

From Isolation to Solitude:
Exploring the Clinical Implications of
Childhood Relational Patterns for Mindfulness-Based Interventions

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Abstract

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This research explores the relationship between childhood relational patterns and subsequent meditation experiences to expand the knowledge base for clinical social workers and other practitioners on the appropriate use of mindfulness-based therapeutic interventions. Through in-depth semi-structured qualitative interviews with 12 experienced meditators, the study examines patterns across participants' childhood experiences and relationships with caregivers, their internal self-talk, and their meditation experiences, including how these have evolved over time. For this sample, this study finds that significant childhood trauma is not in and of itself an indicator of whether a given individual will ultimately experience positive benefits or adverse impacts from meditative practices. Instead, taken in sum, the collective descriptions of the respondents chart a journey from isolation to solitude. From a tendency to internalize and isolate during childhood and

adolescence, respondents described a shift in their harsh approach to themselves over time, ultimately leading to a sense of refuge in the solitude of their meditative practices. Reported benefits resulting from the practice of meditation included increased awareness of their own psychological patterns, a greater sense of gentleness towards themselves, an increased sense of compassion towards others, and transformative insight into the nature of reality. Looking to the future of the social work profession, this exploratory research highlights the significant potential of spiritual practices such as meditation for the healing and integration of childhood trauma.

Keywords: Childhood trauma, clinical social work, meditation, mindfulness-based interventions, self-compassion, spiritual practices

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Table of Contents

Introduction.....	1
Literature Review	2
Methodology.....	4
Findings.....	7
Trauma and Insecurity During Childhood and Adolescence	7
Physical Harm	7
Psychological/Emotional Harm	8
Sexual Harm	9
Bullying	9
Intense Insecurity	10
Tendencies Towards Dismissing Attachment Strategies.....	10
Isolation	11
From Externalizing to Internalizing	11
Discomfort with Positive Recognition	12
Meditation Experiences: Solace, Softening, Insight, and Transformation	13
Seeking Solace and Insight.....	13
Softening of Rigidity	14
Insight into Self, Other, and the World	17
Transformative Shifts	18

Discussion.....	19
From Isolation to Solitude	19
Implications for Social Work Practice and Policy	21
Guidance for Clinical Social Workers and Beyond	22
Conclusion	24
References	26
Appendix: Interview Protocol	28

Introduction

Mindfulness-based therapeutic interventions are increasingly being regarded as essential components of a therapist's toolkit when treating clients for a range of psychological issues. In recent years, many modalities for psychotherapy that have been abstracted from or draw directly upon Eastern meditative practices – such as Acceptance and Commitment Therapy (ACT), Dialectical Behavior Therapy (DBT), and Mindfulness-Based Cognitive Therapy (MBCT), *inter alia* – have become increasingly common interventions that are routinely implemented with clients across a range of psychological diagnoses (Shapiro et al., 2018). However, as mindfulness-based therapies have increased in popularity and implementation by clinical social workers and other therapeutic practitioners, concern has grown about the potential for meditative practices to lead to adverse impacts such as anxiety or depression, particularly for clients who have experienced childhood trauma, abuse, and neglect (Farias et al., 2020).

This study explores the relationship between childhood relational patterns and subsequent meditation experiences to expand the knowledge base for clinical social workers and other practitioners on the appropriate use of mindfulness-based therapeutic interventions. Through in-depth semi-structured qualitative interviews with 12 experienced meditators, the study examines patterns across participants' childhood experiences and relationships with caregivers, their internal self-talk, and their meditation experiences, including how these have evolved over time. The findings are intended to provide guidance to therapeutic practitioners who recommend mindfulness-based therapeutic interventions to their clients by exploring the degree to which trauma during childhood and adolescence has an impact on an individual's subsequent meditation experiences. More specifically, the research details the nature of respondents' childhood experiences, including numerous forms of trauma and neglect. Through the use of respondent vignettes, the study charts a

journey from painful experiences of loneliness and isolation in childhood and adolescence to experiences of insight and transcendence within the solitude of meditation.

The grounding framework for this qualitative research relies on a theory proposed by D.W. Winnicott – an influential psychoanalyst in the field of object relations theory – on the “capacity to be alone”. Winnicott’s theory establishes that the relationship of an individual to their internal objects determines whether that individual is able to “rest contented even in the absence of external objects and stimuli” – a capacity that he considers to be “one of the most important signs of maturity in emotional development” (Winnicott, 1958, p. 416). According to Winnicott’s theory, if an individual has not received “good enough” parenting, that individual will not be able to “rest contented”, as there will not be sufficient freedom from persecutory anxiety within their internal world.

Winnicott’s description of the capacity to be alone as the ability to rest contentedly in the absence of external objects and stimuli aptly captures the experience of meditation, which in all traditions requires a capacity to turn inwards and remain present to one’s internal experience. Based on his theory, it would seem unlikely for an individual who lacked attuned parenting to become sufficiently free of internal persecutory anxiety to be able to effectively engage in meditation. Thus, this study was premised on the assumption that there would be an inverse relationship between the degree of an individual’s childhood trauma and their capacity to meditate; that is, the greater the degree of childhood trauma for an individual, the less likely that they would be able to rest contentedly in the solitude of the meditative state.

Literature Review

As meditation and mindfulness-based interventions have become increasingly common aspects of therapeutic work, the evidence base for mindfulness-based therapies has increased dramatically, with hundreds of randomized controlled trials demonstrating the benefits of mindfulness on

conditions ranging from physical issues such as fibromyalgia and irritable bowel syndrome to psychological issues such as depression, anxiety, and post-traumatic stress disorder (PTSD) (Powell, 2018). A comprehensive meta-analysis of mindfulness-based therapies involving 12,145 participants across 209 studies found that mindfulness-based therapies are particularly effective for reducing anxiety, depression, and stress (Khoury et al., 2013).

At the same time, increasing awareness of the potential for meditative practices to result in harm to clients has become a concern for some therapeutic practitioners, particularly those who work with clients who have experienced trauma, abuse, and neglect in childhood. A systematic review of adverse events in meditation practices and meditation-based therapies across 83 studies found that “the occurrence of adverse events during and after meditation practices is not uncommon and may occur in individuals with no previous history of mental health problems” (Farias et al., 2020, p. 374). The most common adverse events found were anxiety and depression, which is troubling to consider given that many therapeutic practitioners are recommending these practices to clients as methods intended to alleviate these very issues. A recent investigative podcast series on the experiences of people who attended 10-day meditation retreats found that many experienced psychosis, hallucinations, physical pain, and a sense of abject terror; in the most disturbing cases, participants were hospitalized in psychiatric units and/or died by suicide (Chatterjee, 2024). Nonetheless, the state of the literature is by no means conclusive: another systematic review of randomized controlled trials for mindfulness-based interventions found that very few adverse events were reported for trials that relied on Mindfulness-Based Stress Reduction (MBSR) and/or MBCT, concluding that these therapies are “regarded as relatively safe interventions” (Wong et al., 2018, p. 1350).

The diversity of responses to mindfulness-based practices as well as the lack of consensus in the literature indicate that more clarity is needed for clinical social workers and other therapeutic practitioners to be able to assess the mediating factors that may lead to either positive or negative

outcomes for individuals seeking psychotherapy who engage in meditative practices and/or mindfulness-based therapies. Furthermore, the current literature on the adverse effects of meditation lacks the requisite depth of analysis necessary to understand why some individuals may benefit from meditation while others experience harmful and adverse effects. To this point, an article attempting to clarify the client populations for whom MBSR may be contraindicated found relatively little of note in their literature review that would be of use in answering their research question (Dobkin et al., 2011).

When considering how to expand the evidence base on this topic, one possible factor that could distinguish those who benefit from those who experience adverse events from mindfulness-based practices is a history of adverse childhood experiences, including trauma, abuse, and neglect. Initial studies in this area have highlighted this association, with a recent study of a population-based sample in the US finding that childhood adversity was associated with elevated risk for meditation-related adverse effects (Goldberg et al., 2021). This exploratory research establishes patterns across participants' childhood and meditative experiences to guide clinical social workers and other practitioners on how best to support clients when recommending meditation-based practices.

Methodology

The study relied on purposive sampling to recruit study participants identified through the researcher's affiliation with meditation groups across various Eastern meditative practices including Zen Buddhism and Advaita Vedanta (a form of Hinduism). Although a non-probability method, purposive sampling is commonly used for qualitative research in order to rely on information-rich cases that are well-chosen to be particularly relevant to the phenomenon of interest (Palinkas et al., 2015). For the purposes of this research, participants were selected for their diversity of meditative

experience as well as their willingness to discuss the nature of their childhood experiences and their internal self-talk.

Data were collected through semi-structured qualitative interviews with 12 participants. Participants did not receive any compensation for their participation. Each interview lasted between 1.5 to 3 hours and the average interview duration was approximately 2 hours and 20 minutes. Interviews took place remotely over Zoom and were transcribed using Zoom transcription. All interviews were conducted by the same researcher and followed a structured set of questions on three topics in sequence: (1) participants' self-reporting on their childhood experiences, (2) the nature of their relationship with themselves and others (including their internal self-talk), and (3) the nature of their meditation experiences and how these evolved over their meditation history. Certain interview questions on the self-reporting of childhood experiences were selected from the Adult Attachment Interview (AAI) protocol for assessing childhood experiences of parenting (Hesse, 2008). The interview protocol is available in the appendix.

The interviews yielded significant data on a range of topics and issues. This was the result of a wide-ranging interview guide in keeping with the exploratory nature of this research. Moreover, because this study was focused on providing actionable insight for clinical practice, this first analysis focused on those data closely pertaining to the specific issues of childhood experiences and meditation experiences. Future analyses will focus on issues not addressed in this initial report, including the results of a set of standardized survey instruments that exceeded the scope of the current study.

Themes were identified from the interview transcripts using a framework analysis approach, which combines inductive and deductive approaches to qualitative coding (Goldsmith, 2021). A preliminary set of deductive codes were defined based on the literature review and the theoretical framework of Winnicott's "capacity to be alone". Following this, inductive codes were generated

through the initial data familiarization stage and were refined in an iterative process throughout the identification stage of the analysis. This coding framework was then used to index the interview transcripts and to create charts highlighting key framework components (i.e., themes and concepts) and sub-components. Comparing framework components across these charts during the mapping and interpretation stages of the framework analysis resulted in the key findings presented below.

Framework analysis is known as a codebook approach which incorporates reflexivity into the qualitative coding, in that it highlights the inherently interpretive nature of the coding process (Byrne, 2022). It is important to recognize that the codes are therefore the result of the researcher's own interpretations of patterns of meaning observed across the interviews, based on the intersection of the interview content, the researcher's background and analytical skills, and the chosen theoretical framework of this study. This explanation is intended to highlight the fact that another researcher might identify other themes of significance within these data. However, reproducibility of the exact codes is less of an object when engaging in reflexive analysis, relative to the importance of "reflective and thoughtful engagement with their data and... the analytic process" (Braun & Clarke, 2019, p. 594).

Themes were differentiated into three main categories: (1) trauma and insecurity during childhood and adolescence, (2) tendencies towards dismissing attachment strategies, and (3) meditation experiences. Each of these were disaggregated into sub-components. For the theme of trauma and insecurity during childhood and adolescence, sub-components included physical harm, psychological/emotional harm, sexual harm, bullying, and intense insecurity. For the theme of dismissing strategies, sub-components included isolation, internalizing, and discomfort with positive recognition. Finally, for the theme of meditation experiences, sub-components included seeking solace, moving from rigidity to softening, insight, and transformative shifts.

Findings

Interviews began with a set of initial demographic questions in order to capture general impressions of the range of life experiences within this selected sample. Aside from racial identity (all but one participant was of Caucasian origin), participants in the study encompassed a wide range of life experiences. The average age of participants was 51, with three participants in their 30s, three in their 40s, four in their 60s, and two in their 70s. The highest degree of education completed ranged from middle school to the doctorate level, with master's degrees being the modal degree. In terms of marital status, respondents were evenly split between married and single.

Trauma and Insecurity During Childhood and Adolescence

All respondents in this study described experiencing either trauma ($n=10$) or intense insecurity ($n=2$) during childhood or adolescence. Types of trauma reported included physical harm, domestic violence, corporal punishment in schools, psychological/emotional harm, sexual harm, and bullying.

Physical Harm

Interview respondents reported being physically assaulted by parents and caregivers during childhood and early adolescence. In the instances described, parents collaborated in the abuse, with both parents either engaged actively in physical abuse or one parent enabling or instigating the other to assault their child. Respondents described being left with physical bruising as a result of the assaults as well as losing control of bladder function. One respondent described:

“...he pulled me out of the ditch and just... plowed into me physically beating me, holding one arm up like this and just [imitating assault]... I was dangling from his arm and he just beat the living daylights out of me.”

Another respondent spoke about being subjected to a routine practice of physical assault for several years throughout childhood and adolescence:

“He would arrange a time if there was an infringement of something. And I would have to be led into the lounge and I would be put over there on the settee and then I would be spanked.

His measure was that when I wet myself then he would stop. That was generally that. My mother would be upstairs running a bath.”

Physical abuse was also present in the form of domestic violence for several respondents. Some described hiding in their bedrooms as their caregivers fought. Others spoke of witnessing domestic violence directly:

“It was quite a tough environment to grow up in. It was very poor working class. There was a lot of violence. There was a lot of alcohol abuse, there was a lot of domestic abuse, which I also witnessed in my home as well. My mother had black eyes a few times, was beaten and I witnessed a couple of incidents being the eldest.”

Multiple respondents spoke of the threatening presence of violence, even when it was not actively inflicted on them. One respondent described a caregiver who would lose his temper and throw objects against the wall or sweep everything off the kitchen table onto the floor. Others spoke about corporal punishment in schools and the constant presence of violence. A respondent described hearing the vice principal whip a child’s hands with a leather strap over the intercom, reporting:

“So that was, it was completely traumatizing. Completely traumatizing. I mean, I don't even know why that's legal. You know what I mean? That's like, you know, that probably did, I mean, I know it damaged me and I didn't even know it damaged me until years later. But I know it damaged me and it must have damaged at least, you know, other people in there... I definitely remember just sitting there being terrified. Absolutely fucking terrified.”

For those cases involving experiencing or witnessing some form of physical violence, most respondents found ways to escape their situation, in some cases exiting their households at an early age and fending for themselves independently while still in adolescence.

Psychological/Emotional Harm

Respondents noted being treated by caregivers in demeaning and insulting ways that remained painful to recall many years later. One respondent described being differentiated from a sibling in this way:

“He used to brand me and my brother, like: “Oh, he's intelligent. You're not intelligent.” He used to brand me like that. And... there were some guests in the house. And then in front of the guest, my dad is telling him, “And, you know, my son is a brilliant fellow. And my daughter,

she's not that brilliant. She's a dullhead.” That actually stuck into my mind for such a long time, long time, long time.”

Another respondent spoke about the way that a caregiver behaved in the household:

“He... was a bully essentially in the household. And whenever that was called out, even in like an indirect way he would turn it into a joke. And... he could be extremely funny, extremely smart. He could see exactly where people's sensitivities were, he could figure out where their vulnerabilities were, and he could sort of constantly turn things back on people. And he did it in an unrelenting way. He himself couldn't take any jokes but he joked about everyone else in the household in a constant way.”

Sexual Harm

Some respondents also described sexually inappropriate and intrusive behavior on the part of caregivers and other authority figures. One respondent described sexual content being openly discussed in the household during childhood and noting discomfort around being tickled and touched inappropriately, saying:

“I felt threatened like in this kind of weird sexual way by my dad. Like, I mean, maybe... threatened is the wrong word but I felt some weird danger there.”

Another respondent reported being the target of sexual abuse from a teacher for several years during early adolescence and described the impact of this experience, saying:

“I developed a parasocial relationship with one of my teachers when I was in my early teens, I guess. Met her when I was 12. Sort of consummated the relationship when I was 15 with her and that was found out. She was 47. That was found out. We were caught by one of my peers and she was fired and arrested and had her teaching license revoked... But it shaped a lot of my early adolescence and high school experience. There was kind of a hush around it in my high school. People more or less understood what had happened but didn't talk to me about it, didn't ask me about it. There was kind of a “cone of silence” around it for much of my high school. I think that contributed to some of the feelings of isolation. I had this just difficult experience that no one around me could relate to.”

Bullying

In addition to the aforementioned forms of trauma and abuse, more than half of the respondents interviewed reported experiencing bullying during childhood from other children in the

neighborhood, at school, and/or at home. Bullying took the form of physical abuse as well as psychological abuse like taunting or contemptuous language. A respondent shared:

“That was actually my introduction to high school was being dragged by the hood of my coat through the cloakroom while kids were kicking me... there were times we were coming home from school we’d get chased by other kids. They’d be throwing bottles at us, or stones. I got attacked once because I was wearing a blazer.”

Multiple respondents spoke about being bullied by older brothers and the long-lasting painful feelings associated from both the bullying as well as the lack of intervention from parents or caregivers. One respondent described the feeling in this way:

“I would often end up getting in a fight with my next older brother, you know... And he would always just go too far. So that trauma of feeling helpless. You've been overpowered.”

Intense Insecurity

Respondents who reported no overt physical or psychological abuse from caregivers nonetheless described anxiety around being extremely insecure about their physical appearance and highly sensitive to rejection during adolescence. One respondent reported:

“Anytime somebody else didn't make the extra effort to talk to me... it was just devastating for me. I felt so rejected... I felt very, very, very rejected, very down on myself... And I also started internalizing eating disorder-y things when I was really young, like 10 or 11.”

Another described feeling “incredibly ugly” during adolescence and shared a painful incident where a teacher confirmed this belief by saying “you’re ugly and you have no personality,” which the respondent described as “one of the most painful experiences of my entire life.”

Tendencies Towards Dismissing Attachment Strategies

Almost all respondents (n=11) reported a tendency towards dismissing attachment strategies, such as isolating and internalizing, as early coping strategies. According to Crittenden’s dynamic-maturational model of attachment, individuals with this approach to attachment exhibit tendencies of “(a) distancing the self from one’s own feelings, (b) dismissing negative conclusions about

attachment figures, and (c) attributing negative features of relationships to the self” (Crittenden, 2011, p. 139). For some respondents, these tendencies towards dismissing attachment strategies may have resulted from discovering the negative outcomes associated with externalizing emotions in their childhood environment, namely in the form of rejection of their attachment bids by caregivers, whereas others seemed to be more temperamentally drawn to an internalizing strategy from an early age.

Isolation

One respondent drew a clear line between their experience of abuse, in the form of bullying by classmates, and their tendency towards isolation:

“I'm innately quite empathetic and in that way. So I would isolate. And I felt very isolated at school because I was the new kid all the time. So I did struggle a lot with bullying, with like just schooling in general and not having any friends. So I felt very isolated and I'd just go to my own room and I'd often cry or just sort of like sit in my own laments.”

Several respondents described engaging in activities as children that were solitary, such as listening to music, journaling, and playing on their own. Some respondents described finding solace in nature wherever it was available to them. A respondent who grew up near a nature trail spoke about “running around there and just like kind of running through the wilderness or whatever, or just finding culverts to crawl through.” Another respondent who grew up in a city described finding solace in this way:

“What I would do when I was depressed is we had this little apartment.. and in front, there were these little bushes and you could almost crawl into the bush, under the bush, and there was this little dark area with dirt. And... I would play with the dirt balls. They were like these little balls of dirt and I would take a stick and break them when I was too depressed... So I sort of would withdraw into my own little sequestered world. And who knows, meditation could be related to that, you know.”

From Externalizing to Internalizing

For those respondents who initially reported an externalizing strategy of expressing emotions to request care, all but one described shifting this strategy towards an internalizing strategy of not

expressing emotions and taking on the burden of self-regulation as a child. One respondent stated “I threw some tantrums when I was younger for sure but... I think it usually felt safer to just self-isolate.” Another reported:

“I think I definitely expressed as a small, small child, I was just – like my mother described me as a colicky infant. Like I was very expressive in my distress. I think as I got older, I internalized that over time. And the older I got, the more I internalized it.”

In some cases, respondents learned to internalize and repress their feelings as a direct response to negative parental reactions, as captured in this description:

“When I was quite young, I can remember getting upset and crying... but my mother would get upset at me and sometimes punish me for crying. You know, it would irritate her. And I can remember looks of almost disgust on her face from my crying. And that was at a very young age. And I can hear, even now I can hear the sound of my name being said with a kind of very displeased sound. And so, when I was old enough, like as soon as I was old enough to suppress my own feelings of anger, upset, sadness, I started doing that.”

The lack of parental attunement in response to emotional expressions was in itself described by some respondents as traumatizing. One respondent shared that upon crying after being bullied by an older brother:

“My response was too over the top for a very busy mother. There would be a little... sarcasm in her. “Oh, my poor baby, poor baby, poor baby.” Not with a genuine... it’s like, “Get over it, kid. You’re fine.” So that was one of the sayings that have forever penetrated my younger traumatized mind... knowing sarcasm through experience but not understanding it as a concept or why. When she would say that, I would feel like she didn’t care enough.”

Discomfort with Positive Recognition

One of the common attributes of a more profound dismissing attachment strategy is a tendency towards exonerating others and blaming oneself (Crittenden, 2011). Such individuals often struggle to accept positive attributes about themselves, particularly within a social context. All respondents who reported experiencing overt physical and/or psychological trauma (n=10) indicated difficulty with accepting compliments from others. One respondent described the experience of being complimented in this way:

“My impulse is to compliment them back and then I have to reel it back in. And pretty much all I can choke out is a “thank you”. Because I feel such a... What is that feeling? Kind of embarrassed, like “oh please don't shine the light on me. Don't shine the light on me.” ...I don't want attention drawn to me ever. So I don't know if that's embarrassment or... You know, it probably boils down to I can't believe that I'm worthy of it. But I'm not sure that's true either. It feels true, but maybe not. Yeah, but I don't respond well when I get complimented.”

Another respondent shared this reaction to receiving a compliment:

“I minimize it. I feel actually awkward as hell. And I try to make a joke of it to alleviate the awkwardness that I have internally. Like that, that's exactly like, I know it and I know it's a thing that I do. And... why can't I just take it? I always feel almost envious of people when you hear they get compliments and then they just take it.”

Meditation Experiences: Solace, Softening, Insight, and Transformation

All respondents described various approaches to meditation that were aligned with instructions from Buddhist and Hindu traditions. The types of meditation reported included focusing on and/or counting breath, open monitoring meditation practice (variously described as “do nothing” or *shikantaza*), mantra-based meditation, yoga nidra, and loving kindness meditation. Several respondents described beginning with an object of concentration, such as the breath, and then letting it go. Some also described not having any specific technique, or using different techniques throughout the day, and/or being flexible with technique. As one respondent put it:

“I would call it... awareness of breath, dropping breath. So we're off into sort of shikantaza territory probably, that's generally where I go. But I'll use anything depending on what I need. So sometimes I'll go to counting. But generally, I'm just being aware of breath and then letting breath go, just sitting with that. I tend to sit on different seats in my sitting depending on what I need on the day.”

For those that practiced mantra-based meditation (n=4), sometimes referred to as *japa*, the instructions for meditation were given by the respondent's guru and involved repetition of a sacred mantra, prayer, and often some aspect of visualization of the chosen deity.

Seeking Solace and Insight

When describing their journey to meditation, several respondents described reading a book as an

entry point into the practice, such as the Tao Te Ching, Zen Mind Beginner's Mind by Shunryu Suzuki, Siddhartha by Herman Hesse, or various books by Alan Watts. In some cases, respondents sought out meditation as a way to address difficulties that they were experiencing in their life, including anxiety, panic attacks, and other troubling mental states. One respondent shared the following anecdote of an initial attempt at meditation:

"I read Zen Mind Beginner's Mind. And so I wanted to try that out. And I remember one time I was like, "okay, I'm going to meditate". And I took a side table and I put on it a singing bowl and this metal heart with like angel wings. And I just put it on the table and then I sat down on the ground and I was like "okay". Like I kind of made a little makeshift shrine and was like, "Okay. Time to go. What do I do?" And I just felt trapped and frustrated and like, I just wanted some relief from my mind and I was like, I don't know how to get this."

Respondents also shared about being drawn to some sense of truth and insight within the teachings. Two respondents spoke about reading pamphlets that were handed out in a Chinese Buddhist restaurant and in a city hall, respectively, and being drawn to learn more. One respondent said:

"And I remember a particular quote, there was one quote, which was something like: 'Just as the ocean has but one taste, the taste of salt, so does this teaching have but one taste, the taste of freedom.'"

Other respondents spoke about being drawn to explore further due to the inspiring attributes of spiritual practitioners:

"The monks and nuns – well, they're all called monks – that I met were fearless. There was something different about it. I never met people like that in my life. I was fascinated by them."

Softening of Rigidity

When asked to describe the evolution of their meditation practice over time, almost all (n=11) respondents shared that while their practice had initially been rigid and in some cases fairly self-punitive, over time, it had softened and become more flexible. In describing their initial approach to meditation, one respondent shared:

"Definitely starting out I... I was very rigid about it. Yeah, big theme, big theme for me, rigidity. I was pretty hard on myself about like "You can't think. No thoughts. No thoughts allowed" kind of thing and just generally I guess absorbing more of the moral superiority kind of thing

than like the actual practice... And I would always try to go super hard which didn't, you know, always lead to success.”

Multiple respondents spoke about physical harm resulting from pushing too hard in initial attempts to meditate. Along these lines, one respondent said:

“In the beginning stages when I was really being very forceful in my meditation, I have injured myself sitting for multiple hours and refusing to get up and refusing to take care of my body. Thinking that that was going to help the meditation. And I, you know, I've at various points been kind of obsessive about it, trying to find the perfect method or the perfect teaching.”

Another respondent shared about sitting with an injury throughout a five-day meditation retreat (known as a *sesshin* in Zen meditation):

“I had a sesshin where I cried through the whole sesshin because I was sitting with a torn meniscus and I didn't know it. Tears pouring down my face the whole time. So how stubborn and stupid is that? “I can do it because I'm a man!” he macho-ed it out, screwing up his knee for the rest of his life.”

The harsh initial approach to meditation was more common among those practitioners who began with Zen meditation (known as *zazen*), particularly when they attempted to practice without the guidance of a spiritual teacher. One respondent described an aspect of Zen that appears to have compounded their prior internalizing tendencies:

“I had this idea from the way Alan Watts presented Zen where there's this kind of paradoxical quality of like... the moment you try, you've already missing the point. So, there's a trick at the heart of it where you have to not try. But then already the moment you tell yourself, don't try, you're trying and so there's some kind of impossible knot that you have to through some kind of flash of insight or some pushing yourself to some extreme or something that will help you sort of break this paradoxical knot. And... I think that ended up intersecting with a lot of my harsh inner critic voices in a not great way, because it made me feel always sort of like I'm coming up short and I have to push myself harder or something. And then when I encountered more basic kind of standard meditation instruction, like learning the basics, I think I was able to sort of leave some of that behind.”

As demonstrated in the above quote, over time, and often as a result of shifting to a different approach or meditation technique, respondents described a softening of this initial rigidity to allow for greater flexibility and a gentler attitude towards oneself:

“In the past... I would kind of try to forcefully bring my attention back, I guess you could say to whatever I was trying to pay attention to, the breath or something. I think now I'm probably a lot more gentle about it.”

In some cases, the repeated experience of observing the harsh comments of the internal critic within the process of meditation was itself what ultimately led to a shift in approach. According to one respondent:

“I think there was a long period where meditation for me in a group was depressing because I thought I'm pathetic, you know. I'm the worst. This is terrible. You know, I'm much more armored than everyone else... Joko Beck talks about burning out that stuff. If you label your thought and you find yourself saying over and over, “having a thought that I'm a failure.” “Having a thought that I'm a loser.” If you say that enough times, after a while, you begin to realize, enough of that already.”

Another respondent described how their meditation experiences have changed over time:

“It's become deeper but lighter. Deeper but lighter, yeah. And... method has become less. The stricture of method has become less.”

One respondent captured this sense of lightness by pointing humorously at what goes on during the process of meditation, saying:

“Sometimes I sit zazen, and sometimes I sit on my cushion and scheme. And sometimes I catch myself scheming and I stop, and sometimes I catch myself scheming and I scheme right along.”

In general, the softening of the initial rigidity described by respondents included some aspect of understanding that adopting a controlling approach to one's mind does not work. Part of the growing fluidity and flexibility developed by practitioners over time appeared to be driven by a recognition of not ultimately being in control of the meditation process.

“...I had that sort of miraculous experience, I'll call it that for lack of a better term. And then I knew that the ability to fall deeply into a meditative space was accessible to me. And moving forward from that point, I trusted that it would come and go. And I understood that it would come and go. And I understood that that was just kind of what life is about. Everything comes and goes. Joy and sadness and grief, it all comes and goes, doesn't it, and so does our ability to drop into a deep meditative state, and I think it's the one thing I've really trusted.”

Insight into Self, Other, and the World

Most respondents (n=10) reported finding meditation to be a consistently positive experience. Respondents described regularly feeling love, a deep sense of peace and wellbeing, unconditional goodwill, and “warm and fuzzy happiness”, inter alia. When asked to describe the feeling of joy accessed in meditation, one respondent put it this way:

“It's like everything, everything is blooming. Everything is expansive in your mind and it's like the world is a beautiful place and you're no longer afraid to die kind of stuff. And like... yeah. Yeah, it's great.”

Another respondent described this sense of joy from the very first time they sat down to meditate:

“The first time I sat down on a cushion, I had this wave of relief go through my body. And I said, “I'm home.” And that too, I think, is a moment of joy. So I've had many moments of joy.”

Many respondents highlighted the role that meditation played in terms of facilitating insight into their own psychological and behavioral patterns. Moreover, these insights were generally related to changing one's behavior in relationship to oneself, to others, and to one's overall experience of the world. Along these lines, one respondent shared:

“People will hate me for this, but it's much more of a psychological practice. It's much more practice oriented. It is a way for you to actually, like we use that phrase, “wake up to yourself.” But the best way to put it would be that you become aware of your internal narratives and schemas. And with that awareness, you can become freer of participating in them. They don't go away, but you get to choose if you're going to participate in that storyline. Do I really want to go down that storyline of my mom being an annoying old lady or can I go into this storyline right now of her, you know, being kind of lonely and not having enough people to talk to. I'll go down that one.”

Another respondent spoke about negative experiences in meditation as related to painful realizations about oneself, yet emphasized the positive benefits associated with these realizations, saying:

“Negative in the sense of harsh realizations. That I am the problem. If we want to call that negative. But it in turn turns into, if I'm the problem, I can do something about it now. I can begin to find a way out or just offer the whole thing up. So even negative experiences when problems keep returning again and again... call it by its name. That tends to have some powerful effect... Put the spotlight on it. Then it may vanish and leave you. Otherwise, if not, it will hide and come back. So I've learned that I don't think there's any “problem” that we cannot resolve ourselves through this process.”

In some cases, meditation involved a process of shifting one's relationship to memories and painful experiences in the past. One respondent shared the following about their experience of mantra-based meditation (known as *japa*):

“In my initial days of *japa*, my mind used to go to the past and remember all the old things and... But there's no old things now. It's just like the moment. All these things, all the bad memories coming during the *japa*, that those things have gone away, I guess... those things no more come to my mind during *japa*.”

Multiple respondents also spoke about the significance of letting go of a sense of control and agency, along with a sense of self-preoccupation. As one respondent put it:

“Meditating on God and on my mantra like deepens my practice so much and gives me something. It just helps me to get to feel that deep sense of peace in my heart and to really be feel centered on “not I but thou”. And it makes me just feel like the reins aren't in my hands, and that for me brings me so much peace and centeredness.”

One respondent highlighted another key insight as being related to the somatic aspect of meditation as an embodied practice, explaining it in the following way:

“When you start becoming somatically connected to your practice... you stop thinking about you having a mind separate from your body. And that's a completely different way of being in the world. I don't have the skill yet to always be there. But when you're there, you are in kind of a state of grace and flow. Even walking, you know? Because... we always talk about no separation between us and the outside world, that kind of thing. But there's no separation in you. And that is like, a feeling of... slow and joy and unity. It feels, you know, like you're in your own skin like... that's you, that's what it means to be you.”

Transformative Shifts

Several respondents reported having singularly transcendental experiences that led to transformative, long-term shifts in their overall experience of life. One respondent described the following experience during a meditation retreat:

“I felt this explosive power in that three-day meditation retreat that was sort of undeniable. I felt for the first time in sitting meditation that I could feel what it meant to connect with the great oneness. I felt like my atoms just dissolved into the rest of the atoms of the world and it just repeatedly happened that weekend. So something happened that weekend that just cracked me open... I had that one experience and it was incredible and I trust it and I still have flashes of it, you know, when I'm walking in nature or when I'm sleeping on top of a mountain

or... I don't think I have to be sitting on the cushion to be meditating and to have that be a moving experience.”

Another respondent reported an experience that similarly had an transformative, long-term impact on their approach to and understanding of meditation and life:

“One day I was sitting... and I looked down. “What is this?” And I had this experience of: This is it. This. Sitting here. And it sounds so trivial now, but at the time: this, sitting here, on this cushion, on this zabuton, on this floor, in this room, in this house, in this cul-de-sac, in this village, in this country and... it wasn't just the vastness, it was that everything at this moment is revealed. Everything is exactly how it is, because how could it be any other way? And that just changed the whole direction of my sitting. That was a real... Yeah. I can still induce that feeling. But not quite in the same way because that was a real sort of interconnected sort of light. It was like if you've ever walked or run in the mountains at night, when it's dark. And it's dark, dark. And then if you have lots of mountains around you. Suddenly the moon shines through and one time I remember seeing that the valley in front of me with the river suddenly came up and I could see everything. The whole valley was clear, gorgeous. And then it went. And that's what it reminds me of, it's that nothing is hidden.”

Discussion

From Isolation to Solitude

The purposive sampling process utilized for this study was premised on meditative background and did not specifically include any selection mechanism based on childhood adverse experiences. Given this, the range and intensity of childhood trauma reported by respondents was unexpectedly substantial. The study was premised on Winnicott’s theory, which posited that the capacity to be alone – that is, to rest contentedly in the absence of external objects or stimuli – was developed in response to “good enough” mothering (Winnicott, 1958). However, this exploratory research finds that for this sample, significant childhood trauma was not in and of itself an indicator of whether a given individual will ultimately experience positive benefits or adverse impacts from meditative practices: no such direct link was found among these respondents. Moreover, those respondents that suffered the most grievous physical and psychological harm from their parents and caregivers were among those who reported the most powerful transformative experiences within their

meditative practices. This raises further questions as to how respondents with traumatizing and/or neglectful family backgrounds were nonetheless able to develop this capacity for meditation.

In terms of establishing connections between childhood relational patterns and respondents' attraction to meditative practices, the study found that most of the respondents described internalizing coping strategies along with tendencies towards isolation as children. It appears that while these respondents suffered as a result of their isolation in childhood and adolescence, this familiarity with being alone, initially in the form of loneliness, generated a predisposition to turn inwards for refuge. This predisposition may have contributed to their decision to seek out meditation as a practice, which in turn appears to have played a pivotal role in facilitating a journey from the pain of isolation to the refuge of solitude.

This journey from isolation to solitude aligns along with the transition reported by many respondents of shifting from initially rigid meditative techniques towards a softening approach to meditation characterized by flexibility and openness. In reporting the evolution of their meditation experiences, respondents repeatedly charted a process of moving from compartmentalizing and rigidity to a greater sense of integration and a gentler approach to oneself. While it is not possible to draw any causal links given the exploratory nature of this research, this shift from rigidity towards flexibility and gentleness seems in many cases to have been driven by insight generated from the meditative process itself.

In addition to the experience of joy and positive mental and emotional states, most respondents spoke to the power of meditative insights in changing their relationships with others as well as with themselves. Examples of dynamics that shifted as a result of meditation included a reduced sense of self-preoccupation, a greater awareness of one's own behavioral and psychological patterns, and a greater sense of freedom to choose a different path for oneself. While few respondents drew direct

links between their childhood and their meditation experiences, some reflected on their suffering in childhood and adolescence as playing a crucial role in drawing them towards the spiritual path.

Implications for Social Work Practice and Policy

Spirituality has long been a neglected aspect of social work practice. An article from as far back as 1987 highlights that “the religious dimension of the person, which articulates significantly with other life-cycle and ecological concerns, is one that has been muted in social work” (Joseph, 1987, p. 22). This neglect is found across all phases of clinical practice in social work, from assessment to intervention. Studies aimed at examining the degree to which the religious/spiritual domain is addressed in clinical work found that while “psychologists believe client religiousness/spirituality to be an important area of functioning... most do not routinely assess the domain or address it in treatment planning” (Hathaway, Scott, & Garver, 2004, p. 97).

These issues are compounded by the increasing ideological reliance of the social work profession on evidence-based practices as the sole source of credible information and therapeutic approach. The appeal of evidence-based practices is clear in terms of establishing a certain degree of professional credibility in a profession that has often been looked down upon for its lack of scientific rigor. However, as one critic puts it, “the evidence-based preoccupation with positivistic methods and determinate judgement entraps social workers within a mechanistic form of rationality” (Webb, 2001, p. 57). The significance of the spiritual domain is even more likely to be neglected as a result of this current emphasis, given the inherent difficulty of capturing the ineffable or inexpressible in positivistic terms.

At the same time, there is a growing evidence base for non-traditional interventions that include spirituality, alongside increasing recognition of the need to incorporate other ways of evidence-building and greater recognition of non-Western cultural knowledge (Pecora et al., 2024). Additionally, neuroscience research is increasingly providing evidence of changes to the brain’s

physical structure as a result of Eastern meditative practices. A study using magnetic resonance imaging to study the cortical thickness of 20 Buddhist meditators found that parts of the brain involved in the integration of emotion and cognition were significantly thicker for the meditators relative to the control group (Lazar, 2005). Given this finding and other neuroscience research, it has been suggested that treatment of traumatic stress may need to include meditation and mindfulness practices to support traumatized individuals to “learn to activate their capacity for introspection and develop a deep curiosity about their internal experience... to learn that it is safe to have feelings and sensations” (Van der Kolk, 2006, p. 288).

This study aims to add to this body of work in bringing together evidence-based practice and the spiritual dimension of clinical social work, specifically in the context of engaging with Eastern meditative traditions. The findings above highlight that for these respondents, the practice of meditation has clearly played a significant role in shifting their experience of the world in a more positive direction, be it through a gentler approach to oneself, a more compassionate approach to others, or a transformed understanding of the nature of reality. The powerful descriptions of meditative experiences reported in this study are all the more significant given the intensity of trauma that many of the respondents faced throughout childhood and adolescence.

Guidance for Clinical Social Workers and Beyond

Therapeutic practitioners often prescribe mindfulness-based interventions such as Dialectical Behavior Therapy, Acceptance and Commitment Therapy, or Mindfulness-Based Cognitive Therapy, as effective ways of treating symptoms of anxiety and depression. However, the more superficial treatment of mindfulness and meditation within these therapeutic modalities may limit the ability of clients to access the benefits that are a function of a deeper engagement with the spiritual traditions on which these interventions are based, namely, insight and transcendence. In many of the vignettes

highlighted above, respondents repeatedly emphasized the power of insight and transcendent spiritual moments in fundamentally changing their relationship to their experience of life.

Thus, clinical social workers may need to reconceptualize their understanding of these techniques to include the spiritual dimension, as highlighted above. Instead of conceiving of mindfulness-based interventions in more reductive materialistic terms, or essentially as a form of glorified breathing exercises, therapeutic practitioners should explore the relationship between these interventions and the role of spirituality and meaning in their clients' lives. Furthermore, to fully be able to understand the latent power of the spiritual traditions from which these interventions were adapted, practitioners must themselves have some level of engagement with the spiritual dimension of their own lives. This is an unavoidable requirement in order for clinical social workers to be able to guide their clients through the potential pitfalls involved with this kind of deep spiritual work.

In terms of establishing guidance for social workers on differentiating between clients for whom meditation and mindfulness-based interventions may be beneficial or iatrogenic, practitioners should be encouraged by the findings of this study, namely that childhood trauma does not appear to inherently preclude the recommendation of meditation as an intervention for clients experiencing psychological suffering. At the same time, practitioners should take caution from the many respondent descriptions of their initially harsh and/or rigid approaches to meditation. When introducing respondents to meditative practices, therapeutic practitioners are thus advised to highlight for clients the tendency for traumatized individuals to engage in self-punishing and overly controlling approaches to meditation.

Social workers should be aware of the concept of "the dose makes the poison" when it comes to meditative practices, which relates to both the frequency as well as the duration of meditation sessions. Some clients may be eager to plunge into meditation retreats involving meditating several hours a day for several days in a row, whereas others may be unwilling to consider meditating for

more than a few minutes at a time. The sheer diversity of meditative experience recounted by the respondents in this study does not establish any clear protocol as to the correct 'dose' or appropriate level of intensity for embarking on spiritual practice. Instead, the most significant factor in determining the beneficial impact of meditation may be related to one's ability to engage with oneself internally in a gentle and encouraging manner.

Thus, in considering best practices for guiding clients in engaging in meditative practices, social workers are suggested to keep in mind three key aspects of practice: the right dose, the right technique, and the right support. These will each vary for any given person, in much the same way that no single therapeutic modality is perfectly suited to every single client. Each individual must ultimately look to their own intuition in terms of making deeply personal decisions around the intensity of their commitment to a practice, the meditative technique that works best for them, and the support that they find helpful in the form of spiritual teachers and/or teachings. However, a therapist who has engaged in their own personal spiritual work will be far better equipped to come alongside their clients as they navigate these formerly uncharted waters for their healing and growth.

Conclusion

This study establishes connections between childhood relational patterns and meditative experiences, anchored in the collective life experiences of 12 meditation practitioners across multiple Eastern spiritual traditions. The study was premised on Winnicott's theory that individuals develop the capacity to be alone as a result of "good enough" mothering. However, despite respondents describing a wide variety of trauma experienced throughout childhood and adolescence, most respondents also reported significant positive benefits resulting from their practice of meditation, including increased awareness of their own psychological patterns, a greater sense of gentleness towards themselves, an increased sense of compassion towards others, and

transformative insight into the nature of reality. Taken in sum, the reported descriptions of the respondents chart a journey from isolation to solitude. From an initial tendency to internalize and isolate during childhood and adolescence, respondents described a shift in their harsh approach to themselves over time, ultimately leading to a sense of refuge in the solitude of meditative practice.

Limitations of this study include its exploratory design and purposive sample, which preclude the possibility of drawing any causal links between different aspects of respondents' life experiences. Most significantly, the process by which respondents developed their capacity to be alone and to rest contentedly in the meditative state remains unclear. In other words, the key attributes that enable some individuals to access insight and powerful transformative experiences through meditation are yet to be identified. Similarly, further research is needed on delineating the types of meditative techniques that are most likely to facilitate the positive benefits enumerated above, particularly for individuals who have experienced trauma during childhood and adolescence.

Additionally, this study was focused solely on meditative practitioners who remain currently engaged in spiritual practice. Further research is needed to explore the experiences of individuals who once engaged with meditative practices but no longer meditate, as this may reveal the key differences between those for whom meditation is beneficial versus those for whom it is iatrogenic. To guide clinical social workers and therapeutic practitioners, more research is needed to distinguish those who experience adverse reactions such as increased anxiety and depression relative to those who experience benefits from meditation such as those detailed in this study.

Looking to the future of the social work profession, this study highlights the immense potential of spiritual practices such as meditation for the healing and integration of childhood trauma. It is the hope of the author that this research may inspire both clinical social workers and their clients in pursuing the spiritual dimension of their lives towards increased self-awareness, compassion, and ultimately, freedom.

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Appendix: Interview Protocol

Introduction

- I've put together a research study exploring the relationship between childhood experiences and meditation experiences. It is up to you to decide whether you want to participate. If you decide to proceed, you can stop participation at any time.
- You will be asked a series of questions through an interview which is expected to take between 1 to 3 hours to complete. The interview can be conducted during a single session or multiple sessions, based on your preference and availability. The interview involves three sections: (1) questions about your childhood, (2) questions about how you treat yourself, and (3) questions about meditation. If you'd like to split the interview into two sessions, the most natural place to end the first interview would be after the questions about your childhood.
- You may skip or pass on any question without explanation or justification.
- If you share anything that you do not want to be part of the interview transcript, you can request this information to be redacted.

Confidentiality

- All information you provide will be kept strictly confidential. I will store the data with a code instead of your name. I will keep a list that links the code to your name and will store it securely and separately from the data.
- The study has been approved by the UW Internal Review Board as exempt research.
- My faculty advisor, Dr. William Vesneski, is available to discuss any questions or concerns related to the study.
- If you would like to talk with someone who is not part of the study team about the study, your rights as a research subject, or to report problems or complaints about the study, contact the UW Human Subjects Division at hsdinfo@uw.edu or 206-543-0098.

Consent

- Do you have any questions or concerns before we begin?
- Do you consent to proceed with the interview?

Demographics: I'd like to start with some basic demographic questions. Please let me know if you would like to skip any questions you are not comfortable answering.

1. How old are you?
2. What was your sex assigned at birth?
3. What is your gender identity and preferred pronouns?
4. What is your race/ethnicity?
5. What is your marital status?
6. What's the highest degree of education you've completed?

Childhood: Now, I'd like to ask you some questions about your childhood experiences. Again, you can pass or skip on any questions if you don't wish to answer.

2. Tell me a little bit about your childhood.
 - a. Who did you live with throughout your childhood?
 - b. Who were your primary caregivers?
 - c. Did you have any siblings growing up?

3. Tell me about your relationship with your [caregiver 1] as a young child, starting from as far back as you can remember?
 - a. Repeat question for all caregivers listed
 - b. [Optional]: Tell me about the differences between your relationship with your [caregiver 1] and your [caregiver 2].
4. Were there any other important adults in your life when you were a child? Tell me about them.
5. When you felt upset as a child, what would you do?
6. What memories do you have of playing and/or spending quality time with your [caregiver 1] as a child? What feelings are associated with these memories?
 - a. Repeat for all caregivers listed
7. Tell me about a time when you were sick as a child. What happened?
8. Think of a moment of joy that you felt as a child. What happened?
9. Can you describe a memory of your caregivers delighting in you when you were a child?
10. Think of a time when you did something “bad” as a child, like something you weren’t supposed to do. What happened?
11. How about a time when you screwed something up, like maybe did poorly on a test or didn’t make the team? How did you and your caregivers react?
12. Did you ever feel rejected as a child – like feeling pushed away, ignored, or made fun of?
13. Did you ever feel threatened as a child? Maybe for discipline, or even jokingly?
14. Is there any other important aspect of your childhood that you want to share?
15. In general, how do you feel like your experiences in your childhood have shaped your overall personality?

Internal Objects: Now, I want to ask you some questions about how you generally relate to yourself and the world.

16. How easy is it for you to trust other people?
 - a. Follow-up: On a scale of 1-10, 1 meaning you trust nobody and 10 meaning you trust everyone you meet, where would you put yourself?
17. Is the world mostly dangerous or mostly safe? Why do you feel that way?
 - a. Follow-up: On a scale of 1-10, 1 meaning the world is totally dangerous and 10 meaning the world is totally safe, where would you put yourself?
18. Imagine that you just realized you made a mistake – like replying all on an e-mail that you meant for just one person. Tell me with as much detail as you can what would happen for you internally or emotionally, including what you might say to yourself.
19. Imagine that you just got complimented for something you did, like a task or a project that you completed. Tell me with as much detail as you can what would happen for you internally or emotionally, including what you might say to yourself.
20. Imagine that you’re at a coffee shop and the barista remembered your usual order. How do you feel?
21. Imagine that you’re upset with your partner. Based on your conflict history, what’s the most likely reason you’re upset and how do you handle it?
22. Now, imagine they’re upset with you. Based on your conflict history, what’s the most likely reason they’re upset with you and how do you handle it?

23. Imagine you just received some really bad news and are feeling very upset. What's your instinctive approach to dealing with your feelings?
 - a. Follow-up: Can you give me a recent example?
24. How much do you trust your own instincts about people?
 - a. Follow-up: Throughout your life, do you feel like you've generally been more drawn to people who are unreliable or people who are trustworthy?
25. Do you feel like you've tended to make good decisions in your life so far? Why or why not?
26. Is there anything else you'd like me to know about how you relate to yourself and others?

Meditation Experiences: This is the last section of our interview, in which I'd like to ask you some questions about your meditation experiences. Please let me know if you'd like to stand up and stretch or take a quick bathroom break before we continue. We can also stop here for now and schedule another time to go over this last section. Let me know what you prefer.

27. Tell me about your general meditation history – why did you first start meditating, how did you meditate in the beginning, where did you learn about it, and so on.
28. Describe for me your usual meditation practice. How long have you been meditating, how often do you meditate, what's the usual duration of your meditations, what method or approach do you use?
29. Let's pause for a bit and do a brief meditation – we'll just sit together quietly for 5 minutes. I'd like you to meditate as you normally would and I will do the same. I will monitor the time.
30. Describe for me, with as much detail as you can, what happened for you during this 5-minute meditation.
31. Tell me how your experiences in meditation have changed throughout your history of meditation, from when you first started meditating until the present day.
32. What do you understand about meditation now that you didn't when you first started meditating?
33. Have you ever had any positive experiences while meditating? What happened?
34. Have you ever had any negative experiences while meditating? What happened?
 - a. Follow-up: How did you handle it?
35. Let's do one more 5-minute meditation – this time, let's count from 1-10 on each exhale, starting with 1 on the first exhale, then 2 on your next exhale, and so on until you get to 10, then starting over again with 1.
36. Describe for me, with as much detail as you can, what happened for you during this 5-minute meditation.
 - a. Follow-up: Body sensations? Distraction? Thoughts?
37. When you get distracted during meditation, how do you react once you notice that you got distracted?
38. Does meditation feel restful to you?
39. Imagine you're feeling agitated during meditation. What's the most likely reason that you're feeling agitated? How do you respond to that?
40. Imagine you're feeling really good during meditation. What's the most likely reason that you're feeling good? How do you respond to that?
41. During meditation, people experience a variety of emotions. I'm going to list a few now, and for each one, please tell me if you've experienced this state in meditation and what

happened. [List of emotions: Joy [optional rephrase: happiness], Boredom, Fear, Anger, Equanimity]

42. Is there anything else you'd like me to know about your meditation experiences that might be relevant?
43. Is there anything else you'd like me to know about anything we've spoken about today? Did I miss anything important?
44. Do you have any thoughts about how your childhood experiences relate to your meditation experiences?
45. What was your experience in doing this interview?

Concluding Remarks

- I may contact you at some point in the next few months with follow-up questions, once I begin the data analysis – would this be okay with you?
- There are three short quantitative surveys that I'm planning to share with participants – would you be willing to take these?
- I expect to complete this thesis by June. Would you like me to share it with you once it is complete?
- Would you like to be informed about and/or participate in any follow-up studies that I may conduct in the future?
- Please feel free to reach out to me with any questions or concerns that you have.
- Thank you again for your time.