Research

Transforming Trauma: A Qualitative Feasibility Study of Integrative Restoration (iRest) Yoga Nidra on Combat-Related Post-Traumatic Stress Disorder

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Abstract: This eight-week study examined the feasibility of offering weekly classes in Integrative Restoration (iRest), a form of mindfulness meditation, to military combat veterans at a community mental health agency in the San Francisco Bay Area. Participants were 16 male combat veterans (15 Vietnam War and 1 Iraq War) of mixed ethnicity, aged 41 to 66 years, suffering from posttraumatic stress disorder (PTSD). The 11 participants who completed the study reported reduced rage, anxiety, and emotional reactivity, and increased feelings of relaxation, peace, self-awareness, and self-efficacy, despite challenges with mental focus, intrusive memories, and other concerns. All participants reported they would have attended ongoing iRest classes at the agency approximately once per week.

Key words: Integrative Restoration, mindfulness, meditation, yoga, yoga nidra, military, veteran, posttraumatic stress disorder (PTSD), anxiety.

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Introduction

Combat-Related Posttraumatic Stress Disorder

In a world increasingly challenged by war, crumbling family systems, natural disasters, and other socio-cultural issues, the number of people dealing with posttraumatic stress continues to rise. According to the National Center for PTSD, an estimated 5.2 million Americans adults are thought to have PTSD in any given year, and about 7% to 8% of the U.S. population will experience some form of PTSD in their lifetime.[1 (para4)] PTSD is a complex disorder characterized by a variety of physical, mental and emotional extremes, including exhaustion and insomnia, emotional numbing and volatility, intrusive thoughts, recurring nightmares, difficulty concentrating, and efforts to avoid people, places, feelings, and events that evoke memories of the original trauma.[2 (p468)]

The current U.S. military involvement in the Middle East has also left tens of thousands of American soldiers physically and psychologically traumatized, with at least one in three developing PTSD.[3 (para4)] Currently, up to 11% to 20% of veterans of the Iraq and Afghanistan wars and 30% of Vietnam veterans have been affected by PTSD.[1 (para31)] Combat-related PTSD remains one of its most damaging forms because it typically involves long-term, pervasive, high-stake acts of severe interpersonal violence, the stress of which is compounded by uncertainty about the future. As a result, combat trauma evokes a more complex symptom picture and leads to more treatment-resistant forms of PTSD.[4 (p5-6)] Combat-related PTSD does not appear to respond as readily

to treatments proven effective for acute trauma and other forms of chronic PTSD,[5 (p3)] including conventional talk therapy.[4 (p11)] If unaddressed, post-traumatic symptoms can remain chronic across the lifespan.

Once considered evidence of inherently pathological functioning, PTSD symptoms are being reframed more dynamically as a survivor's active attempts to adapt and recover from trauma, albeit unsuccessfully.[6 (p31), 7 (p67-68)] This shift in perspective implies the presence of available energy that can be harnessed in service of healing. Through yoga and meditation-based therapies, a trauma survivor can learn to redirect energy being spent on maladaptive coping strategies toward healthier responses. Such mind-body approaches support healing by shifting a practitioner's relationship to their experience.[8 (p173)] The spiritual aspects of such therapies can also address the deeper issue of identity that is increasingly being recognized as central in the successful treatment of PTSD.[9 (p104-105)]

Integrative Restoration

In the last two decades, the clinical application of meditation has given rise to a variety of therapies that incorporate principles of mindfulness and acceptance (e.g. Mindfulness-based Stress Reduction, Mindfulness-based Cognitive Behavior Therapy, Acceptance and Commitment Therapy, Eye Movement Desensitization and Reprocessing, Dialectical Behavior Therapy.)[8, 10 (p115-116), 11, 12, 13] One new such application being used with survivors of trauma is *Integrative Restoration*, or *iRest®*, a therapeutic mindfulness-based protocol developed by clinical psychologist Richard C. Miller, PhD, founding president and CEO of the Integrative Restoration Institute.

The first formal study of iRest took place in 2006 at Walter Reed Army Medical Center (WRAMC) in Bethesda, Maryland, to assess its feasibility as a potential adjunct treatment for PTSD among active-duty soldiers returning from the Middle East.[14 (p1)] Participants reported feeling more calm and peaceful, less reactive to situations beyond their control and more able to enjoy life.[14 (p2)] The results launched an ongoing program of iRest classes that continue to be offered at the WRAMC outpatient clinic five years later.[14 (p2)]

Since then, several iRest studies have been completed or are currently planned with military service members, and, in some cases, their spouses or children, at Veterans Administration and military medical sites around the country, including the War Related Illnesses and Injuries Studies Center in Washington, D.C.[15 (p1)] Future iRest research is also being planned to study its effects on traumatic brain injury, chronic pain, multiple sclerosis, fibromyalgia, anxiety, and well-being among the homeless and the well-being of college students.[15 (p1)]

iRest is a ten-stage, contemporary form of mindfulness meditation based on Swami Satyananda Saraswati's *yoga nidra,*[16] which has been adapted for therapeutic application to incorporate physiological and psychological principles from other forms of therapy, including cognitive-behavioral therapy (CBT), autogenic suggestion, progressive muscle relaxation, Jungian and Gestalt psychology and Eye Movement Desensitization and Reprocessing.[17 (para11)]

In practical terms, iRest is a meditative process of self-inquiry, during which attention is oriented in a structured way toward specific types of experiences including, but not limited to, those associated with what the yoga tradition refers to as the *koshas*, or the different layers of the self: the physical body (*anamaya kosha*), the breath/energetic body (*pranamaya kosha*), early mind/feelings and emotions (*manomaya kosha*), higher mind/intellect (*vijnanamaya kosha*), and essential qualities of being and bliss (*anandamaya kosha*). A new iRest practitioner would start simply and be guided through a detailed body scan, breath awareness, and/or breath counting, and asked to focus on simple sensations such as warmth, heaviness, and pleasure. A more seasoned iRest practitioner would also spend time sensing the impact of specific emotions, images, or memories in the body, and perhaps investigate even more subtle experiences such as the self-sense or "I-thought."

iRest can be practiced in several ways: a) self-directed, with or without audio support; b) dialogically, as a form of co-meditation; or c) verbally guided for a group by a live teacher, as it was in this study. iRest scripts are often used to preserve the integrity of the protocol, and to support the teacher's focus and pacing of the session. Being guided through a structured sequence of specific instructions for each phase of iRest frees a practitioner from having to think, plan, direct, or control any movement of their attention during meditation, so they may simply listen and welcome their spontaneous response to each instruction. Although stillness is encouraged to deepen the sensing process, practitioners are also always free to move their bodies, and to deviate from the guided instructions at any time to attend to whatever feels most important to them.

Similar to other treatment approaches that include principles of mindfulness, iRest cultivates a practitioner's ability to witness their own experience, while emphasizing the act of welcoming the flow of experience into awareness as sensations in the body. For example, to a student working with anger during an iRest practice, a teacher might

suggest noticing where the student feels that emotion in the body, what qualities of sensation are present, how these sensations might be changing in relation to the steady, continuous flow of the breath, and how each sensation can be received, exactly as it is, within a feeling of open, spacious awareness.

This approach is grounded in the Tantric tradition of Kashmir Shaivist nondualism, and the understanding that whatever is welcomed into awareness without resistance or egoic manipulation will spontaneously transform.[17 (para9)] The act of welcoming experience just as it is creates an open-hearted receptivity and embodied reverence for life that has been shown to be necessary to successfully overcome the impact of trauma.[6 (p147)] At the same time, the structured sequence of iRest helps practitioners to differentiate the many entangled sensations, memories, feelings, and beliefs that are hallmarks of PTSD, and to experience them in a manageable, and ultimately integrative, way.

An iRest practitioner is invited, at later stages of the protocol, to be aware of specific thoughts, beliefs, self-concepts, emotions, or memories related to their trauma, engaging cognitions similar to those addressed during CBT. Being guided to feel these experiences as sensations in the body can also evoke physical pain and emotional discomfort associated with the original trauma. Consequently, to the extent that iRest (like any type of mindfulness meditation) elicits the re-experiencing of feelings and memories associated with a past trauma, it also resembles exposure therapy, which is the first clinically validated CBT-based approach for treating PTSD,[18 (p46-48),19 (p201)] and is currently considered "the gold standard" in PTSD treatment.[20 (p518)]

Unlike conventional exposure therapies, however, which require a trauma survivor to tolerate negative memories for extended periods in order to habituate to them and extinguish PTSD symptoms,[18 (p48)] iRest implicitly trusts a practitioner's own path of attention to orient toward whatever experience is most relevant to them in each moment as they follow the protocol. To this end, iRest also incorporates an "inner resource," or place of psychological safety and comfort, to which a practitioner can retreat if they become uncomfortable at any time. In recovering from PTSD, reclaiming a sense of personal will and subjective control is crucial.[21 (p141-157)] Thus, a participant's choice to deviate from the iRest protocol is viewed less as experiential avoidance (as it is in exposure therapy), and more as an intrinsic part of a natural healing process that will be different for each practitioner. Trusting this process, and giving participants freedom and control over their own relationship to it, is a central principle of iRest.

A final key aspect of iRest involves the philosophical principle of experiential opposites (*pratipaksha bhavana*). This principle is taken from Patanjali's Yoga Sutra and describes how the human mind and physical senses are always naturally dividing the unified field of consciousness into seemingly separate subjects and objects, such that every distinct experience arising in this field always arises simultaneously with its opposite.[17 (para12), 22 (p214-215)] For example, an experience of "light" only has meaning because an experience of "dark" also exists. During iRest, commonly used examples might include: warm and cool, heavy and light, tension and ease, sorrow and joy, fear and safety, guilt and forgiveness, etc. However, opposites are also personally unique, and a single experience (e.g. love) can have various opposites at different times or for different people (e.g. hate, anger, indifference, etc.). It is important for every iRest practitioner to discover opposites that feel the most energetically potent and personally meaningful for them.

In truth, opposite experiences are never actually separate from each other, or from the undifferentiated field of awareness in which they arise. Yet, suffering is sustained by an individual's root belief in their separation from this field, and their inability to experience and transcend these pairs of opposites.[22 (p214-215)] To the extent that iRest practitioners can welcome the disparate poles of any experience, they have an opportunity to directly experience this background awareness as the deepest dimension of their own consciousness. They can begin to recognize the part of themselves that was never divided or injured by traumatic events, healing the illusion of separation between self and Spirit. This fundamental shift in identity frees an iRest practitioner to relate differently to their past and to release negative identifications with physical, mental, and emotional pain, or stories of loss and violence.

Purpose of the Study

This eight-week study examined the feasibility of offering iRest meditation classes to soldiers or military veterans diagnosed with combat-related PTSD in an informal, community-based setting. It tracked general information on participants' attendance, frequency of home practice, responses to and challenges with iRest, PTSD symptom changes, and feedback on the class series.

Methods

Site Location and Recruitment

The iRest classes for this study were held at a mental health agency[23] in the San Francisco Bay area that provides support groups, individual counseling, and other programs

to military service members and their families. When I first contacted the agency, staff members were already exploring alternative and holistic treatments for their PTSD clients, such as yoga, tai chi, massage, and healing touch. iRest appealed to staff because it required no physical movement or verbalization of traumatic experiences, offered stress-reduction benefits associated with mindfulness meditation, and would give participants skills and tools (e.g. home-practice CDs) to continue using after the classes ended.

Participants were recruited using flyers posted at the agency, and signed up with the study's supervising psychologist. There were no sample exclusions except severe auditory impairment (one World War II veteran). Space restrictions at the agency limited the number of participants to 16, which included 15 Vietnam veterans and one active-duty soldier who had served in Iraq. Although conventional research would typically require a more homogenous sample (i.e. all Vietnam veterans), I chose not to exclude anyone who was interested and willing to participate, as a secondary goal was to learn who would attend an iRest meditation class in this setting.

At the first class, participants signed a consent form to ensure they understood the nature and purpose of the study; the activities required; that difficult feelings or memories might arise during meditation; that support was available through the supervising psychologist and other agency staff; the nature of the data collection process; and the anonymity of all reported data. Once the agency and its clients had agreed to participate in the study, the supervising psychologist was able to share clinical data about participants as it related to the study and their experience of iRest.

Class Design and Data Collection

Participants were divided into two groups to accommodate the small classroom space. At each two-hour class, participants completed a weekly questionnaire, checked-in, learned a new phase of the iRest process (weeks one through four), completed an iRest worksheet that helped them identify a feeling, emotion, thought, or belief, etc. to work with during meditation that day, and practiced a 40-minute guided iRest session. Participants were physically supported during iRest with mats or chairs, pillows, and blankets. A few participants who were initially reluctant to close their eyes or felt too vulnerable lying on the floor sat against the wall in chairs. All classes ended with questions and discussion. At each of the first four classes, participants also received a CD recording of a new, progressively more complete iRest practice to use at home during the week that was identical to the one used with the group that day. Once the entire iRest protocol had been introduced at week four, the same script was used for the remainder of the study with minor adjustments discussed below. Participants were also free at that point to use any of the four CDs to practice iRest at home.

Qualitative data were gathered a) through recordings of the in-class discussions; b) on weekly anonymous questionnaires that captured self-ratings data about participants' PTSD symptoms, their experiences of the protocol, their home practice, its challenges, and symptom changes that they attributed to their iRest practice; and c) on a final anonymous questionnaire about the iRest class series. Approximately one year after the study ended, an attempt was also made to contact participants to learn how often they had continued to use iRest and what benefits, if any, it had continued to offer them.

In the results and discussion sections of this paper, participants are identified by initials, which have been changed to protect their privacy.

Results

Participant Retention and Attendance

During the first three weeks of the study, five veterans dropped out due to: scheduling conflicts, the cognitive strain of completing a weekly questionnaire, the demands of divorce proceedings, starting a new full-time job, and feeling uncomfortable in the classroom environment. The 11 participants who remained were African-American (1), Asian American (2), Asian-American/Caucasian (2), Caucasian (4), Hawaiian (1), and Hispanic (1), and ranged in age from 42 to 68 years, with a median age of 61 years. Depending upon when participants had been overseas and when the onset of PTSD began, symptoms had been present for either three years (the Iraq soldier) or between 10 and 42 years (Vietnam veterans). Most participants were current clients at the agency who were familiar with its environment and staff. All were receiving concurrent individual or group counseling with the supervising psychologist on this study.

Factors that most contributed to participant retention during the study related to factors in the agency environment, the support of the group, and participants' early positive experiences of iRest. Attendance averaged 93%, with a few participants driving for more than two hours in traffic to attend classes. In most cases, absences were due to car problems, illness, medical appointments, and, in one case, a previously scheduled one-week vacation.

The agency's classroom door could not be locked, and two mid-practice interruptions at weeks one and two trig-

gered some veterans' PTSD, which influenced one participant's decision to quit the study. Others complained about the sounds of snoring, noise from the adjacent room, and the difficulty of getting up and down from the hard floor. (On the final questionnaire, two participants reported a preference for practicing iRest at home where there were fewer distractions and they could lie on a recliner or in bed.)

Despite the limitations of the physical environment, participants generally valued the group setting. After longer check-in periods with more conversation, they appeared to relax more rapidly as the iRest practice began, and reported positive experiences more frequently afterward. The group setting also offered some participants a greater sense of safety than did practicing at home, as well as the opportunity to learn from one another, as the following participant comments indicate:

> **PJ –** In the presence of an instructor, I felt safe with my experiences because they were available immediately if needed … Having the group here … helps to … whatever it is. Sometimes when I'm doing it at home, I feel literally like I'm in a coffin. Here, it's more open.
>
> **VW –** Did better with live instructor, more controlled and … "felt" better in a group. More controlled setting. Work with group to help your own practice.
>
> **VW –** Great class and the group really bonded. Keep class size to 5 or 6 people.
>
> **EN –** Better able to get into it [in a group].
>
> **GR –** I feel the presence of the others in the room … in and out of the moment.
>
> **TP –** More responsive/responsible in group.
>
> **HI –** More personal [with an instructor] … Live is more soothing.
>
> **MA –** Able to discuss or ask questions [in class].
>
> **GR –** I liked the group best.

Patterns of Practice

In addition to the weekly classes, participants practiced iRest at home an average of 2.36 times per week and, in two cases, shared it with their spouses. The two participants who were being treated for severe depression rarely practiced outside the class. Other participants, who suffered most from violent intrusive memories or physical pain, practiced approximately once per week at home or not at all, yet attended class regularly. Three other participants increased their home practice frequency during the study from once or twice per week when it began, to four, five, or eight times per week by its end.

Nine participants liked the 40-minute iRest practice length, while two would have preferred a 30-minute session. One of the most avid practitioners in the group (Participant GR) eventually requested a longer recording that included direct references to specific images associated with his combat experiences, such as "children's dead bodies…" and "burned villages." He also requested a printed copy of certain segments of the iRest script in order to read them aloud to himself at home.

Over time, some participants developed a conditioned relaxation response to the CDs and played them in the background while driving or working around their houses.

> **AC –** I was working around the garage and I kept the CD on … I was puttering around my workbench and I found myself just … slowing down … and I really wanted to listen *more*. That's why I slowed down.
>
> ***Psychologist* –** You're saying there's a sense of wanting to? There's a sense of wanting to go back to it?
> **AC –** Yeah, I find it calming. And it's happening faster.

On the final questionnaire, participants most preferred CD #1, which emphasized sensations of the body and the breath, and included the simplest guided movements of attention. This practice was selected almost twice as often as any other CD.

At week eight, all participants left the study intending to continue practicing iRest at home. Approximately one year later, a follow-up call was placed to learn if and how they had. Five participants had continued to practice iRest weekly (3), once per month (1), or intermittently "when I think of it" (1). The latter participant, who had just recently stopped practicing iRest, explained that although he was no longer using the CDs, he had noticed he was "just more aware of everything now" and would no longer "get into that bind [with rage] anymore." One participant reported that his wife was using the CDs even more often than he

was. At the same time, these five participants also struggled to articulate exactly what had motivated them to continue practicing iRest on their own. Most said, simply, "It relaxes me." Even the most descriptive explanation was vague: "It's because of the *feeling* I get when I do it. Nothing else I do gives me that feeling."

A sixth participant, who had struggled during the study with high anxiety and abdominal pain that were evoked as he deeply relaxed during iRest, had stopped practicing shortly after the study ended. Three others did not respond to the messages left for them and the last two participants, who, by that time, were no longer clients at the agency, could not be reached at their original contact numbers.

Working with Sensations

During the first few weeks of learning iRest, some participants had difficulty distinguishing in their bodies between simple feelings (e.g. dense, tight, heavy, light) and the more complex sensations of emotions (e.g. sad, angry, guilty, afraid). The numbing effects of their chronic PTSD symptoms also meant that their bodies responded slowly to each instruction, and they required additional time to feel each sensation and its opposite. With practice, however, the repeated use of mindful attention to stimulate nerve pathways let participants begin to feel sensations more readily. Over time, several of them reported increased awareness of energy flows, sensations of tension, pleasure, and relaxation, and changes in physical mobility. By learning to notice and welcome their physical pain, as well as the awareness in which it was arising, some participants felt it start to integrate and disappear.

> **PJ –** Yeah, I noticed that when I was doing the meditation … it was like, the first night I was having an ache in the shoulder and the second night, my foot started hurting real bad. You know, parts of the body just started to really *hurt* … you had said we could probably expect … and I was really surprised that the kind of deeper I would … the more relaxed I would try to go, the more different parts of the body would hurt.

> **PJ –** When we first started … pain and discomfort goes into the background and whatever we're working on goes into the foreground, and … as we come back out, the pain or discomfort is less and, so, by the time I come out, you know, I still have some pain but it wasn't as much as when we first went in.

> **EN –** Yeah, when I left here last week, my knees were really sore, and I've got bad knees anyway but it really had that effect.

> **GR –** It was great. My whole arm went numb. Towards the end, it just went to sleep. My whole body just felt really good. That energy just kind of flows around, it was a good experience. So, I always have a good one here. I feel happy.

> **PJ –** At first I wasn't even aware that I had the pain and then I noticed that like, maybe the next day the ball of my foot would hurt where before I would just ignore it … once it was brought to my attention and I became aware of it … [but now] the intensity has seemed to have lessened …

> **AJ –** It feels a lot better … I get a body ache [during iRest] … Yeah, it's pretty nice. When I start moving … I have a lot more freedom.

Although it was important to normalize the disorienting sensations that participants felt (e.g. "light across my forehead," "levitating off the floor"), they were more reassured by knowing they were practicing iRest "correctly" and "doing it well," after which strange experiences merely became evidence to them that the process was working.

Symptom Changes

Meditation was new to all but three participants, who had limited, previous experience with concentration-based forms through military anxiety- or anger-management training programs. All participants had positive initial experiences of iRest and reported benefits typical of mindfulness meditation throughout the study. Participants felt that even minor reductions in mental stress, physical pain, anxiety, anger, emotional volatility, blood pressure, and self-judgment, as well as the improved ability to relax, feel more positive emotions, and be more spiritually connected, were subjectively significant.

Week 1

> **EN –** [I was] able to get out of my head for the first time in a long time.

> **FI –** It surprised me how it made me feel. How things such as your heart, eyes, my waist really felt real. Thanks.

Week 2

AJ – It seems like, when I was listening to you, it was like going to heaven … It was very relaxing for me … I never feel anything like this before … To me, it's really beautiful. I mean, I think that's what exactly I need … because, like I said, I'm very depressed.

FI – It was warm right here in my head [pointing to his left forehead] … and a light would come [smiling] … but I didn't want to move.

PJ – [This week] I experienced more 'ah-ha' moments in regards to my behaviors and thoughts, and with regard to past and present relationships.

AC – I am much more aware of my feelings. Thinking more before exploding.

EN – My breathing is getting better.

Week 3

FI – Mentally feel good about a lot of things. Physically feel good about a lot of things.

GR – I feel I am more connected to the present. My lower back pain is getting better … I am able to stand back and look at things now. Am able to control my emotions better.

Week 4

EN – Even though my mind was going all over the place … it cleared my mind. [Surprised]

PJ – I may be feeling less sorry for myself … less volatile and reactive to negative situations.

GR – I laid there one day [this week at home] for like 20 minutes and just was, like, tingling all over … and that's the day I went into my cardiologist and my blood pressure was way low … and he was like 'Whoa!' … and I felt so good that whole day [laughing] and it blew me away too when it came out as low as it was. It was 117 over 72, 50 beats. He was, like, patting me on the back and shaking my hand … I felt good all day.

Week 5

EN – I went to sleep [smiling]. That was the first time that happened … it was surprising, you know? The breathing is important for me … the sensing part … I enjoyed it … The inner strengths and the relaxation felt really good this morning.

AC – This week … was good, calm, peaceful. I could have gone off a couple of times but I didn't, which was good.

GR – I had good feelings of self-love, pleasure, that relieved the pain in my back … warm, happy. My left arm went to sleep … bright light … felt wonderful … able to move around in the practice.

PJ – I've noticed I am less anxious, frustrated, and slower to anger than usual.

PJ – Just to give this thing credit, I find that I am not so … not that I'm a rageaholic *now*, but that I just don't seem to be as tense or frustrated … that's one of the things I've noticed … I just seem to feel "oh, it's ok."

Week 6

EN – Relaxing - so relaxing that I think I went to sleep for the first time during a session.

KO – Relaxed completely.

FI – Spiritually better than the last week. Relationships seem to get better each week. Physically to enjoy it and have a good time at the same time.

Week 7

EN – It was good. I enjoyed it. Once again, I dozed off and that really surprises me that I'm able to do that because usually I'm awake… and it happened last week so it's really awesome.

PJ – It was good. I was able to relax and feel less self-critical.

KL – I think [I feel] just less stress with thinking. It's more concentration on separating from the stress.

Week 8

VW – The pain [from a spinal injury] does come and go right now. But it's … It's just that I was feel-

ing refreshed and no pain … and it was all at once and it was a great feeling!

FI – Each week I feel better about myself. I also feel better knowing that I'm getting better.

Specific Participant Insights and Experiences

Prior to the study, the psychologist had described GR's emotional pattern as "controlled and locked in," which had contributed to isolating behavior throughout his life. At the fourth group iRest class, GR experienced a deep release around his heart that revealed itself as his longstanding guilt and grief over the death of a member of his Vietnam helicopter crew, which he had blocked out of awareness for decades.

GR – I didn't know what it was. It was just this pain [in my chest] that was like when I was having a heart attack and I just kind of "felt back" and whatever and it went away, but I didn't know what that was … I was afraid, but I just knew that it would pass. Or I felt that it would pass.

Over the next two weeks, many iRest sessions, individual counseling, and journaling supported him in integrating his emotions. By week six, he had begun to speak of his painful feelings as "old hat or something," and was enthusiastically sharing his experiences with other veterans at the agency. Although GR had been the most physically restless participant at week one, shifting continually in his seat and chattering steadily with the group, by week five, he could sit quietly, remain still for longer periods, and talk about his experience. By week eight, his entire physical expression had changed and he appeared noticeably calmer, more centered and emotionally relaxed.

GR – Overall I feel better … and my senses in everyday life. My sense of smell is more heightened. I can smell things I didn't know were even there before. I can see the changes in myself. I don't know if anybody else can.

Participant HI, who had struggled with homicidal rage for over 40 years, also experienced a significant shift. From the first class, he was physically unexpressive and emotionally closed, sat apart from the group with his back to the wall, and participated minimally in the discussion. His body also twitched sharply during iRest for the first few weeks. However, at week eight, he had asked to be more included, was sitting within the group trading jokes with me, and felt relaxed enough during iRest to fall asleep. He had also begun practicing at home with his wife. Although reserved, his comments reflected the changes and his increased awareness of his symptoms.

Week 3

[During the week, I noticed] a very angry emotion, was able to calm down - surprising myself.

Week 5

There's nothing negative about [iRest] and there are some positive things about it. To me, it's not a great big revelation but it relaxes me.

Week 6

I think I'm a little more relaxed, mentally. Physically, if I get more relaxed I have to sleep more … At times, I've slept a little bit better than I was.

The obsessiveness, thinking and getting locked into certain things … That is changing. It's kind of gradually disappearing. It's small … but, it's *huge*.

Week 7

I notice a little change in how I dwell on issues that anger me. I haven't had as many homicidal thoughts about my neighbor recently. It's been an improvement in the last month. [My feelings of rage are] not there in the same way, I don't think. I don't know that it's as much managing of them as that they're just *not so much there*.

Week 8

It's been pretty good. You know, it's … I've noticed that it's helped me a little bit. I mean, any little bit is a big help.

The psychologist also shared that Participant HI had recently been surprised for the first time by an unfamiliar sense of hope about the future.

Just a slight little opening where he [felt] for the first time a sense of inner well-being that … for a little while, just opened up, that he had never felt before … almost like a kind of a surprise "wow" thing, which gave him a sense of hope … It goes away, but, those kind of little things … they sort of seem to be shifting.

At week four, Participant MA found he was able to calm down more rapidly before an outburst of rage. He acknowledged that his participation in an anger management program overlapping with this study had contributed to the change. However, at week seven, he could also distinguish the effects of each program on his behavior.

MA – I think it's both. Like I said, my anger management class, for some reason it really helps … I can get past the anger stage because I just click back onto the anger management, and these things [iRest CDs] just kind of sustain it, make it more grounded.

Instructor – *When you practice with iRest, are you working with anger mostly?*

MA – Just the opposite, I'm always thinking "calm."

Instructor – *I'm wondering if this process makes the opposite of anger more available in the moment. Like, 'I can sense calmness more easily?'*

MA – Yeah, cause that's what you want. I mean, when you're upset, I mean, you just go off, but now, for me, it's different. I just come back down and just try to deal with … I go off once in a while but it's not like it used to be … I think it's shifting that.

Participants' Challenges with iRest

In addition to the many positive changes they reported, participants also experienced various challenges during iRest, which included the process of working with experiential opposites. In general, it was easiest for them to work consecutively with one sensation at a time in the whole body and, then, its opposite (vs. attending to different sensations in separate areas of the body), provided that each instruction was given with sufficient time to complete it.

VW – Liked it better when it was concentrating on one form. When several practices were used [during] one setting, [I] had problems. Did better with more time on separate practices.

GR – Yeah, just a little too fast for me. But it's working. It's working, I've just got to keep practicing.

HI – Sometimes, when you're going from one to another, the speed… is a little too fast for me … and you don't have much time to sort of spend there.

MA – I get confused quickly with lots of subject matter. I picked one or two things…and feel that I am comfortable with it.

Participants' difficulties with attending to all of the instructions within the 40-minute practice window were alleviated by being selective about the number of instructions they followed. As a result, they experienced a greater level of skill in following the protocol.

HI – I just got kind of into it more today than usual. Different parts of my body I think just felt different. It was like a transfer from one emotion to another … I was able to feel more of the transfers.

VW – It was good. I was following along and then it seemed like … And it used to be I'd have problems switching … it wasn't easy to keep switching back and forth to all the … and, this time, it was ok. I went right onto that one. So, it seemed almost like training myself to go to the different … it was just like … I feel like myself.

Typically, during iRest, extended pauses between individual instructions give practitioners time to attend to the interior flow of their own experience. Participants in this study, however, were more supported by a slow, steady stream of simple instructions that offered a variety of possible experiences that they could choose to be aware of (e.g. the *shape, color, pattern* or *texture* of a sensation; or *tingling, warmth, contraction, pulsing, openness*).

Instructor – Today, I talked more steadily, there were fewer pauses. I sensed this was a little more focusing for you.

HI – Yeah, because when my mind goes off on its own path, it really goes off on its own path.

FI – [It was] good. Less "moving parts" [in the instructions].

AC – It was completely relaxed. You *did* have a lot of instructions.

Instructor **–** So, it's more supportive to have … a little slower, more deliberate instructions and a few more words?

AC – Yeah.

HI – It felt that way to me.

Other challenges involved an aversion to the "negative" aspects of their experience and fear of "getting stuck" there. Some participants also found it difficult to stay mindful long enough for these experiences to unfold and resolve.

Instructor **–** How was it working with the opposites?

PJ – That was the hardest for me…I can't overcome the dread or anxiety that creeps in when I attempt to deal with certain negative beliefs or thoughts. I'm not sure what these are but I physically get very unsettled.

EN – I found it difficult too. To *want* to go to the painful … and not wanting to go [from] something that was positive and pleasant *back* to the painful.

DR – I also had a very difficult time transitioning from the positive to the negative … I just kept going back to my place [Inner Resource] and just stayed there and it was easier for me.

Instructor **–** What opposites are you working with if they're not from your daily life?

KO – Some are.

G – I could not bring these thoughts [of betrayal] into my practice at this time.

Instructor **–** Because they're just too intense?

KO – Yes.

HI – Yeah, I couldn't get there [to a place of relief] if I brought that stuff up in my head.

Instructor **–** Would it be more supportive to have no opposites? To just have a pure bliss experience like you were talking about where that "window of soothing" happens?

HI – That's the way I do it. When I'm doing [iRest] I'm trying to concentrate on something that's *positive*.

In general, the most difficult phase of iRest for participants in this study involved working with their *beliefs,* and trying to identify meaningful, positive opposites to chronic patterns of negative thinking about their experiences of war and coming home, and how these events had affected their lives.

HI – I can probably speak for everybody. Probably our struggle has gone on for so many years that it's so ingrained in us, that it's really difficult to change things. We just … kind of … that's who we are and we've been that way for 40 years … and … it's really hard to change your thought process [deep sigh].

Some felt that any "imagined" opposite to a closely held belief was simply untrue in the face of historical facts, and a denial of reality that conflicted directly with how they made sense of their experience.

PJ – As an example…if I say *I'm [an] angry, frustrated rageaholic* … so, the opposite of that is *I'm happy, I'm … whatever,* that would just be so much b.s. I can't believe that!

KO – …but then, if I were telling myself these [military medical benefits] people are working in my favor as part of the [iRest] therapy, I'd be lying to myself.

AJ – Yeah … but it's not really my life though.

During the class when working with beliefs was introduced, more participants than usual reported falling asleep or losing focus during practice, or could not recall the details of their experience afterwards.

Participant PJ, who struggled with intrusive memories, was unable to trust the relaxation process during iRest because it released deep, 30-year old somatic tensions that were holding his memories at bay. As a result, he defended against his inner experiences during meditation, and said, "I don't even want to *know* what I'm trying not to think about." For the same reason, he also struggled to develop an effective inner resource.

PJ – I don't know. I mean, when I'm supposed to be relaxing and meditating and stuff, this is like stick-

> ing a knife in my gut and then I'd have to think of a nice pleasant place. It ain't going to work … [the inner resource] doesn't factor into anything that I'm doing.

Instead, he—as well as participant TP, who also struggled with intrusive memories—continued to practice iRest, and used the concentration support of counting the breath to feel safe and in control. Breath counting is a brief phase of iRest, and both participants had learned it previously in a military anxiety-management training program. They both also reported positive effects consistent with those described by others in the group.

> **TP –** Last week … I was just enraged. But for some reason…I got real calm…it went away, whereas before, it's always just dragged on. I attributed it to this type of meditation. It was a different feeling that I can't say has happened before. (week 4)

> **PJ –** That's not to say that this isn't working because my wife and I were talking about it and I … I'm much more mellow … or … I'm not as … as … I was always jumping down her throat before … I'm not so reactive I guess is the word … I'm just … normal … or, more normal … My wife and I both realized I am calmer and less reactive to situations, contrary to my expectations. (week 7)

Participant Feedback

At week eight, on the final questionnaire, all participants felt iRest had helped reduced their PTSD symptoms to at least some degree. Four rated it as very helpful; four as moderately helpful; three as a little bit helpful; none reported that iRest did not help them at all.

At each class, the weekly questionnaire asked participants to rate which components of the iRest protocol had most supported or helped them during their practice. The highest average ratings were for phases associated with the *anamaya kosha* (body sensing) at 74%, followed by welcoming (awareness) at 60%, and exploring the *anandamaya kosha* (bliss, inner strengths) at 57%. The lowest rating was for the phase associated with the *vijnanamaya kosha* (beliefs) at 26%. The average helpfulness rating for the inner resource was 46%.

When asked to describe the greatest benefits they had experienced as a result of practicing iRest, they described physical and emotional improvements, as well as stronger feelings of self-efficacy and greater spiritual peace.

> **FI –** You see other soldiers [who] have some/many problem that I have.

> **OJ –** I gained a tool that will hopefully help me deal with my PTSD symptoms.

> **AC –** Knowing I can be calm.

> **DR –** Help my depression and all the negative thing[s].

> **VW –** Being able to control outbursts (lose temper) and being relaxed and more collective.

> **PJ –** I feel that I am more relaxed emotionally and physically, therefore, I carry less tension in my neck and shoulders and overreact less to frustrating events or people.

> **EN –** Awareness.

> **KO –** A sense of relief of the mind and soul.

> **GR –** My feeling of being able to recover my former self from within my being.

On a scale from 1 (temporary) to 5 (permanent), participants rated how permanent these changes felt to them. The average rating for the group was 3.27 or "semi-permanent."

Seven of the participants also answered the question: *What surprised you most about yourself as you learned this practice of iRest?*

> **VW –** [That] it worked and I was able to do it. Was skeptical before [I] started. Lots of personal rewards from doing iRest.

> **EN –** When I [thought] I "got" it.

> **KO –** Discovering self-control – mind over situation.

> **GR –** I had no idea that I could go so far back in memories of life's experiences.

> **AC –** That I could completely relax.

> **AJ –** That I was able to relax even for a few minutes.

PJ – Not having any knowledge of any kind of yoga other than that what I've seen on TV or books, I was surprised with the effect it had on me emotionally and the improvements on my temperament.

Several participants expressed a desire for the group classes to continue or felt iRest would be a positive addition to the agency's services.

PJ – This course should be held in conjunction with or even in lieu of some of the "groups" meeting the Center.

FI – I enjoy this program very well. I'm really like this. [sic] Sorry that it's about to be over.

GR – I had no idea that any of this could ever happen this way … I'm just grateful for the whole experience. I couldn't have done the work without the instruction … the program. I think that this center would be really crazy to let [it] go.

AJ – Thanks … Hopefully, you'll come back for another series of yoga sessions.

VW – Wish you could stay and keep our group.

Had the agency offered ongoing iRest classes, most participants reported they would attend approximately once per week, with three who would attend slightly less often and two others who would attend from two to five times per week.

Discussion

Overall, the results of this study suggest that community iRest classes for military personnel would be well attended and can provide meaningful benefits to those suffering from combat-related PTSD. iRest appeared to support veterans by providing them with a practice that allowed them to regain a measure of subjective control over their experience, achieve symptom relief, regain feelings of self-efficacy, and experience positive states that had been occluded by PTSD symptoms.

Lessons Learned

Gaining access to this population, recruiting the sample, and general support for this study were facilitated by the agency director's and supervising psychologist's interest in exploring alternative approaches to PTSD treatment. Other organizations (a military hospital and a non-profit counseling service for veterans) had not returned my calls. Thus, bringing iRest meditation or another type of yoga therapy or classes to this population may best be facilitated by partnering with military hospitals, clinics, or veterans service organizations looking outside the limits of conventional treatments to help their clients with PTSD.

In general, iRest was well received by participants in this study, including those who struggled in various ways to follow the protocol. With continued practice, participants overcame their initial struggles to feel, identify, or tolerate sensations. Over time, they reported feeling more relaxed, more sensitive to energy flows, and less emotionally reactive. They also reported greater mental ease, awareness, and spiritual peace. Slow, simple, continuous instructions that incorporated a variety of details and options for interiorizing their attention helped these practitioners to feel focused and secure during iRest, and to differentiate the subtle features of their awareness as they ventured into the unpredictable territory of their bodies and minds.

Participants most highly valued the phases of iRest that focused on sensing physical pleasure, bliss, and essential qualities of inner strength. Thus, for chronic, severe combat-related PTSD symptoms, the greatest relief from tonic states of anxiety, hypervigilence, and rage may come most easily through therapies that cultivate and sustain "opposite" states of mind and body. This fits with the yogic principle of *pratipaksha bhavana,* which reframes "avoidance" of traumatic memories as the natural gravitation toward balance, integration and health. This may be especially true for combat veterans who have suffered with PTSD symptoms for years or decades. In contrast to the lived experiences of killing, torture, and suffering associated with war, the meditative experience of abiding in an embodied way in states of transpersonal bliss, love, acceptance, openness, compassion, forgiveness, and pure awareness may uniquely help a practitioner generate meaning out of what may otherwise constitute meaningless and intolerable suffering.

The fact that participants in this study who practiced this way also experienced what were, to them, "semi-permanent" symptom improvements raises questions about the necessity of re-exposing some victims of (particularly complex) trauma, during iRest or other PTSD therapies, to painful memories that exceed their capacity to be mindful of them – particularly if symptom relief is available through other means. Participants' iRest practice patterns also suggested that trauma survivors with exposure-avoidant behavior may find it easier, in general, to acquire mindfulness skills by fo-

cusing exclusively on qualitatively positive experiences and objects in awareness, rather than neutral or traumatic ones – at least initially – in order to counter the threat of being flooded with negative memories and emotions as they learn to meditate.

Participants' use of an inner resource varied during the study. For those who were coping with depression or rage, soothing experiences of peaceful places and positive experiences were most important. Others were most supported by using a concentration practice that countered feelings of mental fragmentation caused by intrusive memories. A few were able to sustain mindful awareness of their discomfort while continuing to follow the protocol. For the majority of this population, however, seeking occasional temporary relief from uncomfortable experiences within their meditation through an inner resource was less relevant than finding a more sustained experience of relief from chronic PTSD symptoms, which iRest appeared to offer them.

Although participants did not experience any intense emotional reactions while practicing iRest during this study, the PTSD symptoms of most of them had also been chronic for decades. Soldiers returning more recently from combat, or other survivors of trauma with "fresh" PTSD symptoms, might be more emotionally labile during iRest, potentially making it even more important to ensure they had established a viable inner resource early in the process. Some participants also likely would have benefitted from more time and/or individualized support than could be offered during this study to help them develop an inner resource or master the iRest protocol.

The difficult social and political circumstances surrounding the Vietnam War, and the way many soldiers were treated when they returned home, clearly contributed to some participants' deeply bitter and entangled beliefs. In several cases, their certainty about the injustice or "wrongness" of events that occurred during their military service or afterward was intractable. As a result, some veterans found it nearly impossible to create and entertain opposite beliefs during iRest, which would have threatened their strong mental defenses against feeling pain, vulnerability and helplessness rooted in the past. While completing the iRest worksheet, the suggestion to find an opposite belief in order to experience it during their practice "as if it were true" also evoked resistance and sparked debate, taking practitioners even more into their minds. Thus, more useful than entering a discussion about what "really happened," or what was "true," or even using contrasting words and phrases to counter negative beliefs, was the invitation to simply notice the impact of a particular belief on their bodies and breath. Once their attention had been loosened from focusing on a specific belief or story about past events, it could be more easily oriented to wordless polarities of sensation without triggering mental resistance.

In hindsight, the word "belief," itself, may have been a loaded one for this population, and easily misinterpreted as connoting falsehood or distorted thinking that had little to do with reality. For some veterans who had been told for years that their PTSD symptoms and other traumatic experiences were exaggerated or imagined, this misinterpretation created internal conflict about how to proceed with this phase of the protocol. Thus, when guiding some trauma victims to practice iRest, it may be helpful to avoid the term "belief" altogether in relation to certain aspects of their traumatic experience, and to use others words such as thoughts, memories, images and meaning in order to successfully engage the *vijnyanamaya kosha*. At the same time, this phase is an important and powerful part of the iRest protocol. Helping a practitioner to focus on beliefs they hold about themselves, rather than on beliefs that involve other people or past events that cannot be denied or changed, may also support their process of translating beliefs into somatic experiences for which opposites can be engaged more easily.

The freedom that participants had to follow their own path of attention during iRest contributed to some participants' continued attendance, feelings of mastery over their PTSD symptoms, and, in several cases, the motivation to continue practicing iRest once the study had ended. Participants who were still practicing iRest one year later were also those who had been the most successful with it in class. Those who had stopped practicing at home, or did not return the follow-up calls, were participants who had also had the most chronic and severe symptoms, unstable life circumstances, missed multiple classes, or practiced less than others at home during the study. A certain level of psychological strength, will, and commitment may be necessary for some trauma victims to engage a regular, independent practice of meditation. For others, more individualized or extended instruction with a teacher or through group classes likely would be necessary to develop a sustainable meditation practice.

In terms of data collection, the supervising psychologist provided valuable access to anecdotal information about experiences of iRest that participants shared with him outside of the group. Completing the weekly questionnaire challenged several participants, as did questions requiring them to reflect on and write descriptions of their symptom changes. A less frequent measure, or a questionnaire that included more yes/no options or choices of brief descriptions,

may have been less mentally burdensome to participants.

Post-study follow-up calls with participants were not planned in advance, which likely contributed to the low response rate of 54%. In the future, planning and gaining prior consent for follow-up research with participants and implementing it sooner and/or intermittently after a study ended would likely improve the response rate.

Future Directions

More research is needed to determine how best to adapt iRest classes to meet the unique needs of other traumatized populations. In addition, comparative research should evaluate PTSD treatment protocols that offer practitioners attentional freedom and choice, like the iRest protocol does, against those that require stricter adherence. Participants' reports in this study also raise questions about whether engaging exclusively positive experiences during iRest or other forms of mindfulness meditation would continue to reduce a practitioner's chronic PTSD symptoms, or if such symptom reductions would plateau over time; and if practicing this way would eventually give practitioners the strength and skill necessary to welcome as yet unintegrated negative or traumatic memories voluntarily.

Participants' positive responses to the social aspects of the classes suggest several possible future directions for both research and interventions. Given the proclivities of some participants to practice iRest at home with their spouses, recruitment for future meditation classes or studies with this population might also capitalize on their interpersonal bonds by including family and friends. Loved ones can acquire secondary PTSD as a direct result of ongoing difficult interactions with a traumatized veteran and may similarly benefit from mindfulness-based approaches to healing. In light of the majority's preference for live guidance in a group setting, and the potential for a broad application of iRest within the military, future research may also evaluate the effects of live group iRest practices led by a trained teacher vs. those recorded on CD and/or led by an untrained person reading an iRest script. Finally, most veterans who participated in this study were retired and available during the day. Scheduling future community classes or conducting research with younger veterans and active-duty soldiers may require additional consideration of their at-home military or civilian work commitments, medical appointments and family obligations.

Conclusion

The complexities of PTSD in different individuals with unique histories of personal and collective trauma are unlikely to be completely addressed by any single therapy. Partnering with a facility that already serves combat veterans and their families, and which offers supplementary counseling resources to participants, is an important way to support recruitment and participation and enhance the outcomes of mind-body interventions with this population.

In this study, iRest was most beneficial to veterans who engaged it fully and practiced regularly. Yet even those who struggled to complete the protocol due to chronic rage, anxiety, or avoidance of painful memories were able to utilize its structure and flexibility to meditate in a way that brought about subjectively significant PTSD symptom relief. More research is needed to evaluate the best ways to adapt or deliver iRest to support self-mastery and healing among combat veterans, as well as other populations suffering from trauma.

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