particularly relevant to preventing revictimization. Being able to remain psychologically present during frightening or difficult interpersonal interactions may be a key factor in noticing risks and being able to respond effectively by setting limits or leaving the situation. At the other end of the spectrum, being able to experience a safe, nurturing relationship may set the stage for the client to engage in such relationships outside the therapy experience.

CONCLUSIONS

The use of mindfulness based practices in conjunction with cognitive behavioral therapies will enhance the treatment of trauma related problems. Mindfulness skills training is also useful in

addressing problems associated with emotion dysregulation, including various forms of avoidance behavior. The integration of mindfulness skills in exposure treatments for trauma could improve the effectiveness of exposure through increasing clients' abilities to contact stimuli without engaging in avoidance strategies. Most importantly, the process of noticing and contacting private experiences without judgment is a part of the path to self-acceptance, which is a fundamental issue for many trauma survivors.

Mindfulness practices provide a method in which people can practice experiencing thoughts and feelings that have been avoided in the past. In a sense, mindfulness exercises provide instructions on how to attend to and identify thoughts, feelings, and memories without acting to alter those private experiences. Additional research as to the utility of mindfulness with trauma survivors is necessary to determine its effectiveness in these areas. Finally, the practice of mindfulness is of benefit to the therapy through enhancing the skill of the therapist in being fully present to the client, attending not only to the client's symptoms but also to the therapeutic relationship. In considering the compassion involved in treating survivors of trauma, it is useful to remember that mindfulness is also at times translated heartfulness. Both the client and the therapist will be enriched by a more intense moment to moment awareness of experience that involves the mind and the heart.

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