



Mindfulness in Survivors of Cumulative Childhood Interpersonal Trauma: a Buddhist Conceptualization of Suffering and Healing

Éliane Dussault¹ · David Lafortune¹ · Mylène Fernet¹ · Natacha Godbout¹

Accepted: 29 May 2022

© The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature 2022

Abstract

Objectives Buddha's Four Noble Truths state that (1) life is full of suffering, (2) there is a cause of suffering, (3) it is possible to stop suffering, and (4) there is a path leading to the cessation of suffering. The current study aimed to explore how trauma-related suffering and mindfulness dispositions are experienced among survivors of childhood cumulative interpersonal trauma (i.e., CCIT, an accumulation of physical, psychological, and sexual trauma before the age of 18) through the lens of Buddha's Four Noble Truths.

Methods Semi-structured in-depth interviews were conducted with 23 adult survivors of CCIT (12 men, 11 women). A directed content analysis was performed.

Results Findings revealed that survivors of CCT experience paths of suffering and healing echoing the Four Noble Truths. First, being a survivor of CCIT is a major source of suffering. Second, most participants engage in experiential avoidance (aversion, cravings, illusion, and amnesia) as adaptive strategies to pain and suffering. Third, some participants search for inner and outer resources to reduce the suffering caused by experiential avoidance. Fourth, a few participants engage in a path of liberation characterized by a new approach to trauma and to life.

Conclusions Findings suggest that the integration of Western and Buddhist frameworks might foster a better understanding of mindfulness dispositions and suffering in survivors of CCT.

Keywords Childhood cumulative interpersonal trauma · Childhood sexual abuse · Mindfulness · Buddhist · Four Noble Truths · Directed content analysis

Mindfulness, as it is studied in the contemporary Western world, is defined as the awareness that arises when one pays attention in the present, without judgment, and with acceptance (Kabat-Zinn, 2003). Mindfulness originates from ancient Buddhist approaches that involve the rigorous analysis of one's present reality, as well as the experiential observation of one's bodily sensations, emotions, and thoughts, moment by moment (Gethin, 2015). Indeed, one's ability to focus on internal experiences with a direct, nonevaluative attention is a key component of mindfulness (Briere, 2015), and much importance is attributed to mindfulness in Buddhist approaches (Anālayo, 2010; Bodhi, 2005). In Pali, the language spoken by the Buddha, the equivalent of mindfulness is *sati* (Anālayo, 2019), which also refers to the

increased wisdom and understanding of the world that are acquired through the development of consciousness. Ultimately, cultivating *sati* leads to decreased human suffering (Gethin, 2015).

In Buddhist traditions, one of the goals of existence is to enlighten people about suffering, its origin, its end, and the path leading towards its end (Anālayo, 2010). This goal is known as Buddha's Four Noble Truths: (1) life is suffering; (2) there is a cause of suffering (i.e., aversion to unpleasant experiences, desire or cravings for pleasant experiences, delusion, or ignorance, which constitute experiential avoidance; Bodhi, 2005); (3) suffering can end; and (4) there is a path that leads to the end of suffering (the Eightfold Noble Path, which involves having the right view, intention, speech, action, livelihood, effort, mindfulness, and concentration; Anālayo, 2010). Pain and suffering are two distinct concepts in Buddhist approaches. The former is conceptualized as the objective burden that humans face in their lives when they encounter hardship, whereas the latter is the

✉ Éliane Dussault
dussault.eliane@uqam.ca

¹ Department of Sexology, Université du Québec À Montréal, 455 René-Lévesque E, Montréal, QC H2L 4Y2, Canada

subjective experience that is attached to this pain, through desire (also referred to as clinging or attachment), aversion (also referred to as fear), or delusion (Briere, 2015; Gethin, 2015). Suffering may also be defined as the extent to which pain “challenges tightly held, albeit inaccurate, expectations, needs, and worldviews, resulting in resistance, avoidance, and the more complex state that Buddhists call suffering” (Briere, 2015, p. 22). In this way, mindfulness is viewed as essential in the path towards the decreasing of suffering (Anālayo, 2010; Bodhi, 2005).

Buddhist approaches may prove useful to conceptualize human suffering and the processes that underlie its management (Morgan, 2015; Uthayaratana et al., 2019). The aim and process of their practice may be formulated based on the Four Noble Truths: the first Noble Truth identifies the difficulty, the second provides etiology, the third corresponds to prognosis, and the fourth suggests a remedy towards well-being or the end of suffering (Aich, 2013). From this standpoint, it could be beneficial to ground individuals’ lived experiences of pain and suffering, including experiences of childhood interpersonal trauma, in Buddha’s Four Noble Truths. Indeed, doing so could integrate the Buddhist origins of mindfulness to trauma-sensitive approaches of mindfulness, providing guidance to conceptualize the trajectories of trauma survivors based on the Four Noble Truths.

Childhood interpersonal trauma, a term mostly used in Western psychology, is defined as the exposure to adverse events during childhood (e.g., neglect, and psychological, physical, and sexual abuse), within an interpersonal context (Bigras, Godbout, et al., 2017). Interpersonal traumas are particularly damaging for survivors because of the relational and often intimate context in which they occur, whereas the accumulation of traumas — cumulative childhood interpersonal trauma (CCIT) — is documented as more damaging than the experience of a single type of trauma (Godbout et al., 2020b). CCIT is associated with a plethora of long-term consequences that affect adult survivors, including exacerbated psychological distress, symptoms of post-traumatic stress disorder (e.g., flashbacks, intrusive memories, etc.), emotional dysregulation (e.g., reactivity), and interpersonal and sexual difficulties (e.g., lower relational and sexual satisfaction, sexual dysfunction; Bigras, Daspe, et al., 2017; Bigras, Godbout, et al., 2017; Follette & Vijay, 2009; Godbout et al., 2020a, 2020b; Kimbrough et al., 2010).

An impaired level of dispositional mindfulness, which could explain such lasting consequences of CCIT among survivors, involves the relatively stable propensity to experience life in a less mindful way (Bolduc et al., 2018; Kratzer et al., 2018), and a lower tendency to pay attention to one’s internal and external experiences with acceptance and non-judgement (Kabat-Zinn, 2003). Indeed, lower levels of dispositional mindfulness have been found to be associated with heightened psychological distress and trauma-related

symptoms in survivors (e.g., posttraumatic stress disorder, substance abuse, etc.; Follette & Vijay, 2009). It is possible that individuals with CCIT are more likely than those without to avoid acknowledging their internal and external states (i.e., experiential avoidance; Brown et al., 2007). While mindfulness may increase CCIT victims’ connection with suffering (e.g., trauma-related memories or implicit experiential memories, etc.), it could also allow them to process their trauma and its related impacts, potentially enhancing health outcomes in adulthood (e.g., increased connection with oneself and others, lower psychological distress, resilience, etc.; Ortiz & Sibinga, 2017).

Recent findings revealed that some adult survivors of childhood sexual abuse (CSA), a type of childhood interpersonal trauma, have mindfulness dispositions that are comparable to those of non-victims of CSA (Dussault et al., in press) highlighting the relevance of studying mindfulness paths and processes in trauma survivors over time. Adults with CCIT may present with specific, negative trajectories due to the severity and variety of traumas they experienced, along with lack of mindfulness dispositions. Indeed, surviving childhood trauma may lead to long-term experiential avoidance, which is engaged in to distance oneself from or diminish trauma-related suffering and outcomes. The existing literature mostly stresses the negative consequences of being a CCIT survivor (Bolduc et al., 2018; Godbout et al., 2020a, 2020b), though highlights that mindfulness can act as a coping mechanism (Ortiz & Sibinga, 2017). Qualitative studies could shed additional light on individuals’ lived experiences of suffering and healing — and potentially, on their mindfulness dispositions — from their own perspective.

Moreover, combining Buddhist conceptualizations and Western research could prove useful towards an integrative approach of trauma and mindfulness. In this sense, CCIT’s repercussions can be understood through the lens of the pain paradox, which integrates Buddhist and Western conceptualizations of mindfulness and trauma (Briere, 2015, 2019), and postulates that trauma survivors tend to engage in distress-sustaining behaviors (e.g., substance abuse, dissociation). Through the lens of experiential avoidance, such behaviors involve suppressing, withdrawing, numbing, or distracting oneself from painful emotional memories, experiences, and upsetting internal states. While these strategies may be adaptive and serve to maintain one’s psychological well-being in the short term, they tend to impair awareness, potentially leading survivors to miss out on important aspects of their lives, including those that are tied to well-being (Briere, 2015). Because avoidance coping mechanisms involve, by definition, a refusal to engage with pain, they impede on the psychological and somatic processing of trauma. Said differently, avoidance strategies are antithetical to mindfulness. A complementary framework to the pain paradox model is

emotional processing theory, a Western psychological theory which also posits that the avoidance of past trauma may create suffering (Foa & Kozak, 1986; Rauch & Foa, 2006). Some authors liken this theory to Buddhist approaches (e.g., de Silva, 1984), as it promotes the processing of trauma, notably through survivors' awareness of their conditioned response to it, which is made possible by reaching optimal levels of fear activation (Rauch & Foa, 2006). Studying trauma survivors' narratives through the lens of the Four Noble Truths could prove useful to depict their mindfulness-related trajectories from suffering to healing.

Furthermore, Western conceptualizations of mindfulness might be distinct to those of Buddhist approaches (e.g., secular versus spiritual/existential approaches; Brown et al., 2015; Khoury et al., 2018). For instance, the former typically aim for survivors to regain a satisfactory range of functioning or well-being, whereas the latter focus on the development of new understandings and capacities (Briere & Scott, 2014). However, researchers and practitioners could benefit from integrating both Buddhist and Western approaches to the study of mindfulness, especially in relation to human suffering (Briere, 2015; Gethin, 2015). Furthermore, many Western studies on mindfulness present limitations (Van Dam et al., 2018). For instance, in contrast to Buddhist approaches, many Western approaches to mental health discuss mindfulness in terms of its protective influence on brain function, which neglects its social, contextual, and value-based aspects that are found in Buddhist approaches (Chen & Jordan, 2020; Monteiro et al., 2019). Mobilizing Buddhist conceptualizations such as the Four Noble Truths could complement Western mindfulness research and clinical practices.

In addition, the pain paradox and emotional processing theory represent theoretical standpoints from which researchers and practitioners might integrate Buddhist and Western views of trauma-related suffering. They posit that avoidance of distress may prolong and intensify psychological suffering, whereas awareness promotes trauma processing or integration (Briere, 2015; Rauch & Foa, 2006). Finally, authors have stressed that mindfulness is complex and multifaceted, and therefore, difficult to define, that self-report questionnaires are problematic in some respects, and that no current theoretical model can comprehensively describe all mindfulness-related phenomena (Van Dam et al., 2018). Studying mindfulness dispositions through narrative data (i.e., from participants' points of view) could mitigate such limitations.

We use Buddha's Four Noble Truths to conceptualize CCIT survivors' mindfulness experiences to better inform our comprehension of their suffering and healing trajectories. Furthermore, survivors' points of view should be included and evaluated within current mindfulness research in order to provide new information beyond what

is ascertained through the use of standardized questionnaires and researcher-generated questions and response options, and to better capture various mindfulness-related phenomena (Lundh, 2020; Van Dam et al., 2018). As such, research that is individual-oriented and grounded in lived experiences could document previously neglected elements of subjective experiences (Lundh, 2020). Lastly, combining Western and Buddhist conceptualizations of mindfulness and trauma could provide a better understanding of these phenomena. Thus, the aim of this qualitative study was to document how trauma-related suffering and mindfulness dispositions are experienced among survivors of CCIT, from a perspective that combines both Western psychology and Buddhist approaches.

Method

Participants

Participants were recruited through social media advertisements, professional listservs, recruitment posters in centers that serve CSA survivors, and word of mouth. Eligible participants were at least 18 years old, survivors of CSA, and had had at least one consensual sexual encounter in their lives. This latter criterion was selected to be able to explore participants' intimacy and sexuality in adulthood after having experienced CSA. While 51 CSA survivors participated in semi-structured interviews, the current study's sample was only comprised of those who also reported CCIT ($n = 23$), which was defined as experiences of intra- or extrafamilial sexual abuse in addition to physical and psychological childhood maltreatment (i.e., parental violence and neglect; see Fig. 1 for a description of participant selection). The selection of these participants was done using the Childhood Cumulative Trauma Questionnaire (Bigras, Daspe, et al., 2017; Bigras, Godbout, et al., 2017; Godbout et al., 2017), which measures the experience of eight types of childhood interpersonal trauma on a 7-point Likert scale with response options ranging from 0 (*Never*) to 6 (*Every day or almost*) (see Table 1). The authors then consulted the qualitative data of participants having reported CCIT to verify their experiences were indeed documented.

Half of participants were women (11 women, 12 men), and most were born in Canada (20/23). About half were employed (12/23; the others were students, looking for employment, or retired), and two-thirds self-identified as heterosexual (15/23). Participants were 18 to 70 years old ($M = 45.17$; $SD = 12.63$) and their mean annual income was \$19,500 CAD (ranging from \$0–\$19,999 CAD to \$100,000+ CAD).

Fig. 1 Sample selection

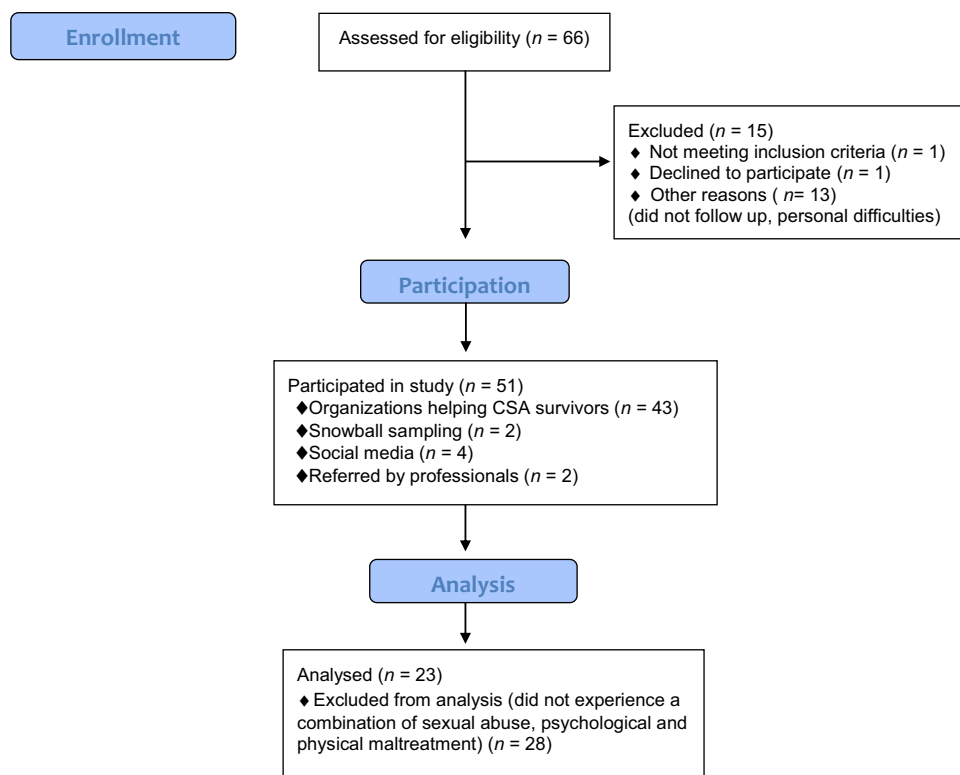


Table 1 Mean CCIT in the final sample and in the total sample

CCIT	Mean occurrence M (SD)	Occurrence in final sample M (SD)
Psychological neglect	3.06 (2.10)	5.05 (1.11)
Physical neglect	1.04 (1.63)	2.09 (1.90)
Psychological abuse	2.69 (2.24)	4.73 (1.39)
Physical abuse	.91 (1.40)	1.80 (1.68)

Procedure

This study was part of a broader mixed-methods study examining the sexual and intimate trajectories of adult survivors of CSA. The study's goals, procedure, risks and benefits, voluntary-based participation, informed consent, and confidentiality were detailed to participants to ensure their comprehension of the research protocol. After having provided consent, participants were then interviewed with the use of an interview grid (for additional information on the broader study's procedure, see the following publication having used the entire sample; Guyon et al., 2021).

The semi-structured, in-depth interviews explored participants' childhoods (e.g., their experiences with CSA and CCIT and their family environment with questions such as: "How did the sexual abuse happen?"), interpersonal relationships in adulthood (e.g., "What kinds of relationships

do you generally have with men/women?"), and adaptation processes following trauma (e.g., "Did you ever seek help when you were in difficult situations, regardless of whether it had something to do with the sexual assault?"). Neither mindfulness nor the Four Noble Truths were explicitly addressed during the interviews, as the goal was to study participants' mindfulness, suffering, and healing trajectories through their life experiences as they naturally appeared in the data.

To minimize researcher bias and psychological risks for participants during data collection, the research assistants who conducted the interviews were first trained by a certified counselor with an expertise in CSA. All research assistants had a master's degree in Sexology, training and experience in intervention, qualitative research, and suicide prevention. Interviews were filmed, and the principal investigator regularly provided coaching and feedback to the research assistants regarding their interviewing skills. Regular team meetings were also held to discuss any potential difficulties that the interviewers could encounter during data collection. The interviews had a mean duration of two hours. At the end of each interview, a debriefing session was conducted to assess participants' psychological distress and provide a list of resources if needed. All interviews were also audio-recorded and transcribed. The study protocol was approved by the Université du Québec à Montréal's institutional research ethics board.

Data Analyses

Interview transcriptions were analyzed using directed content analysis (Hsieh & Shannon, 2005). Content analysis focuses on the textual data's content or contextual meaning to improve knowledge and understanding of the phenomenon under study (Hsieh & Shannon, 2005). Systematic coding is developed and used to identify patterns in participants' narratives, a process which allows for the subjective interpretation of textual content. Concerning directed content analysis, specifically, systematic coding allows for the validation or conceptual extension of a pre-existing theoretical framework (Hsieh & Shannon, 2005). This method targets and synthesizes the qualitative data that is relevant to the selected theoretical framework and facilitates a rigorous and structured data analysis (Dixon-Woods, 2011). It also provides support for or conceptually extends an existing theoretical framework (Elo & Kyngäs, 2008). Since the existing trauma and mindfulness research often only offers fragmented data on these topics, it is particularly relevant to consider how an existing framework can be applied to CSA and CCIT survivors' healing processes.

Transcriptions were first read multiple times to assimilate the data. Then, the data were broken down into "meaning units" during the coding process, which was conducted by a team of six research assistants. To do so, a coding grid was developed based on the literature on CSA, its repercussions, and healing trajectories. This coding grid remained flexible to incorporate emerging concepts developed during analyses. Then, the coding process was standardized using a team coding approach (Weston et al., 2001), whereby coders regularly met to discuss emerging codes and any difficulties they had encountered during analyses. The grid was improved according to common agreements and the coding process was adjusted following these meetings. The codes developed during analyses notably included "family history," "avoidance strategies," "descriptions of CSA events," "repercussions of CSA," "denial," "acceptance," "understanding," "forgiveness," "healing trajectories," and "resilience." Meaning units referring to mindfulness dispositions as defined in Western and Buddhist frameworks (Anālayo, 2003; Baer et al., 2006) were retrieved from the narratives for further analysis. Such dispositions included observing and describing (conceptualized as understanding and clear knowing in Buddhist teachings), acting with awareness (or the Buddhist concept of awareness), non-reacting, acceptance, and nonjudgment (or equanimity in Buddhist teachings) abilities.

The first author then organized the data into categories in a two-step process: (1) an inductive categorization was performed without predetermined categories (i.e., with codes retrieved from the initial coding process), and (2) since the resulting categories appeared to reflect the Buddha's Four

Noble Truths, a second categorization process was done in a more deductive fashion (i.e., directed content analysis), to validate the Four Noble Truths as a conceptual framework. More precisely, the first author was familiar with this theoretical standpoint, but did not originally use it during categorization until the data appeared to reflect four stages of suffering and healing in the aftermath of CCIT. Next, the categorization process was proposed and adapted in the form of a grid to analyze the data in a directed fashion to validate and possibly extend the Four Noble Truths to CCIT survivors' experiences (i.e., additional categories, subcategories, or nuances in the Four Noble Truths). During and after the categorization process, categories were revised independently by three researchers with an expertise in qualitative research and two researchers with an expertise in CCIT and mindfulness. Disparities were discussed until reaching common agreements, which aims to provide analytical "consistency," a criterion for producing reliable and replicable qualitative findings that reflect clear and transparent analytical decisions (Noble & Smith, 2015). This process was conducted in an effort to remain true to participants' stories, which confers truth value, a criterion for rigorous qualitative analysis pertaining to the clear and accurate representation of participants' perspectives (Noble & Smith, 2015). Indeed, the value of dialogue, agreement, and consensus between researchers is regarded as a rigorous means to validate qualitative and content analyses (Elo & Kyngäs, 2008). Some authors also state that, while researchers benefit from listening to alternative points of view, they should nonetheless make their final decisions based on their data and that inter-rater reliability may be more suited for quantitative research (Morse, 1994, 2015). Finally, the data were synthesized into findings. Nvivo software version 12 was used during the coding and categorization process. To preserve anonymity, each participant was invited to choose a pseudonym (a name different from theirs).

Results

Data analysis showed the Buddha's Four Noble Truths (e.g., Aich, 2013) to be reflected in survivors' experiences. These experiences were classified into four stages of progression, from suffering to healing, which are presented in Table 2. First, the experience of CCIT (i.e., sexual abuse, and psychological and physical violence/neglect) is perceived as a source of suffering by participants, both in childhood and in adulthood (the first Noble Truth: life is suffering). Second, experiential avoidance was reported as an adaptive strategy to this suffering (the second Noble Truth: There is a cause of suffering). In this regard, experiential avoidance was characterized by cravings, avoidance, and ignorance, which allows for the distancing from pain, but ultimately

Table 2 Summary of findings

Four Noble Truths	Categories	Subcategories
Life is suffering	Being a Survivor of CCIT: a Major Source of Suffering	Trauma Alters the Experience of Being a Happy Child Survivors Carrying the Weight of Trauma
There is a cause of suffering	Experiential Avoidance: Aversion, Cravings, Illusion, and Amnesia Used as Coping Strategies for Pain and Suffering	Aversion To People and Situations Associated with Trauma Cravings to Numb the Pain Amnesia and Creating Illusion to Escape Detrimental Experiences and Memories
It is possible to stop suffering	A Search for Internal and External Resources to Reduce Suffering Caused by Experiential Avoidance	From Experiential Avoidance to Connection with Oneself and Others Meaning-Making and a Search for Resources to Reduce Suffering
There is a path leading to the end of suffering	Engaging in a Path towards Liberation: A New Approach to Trauma and to Life	On the Right Track

results in more suffering. Third, some survivors started to befriend their pain by seeking resources that reduced their experiential avoidance, which led them to better manage the experience of suffering (the third Noble Truth: It is possible to stop suffering). Fourth, a few survivors experienced healing through different strategies and reported an ongoing healing process (the fourth Noble Truth: There is a path that leads to the end of suffering) that transcended suffering and gave pain new meaning.

Being a Survivor of CCIT: a Major Source of Suffering

Experiencing CCIT led many participants to perceive their childhoods to be a source of suffering, the weight of which was carried on into adulthood. More specifically, they described their childhoods in terms of abandonment, insecurities, and an absence of warmth. They mentioned feeling powerless and of somatizing their trauma, concealing their trauma to preserve their loved ones' well-being, or preventing its intergenerational transmission.

Trauma Alters the Experience of Being a Happy Child Experiencing childhood in milieus where participants felt unwanted, rejected, unloved, and insufficiently cared for, altered their experience of being happy children. As Ludger explained, “part of your childhood is stolen,” because he felt his parents did not welcome nor respond to his emotional needs and failed to make their family a haven — a safe space. Survivors emphasized that their parents did not provide the warmth necessary for their well-being or recovery from CCIT. Emmanuel stated that this lack of warmth led him to feel that his home was “empty”:

For sure, having a sick mother, a father invested in religion who was absent, who was working... It

wasn't an environment that brimmed with love or human warmth. We played outside, we lived. But when we were home, it was, like, a bit empty.

Some participants also reported feeling they could not count on their caretakers, which resulted in feelings of abandonment and insecurity, or the heaviness of having to parent their own parental figures. For example, Alexia mentioned that nobody was available for her, not even following an evening during which she was sexually abused, which made her feel “really abandoned and insecure.”

Survivors Carrying the Weight of Trauma Not only were CCIT events and other traumatic home contexts perceived as painful, but experiencing the consequences of such trauma (e.g., powerlessness, conflict, anger) was lived as an additional burden. For example, suffering was experienced when survivors felt powerless to deal with the consequences of their adverse childhood experiences. Illustrating this, Samuel felt powerless and denied that CSA was detrimental to his development (e.g., sexuality, representations of masculinity). Yet, he also reported that this very denial prevented him from feeling empowered and healing from his experiences. In adolescence and early adulthood, he did not understand the scope of the impacts these events had on his life:

To face the confusion and the incomprehension at a young age, in my twenties and teens... having no knowledge of all that made me totally desperate because I had no power whatsoever. I was completely powerless towards all these things that happened inside of me.

For many participants, the burdens of unintegrated CCIT impacted adulthood through somatization. As Natacha reported: “Because I tend to have nightmares a lot, but it's also, like, a physical reaction that I've had for a long time, a very, very, long time.”

Such heavy burdens were also carried into intimate relationships (i.e., family, friends, intimate partners), in which they created an additional duty: that of being responsible to shield others from being impacted by their trauma. This led some participants to feel responsible for events over which they had no power. For example, Terry had asked her ex-partner's aunt to be her son's adoptive grandmother because she "wanted him to have grandparents" but did not trust her own mother — her abuser — with her son's safety. Terry had cut ties with her mother when her son was a toddler, fearing that she could abuse him: "I can't get my son in contact with an abuser. Even if she's his grandmother, I can't make him vulnerable like that, because she's a champion at manipulating." Lastly, some participants kept their CSA from their abuser's loved ones in order to preserve the image they had of them. For example, Magalie did not tell her cousins that their father had abused her and her sister: "And now, at the same time, I tell myself: 'Why would I do that?' It's going to destroy the image they have of their father".

Experiential Avoidance: Aversion, Cravings, Illusion, and Amnesia Used as Coping Strategies for Pain and Suffering

All survivors' pain and suffering were coped with and exacerbated by practicing experiential avoidance, the latter of which was divided into three subcategories, as represented by the second Noble Truth (There is a cause of suffering; Anālayo, 2010): (1) aversion to people and situations associated with trauma; (2) avoidance of directly acknowledging painful experiences by actively pursuing pleasurable distractions, such as substance use, sex, or romantic relationships, which, in respect to Buddhist conceptualizations, might represent cravings to numb the pain; and (3) amnesia or the creation of an illusionary or isolated world in which to ward off painful realities and escape detrimental experiences and memories.

Aversion to People and Situations Associated with Trauma Aversion, an emotional response to unpleasant CCIT-related experiences, was reported by survivors. Some participants experienced anger following CCIT, which could be directed towards their CSA abuser or other relatives they perceived had let them down or misunderstood their suffering. In Justin's case, the aversion he experienced first manifested as repulsiveness towards gay men, given he was abused by a gay man. Eventually, his aversion transformed into discomfort: "Now it's like, I accept gays more. I have gay friends. I know it's not... I'm not homophobic. But I have a hard time when they approach me, it reminds me of these memories."

Cravings to Numb the Pain Another way to cope with trauma was to engage in one or several types of suffering-exacerbating behaviors and desires that would distract participants from their unpleasant internal states. Such distractions included emotional dependency, comfort foods, or substance use and abuse. Ludger reported that alcohol helped him tolerate his suffering, but that he eventually developed an addiction that affected his life: "I turned to alcohol. In about... I'd say in about 10 years. I became an alcoholic, such an alcoholic. I even hid to drink." Others turned to substance use to "numb [their] emotions" (Matthew), but since a large quantity of drugs or alcohol was necessary to adequately escape the pain, such use only led to "creating more pain" (Matthew).

In some cases, such as for Victor, substance abuse was substituted by more "socially accepted" ways to escape reality: "You stop drugs, but you switch them for substitutes. Workout. Sex. Food. Those are things I did to avoid feeling." He, among others, also used sex ("Otherwise, I'm going to be sexually compulsive") and spending money ("Anyway, I've never been very rich, but for a year or two I had a good income and I became a shopaholic."). Workaholism was also used, as Ludger reported: "Before I started drinking, I overworked." In his case, he avoided being home with his partner, particularly when sexual intimacy was expected from him. Moreover, the long work hours and overtime gave him an excuse to avoid sex and intimacy by telling his partner he was too tired.

Amnesia and Creating Illusion to Escape Detrimental Experiences and Memories The analysis of participants' narratives highlighted a willingness to escape, shut down, or create an alternative world to avoid facing reality. When their reality was too painful to accept, some participants partly or entirely forgot their traumatic childhood experiences, or at least tried to do so. For example, Emmanuel explained how much he tried to escape his overwhelming pain in his day-to-day life:

Oh my God, yes. Escape from myself, escape reality, escape the fact that I was abused, escape the fact that I had sexual experiences with a man at this age, as a teenager. Escape my past, all the abuse I experienced, my family relationships, escape from my father, in general it was about escaping my life.

In Carl's case, escaping his painful reality during childhood took the form of creating an imaginative world in which none of his mother's abuse existed:

I developed a whole, um, imaginative lifestyle where I was a girl, a princess, and I would sit out - I was very lonely, I would always be sitting outside or

walking through the woods alone, pretending I was in a different world.

Daily activities were reported as too hard to pursue, leading to isolation: “A lot of times when I would just spend time being alone, and isolate. To hide under the blankets” (Chuck). Finally, amnesia was reported as a mechanism to avoid pain, such as in Catherine’s case, who stated: “Why didn’t I remember the whole assault, well, actually it’s a self-defense mechanism of the brain that ensures it blocks these images”.

A Search for Internal and External Resources to Reduce Suffering Caused by Experiential Avoidance

A deliberate or serendipitous shift from experiential avoidance to new perspectives on life and past experiences was documented in [participants’](#) narratives. Participants reported relying less on experiential avoidance strategies to cope with their difficulties, instead turning to their internal and external worlds. Specifically, participants realized that their suffering could diminish or end if they consciously connected with their daily experiences. In this regard, two subcategories emerged from the data: (1) from experiential avoidance to connection with oneself and others, and (2) meaning-making and a search for resources to address suffering.

From Experiential Avoidance to Connection with Oneself and Others The diminution or cessation of experiential avoidance brought the experience of a more anchored, profound, and intimate connection with oneself and others. For example, Victor reported a sense of freedom and openness when he stopped using drugs:

I felt a liberation. I was liberated from these obsessional thoughts about my father (who was his abuser). Dope saved me at the beginning, until it completely destroyed me. Then I started breathing.

Marilyne, another participant, described searching for dependent relationships until she began an individualization process to discover and acknowledge herself. Such dependent relationships could be conceptualized as a desire to merge or fuse with another, thereby losing one’s individuality, whereas maintaining boundaries allows for one to be capable of experiential connection with oneself and one’s life:

I’d always engage in relationships so I could identify with someone and didn’t need to be myself. So, until I realized that, well, maybe I’m worth trying some-

thing, to be myself. But I had quite a few life failures, I lost many relationships, I lost many jobs, I lost many friendships, I lost many things to come to this, to know and acknowledge myself. (Marilyne)

In other cases, such as Florence’s, self-discovery and new life experiences, like the onset of consensual sex within the bounds of a romantic relationship, fostered the recollection of past trauma: “I was about sixteen, I met my first boyfriend, so maybe my brain made connections (i.e., prompted her to remember a CSA event). But maybe that’s not it either, I don’t know.”

Meaning-Making and a Search for Resources to Reduce Suffering A diminution in experiential avoidance, along with developed connection with one’s internal and external worlds, prompted a search for meaning-making relative to the experienced trauma. For example, Marianne reported a need to consciously connect with her trauma instead of practicing experiential avoidance, and to make sense of it:

But there are people like that, they don’t want to see. Well, even when I was young, I wanted to understand everything because I wanted to know why. So, I continued all my life, searching. And that’s it.

When meaning-making was mobilized, participants reported a capacity to welcome painful emotions and thoughts and felt a “real life impulse” (Chuck). When experiential avoidance was not an option, participants used other strategies to cope with their suffering, slowly befriending their pain. Chuck engaged in practices that fostered mindful movement as a way of integrating trauma, which engaged him in embodiment and calmness:

That’s when I discovered yoga. I started doing yoga, chi gong, dancing. I practice a type of dance, improvisation contact dance. And where, like, we roll... You know, we’re really embodied in our physical body, so it’s like, calming.

The acknowledgement of trauma and its impacts were documented in the narratives. For Samuel, much of what happened to him when he was young, and how he only dealt with his difficulties later in life, were attributed to how ignorant he was about trauma and CSA. The acquisition of knowledge allowed him to gain power and awareness of his difficulties, and to improve his well-being: “Knowledge is a form of power. It’s a form of power that’s not just social, but also personal to have more... to have more power on how we can manage what happens to us subsequently.”

Connection and relational support were reported as key to processing trauma. Being able to reach out to support

groups and trauma experts, to talk to others, and to feel validated and listened to helped participants to address their suffering. Talking to others about their trauma may have helped them gain awareness of their past, which offered them new perspectives. For example, Terry mentioned that she was no longer emotionally overwhelmed by her past: “I know I have tools that I can use. I can call whenever I want, and I’ll be listened to. I have go-to people I can contact. It will never upset me like it once did...”. By contrast, Marilyne indicated that such support was not readily accessible to her, and that she had to fight to get it. She sought support years after she endured her trauma, and resources were not automatically given to her: “And well, I’m not here to complain, I mean, I had support, I had support because I fought to get it too. It didn’t come freely, on a golden platter.”

Finally, participants were also motivated by their loved ones’ presence and support to pursue healthier lives. Mike illustrated that various members of his family helped him in difficult times: “I have my granddaughter, my wife, my son, my daughter. Those who are close to me and who help me the most.” In Marianne’s case, her pets were a considerable source of support, since they enabled her to connect with other living beings: “I really like animals, I always had pets. Honestly, it saved my life. It literally saved my life to have my dog.”

Engaging in a Path Towards Liberation: a New Approach to Trauma and to Life

After having found the resources that fostered stabilization, and eventually, the fading of suffering, a few participants pursued a healing trajectory that reflected components of the Eightfold Noble Path. Commitment to strategies that lessened their suffering sometimes appeared sequentially, sometimes concomitantly, and is described in a single subcategory, below.

On the Right Track Engaging in practices that faded experiential avoidance led some participants to see their suffering in a new light and develop new ways of managing it, which allowed for the possibility to gradually free themselves from suffering. For example, Terry acknowledged how her traumatic past used to torment and haunt her until she decided to accept the pain that accompanied it: “I tell myself that it’s done enough damage like that. I live well with it, and if it comes back, I’ll just welcome it. I won’t let it haunt me, you know?”. For Carl, moving on made him feel freer than ever: “Um... so I’ve moved, I have moved on. I’ve never felt freer than I do now”. In some

cases, like Marianne’s, working on forgiveness proved to be beneficial:

And I decided, between the ages of 25 and 28, to go on. And to work on forgiveness. Because I realized, what I’m going to say sounds stupid, but by forgiving my father, I forgave myself and I stopped feeling guilty.

In other cases, such healing processes involved being able to tell one’s truth “in a healthier way” (Chuck), or to use one’s voice to leave a positive influence around oneself. For example, Matthew, who used to conceal his difficulties to others, was no longer able to: “I can no longer shut myself down and I’m not able to face others saying: ‘everything is alright’ or ‘everything is easy’. No way. Reality is, it’s not easy and this isn’t the truth.”

Certain participants, such as Mike, a psychosocial worker, reported having livelihoods that enabled others to benefit from their traumatic experiences, which they saw as an opportunity for all involved parties to grow:

There are young people who came to see me for suicidal tendencies, and I probably saved all three of them because what I did is, I sat with them and I listened to them. And I did not only pretend I was listening to them, I listened to them for real. When you live these emotions, you can help others.

As for Chuck, who actively engaged in a spiritual journey, all the work he did on himself led him to a feeling of fluid coherence:

This progression brought me to find a lot of coherence within my relationships, in my work, and I want everything to be integrated together. Meaning that my work has an impact. That it helps improve the environment instead of destroying it, so I can’t work in a bank or a mining company like I used to.

Further, publicly speaking about CSA had the effect of helping to break the social silence surrounding CSA, which also benefited Chuck more directly: “So I talked about sexual abuse in public. I gave speeches in front of an audience and all that, for me all of that was part of my healing process”. As for Terry, nurturing positivity involved keeping “toxic” people away from her: “I don’t like to use this term, but toxic people. I call them life-suckers. You can’t say no to them. But today, the choice is made by itself. People get out of my way!”. In short, consciously engaging in a process in which one connected with their suffering started to affect other aspects of their lives. Ultimately, such a process could lead one to feelings of awareness, decisiveness, coherence, and to the discerning perspective that what one brings to oneself and to the world is interconnected.

Discussion

By bravely and generously sharing their difficult life experiences, the present study's participants contributed to our understanding of suffering and mindfulness dispositions in CCIT survivors, in light of the Four Noble Truths. Results show that participants' experiences of trauma and healing, which were organized into four conceptual categories, support the Buddha's Four Noble Truths, namely, (1) life is suffering; (2) there is a cause of suffering; (3) it is possible to stop suffering; and (4) there is a path that leads to the end of suffering. Moreover, the current study adds to an existing body of literature on the Four Noble Truths by applying this conceptual standpoint to the life experiences of CCIT survivors. More specifically, participants experienced pain and suffering following CCIT, which they attributed to difficult childhood experiences and an awareness of the burden it created for them. Previous research has documented such consequences as occurring within neglectful and violent households, or among survivors of childhood sexual abuse (Briere & Scott, 2014).

The present study also found that participants engaged in experiential avoidance, which may be interpreted through the integrative Buddhist and Western pain paradox model (Briere, 2015) as well as through emotional processing theory (Rauch & Foa, 2006). In an attempt to cope with pain, participants engaged in a myriad of distress-sustaining behaviors such as developing an aversion to people associated with the abuse, abusing drugs and alcohol (representing cravings), or shutting down or dissociating (representing illusion). These findings build on recent quantitative research having found that unpleasant affect, such as distress, explains the link between posttraumatic cognitions and increased alcohol cravings (Lyons et al., 2020), and that dissociation mediates the association between experiential avoidance and posttraumatic stress symptoms (e.g., substance use, irritability; Serrano-Ibáñez et al., 2021). The present findings also support emotional processing theory, which explains, from a Western psychological standpoint, the causes and conditions that shape and foster individuals' suffering and that promote the "metabolizing" and awareness of their conditioned responses (Foa & Kozak, 1986; Rauch & Foa, 2006). This study provides a nuanced understanding of how individuals can respond to trauma through the lens of the Four Noble Truths and trauma-based Western theories. The finding that craving and illusion are viewed by survivors as causes of suffering reflects that of recent empirical data, which have identified them as mechanisms or components of suffering (Lyons et al., 2020; Serrano-Ibáñez et al., 2021). The present findings further suggest that the subjective construction of suffering, combined

with the objective experience of pain, is more complex than a simple cause-to-effect equation, and that pain and suffering need to be consciously embraced and metabolized to foster recovery.

For some participants, experiential avoidance appeared to lessen, whether spontaneously or deliberately, which enabled other coping strategies and resources to surface. Lastly, a few participants engaged in trajectories that reflected a healing process, leading them to feel in harmony with themselves and the world around them. This harmony reflected the cessation of suffering through an understanding of notions pertaining to the Four Noble Truths, such as the moderation of one's thinking of and reacting to painful events (Uthayaratana et al., 2019). While Buddhist frameworks have existed for millennia, the current findings suggest their modern pertinence among CCIT survivors. The lived experiences of the Buddha's Four Noble Truths, when combined to the current Western understanding of trauma, may be effective at improving CCIT survivors' well-being. Indeed, few studies have documented how the Four Noble Truths can be portrayed in CCIT survivors' experience of suffering and healing. Our findings shed light on the relevance of such theoretical standpoint in portraying how CCIT survivors may recover from their traumatic experiences. They may also provide a conceptual map to understand and support the trajectories of survivors towards a life they deem worth living. Our study also expands prior research showing that, despite a minority of participants deliberately engaging in organized spirituality practices (e.g., meditation, pilgrimage), mindfulness dispositions and healing appear to naturally present themselves in survivors' lives through choices and actions that are anchored in participants' needs and values (i.e., committed action; Moran et al., 2018) such as social participation, engaging in relationships, or changing careers. Such findings reinforce the idea that ethics and values-based mindfulness may foster congruence and personal growth (Chen & Jordan, 2020; Monteiro et al., 2019).

Limitations and Future Research

The current study must be evaluated in light of its limitations. First, because this research was conducted as part of a broader research project, the topic of mindfulness was not specifically addressed with participants. It is possible that the findings could have been different if the overarching study had specifically focused on CCIT survivors' mindfulness experiences. To address this issue, future studies should specifically explore mindfulness dispositions or practices in CCIT survivors. Secondly, the circular process of using a Buddhist approach to support an outcome of Buddhist practice must be addressed as another limitation. Moreover, each of the Four Noble Truths is a "metaphysical statement" that can neither be proven, nor refuted (Batchelor, 2012, p. 93).

Future research should continue to adopt an interdisciplinary perspective to support, refine, and nuance Buddhist conceptualizations of mindfulness and CCIT, while including other potentially useful conceptual frameworks (e.g., attachment theory, mentalization). Thirdly, participants' characteristics, including race/ethnicity, annual income, employment status, and access to psychological services, might be related to healing abilities and the development of mindfulness dispositions. Future quantitative studies should account for such characteristics as potential moderators of healing and mindfulness. Furthermore, future research should consider mobilizing an intersectional approach to better examine the role of sociocultural factors in the processing of CCIT. Fourth, the use of semi-structured interviews in this study might have allowed the use of suggestive and direct questions, and interviewees' information could be tainted or contaminated. Thus, future studies should consider using non-structured interviews to compensate this potential bias.

Other considerations might be put into practice in future research. Mobilizing the Four Noble Truths is in line with anti-oppressive and trauma-sensitive approaches (Burke & Harrisson, 2002; Treleaven, 2018), as it promotes informed consent in a context where mindfulness' Buddhist origins have repeatedly been concealed (Gunther Brown, 2016). Further, when grounding the suffering and healing of CCIT survivors in the Four Noble Truths, future research should monitor specific difficulties expressed by participants, such as dissociation and unpleasant affect, to document challenges and potential ways to respect or overcome them.

Researchers should also interpret our findings while considering the notion that "spiritual bypassing" regularly occurs within social, professional, interpersonal, and individual contexts in relation to human pain and suffering. Coined by Buddhist psychologist John Welwood in the 1980s, this term describes a widespread propensity to use spiritual ideas and practices to avoid facing difficult experiences such as emotional or psychological issues (Sherrell & Simmer-Brown, 2017). In other words, independently of a survivor's stage in the healing (or suffering) process, not respecting their pace as well as judging their suffering and experiential avoidance would be contrary to trauma-sensitive approaches. For instance, emotional processing theory provides insight regarding gradual exposure to suffering in order to metabolize trauma (Foa & Kozak, 1986; Rauch & Foa, 2006). Moreover, the pain paradox suggests that although forgiving one's abuser might be liberating, feelings of resentment are very human and should not be suppressed or ignored if one intends to resolve them.

Acknowledgements The authors wish to thank participants who participated to this project and the community organizations partners. They would also like to specially thank Drs Monique Tardif and Marie-Marthe Cousineau, who helped to acquire funding for the current study. Finally, they would like to thank Léa Séguin and Mathieu Constance,

who read the paper to ensure the quality of the writing, and Dr John Briere, who provided his expertise to comment the paper.

Author Contribution ÉD: conceptualized and designed the study, analyzed the data, and interpreted the findings, wrote the manuscript. DL: completed the categorization consensus, interpreted the findings, and collaborated in the writing and editing of the manuscript. MF: completed the reliability coding and categorization consensus, interpreted the findings, and collaborated in the writing and editing of the manuscript. NG: completed the categorization consensus, interpreted the findings, and collaborated in the writing and editing of the manuscript. All authors reviewed and approved the final version of the manuscript for submission.

Funding This research was supported by a grant from the Social Sciences and Humanities Research Council of Canada (#430-2016-00951) awarded to Mylène Fernet and by a scholarship from the Fonds de Recherche du Québec – Société et Culture (#2021-B2Z-290624) awarded to Éliane Dussault.

Declarations

Ethics Approval All procedures involving human participants performed in this study were approved by the Université du Québec à Montréal's institutional ethics board (Certificate number: 1476_2021), and with the 1964 Declaration of Helsinki and its later amendments.

Consent to Participate Informed consent was obtained from all individual participants included in the study.

Conflict of Interest The authors declare no competing interests.

References

- Aich, T. K. (2013). Buddha philosophy and Western psychology. *Indian Journal of Psychiatry*, 55(Suppl 2), S165–S170. <https://doi.org/10.4103/0019-5545.105517>
- Anālayo, Bh. (2003). *Satipaṭṭhāna: The direct path to realization*. Windhorse Publications.
- Anālayo, Bh. (2010). *The earliest recorded discourses of the Buddha (from Lalitavistara, Mahākhandhaka & Mahāvastu)*. Sukhi Hotu.
- Anālayo, Bh. (2019). Adding historical depth to definitions of mindfulness. *Current Opinion in Psychology*, 28, 11–14. <https://doi.org/10.1016/j.copsyc.2018.09.013>
- Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment*, 13(1), 27–45. <https://doi.org/10.1177/1073191105283504>
- Batchelor, S. (2012). A secular Buddhism. *Journal of Global Buddhism*, 13, 87–107. <https://doi.org/10.5281/zenodo.1306529>
- Bigras, N., Daspe, M. E., Godbout, N., Briere, J., & Sabourin, S. (2017a). Cumulative childhood trauma and adult sexual satisfaction: Mediation by affect dysregulation and sexual anxiety in men and women. *Journal of Sex and Marital Therapy*, 43(4), 377–396. <https://doi.org/10.1080/0092623X.2016.1176609>
- Bigras, N., Godbout, N., Hébert, M., & Sabourin, S. (2017b). Cumulative adverse childhood experiences and sexual satisfaction in sex therapy patients: What role for symptom complexity? *The Journal of Sexual Medicine*, 14(3), 444–454. <https://doi.org/10.1016/j.jsxm.2017.01.013>
- Bodhi, Bh. (2005). *In the Buddha's words: An anthology of discourses from the Pāli Canon*. Wisdom.

- Bolduc, R., Bigras, N., Daspe, M. È., Hébert, M., & Godbout, N. (2018). Childhood cumulative trauma and depressive symptoms in adulthood: The role of mindfulness and dissociation. *Mindfulness*, 9(5), 1594–1603. <https://doi.org/10.1007/s12671-018-0906-3>
- Briere, J. (2015). Pain and suffering: A synthesis of Buddhist and Western approaches to trauma. In V. M. Follette, J. Briere, D. Rozelle, J. Hopper, & D. I. Rome (Eds.), *Mindfulness-oriented interventions for trauma: Integrating contemplative practices* (pp. 11–30). Guilford.
- Briere, J. (2019). *Treating risky and compulsive behavior in trauma survivors*. Guilford.
- Briere, J., & Scott, C. (2014). *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment, 2nd edition, DSM-5 update*. Sage.
- Brown, K. W., Creswell, J. D., & Ryan, R. M. (Eds.) (2015). *Handbook of mindfulness: Theory, research, and practice*. Guilford Publications.
- Brown, K. W., Ryan, R. M., & Creswell, J. D. (2007). Mindfulness: Theoretical foundations and evidence for its salutary effects. *Psychological Inquiry*, 18(4), 211–237. <https://doi.org/10.1080/10478400701598298>
- Burke, B., & Harrison, P. (2002). Anti-oppressive practice. In S. Barrett, C. Komaromy, M. Robb, & A. Rogers (Eds.), *Communication, relationships and care: A reader* (pp. 131–138). Routledge.
- Chen, S., & Jordan, C. H. (2020). Incorporating ethics into brief mindfulness practice: Effects on well-being and prosocial behavior. *Mindfulness*, 11(1), 18–29. <https://doi.org/10.1007/s12671-018-0915-2>
- de Silva, P. (1984). Buddhism and behaviour modification. *Behaviour Research and Therapy*, 22(6), 661–678. [https://doi.org/10.1016/0005-7967\(84\)90129-3](https://doi.org/10.1016/0005-7967(84)90129-3)
- Dixon-Woods, M. (2011). Using framework-based synthesis for conducting reviews of qualitative studies. *BMC Medicine*, 9(1), 1–2. <https://doi.org/10.1186/1741-7015-9-39>
- Dussault, È., Girard, M., Fernet, M., & Godbout, N. (in press). A hierarchical cluster analysis of childhood interpersonal trauma and dispositional mindfulness: Heterogeneity of sexual and relational outcomes in adulthood. *Journal of Child Sexual Abuse*.
- Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing*, 62(1), 107–115. <https://doi.org/10.1111/j.1365-2648.2007.04569.x>
- Foa, E. B., & Kozak, M. J. (1986). Emotional processing of fear: Exposure to corrective information. *Psychological Bulletin*, 99(1), 20–35. <https://doi.org/10.1037/0033-2909.99.1.20>
- Follette, V. M., & Vijay, A. (2009). Mindfulness for trauma and post-traumatic stress disorder. In F. Didonna (Ed.), *Clinical handbook of mindfulness* (pp. 299–317). Springer.
- Gethin, R. (2015). Buddhist conceptualizations of mindfulness. In K. W. Brown, J. D. Creswell, & R. M. Ryan (Eds.), *Handbook of mindfulness: Theory, research, and practice* (pp. 9–41). The Guilford Press.
- Godbout, N., Bakhos, G., Dussault, È., & Hébert, M. (2020). Childhood interpersonal trauma and sexual satisfaction in patients seeing sex therapy: Examining mindfulness and psychological distress as mediators. *Journal of Sex & Marital Therapy*, 46(1), 43–56. <https://doi.org/10.1080/0092623X.2019.1626309>
- Godbout, N., Bigras, N., & Sabourin, S. (2017). *Childhood cumulative trauma questionnaire (CCTQ)*. University du Québec à Montréal, Canada.
- Gobout, N., Morissette Harvey, F., Cyr, G., & Bélanger, C. (2020). Cumulative childhood trauma and couple satisfaction: Examining the mediating role of mindfulness. *Mindfulness*, 11(7), 1723–1733. <https://doi.org/10.1007/s12671-020-01390-x>
- Gunther Brown, C. (2016). Can “secular” mindfulness be separated from religion? In R. E. Purser, D. Forbes, & A. Burke (Eds.), *Handbook of mindfulness: Culture, context and social engagement* (pp. 75–94). Springer.
- Guyon, R., Fernet, M., Dussault, È., Gauthier-Duchesne, A., Cousineau, M.-M., Tardif, M., & Godbout, N. (2021). Experiences of disclosure and reactions of close ones from the perspective of child sexual abuse survivors: A qualitative analysis of gender specificities. *Journal of Child Sexual Abuse*, 30(7), 806–827. <https://doi.org/10.1080/10538712.2021.1942369>
- Hsieh, H. F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, 15, 1277–1288. <https://doi.org/10.1177/1049732305276687>
- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice*, 10(2), 144–156. <https://doi.org/10.1093/clipsy.bpg016>
- Kimbrough, E., Magyari, T., Langenberg, P., Chesney, M. A., & Beriman, B. (2010). Mindfulness intervention for child abuse survivors. *Journal of Clinical Psychology*, 66, 17–33. <https://doi.org/10.1002/jclp.20624>
- Khoury, B., Dionne, F., & Grégoire, S. (2018). Embodied mindfulness: A unified concept between the eastern and western conceptualizations of mindfulness. *Annales Médico-Psychologiques, Revue Psychiatrique*, 177(7), 633–640. <https://doi.org/10.1016/j.amp.2018.04.010>
- Kratzer, L., Heinz, P., Pfitzer, F., Padberg, F., Jobst, A., & Schennach, R. (2018). Mindfulness and pathological dissociation fully mediate the association of childhood abuse and PTSD symptomatology. *European Journal of Trauma & Dissociation*, 2(1), 5–10. <https://doi.org/10.1016/j.ejtd.2017.06.004>
- Lundh, L. G. (2020). Experimental phenomenology in mindfulness research. *Mindfulness*, 11(2), 493–506. <https://doi.org/10.1007/s12671-019-01274-9>
- Lyons, R., Haller, M., Rivera, G., & Norman, S. (2020). Negative affect mediates the association between posttraumatic cognitions and craving in veterans with posttraumatic stress disorder and alcohol use disorder. *Journal of Dual Diagnosis*, 16(3), 292–298. <https://doi.org/10.1080/15504263.2020.1741754>
- Monteiro, L. M., Musten, F., & Leth-Steensen, C. (2019). Effect of mindfulness on value incongruence: A pilot study. *Mindfulness*, 10(6), 1031–1043. <https://doi.org/10.1007/s12671-018-1044-7>
- Moran, D.J., Bach, P., & Batten, S.V. (2018). *Committed action in practice: A clinician's guide to assessing, planning and supporting change in your client*. Context Press.
- Morgan, J. (2015). Emptiness and the education of the emotions. *Educational Philosophy and Theory*, 47(3), 291–304. <https://doi.org/10.1080/00131857.2013.860873>
- Morse, J. M. (1994). Designing funded qualitative research. In N. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 220–235). Sage.
- Morse, J. M. (2015). Critical analysis of strategies for determining rigor in qualitative inquiry. *Qualitative Health Research*, 25(9), 1212–1222. <https://doi.org/10.1177/1049732315588501>
- Noble, H., & Smith, J. (2015). Issues of validity and reliability in qualitative research. *Evidence-Based Nursing*, 18(2), 34–35. <https://doi.org/10.1136/eb-2015-102054>
- Ortiz, R., & Sibinga, E. M. (2017). The role of mindfulness in reducing the adverse effects of childhood stress and trauma. *Children*, 4(3), 16. <https://doi.org/10.3390/children4030016>
- Rauch, S., & Foa, E. (2006). Emotional processing theory (EPT) and exposure therapy for PTSD. *Journal of Contemporary Psychotherapy*, 36(2), 61–65. <https://doi.org/10.1007/s10879-006-9008-y>
- Serrano-Ibáñez, E. R., Ruiz-Párraga, G. T., Gómez-Pérez, L., Ramírez-Maestre, C., Esteve, R., & López-Martínez, A. E. (2021). The relationship between experiential avoidance and posttraumatic stress symptoms: A moderated mediation model involving dissociation, guilt, and gender. *Journal of Trauma & Dissociation*, 22(3), 304–318. <https://doi.org/10.1080/15299732.2020.1869647>

- Sherrell, C., & Simmer-Brown, J. (2017). Spiritual bypassing in the contemporary mindfulness movement. *Initiative for Contemplation Equity and Action Journal*, 1(1), 75–94.
- Treleaven, D. (2018). *Trauma-sensitive mindfulness: Practices for safe and transformative healing*. W. W Norton.
- Uthayaratana, T., Taephant, N., & Pisitsungkagarn, K. (2019). Four noble truths-based problem solving: A therapeutic view. *Mental Health, Religion & Culture*, 22(2), 119–129. <https://doi.org/10.1080/13674676.2018.1512565>
- Van Dam, N. T., van Vugt, M. K., Vago, D. R., Schmalzl, L., Saron, C., D., Olendzki, A., et al. (2018). Mind the hype: A critical evaluation and prescriptive agenda for research on mindfulness and meditation. *Perspectives on Psychological Science*, 13(1), 36–61. <https://doi.org/10.1177/1745691617709589>
- Weston, C., Gandell, T., Beauchamp, J., McAlpine, L., Wiseman, C., & Beauchamp, C. (2001). Analyzing interview data: The development and evolution of a coding system. *Qualitative Sociology*, 24(3), 381–400. <https://doi.org/10.1023/A:1010690908200>

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.