

Intensive Vipassana Meditation Practice for Traumatized Prisoners

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Mindfulness- Oriented Interventions for Trauma

*Integrating
Contemplative Practices*

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The United States has the highest rate of incarceration in the world. According to the Bureau of Justice Statistics (2012), 2,266,800 adults were incarcerated in U.S. federal and state prisons and county jails at the end of 2010—about 0.7% of the resident adult population. Childhood trauma increases the likelihood of criminal justice involvement in adulthood (Wolf & Shi, 2010). A high percentage of prisoners are survivors of childhood abuse and other traumas before they are imprisoned (Wallace, Connor, & Dass-Brailsford, 2011), and prisons are notoriously violent and traumatic places for inmates. In a survey of inmates in Midwestern prisons, 54% of men and 28% of women reported having been raped in their current facilities (Struckman-Johnson & Struckman-Johnson, 2000). In short, prisons are veritable warehouses of traumatized adults.

Very few prisons have mental health treatment programs, and the few that are available—which range from educational to cognitive and behavioral in nature—do not have the capacity to treat chronic trauma and posttraumatic stress disorder (PTSD). The daily environment of prisons—aggressive and often violent, in which any indication of vulnerability or weakness is potentially life threatening—means that such programs cannot fulfill the requirements of safe and effective trauma treatment, especially for processing and integrating memories (Herman, 1992). Similarly, mindfulness and meditation programs cannot provide safe and effective trauma treatment in prisons, although evidence suggests they can reduce inmates'

stress and anxiety and increase their self-regulation capacities (Casarjian, Phillips, & Wolman, 2005; Samuelson, Carmody, Kabat-Zinn, & Bratt, 2007).

Here we present an approach that, although new to prison-based trauma intervention, is over 2,000 years old: an intensive, 10-day vipassana meditation course that has been conducted inside a maximum-security prison since 2002. We briefly make the case that intensive, traditional, and communal vipassana practice makes good sense and holds great promise as a short-term prison-based trauma treatment that can provide stabilization, skills development, and safe and effective opportunities to process traumatic memories.

Prison Culture: Hypermasculinity and Violence

Imprisoned men live in an environment rife with deprivation, subordination, and danger. They are stripped of all the external, worldly trappings of status and power and are on a daily basis confronted with realities of degradation and humiliation that can cause crippling shame. Many feel there is nothing left to lose but their manhood. The constricted male role and ever-present sense of danger further contribute to extreme displays of manhood, including emotional “hardening” and acts of violence. In their intense and unrelenting battles over manhood and “respect,” there are small but significant spoils. A can of soup borrowed but not replaced can lead opposing groups of “homeboys” and close associates into battle. They may not know exactly what they are fighting for, but it is acutely understood that the fight is about respect, honor, and the preservation of their manhood (Phillips, 2001).

Stages of Recovery and Treatment

In *Trauma and Recovery*, Judith Herman (1992) articulates a three-stage model of recovery from trauma. The central task of the first stage is the establishment of safety, which must begin with safety of the body and reduction of hyperarousal and intrusive symptoms. Safety next refers to gaining some control over one’s environment, with the provision of a safe refuge and nurturing relationships. As Herman observes, “Recovery can take place only within the context of relationships; it cannot occur in isolation” (1992, p. 133).

Stage 2 of trauma recovery, if pursued, involves working directly with traumatic material, typically via formal exposure therapy or trauma-informed “talk therapy.” As Herman notes, this work “actually transforms the traumatic memory, so that it can be integrated into the survivor’s life

story” (1992, p. 175). Indeed, a “narrative that does not include the traumatic imagery and bodily sensations is barren and incomplete” (Herman, 1992, p. 177). Finally, Stage 3 is described as a process of moving into the future and “reclaiming the world.”

With respect to the second stage of recovery, van der Kolk and colleagues (van der Kolk, McFarlane, & van der Hart, 1996) write that the aims include helping clients “move from being haunted by the past and interpreting subsequent emotionally arousing stimuli as a return of the trauma, to being fully engaged in the present and becoming capable of responding to current exigencies . . . learning to tolerate the memories of intense emotional experiences is a critical part of recovery” (1996, p. 419). The stage model of trauma treatment is key to a central question posed in this chapter: Is it beneficial—even possible—to offer prisoners interventions that involve directly engaging with traumatic memories?

Trauma-Informed Correctional Care

The institutional focus of prisons is typically maintenance of order and control. With scarce resources, little attention can be directed to treatment of mental illness and trauma (Kupers, 1999). Until recently, the literature on prison treatment rarely even discussed trauma treatment (Wallace et al., 2011). Clearly prisons and jails are challenging settings for treating acute trauma and PTSD. Yet there is a great need for accessible and effective mental health services. Without treatment, incarcerated men and women with PTSD are more likely to relapse into substance use and return to criminal behavior (Kubiak, 2004).

In response to these realities, Wallace and colleagues (2011) have called for an integrated approach to trauma treatment in correctional health, one that is multimodal and concurrent (e.g., one that addresses substance abuse, trauma, and other psychiatric symptoms at the same time, rather than incompletely or only sequentially). This approach draws from a menu of evidence-based treatments, including cognitive-behavioral therapy, motivational interviewing, relapse prevention, and 12-step programs (Wallace et al., 2011), and is consistent with National Institute on Drug Abuse (1999) guidelines for the treatment of drug addiction.

Given the culture of most prisons—institutions governed by systems of control and norms of punishment and violence—we contend that merely inserting trauma-focused treatment, even the best empirically validated and integrated approach, will always be inadequate. Given the need for safety in trauma treatment, “trauma-informed correctional care” has been advanced as a model of staff and administration involvement in changing prison cultures to promote safety, recovery, and rehabilitation. Trauma-informed correctional care, a relatively recent concept, has the following

primary goals, articulated by Harris and Fallot (2001): “accurate identification of trauma and related symptoms, training all staff to be aware of the impact of trauma, minimizing re-traumatization, and a fundamental ‘do no harm’ approach that is sensitive to how institutions may inadvertently reenact traumatic dynamics” (2001, p. 1).

Cognitive-behavioral interventions have been viewed as central components of a broad and integrated trauma-informed care approach (Miller & Najavits, 2012). Meta-analyses have shown that such interventions reduce substance use, mental health symptoms, and recidivism (Andrews, Bonta, & Hoge, 1990; Landenberger & Lipsey, 2005). Yet as Miller and Najavits (2012) have noted, “There is sometimes great reluctance to open the trauma ‘can of worms’ given the prison environment and the limited clinical resources available” (p. 6). This is particularly the case with respect to Stage 2 treatments involving exposure to and processing of traumatic memories. Indeed, thoughtful clinicians and researchers have been dubious about the prospects in today’s prisons:

Past-focused models, such as exposure therapy (Foa, Hembree & Rothbaum, 2007), may be evidence-based models for PTSD, but have a real risk of emotionally destabilizing inmates who are already vulnerable. The security response to such destabilization can set the cycle of re-traumatization in motion. In the current climate, prison environments are likely best suited to present-focused approaches, given the unmet need for more mental health training, staffing limitations, and the typical lack of funding for additional formally trained and supervised staff required for past-focused PTSD treatments such as exposure therapy. (Miller & Najavits, 2012, p. 6)

As described in this chapter, our experience and preliminary empirical data suggest that intensive vipassana meditation practice, specifically a well-designed 10-day group retreat within prison walls, can be a safe and potentially effective Stage 1 and Stage 2 trauma treatment. Before addressing our experience and findings, however, it is necessary to provide theoretical and practical knowledge about vipassana meditation and its potential as a trauma-specific intervention in correctional settings.

Contemplative Practices as Trauma Treatment: Implications for Prisoners

The English word *mindfulness* is derived from the Pali term *sati* and its Sanskrit counterpart *smṛti*. These terms refer to deliberately and knowingly keeping one’s attention on a desired object without having attention become captured by proliferating mental phenomena that normally arise following the brain’s automatic assignment of positive, negative, or neutral

feeling tones to passing sensations, including mental sensations, that is, thoughts (Grabovac, Lau, & Willett, 2011). This concept and its application in meditation practice lie at the heart of 2,500-year-old Buddhist psychology and underlie contemporary definitions of mindfulness such as that of Kabat-Zinn (2003, p. 145): “the awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to the unfolding of experience moment to moment.”

A detailed and technical discussion of mindfulness and the traditional Buddhist practices for its cultivation and application to yield transformative “insight” into the moment-to-moment causes of suffering, liberation, and lasting happiness is beyond the scope of this chapter. In brief, a mindful approach to trauma treatment values direct experience of post-traumatic phenomena more than recounting or processing trauma narratives. Painful memories and feelings (especially passing interoceptive sensations) are directly experienced, in great detail, with an observing or witnessing awareness. A combined focus on present experiences and memories—as both continually arise into and pass out of awareness—allows several healing processes to unfold. These include the awareness and recognition of previously unattended bodily sensations and emotional processes (e.g., extremely brief yet powerful links in chains of fear and addictive conditioning). Another healing process involves accessing and associatively linking together memory representations, including previously consciously unavailable or dissociated ones, which can foster the spontaneous emergence of transformative insights and wise, healing personal narratives.

Consistent with this perspective, Simpson and colleagues (2007) contend that intensive mindfulness-based meditation practice targets and can reduce “experiential avoidance.” This is particularly relevant for those who suffer from PTSD and substance dependence, as experiential avoidance may be a driver of substance use in that population (Orsillo & Roemer, 2005; Walser & Westrup, 2007). That is, mindfulness interventions “seek to limit efforts to avoid internal and external experience by fostering non-judgmental acceptance of moment-to-moment experiences” (Simpson et al., 2007, p. 240), and mindfulness training has the potential to reduce substance abuse relapse by providing skills for tolerating unpleasant and painful emotions. Indeed, in their pilot study of a 10-day Vipassana program in a minimum security jail, Simpson and colleagues (2007) found comparable improvements in illicit drug use and drinking outcomes for those both with and without PTSD. The researchers concluded that those with PTSD benefited from having “a new way of dealing with painful affect and thoughts, including those that are trauma related” (Simpson et al., 2007, p. 246). This preliminary finding suggests that intensive vipassana meditation could be an effective treatment for both trauma and substance abuse among prisoners.

Buddhist Psychology and Vipassana Meditation

Grabovac and colleagues (2011, p. 220) focus on three essential tenets of Buddhist psychology, traditionally referred to as the “three characteristics”:

1. “Sense impressions and mental events are transient (they arise and pass away).”
2. “Habitual reactions (i.e., attachment and aversion) to the feelings of a sense impression or mental event [i.e., basic hedonic attributions as positive, negative, or neutral], and a lack of awareness of this process, lead to suffering.”
3. “Sense impressions and mental events do not contain or constitute any lasting separate entity that could be called a self.”

A core insight of Buddhist psychology is that suffering and symptoms can be reduced, even eliminated, through disciplined practices. Dispassionately observing the unfolding stream of sensations (including mental events) without attempting manipulation or control is central to the approach. Eventually, this can greatly reduce or eliminate the typical proliferation of mental phenomena (including maladaptive appraisals, thoughts, and emotions) that follow the brain’s automatic attributions of salience to passing sensations. (These attributions of positive, negative, or neutral salience are largely based in prior conditioning, including prior traumatic and addictive experiences.) This, in turn, allows unexplored, rejected, and suppressed experiences and emotions to surface and become part of the (therapeutic) process of mindful attending. In essence, equanimity in the presence of one’s suffering is the path to freedom from that suffering—and to a truly satisfying happiness that is not fleetingly dependent on grasping what is wanted and rejecting what is unwanted.

In Pali, one of the ancient languages of earliest Buddhist texts, *vipassana* means “seeing things as they actually are.” The Burmese vipassana tradition derives from the original training techniques of the Buddha, and a version founded by S. N. Goenka is followed in the prison course described in this chapter.¹ *Anapana sati*, the Pali phrase meaning awareness of respiration, is an important skill taught and practiced during the first 3 days of a Goenka vipassana course. For a total of 30 hours, a student sits and focuses on the upper lip below the nostrils, noticing sensations of the breath coming in and going out. This is known as moment-to-moment “bare

¹Over the past 10 years, Goenka 10-day vipassana programs have been offered in prisons in India, Israel, Mongolia, New Zealand, Taiwan, Thailand, the United Kingdom, and the United States. Other vipassana traditions and practices, brought to the West by Jack Kornfield, Joseph Goldstein, Sharon Salzberg, Thanissaro Bhikkhu, and others, may be equally appropriate in prison settings.

attention” to the natural breath. For 15 minutes after every sitting meditation throughout the course, students are taught and practice metta (or loving-kindness) meditation, in which they concentrate on visual images, bodily sensations, and thoughts associated with wishing happiness, health, and the freedom from suffering for themselves and others (Salzberg, 1995). Students reported that this practice helped them calm their minds to effectively engage in the other practices, as well as providing experiences of love, compassion, and happiness that were found to be profound, healing, and transformative in their own right.

As one sits, hour after hour, the mind may go wild with thoughts, emotions, memories, and other distractions. Students learn that the breath is an important bridge between body and mind. *Anapana sati* trains mind, brain, and body to become calm, still, and sharply focused. To the extent that attentional resources are focused on breathing sensations and away from the automatically arising proliferation of mental events and the “default activity” of the wandering mind, habitual reactions and patterns of aversion and craving progressively lose their intensity and dominance of mental processes. *Anapana sati* also allows students to gradually develop an anchoring skill that can help with facing deeper emotional storms that will likely emerge later in the course.

On the 4th day and over the following 6 days, the core skill of Goenka vipassana is practiced: systematically directing one’s awareness, refined by *anapana sati*, throughout the body, from the top of the head to the toes and back again, observing bodily sensations as they manifest themselves. After 3 days of *anapana sati*, this shift to the whole body can be liberating, but it can also uncover and release strong emotions, and traumatic memories and experiences may rise to the surface. Eventually, if the practice goes well, whatever arises—including vivid traumatic memories or intense experiences of grief, shame, and guilt—can be observed dispassionately as arising and passing events, without generating or feeding one’s typical proliferation of emotional, cognitive, and behavioral responses associated with aversion and craving.

Vipassana meditation can be understood as offering elements of both Stage 1 and Stage 2 trauma treatment. Although it may seem strange, given the prison context, a safe refuge is created by a supportive environment, set apart from the rest of the prison, with guidance and constant support of course teachers. Stabilization and regulation of mind and body are achieved through the practice of *anapana sati*. With that stabilization in place, the practice of vipassana facilitates a spontaneous and simple yet deep processing of traumatic material. In essence, long-avoided and previously unavailable memories, emotions, and other posttraumatic experiences are brought to the surface and—in an observant, stable, and present-focused state—become available for understanding and integration that are transformative and healing.

In the words of meditation teacher Bruce Stewart, who has led 10-day programs for prisoners:

The unlocking of these memories, physical sensations and emotions produces what we refer to as ‘storms,’ or waves, of reactivity. We guide the student through these storms so they can discover experientially that, regardless of how deep and horrible and painful a storm might be—mentally, physically and emotionally—everything is constantly changing, arising and passing away. (as quoted in Phillips, 2008, p. 28)

Bringing Vipassana Inside: The Case of a Maximum-Security Prison in Alabama

The William E. Donaldson Correctional Facility is a maximum-security Alabama prison known as the “house of pain,” which houses approximately 1,500 prisoners, mostly those with the worst crimes and longest sentences. In 2002, the Alabama Department of Corrections began conducting 10-day Goenka vipassana meditation courses at Donaldson. This was the first time a vipassana program was brought into a state prison within the United States.² A detailed account of how the vipassana program was brought to Donaldson is found in *The Dhamma Brothers: East Meets West in the Deep South*, an award-winning documentary film (Phillips, Stein, & Kukura, 2008), and in Phillips (2008).

After more than a year of meetings between the Donaldson staff and the North American Vipassana Prison Trust and of orientation meetings with the prisoners who signed up for the program, the warden and administrative staff at Donaldson were ready to take a highly unusual step: They agreed to allow three skilled and experienced vipassana teachers to move into the prison and live in close quarters with the inmates during the 10-day vipassana program. The continual presence and guidance of the teachers, a normal requirement of all vipassana courses, was an essential aspect of the prison program. The teachers were a constant, calm presence, meditating among the prisoners and quietly overseeing their daily lives—sorting their laundry, serving their vegetarian food, and offering encouragement and instruction. This nurturing atmosphere, highly unusual within prison, helped create a secure and supportive refuge in which safety, stabilization, and the work of encountering traumatic material could take place.

Another requirement of the North American Vipassana Prison Trust for prison-based courses is that some prison staff members themselves first take a 10-day vipassana course. Six members of Donaldson’s treatment and security staffs did so, which enabled them to understand personally and deeply the experience of vipassana and its potential benefits in the prison environment.

²The first vipassana course in a North American correctional facility was conducted in 1997 at the North Rehabilitation Facility, a minimum-security adult jail in Seattle, Washington (Meijer, 1999). The first in the world took place in India in the 1970s, as documented in the 1997 film, *Doing Time, Doing Vipassana* (Ariel & Manahemi, 1997).

In January of 2002, the three vipassana teachers and 20 prisoners moved into a gym at Donaldson, forming a meditating community that spent the next 10 days locked in together, meditating for over 100 hours. There was much apprehension; both teachers and prisoners feared each other. Some prisoners were from rival gangs, and correction officers placed bets on whether they could last even 1 day. The 20 prisoners made a pact: “Twenty in, twenty out, twenty strong.” The teachers quickly overcame their fear of the prisoners, and within an atmosphere of hushed tranquility and safety, a deep sense of shared purpose and mutual respect developed.

The teachers recognized the prisoners as exceptional vipassana students who brought high levels of commitment, fortitude, and dedication to meditating and facing their inner demons. They witnessed the prisoners’ collective desire to cultivate equanimity and wisdom. Most of the prisoners had no background in formal meditation, yet the teachers noticed that they worked harder than students in courses outside prison. At times, the prisoners had to be encouraged to back off and to take breaks. As described by teacher Bruce Stewart:

These guys already knew suffering so profoundly and blatantly. They were under no illusion that they were happy. They knew from the start that they were miserable. But they didn’t yet know why they were miserable. Now through meditation they . . . learned to be in the present, to face the present moment at the level of sensations and to accept that moment. Vipassana gave them the tools to face, at a deep level, all that misery inside.” (as quoted in Phillip. 2008, p. 29)

Preliminary Outcome Research and Two Prisoner’s Reflections

Since 2006, the 10-day vipassana course has been offered four times a year at Donaldson, and a 3-day course is offered twice a year. By fall of 2012, 19 courses had been held, and 550 inmates had completed the 10-day program. Collecting data in a prison setting presents many challenges, particularly over longer time periods, because prisoners may be transferred to other facilities. Only limited research has been conducted and published thus far, though limited preliminary results have been reported in a peer-reviewed publication (Perelman et al., 2012). The authors report on data collected immediately before the program (111 participants: 50 in vipassana meditation and 61 in a comparison group), immediately after completion (74 total, 45 vipassana meditation), and at 1-year follow-up (56 total, 35 vipassana meditation). The comparison condition was Houses of Healing (HOH; Casarjian, 1995), a 10-week small-group program based in principles of mindfulness and emotional awareness that provides guidance in taking responsibility for oneself via healthy stress management, in brief meditation and coping strategies, and in forgiving oneself and others.

Around 80% of study participants were incarcerated for a violent offense, with one-third serving life sentences. Over 90% reported belonging to a Western religion, and the vipassana meditation and comparison groups did not differ demographically, with the exception that more vipassana meditation participants identified their race as “other.” The vipassana meditation group had also served more time (12.4 vs. 8.6 years), though neither group had more prison infractions (controlling for time served). Both groups had much lower rates of substance abuse diagnoses (12.6% than have been found among state and federal inmates (53% and 45%, respectively; Mumola & Karberg, 2007). History of trauma, as well as current and past PTSD and other psychiatric diagnoses, was not assessed.

The major dependent variables in the first wave of research included self-reported mindfulness (Cognitive and Affective Mindfulness Scale [CAMS-R]; Feldman, Hayes, Kumar, Greeson, & Laurenceau, 2007), anger (Novaco Anger Inventory—Short Form [NAI-25]; Mills, Kroner, & Forth, 1998), overall mood disturbance (Profile of Mood States—Short Form [POMS-SF]; Shacham, 1983), and emotional intelligence (Trait Meta-Mood Scale [TMMS]; Salovey, Mayer, Goldman, Turvey, & Palfai, 1995), as well as documented infractions. Given missing data due to attrition and other factors, analyses employed linear mixed modeling followed by pairwise comparisons.

For self-reported mindfulness, vipassana meditation participants had higher scores overall (due to some vipassana meditation participants having completed a prior intensive vipassana meditation program), but using conservative (analysis of variance) statistical analyses, there were no changes over time, including as a function of intervention. More liberal statistical methods (pairwise comparisons) revealed higher postintervention mindfulness in the vipassana meditation group and an increase in pre- to postretreat mindfulness scores among vipassana meditation but not HOH participants. For emotional intelligence, the conservative analysis found improvements over time across both groups but no differences between groups or effects of intervention; the more liberal analysis indicated increases in the vipassana meditation group over the postretreat year. For overall mood disturbance, there was a group difference, with the vipassana meditation group having lower disturbance overall, but no effects of the intervention, even as assessed with less conservative statistics. For self-reported anger, no effects were found. Finally, with respect to documented institutional infractions, no effects of group or intervention were found; these findings could have been due to range restriction in the data, as 54% of participants across both groups had no infractions in the year after the course.

These preliminary findings suggest that vipassana meditation participants had, at least on self-report, (1) generally greater mindfulness than comparison participants, perhaps due to meditation experience, including prior 10-day programs; (2) immediate postretreat improvements in mindfulness; and (3) greater levels of emotional awareness 1 year after the retreat. This preliminary research has several limitations, however,

including small sample size, lack of random assignment to group, substantial missing data, and assessment with a limited number of measures, none of which addressed posttraumatic symptoms.

Future research should assess for effects of this intensive prison vipassana program on PTSD, depression, and other posttraumatic symptoms and problems (e.g., difficulties with emotion regulation), as well as behavioral indicators associated with prison conduct and recidivism. In addition to other design and analysis refinements, future studies should assess and control for prior retreat experience and extent of regular vipassana meditation practice, both before and after the 10-day program.

Whereas the quantitative findings to date are quite limited, the qualitative data are very rich and compelling. As noted earlier, one particular 10-day program and several of its participants are subjects of the acclaimed documentary *The Dhamma Brothers: East Meets West in the Deep South* (Phillips et al., 2008), and a companion book, *Letters from the Dhamma Brothers: Meditation behind Bars* (Phillips, 2008). There are many stories of Donaldson prisoners learning to concentrate and calm their minds, observe their internal experiences with bare attention, and, in exquisite detail, process and integrate past traumas and develop transformative new capacities for self-reflection, insight, and understanding. Many tell of taking responsibility for their lives, including their crimes and the great harms they have caused others.

Conclusion and Implications

Given the right conditions, it appears that a prison can be a place for successfully implementing a traditional contemplative meditation retreat—one that constitutes a brief, intensive, and potentially transformative mental health intervention. A 10-day vipassana meditation program is appropriate for some prisoners, has been used in several jails and prisons in India and the United States, and has begun to produce empirical evidence of its potential benefits.

Although prisons can be harsh, hypermasculine, and often violent places for traumatized inmates (and staff), they can also be places in which there can arise—thanks in part to the acute and undeniable suffering inmates confront within themselves every day—profound yearnings for inner freedom and powerful commitments to self-transformation. Vipassana programs like that offered at maximum-security Donaldson Correctional Facility have the potential to harness those yearnings and commitments to a disciplined practice that can bring calm, clarity, insight, and healing to traumatized prisoners. The current quantitative evidence is limited but growing, while the personal stories of inmates and testimony of staff members have been compellingly documented in films, books, and other publications (e.g., Phillips et al., 2008; Phillips, 2008). It is important

evidence and testimony as well that Donaldson has offered four 10-day Vipassana retreats every year since 2006.

Certainly not every inmate is ready or willing to engage in such intensive contemplative work, and other interventions and skills are needed to complement disciplined traditional meditation practice. But for those who are able, it appears that vipassana retreats can facilitate both the first and second stages of trauma recovery—including processing and integration of memories, typically regarded as impossible or simply too risky to attempt in today's prison environments. Again, more research is needed, including how best to select and prepare prisoners for intensive practice and how to help them maintain and integrate its benefits.

Increasingly, prison mental health staff and administrators are seeking interventions that can address prisoners' posttraumatic suffering—and their deficits of empathy, conscience, self-respect, and self-control—that can be so destructive to prisoners, prison staff, and the families and communities into which many prisoners are released. The 2,500-year-old practice of intensive vipassana meditation is now an available and promising option, both for prisoners who will be released someday and those who never will.

Notable Resources

The Dhamma Brothers: East meets West in the deep South. (2007). Award-winning documentary film by J. Phillips, A. M. Stein, and A. Kukura. www.dhammabrothers.com

The Dhamma Brothers on Facebook. Creating a national conversation and call to action about the need for effective prison treatment programs. www.facebook.com/DhammaBrothers

Letters from the Dhamma Brothers: Meditation Behind Bars (2008). Jenny Phillips tells the story of how the Vipassana course came to Donaldson Correctional Facility, introduces many of the “Dhamma brothers,” and shares their letters of testimony about their initial and ongoing experiences of the practice and its transformation of their lives.

Vipassana Prison Trust. Website on S. N. Goenka vipassana meditation courses offered at Donaldson and other prisons and correctional environments, including information about how to bring courses to a particular facility. www.prison.dhamma.org

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