



David A. Treleaven, *Trauma-Sensitive Mindfulness: Practices for Safe and Transformative Healing*

W. W. Norton & Company, 2018, 272 pp., \$27.50

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David Treleaven has written a useful book on how to minimize and manage risk when teaching or practicing mindfulness. Given the widespread popularity of mindfulness practice, *Trauma Sensitive Mindfulness* is an especially important guide for safely adapting mindfulness and meditation practices for people who have experienced trauma. Treleaven offers clear and thorough recommendations; he also discusses how systems of oppression affect people from marginalized communities differently than those with more privilege.

In Part I, Treleaven makes a case for the global and local pervasiveness of trauma. He defines trauma and mindfulness, provides a brief historical backdrop, and describes how neuroscience research has influenced how trauma experiences and mindfulness practice are understood. With an emphasis on how trauma affects both brain and body, Treleaven uses case illustrations and supporting literature to argue for how trauma can adversely affect mindfulness and how mindfulness can exacerbate trauma. His message is that mindfulness can be either a powerful healing tool, or, if not appropriately adapted, a re-traumatizing experience.

Part II focuses on five principles of Trauma-Sensitive Mindfulness. This section covers the role of arousal, shifting attention, dissociation, relationship, and social context. Treleaven offers 36 specific tools for how clinicians, mindfulness teachers, and clients can apply mindfulness approaches in a trauma-sensitive manner.

Treleaven's writing is engaging and accessible. He has produced a book that is well-organized and provides a reasonable, albeit sometimes mythical, rationale for specific and tangible trauma-sensitive principles and tools. Popular neuroscience, body-based trauma models, as well as the author's personal experience as a clinician form the foundation for his recommendations.

Treleaven is clear and unwavering in his passion for advocacy; he incorporates social identity, sociopolitical context, and the potential effects of privilege and oppression. Instead of using an "add-on" section at the end, Treleaven threads these perspectives throughout the book, using relatable case examples to recruit readers as fellow advocates for social justice.

All books and writers have weaker areas and Treleaven and his work, while generally clear and helpful, has several limitations. Treleaven weaves in practical examples, but lags a bit on intellectual rigor. In his first case example, he labels RJ as a trauma victim, when, in fact, it would be more accurate to describe RJ as a client who was experiencing traumatic grief. For RJ and clients like him, the combination of traumatic memories and grief complicate how mindfulness or other therapeutic approaches can be applied. Similarly, although he discusses dissociation, Treleaven does not identify the diagnostic specification of dissociative PTSD subtype.

Treleaven puts all of his trauma-theory eggs in one theoretical basket. On p. 73 he writes that "Posttraumatic stress is a failure of integration." Although viewing trauma through the lens of integration is one perspective, an integration model has considerably less scientific foundation than learning theory. His historical review and analysis of exposure treatment on pages 38 and 39 is weak.

As is the case with many popular books for clinicians, the language around brain structure, function, evolutionary psychology, and neuroscience is oversimplified. Neuroscience

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(like most scientific endeavors) is far less clear and far less straightforward than Treleaven implies. Using language around the triune brain is scientifically passé and to continue to write about the fight or flight response after Shelly Taylor's (Taylor and Master 2011) substantial feminist critique is pop-psych. Similarly, he relies on popular, but unsubstantiated theoretical ideas like polyvagal theory; as conceptualized, polyvagal theory operates more as a therapeutic myth than a rigorous research-based approach (Grossman and Taylor 2007).

Treleaven is not especially clear when it comes to identifying his intended audience. A case could be made for him targeting clinicians, though he often recommends referring clients to a trauma professional. His work also might be aimed toward mindfulness teachers, but mindfulness teachers likely do not need so much detail about individual clinical work. Clients or individuals who have survived through trauma also may find this book useful, but the writing is obviously oriented more toward professional helpers.

Treleaven should be lauded for addressing privilege and oppression throughout his book. However, he approaches this essential topic as if most of his readers share his

particular intersecting privileged identities. More and more often clinicians are also people of color and of diverse sexualities, but Treleaven writes as if clients come from diverse cultures or backgrounds and clinicians have privileged identities.

In conclusion, Treleaven has written a timely book about how to modify and accommodate for trauma experiences when practicing mindfulness. Despite a weakness in scientific rigor, *Trauma Sensitive Mindfulness* is practical, well-organized, and will undoubtedly help clinicians be more cautious and effective when using mindfulness approaches with clients who have trauma histories.

References

- Grossman, P., & Taylor, E. W. (2007). Toward understanding respiratory sinus arrhythmia: Relations to cardiac vagal tone, evolution and biobehavioral functions. *Biological Psychology*, *74*(2), 263–285.
- Taylor, S. E., & Master, S. L. (2011). *Social responses to stress: The tend-and-befriend model*. New York, NY: Springer.