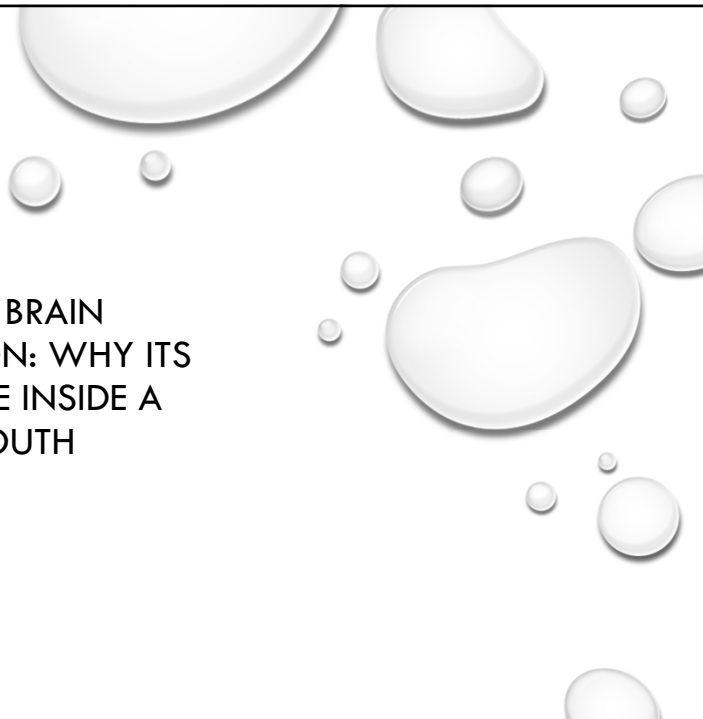


Mindfulness as a Rival Brain Activity to Dissociation

Christine Forner, BA, BSW, MSW, RSW

1.5 CPD Hours





MINDFULNESS AS A RIVAL BRAIN ACTIVITY TO DISSOCIATION: WHY ITS NOT GOOD TO BE AWARE INSIDE A SABER TOOTH TIGER'S MOUTH

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GOALS

- TO SHOW THE NEUROBIOLOGICAL UNDERPINNINGS OF MINDFULNESS
- TO DEMONSTRATE HOW THESE BRAIN STRUCTURES ARE PART OF THE HUMAN PACKAGE
- TO SHOW HOW MINDFULNESS IS PART OF OUR ATTACHMENT SYSTEM
- TO SHOW THE NEUROBIOLOGICAL UNDERPINNINGS OF DISSOCIATION
- HOW DISSOCIATION INTERFERES WITH THESE BRAIN STRUCTURES AND INTERFERES WITH HUMAN ATTACHMENT

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2

HUMANS HAVE HARD-WARE AND SOFT-WARE



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3



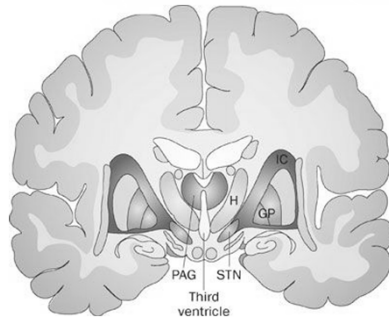
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WE ALL START AS A
BABY

4

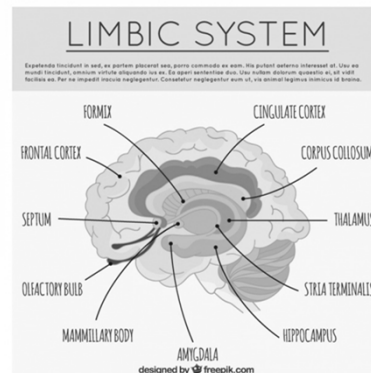
BORN WITH HARDWARE VS SOFTWARE

BRAIN STEM UP TO LIMBIC

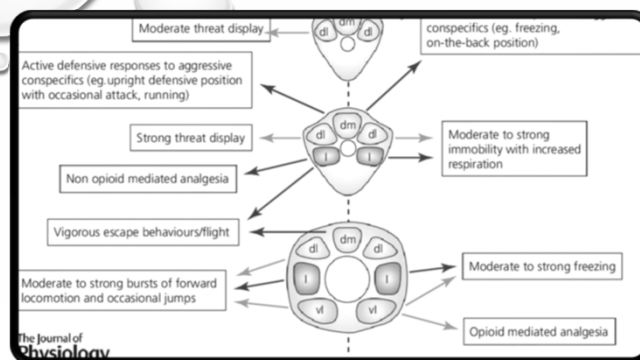


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LIMBIC



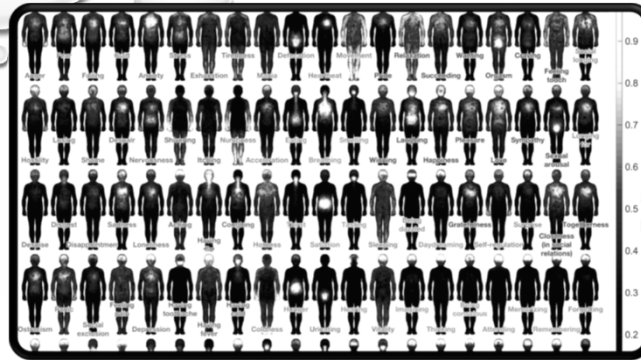
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BRIAN STEM HARDWARE

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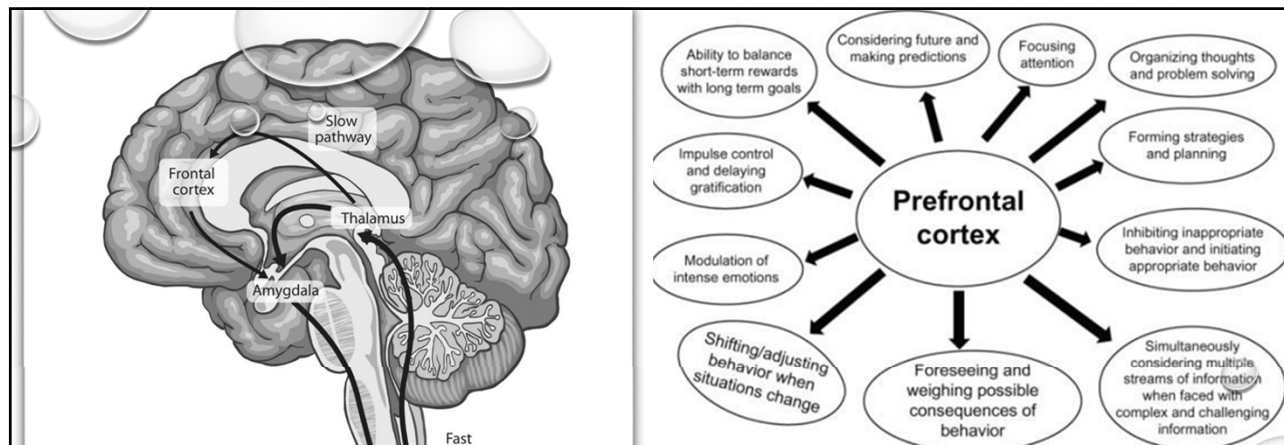


SENSATIONS AND AFFECT LEAD TO EMOTION

FELDMAN-BARRETT, ET AL., 2019

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SOFTWARE

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8



MINDFULNESS

Non reactivity to inner experiences


Observing/noticing/attending to sensations/perceptions/thoughts/feeling

Acting with awareness/(non) automatic pilot/concentration/non distraction

Describing/labelling with words; and non-judging of experience (Siegel, p. 91, 2007).

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- KURTZ (2004) ALSO DESCRIBES MINDFULNESS “TO BE FULLY PRESENT TO OUR [(INTERNAL)] EXPERIENCES, WHATEVER IT IS: OUR THOUGHTS, IMAGES, MEMORIES, BREATH, BODY SENSATIONS, THE SOUNDS AND SMELLS AND TASTES, MOOD AND FEELING, AND THE QUALITY OF THE WHOLE EXPERIENCE AS WELL AS THE VARIOUS PARTS. MINDFULNESS IS NOT OUR NOTIONS ABOUT OUR EXPERIENCES, BUT [EVEN] NOTICING THE NOTIONS (P.39, 2004).”

MINDFULNESS

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MINDFULNESS

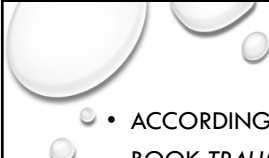
Mindfulness can take a moment, a few moments, minutes, or hours. As stated previously, mindfulness is a state, something that is fluid.

With enough frequency it can become a trait, something that is fixed (Ogden, Minton & Pain, 2006; Fisher, 2014).

You can be in a mindful moment or you can be a mindful person and be aware of yourself most of the time.

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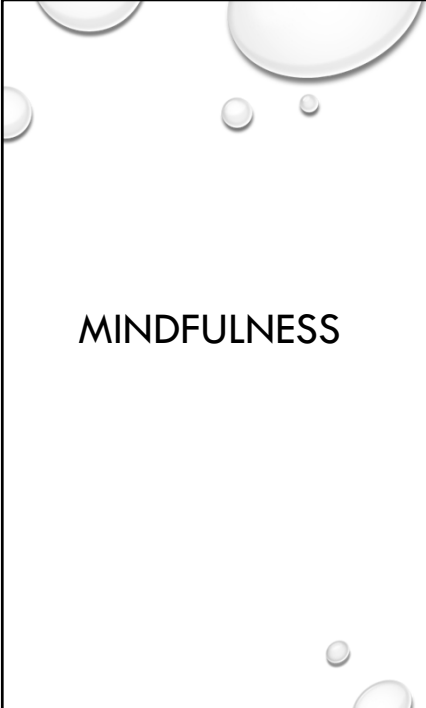
- ACCORDING TO OGDEN, MINTON AND PAIN, IN THE BOOK *TRAUMA AND THE BODY; A SENSORIMOTOR APPROACH TO PSYCHOTHERAPY* MINDFULNESS IS DESCRIBED AS THE ACT OF “ORIENTING AND ATTENDING TO THE EBB AND FLOW OF PRESENT INTERNAL EXPERIENCES. AWARENESS AND ATTENTION ARE DIRECTED TOWARDS THE BUILDING BLOCKS OF PRESENT EXPERIENCE: THOUGHTS, FEELINGS, SENSORY PERCEPTIONS, INNER BODY SENSATIONS, MUSCULAR CHANGES, AND MOVEMENT IMPULSES AS THEY OCCUR IN THE HERE AND NOW (OGDEN, ET AL., P.193, 2006)”.

MINDFULNESS

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MINDFULNESS

It is also similar to being a scientist.

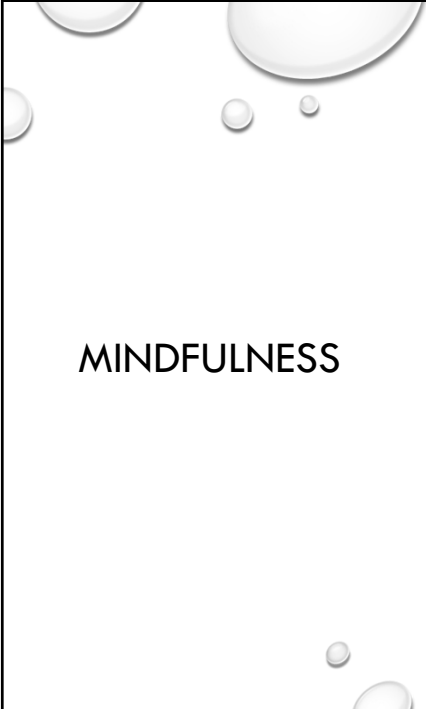
To be objective, without analyzing, thinking, stopping, avoiding, or manipulating the actual inner workings of our physiology and emotional information systems.

Mindfulness is about knowing what is happening inside and outside out

knowing how to meet the constant needs that come up and how to do this all with a lot of ease and little effort. (Forner, p.6, 2017)

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MINDFULNESS

- A TOOL FOR GRAND REGULATION
- A STEP UP FROM THINKING
- UNDERSTAND THE INNER WORKING OF YOUR SELF THROUGH INNER ATTACHMENT AND INNER ATTUNEMENT

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"Thinking about Thinking"
Higher Reasoning
Executive Function

Prefrontal Cortex
9 Functions of the Prefrontal Cortex

1. Empathy
2. Insight
3. Response Flexibility
4. Emotion Regulation
5. Body Regulation
6. Morality
7. Intuition
8. Attuned Communication
9. Fear Modulation

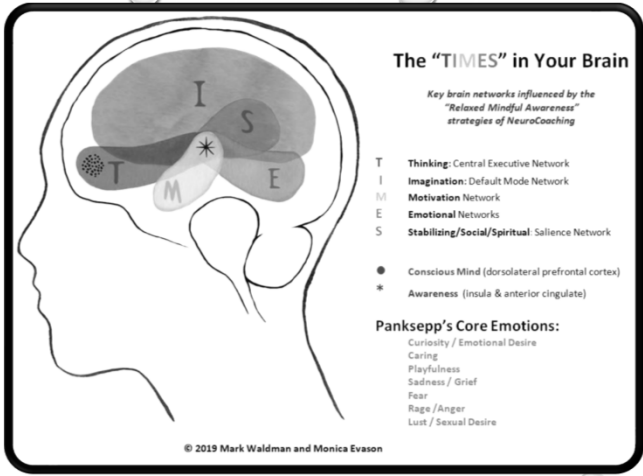
Limbic Brain

1. Fight, flight, freeze stress response
2. Thinks, "Am I safe? Do people want me?"
3. Emotions live here

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THE MINDFUL BRAIN

15



The "TIMES" in Your Brain

Key brain networks influenced by the "Relaxed Mindful Awareness" strategies of NeuroCoaching

T **Thinking:** Central Executive Network
I **Imagination:** Default Mode Network
M **Motivation:** Network
E **Emotional:** Networks
S **Stabilizing/Social/Spiritual:** Salience Network

● Conscious Mind (dorsolateral prefrontal cortex)
* Awareness (insula & anterior cingulate)

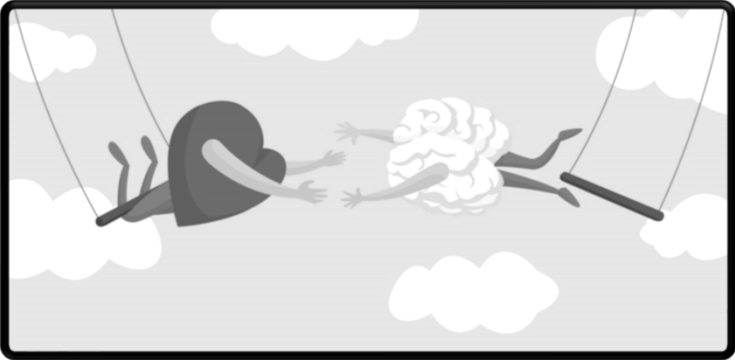
Panksepp's Core Emotions:
Curiosity / Emotional Desire
Caring
Playfulness
Sadness / Grief
Fear
Rage / Anger
Lust / Sexual Desire

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THE NETWORKS

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MINDFULNESS FOSTERS

- BODY REGULATION
- ATTUNED COMMUNICATIONS
- RESPONSE FLEXIBILITY
- EMOTIONAL REGULATION
- EMPATHY
- INSIGHT
- FEAR MODULATION
- INTUITION
- MORALITY
(SIEGEL, 2007)

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SECURE ATTACHMENT

- BODY REGULATION
- ATTUNED COMMUNICATIONS
- RESPONSE FLEXIBILITY
- EMOTIONAL REGULATION
 - EMPATHY
 - INSIGHT
- FEAR MODULATION
- INTUITION
- MORALITY
(SIEGEL, 2007)



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CONNECTIVITY

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HOW WE GROW IS 100% ON OTHERS

- THE MINDFUL BRAIN IS THE BRAIN THAT HELPS US REGULATE, ATTUNE, KNOW, SENSE, FEEL AND HELP OUR INFANTS MANAGE VULNERABILITY

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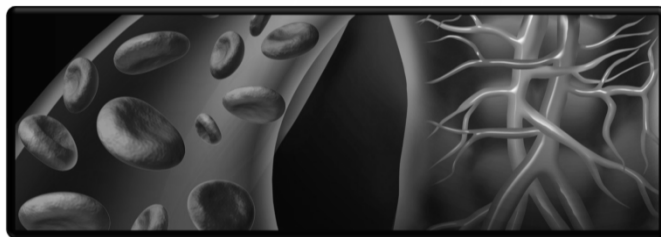
REAL AND PERCEIVED THREAT

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CASCADE MODEL OF DEFENCE

- THE CHOREOGRAPHY OF HARD FREEZE
 - THE CHOREOGRAPHY OF FLIGHT
 - THE CHOREOGRAPHY OF FREEZE
 - THE CHOREOGRAPHY OF PANIC
- THE CHOREOGRAPHY OF TONIC IMMOBILITY
 - THE CHOREOGRAPHY OF COMPLETE SUBMISSION
- (BOVIN, RATCHFORD & MARK, IN LANIS, ET. AL., 2014).
 - ADD FAWN AND SHAME



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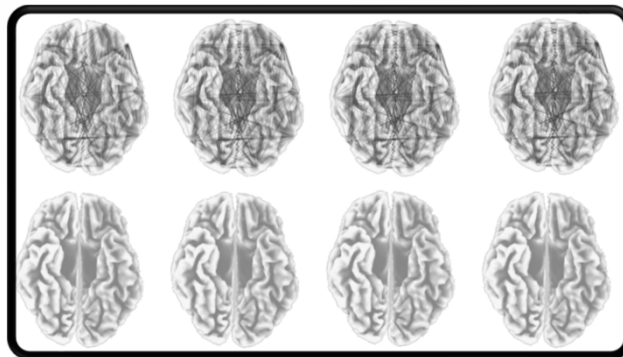
22

DISSOCIATION, FEAR, SHAME AND ANGER...



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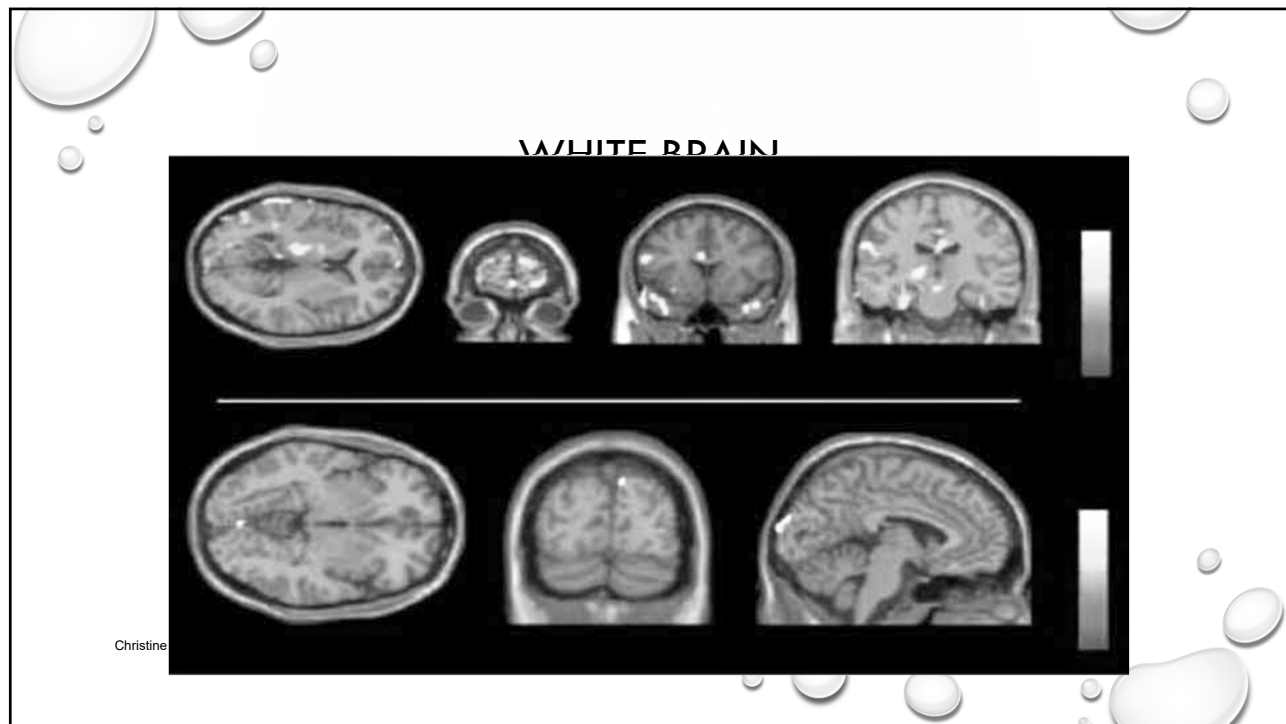
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FARINA, B., SPERANZA, A.M., DITTONI, 2014

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OIL AND WATER DISSOCIATION AND MINDFULNESS

- THE MINDFUL BRAIN SEEMS TO BE MORE ABOUT CONNECTION AND DISSOCIATION SEEMS TO BE MORE ABOUT HOW TO SURVIVE DISCONNECTION.
- THIS IS WHERE THE FIELD OF MINDFULNESS CAN BE ENHANCED BY WHAT WE HAVE LEARNED IN THE FIELD OF DISSOCIATION.
- WE KNOW THAT WHEN SOMEONE IS DISSOCIATING THE BRAIN WORKS VERY DIFFERENT THAN DURING ORDINARY CONSCIOUSNESS OR ESPECIALLY MINDFULNESS

(FARINA, ET AL., 2013; LANIUS, LANIUS, FISHER, & OGDEN, 2006; LANIUS, BLUHM, & LANIUS, 2007; LAZAR ET AL., 2000, 2005).

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- **INSULA** (PLAYS A KEY ROLE IN BODY PERCEPTION, MEDIATES RESPONSES TO COGNITIVE STIMULI AND PERCEPTION OF EMOTIONS), TENDS TO INCREASE IN DISSOCIATION [LIKELY DYSREGULATED FROM OTHER VERBAL AND FRONTAL SYSTEMS] AND DECREASE WITH PTSD (FREWEN & LANIUS, 2006; LANIUS, LANIUS, FISHER & OGDEN, 2006; LANIUS, BLUHM & LANIUS, 2007)
- **MEDIAL PREFRONTAL CORTEX** (PLAYS A ROLE IN THE EXTINCTION OF CONDITIONED FEAR RESPONSE, REGULATES GENERALIZED FEAR, MPFC, RETRIEVAL IN EPISODIC MEMORY, ALSO MOST LIKELY RESPONSIBLE FOR SEPARATING CURRENT MEMORIES FROM PAST MEMORIES) DYSFUNCTION IN PTSD, INCREASED IN DD [LIKELY DYSREGULATED FROM OTHER VERBAL AND FRONTAL SYSTEMS AND INCREASED INTERACTION BETWEEN MEMORY RETRIEVAL PROCESSES OR ALTERED PAIN PERCEPTION] AND DECREASED IN PTSD (FREWEN & LANIUS, 2006; LANIUS, LANIUS, FISHER & OGDEN, 2006; LANIUS, BLUHM & LANIUS, 2007)
- INCREASED ACTIVITY IN AMYGDALA

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DISSOCIATION AND THE BRAIN

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- IT HAS BEEN SAID BY BESSEL VAN DER KOLK, IN MANY OF HIS PUBLIC LECTURES THAT THE KEY TO HEALING EXTREME FORMS OF ABUSE IS TO HELP SOMEONE LEARN TO "KNOW WHAT THEY KNOW AND FEEL WHAT THEY FEEL" (2007, 2009, 2010).
- INDIVIDUALS WHO CHRONICALLY DISSOCIATE OR FUNCTION FROM A SYSTEM THAT IS INTENDED TO REMOVE AWARENESS, BECOME HARD WIRED TO NOT KNOW WHAT THEY KNOW AND NOT FEEL WHAT THEY FEEL.
- THEIR INTERNAL WORLD OF SENSATIONS, EMOTIONS, INTERNAL PERCEPTIONS, THOUGHTS, AND IMAGES ARE OFTEN A MYSTERY TO THEM AND RIDDLED WITH PAIN. THEY DO NOT HAVE ACCESS OR UNDERSTANDING TO A UNTIED SENSE OF SELF.

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SELF AND AWARENESS

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ACTIVE VS INACTIVE DEFENCES

Base line	Hard Freeze	Flight	Fight	Attach Cry Panic	Tonic Immobility	Shame	Align with perp	Complete Submission
Facio								
Sensations								
Feelings								
Perceptions								
Emotions								
Thoughts								
Words								
Imaginations								
Awareness								
Attention								

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IT IS AS IF THE BRAIN SAYS

"FEELING THESE FEELINGS, KNOWING THIS FEAR AND THESE CIRCUMSTANCES, THESE ABUSES, CONNECTING TO THE PERPETRATOR, EMPATHIZING WITH YOURSELF AND THE PREDATOR, KNOWING THE FULL TRUE REALITY OF MY LIFE, BEING HOPEFUL, MORAL, ATTUNED, AND CONNECTED TO MYSELF WHEN I AM IN LIFE AND DEATH SURVIVAL MODE IS NOT A GREAT IDEA."

BEING TOO MINDFUL, WHILST IN LIFE AND DEATH DANGER, MAY DECREASE YOUR CHANCES OF SURVIVAL. SO, THE BODY MAKES THE LOGICAL REACTION TO CUT OFF MINDFULNESS WHILE IT INTRODUCES DISSOCIATION AS THE PRIMARY SURVIVAL STRATEGY.



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- IT IS FAIR TO SAY THAT DISSOCIATION IS THE MOST MISUNDERSTOOD AREA OF HUMAN DEFENCES AND OF HUMAN FUNCTIONING, IN ALL AREAS OF HUMAN STUDY. DISSOCIATION IS NOT A CLEARLY VISIBLE REACTION, NOT LIKE FLEEING OR FIGHTING. FIGHTING AND FLEEING ARE OFTEN VISIBLE, PHYSICAL REACTIONS TO FEAR AND PEOPLE CAN TELL THAT THE OTHER IS UPSET. FOR DISSOCIATION THINGS ARE DIFFERENT, IT ABOUT INACTION, THE UNKNOWN, IT IS VERY INTERNAL AND INVISIBLE.

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THE RIVAL BRAIN ACTIVITIES

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- IF ONE WAS TO SUMMARIZE IN AS SIMPLE OF TERMS AS ONE COULD, IT WOULD BE FAIR TO STATE THAT DISSOCIATION IS THE STRONGEST NEUROBIOLOGICAL SYSTEM THAT WE HAVE AS IT IS OUR LAST LINE OF DEFENCE AND LAST LIFESAVING ACT. IT IS LITERALLY "ALL THAT WE'VE GOT LEFT" IN OUR LAST MINUTES, GREATEST PAIN, DEEPEST SUFFERING, AND WORST MOMENTS. DISSOCIATION IS THE OPPOSITE OF BEING ALIVE. IT HAS ITS OWN RULES AND LOGIC AND ITS PURPOSE IS TO SAVE ONE'S LIFE IN THE MOST PASSIVE WAY IT CAN. FROM THE INSIDE, DISSOCIATION FEELS VERY WEIRD AND DISCOMBOBULATING, BUT ONE DOES NOT KNOW THIS AT THE TIME.

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THE RIVAL BRIAN ACTIVITIES

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- WHEN PEOPLE MOVE INTO A SYMPATHETIC OR PARASYMPATHETIC, DORSAL VAGAL, HIPPOCAMPUS, AMYGDALINE, THALAMUS, BRAIN STEM REACTION THE BODY AND THE BRAIN EXCRETE STRONG CHEMICALS AND ELECTRICAL CURRENTS. THESE CURRENTS AND CHEMICALS DO NOT GET REGURGITATED, DIGESTED, REUSED OR RECYCLED WITHIN THE BODY (KENDAL-TACKETT, LECTURE ON APRIL 18, 2015). THEY JUST REMAIN INSIDE OF US, WITHOUT GOING ANYWHERE. WE NEED TO CRY, TO EMOTE, TO SHAKE, RATTLE, COMPLETE THE ACTION OF RUNNING OR OF PROTECTION OR UNTHAWING FROM A DISSOCIATE FREEZE, IN ORDER TO REMOVE THE CHEMICALS AND ELECTRICAL CURRENTS THAT WERE EXCRETED, OUT OF US (OGDEN, ET.AL, 2006, OGDEN & FISHER, 2015; LEVINE, 2005, 2010). THIS IS ONE OF THE PURPOSES OF CRYING AND SHAKING. THIS REQUIRES AN AWARENESS OF WHAT IS HAPPENING; THIS REQUIRES ONE TO FEEL WHAT IT FELT LIKE. WHEN SOMEONE IS DISSOCIATING AND OR TRYING NOT TO DISSOCIATE, THE ONLY THING THAT CAN HELP THEM STAY IN THE HERE AND NOW IS ANOTHER PERSON, WHO IS FUNCTIONING FROM THE MPFC. BUT FOR OUR CLIENTS, WHO WERE INJURED BY PEOPLE, BEING THIS VULNERABLE AROUND OTHER PEOPLE IS AN ENDLESS VORTEX OF FEAR - FEAR OF PEOPLE, FEAR OF HEALING, FEAR OF FEAR, FEAR OF THEIR FEELINGS, FEAR OF WHAT ACTUALLY HAPPENED, SHAME, THE EXPERIENCE OF BEING SHAMED, THE FEAR OF BEING SHAMED AND LET DOWN AGAIN, FEAR OF REJECTION, FEAR OF PAIN, FEAR OF FURTHER HARM, FEAR OF THEIR FEAR BEING ENJOYED BY ANOTHER, FEAR OF MANIPULATION, SO ON AND SO ON.

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DISSOCIATION AND ATTACHMENT

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DISSOCIATION AND MINDFULNESS

So here lay five large hurdles in trying to teach a person who dissociates how to be mindful.

1) one needs to help the client lessen the actual dissociative reaction that is occurring within the body every time that body detects threat,

2) one needs to teach the dissociative person to understand that mindfulness is very relational in nature and designed to process traumatic information

3) one needs to understand that any relational connection with people is perceived as a threat to dissociative folks

4) that when the client is going through a painful experience, the human system stops itself by dissociating the intense feeling and experience and therefore mindful process of healing does not take place

5) and that mindfulness is one of the best ways for past trauma to heal and the dissociative person is phobic of mindfulness.

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- IN ORDER TO REGULATE FEAR, ONE NEEDS TO KNOW THAT FEAR IS HAPPENING, BUT FOR PEOPLE IN A PERPETUAL STATE OF DISSOCIATION THEY WILL NOT HAVE ENOUGH AWARENESS TO KNOW THAT THEY ARE SCARED. INSTRUCTING THESE CLIENTS TO REGULATE IS LIKE ASKING SOMEONE TO WALK WHEN THEIR LEGS DON'T FUNCTION; IT'S NOT GOING TO HAPPEN WITHOUT INTERVENTIONS. TELLING SOMEONE TO CALM DOWN WHEN THEY ARE DISSOCIATING IS NOT GOING TO WORK. PEOPLE WHO DISSOCIATE NEED TO BE PATIENTLY TAUGHT THAT THEY CAN MASTER THEIR OWN FEAR RESPONSES AND THE SUBSEQUENT FEELING THAT GO WITH BEING THIS SCARED.
- THESE ARE ALSO THE CLIENTS WHO DON'T **KNOW** THEIR BODIES ALL THAT WELL SO EATING, SLEEPING AND BASIC BODILY INFORMATION CAN BE A MYSTERY TO THEM. THEY MAY ACTUALLY NOT BE ABLE TO FEEL THEIR BODIES AT ALL. WITHOUT BODY AWARENESS AND BODY CONTROL, THEY MAY NOT KNOW THE PAIN THAT THEY ARE IN OR THEY MAY HAVE PAIN ALL THE TIME AND NOT KNOW WHAT TO DO TO ADDRESS THE PAIN. THE BODY IS A CONFOUNDING, CONFUSING AND OFTEN PAINFUL THING THAT MOST DON'T UNDERSTAND. WHEN WE CANNOT CONTROL OUR OWN PHYSIOLOGY, WE GET STUCK IN A PERVASIVE REPEATING TEMPLATE THAT CAN TRANSLATE INTO A OVERARCHING CELLULAR BELIEF THAT WE MIGHT NOT ACTUALLY EXIST.

REGULATING FEAR AND THE BODY

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REGULATING EMOTIONS

- THE EMOTIONS ROLL FROM ONE TO ANOTHER INSIDE SOMEONE WHO CANNOT REGULATE THEIR OWN EMOTIONS AND CANNOT EMOTE THEM WITHOUT LOSING CONTROL AND DISSOCIATING. WHAT THE PERSON LEARNS TO DO IS FIND VARIOUS WAYS TO SWITCH FROM ONE EMOTION TO ANOTHER OR NUMB ONE EMOTION AFTER THE OTHER AS A WAY OF DEALING WITH THE PAIN NOT RESOLVING THE PAIN. THEY FIND DISTRACTIONS, ADDICTIONS, SELF-HARM, CHAOTIC RELATIONSHIPS, SWITCH PARTS/ALTERS, AND OTHER VERY CREATIVE WAYS TO SUBSTITUTE EMOTIONAL REGULATION. WITHOUT THE CAPACITY TO REGULATE THESE FEELINGS, INSTEAD OF FEELING THE FEELINGS AND UNDERSTANDING ONE'S SELF WITHIN THOSE FEELINGS, THESE PEOPLE JUST DO WHAT THEY CAN TO SURVIVE.
- FEELINGS SHOULD NEVER BEHAVE THIS WAY. FEELINGS ARE, FIRST AND FOREMOST, THERE TO COMMUNICATE OUR NEEDS; THEY ARE THERE FOR EXPRESSION OF SELF. DISSOCIATIVE CLIENTS MIGHT NOT BE ABLE TO REGULATE THEIR EMOTIONS; THEY MIGHT NOT BE ABLE TO OR HAVE DIFFICULTY CHANGING THEM, TURN THEM DOWN OR OFF AND THEY MIGHT NOT BE ABLE TO BRING THEM UP. WHEN WE CANNOT REGULATE OUR EMOTIONS, WE LOSE OUR ABILITY TO COMMUNICATE OUR NEEDS AND IN PART A LARGE PART OF THE EXPRESSION OF SELF.

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- WHEN WE DISSOCIATE, THERE IS NO MENTAL PAUSE, IT IS ALL PRIMAL SURVIVAL REACTION. THE FOLKS THAT DISSOCIATE ARE THE MASTERS OF SURVIVING IN THE MOST CREATIVE WAYS. IT IS JUST THAT THEY OFTEN DO NOT SAY INSIDE THEMSELVES "WAIT, WHAT IS HAPPENING?" FOR THEM, THE ORIGINAL TRAUMA EXPERIENCES IN THE BODY AND EMOTIONS ARE HAPPENING OVER AND OVER AGAIN. THE MIND AND THE IMAGINATION ARE DOING WHAT THEY CAN TO KEEP UP AND ADAPT AS BEST AS IT CAN. IF IT'S QUIET INSIDE THE MIND OF A DISSOCIATIVE PERSON, IT'S BECAUSE THEY ARE HEADING FURTHER AND FURTHER INTO DISSOCIATION, NOT BECAUSE THEY ARE RESOLVING THEIR INTERNAL WORLDS. IT IS NOT UNTIL SOME TYPE OF THERAPEUTIC OR HEALING INTERVENTION BY SOMEONE WHO IS WISE AND KNOWLEDGEABLE IN DISSOCIATIVE DISORDERS, WHO CAN ADDRESS THE INNER SENSATIONS, EMOTIONS AND TURMOIL THAT THEIR MIND AND IMAGINATION BEGIN TO SETTLE. IT IS NOT UNTIL THEY HAVE A CHANCE TO GROW THEIR MPFC THAT CAN THEY LEARN OBJECTIVITY, DIFFERENTIATION, CALMING SKILLS AND A CAPACITY TO SEE THEIR LIVES AND THEMSELVES FROM A MORE EXPANSIVE PLACE AND FROM SOMEWHAT OF A DISTANCE FROM THE PAST TRAUMA/S.

- WHEN THE MPFC IS NOT THE DOMINATE BRAIN FUNCTION BECAUSE OF FEAR, PEOPLE CANNOT SEPARATE WHAT HAPPENED IN THE PAST FROM WHAT IS HAPPENING IN THE PRESENT. AS WELL AS, BECAUSE THE **KNOWING** PART IS NOT WORKING ALL THAT WELL THEY MIGHT NOT THE ABILITY TO **KNOW** THAT WHAT THEY ARE EXPERIENCING IS FROM THE PAST AND NOT FROM THE PRESENT.

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RESPONSE FLEXIBILITY

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- THERE IS LITTLE OR NO CONTROL OR PERSPECTIVE OF WHAT IS FRIGHTENING FROM THE PAST WITH PEOPLE WHO ARE DISSOCIATING. THERE IS LITTLE TO NO DISTINCTION THAT WHAT IS OCCURRING IS FROM THE PAST AND NOT CURRENT. THEY FEEL LIKE WHAT THEY ARE FEELING IS CURRENT. THE BODY AND EMOTIONS FLOOD THE PERSON WITH THE SAME ELECTRICAL-CHEMICAL CHOREOGRAPHY AS IT DID THE FIRST TIME AND THE 100TH TIME.

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REGULATION OF PROCEDURAL LEARNING AND CONDITIONED FEAR RESPONSE

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- THESE AMAZING HUMANS ARE STUCK IN THEIR HEADS AND IMAGINATION. IT IS ALSO CONFUSING FOR THEM AS WELL AND THEY DON'T REALLY HAVE A GREAT, CLEAR CONNECTION TO THE PRESENT. DISTORTIONS, SIDE EFFECTS OF THE NEUROCHEMICALS, YEARS OF BEING UNAWARE CAN MAKE THE CURRENT DAY TO DAY FUZZY. FOR THESE PEOPLE OFTEN THEY CANNOT TELL REAL LIFE FROM THE EXPERIENCE OF DREAMS.

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REGULATION OF PROCEDURAL LEARNING AND CONDITIONED FEAR RESPONSE

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- FOR PEOPLE WITH DISSOCIATIVE DISORDERS, THERE IS LITTLE TO NO ATTUNED COMMUNICATION FELT FROM OTHERS OR WITHIN THEIR OWN SELF. THESE PEOPLE, WHEN THEY ARE DISSOCIATING, ARE CUT OFF, THROUGH THE SURVIVAL RESPONSES WE ALL HAVE, FROM OTHERS, AS SOCIAL ENGAGEMENT TURNS OFF. THESE PEOPLE FEEL ABSOLUTELY ALONE AND NOT ONLY DOES IT FEEL BITTERLY LONELY, IT IS BRUTALLY CONFUSING AS THEY CAN DETECT THAT ENGAGEMENT IS SUPPOSED TO BE THERE, ALTHOUGH IT IS NOT REGISTERING THAT WAY INSIDE FOR THEM, WITH THIS KIND OF CLARITY. THEY KNOW SOMETHING IS MISSING AND IT IS REGISTERED THAT SOMETHING IS WRONG. THEY CAN FEEL THAT SOMETHING IS NOT RIGHT OR SOMETHING IS WRONG, AND THEY ARE CORRECT, YET THEY WILL OFTEN CATALOGUE THIS AS *THEY* ARE THE THING THAT IS WRONG, THAT THEY ARE THE THING THAT IS BROKEN.

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ATTUNED COMMUNICATION

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- IT IS WONDERED IF THIS IS A VERY PRIMITIVE WAY OF EXPRESSING THEIR OWN EXPERIENCES; IN MANY WAYS THEY ARE CRYING FOR THEMSELVES, BUT THEY ARE MISSING THAT OBJECTIVE UNDERSTANDING OF "THIS IS MY STUFF". THIS IS EVIDENT IN THE SELF-HATRED AND SHAME THEY VERY OFTEN FEEL. THE LARGEST DIFFERENCE IS THAT THE KNOWLEDGE THAT "THIS HAPPENED TO ME", NOT "THIS IS ME" IS NOT WORKING ALL THAT WELL. THEY BASICALLY PROJECT AND TRANSFER THEIR OWN FEELING ONTO OTHERS. THE ABILITY TO BE OBJECTIVE TO THE FEELINGS OF OTHERS IS THE JOB OF THE MPFC AND THEIR MPFC IS BEING SHUT OUT FROM THE BODY. SO IN MANY WAYS WHAT THEY EXPERIENCE WHEN THEY HAVE EMPATHY FOR OTHERS IS ACTUALLY WHAT THEY FEEL FOR THEMSELVES IN AN EMOTIONAL FLASHBACK.

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EMPATHY

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- THESE ARE FOLKS WHO HAVE TOO MUCH INTERNAL ACTIVITY. REMEMBERING THAT THEY ARE PEOPLE WHO ARE STUCK INSIDE THEMSELVES; BUT BECAUSE OF THE LACK OF EMPATHY, FEAR REGULATION, EMOTIONAL REGULATION, RESPONSE FLEXIBILITY, ATTUNED COMMUNICATION AND REGULATION OF PROCEDURAL LEARNING AND CONDITIONED FEAR RESPONSE, THEY ARE BOMBARDED WITH INNER SENSATIONS, FEELINGS, MEMORIES, EXPERIENCES THAT FEEL LIKE REAL TIME AND THEY DON'T KNOW WHAT TO DO AND HOW TO HANDLE WHAT IS HAPPENING. THEY CAN AND OFTEN DO HEAR VOICES AND SEE IMAGES THAT ARE MOST LIKELY INFLUENCED OR A DIRECT RESULT OF OVER THE TOP FEAR WITH THE IMAGINATION WORKING OVERTIME, IN AN ATTEMPT TO GAIN SOME SEMBLANCE OF SURVIVAL AND RELATIONSHIP WITH SOMETHING.

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INSIGHT

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- THOSE WITH DISSOCIATIVE DISORDERS MAY NOT HAVE A SOLID SENSE OF SELF. THEY MAY HAVE NO INTERNAL AWARENESS OF THE MESSAGES THAT THE BODY AND EMOTIONS ARE COMMUNICATING TO THEM. OR THEIR INTERNAL AWARENESS OF DANGEROUS FEELING, SHAME, HELPLESS AND HOPELESS MIGHT BE VERY, STRONG AND THESE FEELINGS HAVE BECOME PART OF THEIR IDENTITY. THEY FEEL THAT THEY ARE BROKEN, INSTEAD OF KNOWING THAT SOMETHING HAPPENED TO MAKE THEM FEEL THE PAIN OF BEING HARMED. OR THEY ONLY HAVE ONE OR TWO STORIES (I AM ALWAYS ATTACKED, ETC.); THEY HAVE NO ALTERNATIVE LIFE STORY (I WILL ALWAYS BE BAD, MISERABLE, UNLOVABLE, ETC.) THEY HAVE A LOT OF DIFFICULTY KNOWING WHO THEY ARE IN ALL TYPES OF DIFFERENT SITUATIONS.

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INSIGHT

43

- THESE FOLKS SOMETIMES HAVE GREAT INTUITION AND SOMETIMES HAVE LIMITED INTUITION. IT IS A STRANGE LAND OF BEING ABLE TO PREDICT WHAT IS ABOUT TO HAPPEN TO OTHERS BECAUSE THEY ARE OFTEN HYPER-FOCUSED ON THREAT, OR NOT HEAR IT AT ALL BECAUSE THE CONSTANT INTERNAL "SCREAMING" OF CONSTANT VIGILANCE. THESE FOLKS ARE THE ONES WHO CAN PICK UP SUBTLE THINGS FROM OTHERS AND BE SUPER EMPATHIC AND INTUITIVE TO OTHERS' PAIN, THEY CAN ALSO MISS HUGE WARNING SIGNS.

Christine C Forner AUS 2020

INTUITION

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- THESE PEOPLE WHO ARE DISSOCIATED ARE FILLED WITH SHAME FROM THE ABUSE, CONFUSED, NOT UNDERSTANDING THEIR INNER NEUROBIOLOGY AND ARE OUTWARDLY SHAMED. OUR CULTURE SEEMS TO FIND IT EASIER TO GET UPSET AT THE PERSON WHO IS COMPLETELY SUBMITTING TO AVOID DEATH, RATHER THAN THE PERSONS WHO ARE DOING THE HARM AND CAUSING THE FEAR OF DEATH. SO THE DISSOCIATIVE PEOPLE STRUGGLE BETWEEN WHAT IS REALLY HAPPENING AND WHAT HAPPENED, AND THEIR OWN INTUITION IS HIDDEN OR LEFT UNHEARD OR UNKNOWN. THEY MAY HAVE LITTLE WISDOM OR INTUITIVELY UNDERSTAND THEIR OWN INNATE WISDOM.

INTUITION

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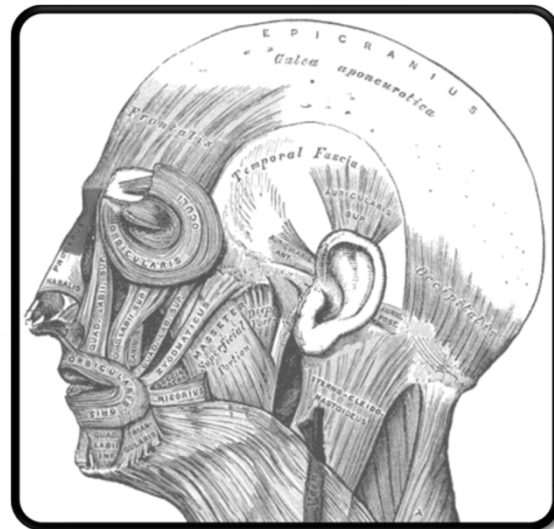
- FOR THE MOST PART, MOST PEOPLE WITH DD ARE VERY MORAL PEOPLE. THESE ARE NOT EMOTIONLESS, RAGEFILLED HUMANS. THESE ARE THE ONES WHO DON'T FIGHT BACK, WHO FREEZE. AS YOU RECALL FROM PREVIOUS CHAPTERS, INVISIBILITY, FLEE, FIGHT AND PANIC ARE THE ACTIVE RESPONSES THAT COME FIRST IN THE CHAIN OF COMMAND AND SURVIVAL OPTIONS, THEN THERE IS THE INACTIVE RESPONSE OF TONIC IMMOBILITY AND COMPLETE SUBMISSION. THESE PEOPLE ARE FAR MORE LIKELY TO HURT THEMSELVES THAN HURT OTHERS. THE MYTH THAT THESE PEOPLE ARE RAVING MURDERS IS JUST NOT A COMMON RESPONSE FOR PEOPLE WHO DISSOCIATE. THEY HAVE THE ACTIVE RESPONSES WITHIN THEM, AS WE ALL DO, AND SOMETIMES A VIOLENT REACTION CAN HAPPEN, OR THEY CAN BE SO DISSOCIATED THAT THEY ARE UNAWARE OF WHEN ANGRY OR HURTFUL PARTS COME OUT, BUT THERE ARE ALSO A HUGE AMOUNT OF PEOPLE WHO DISSOCIATE AND JUST FREEZE AND/OR SUBMIT.

MORALITY

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PROCERUS FOCUS, PROCERUS PRESSURE



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BRING IT TO THE FRONT

Breath

Attention

Focus

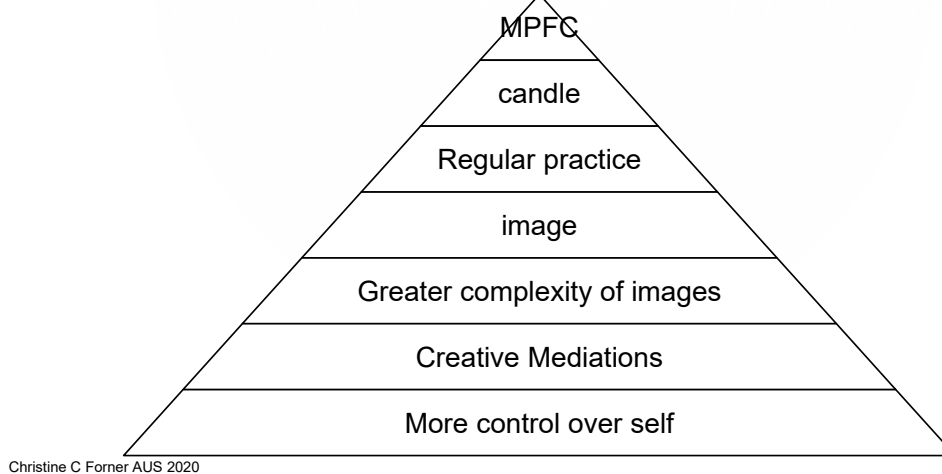
Pressure

Awareness

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MEDIAL PREFRONTAL CORTEX PROCESSING



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HYPNOSIS VS. MEDITATION

The aim of hypnosis is to experience shifts in consciousness and behaviour

Hypnosis promotes appreciation pliability of the consciousness

Focused attention on suggestion during hypnosis to focus attention on suggested events rather than on ones self.

Mediation is the method to achieve mindfulness – Mindfulness promotes awareness and acceptance of the constantly changing experiences

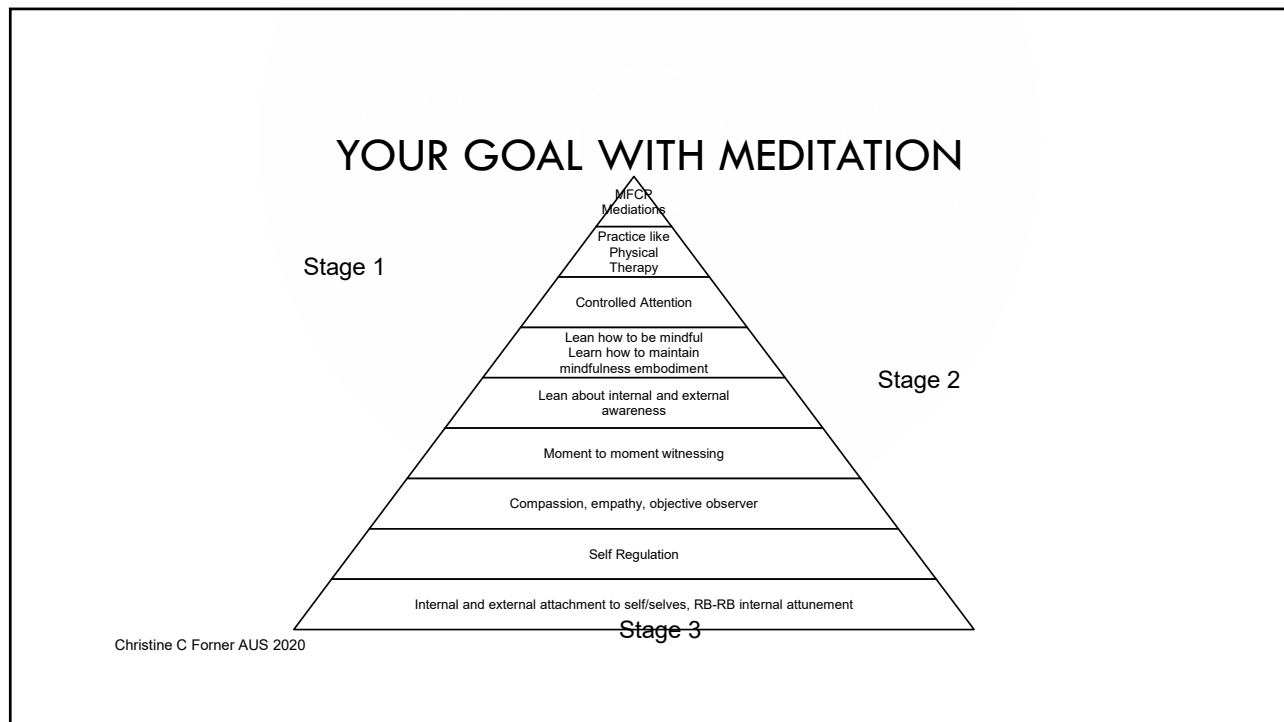
Observational Meta awareness, being aware of being aware

Share a common domain: imagery, suggestion

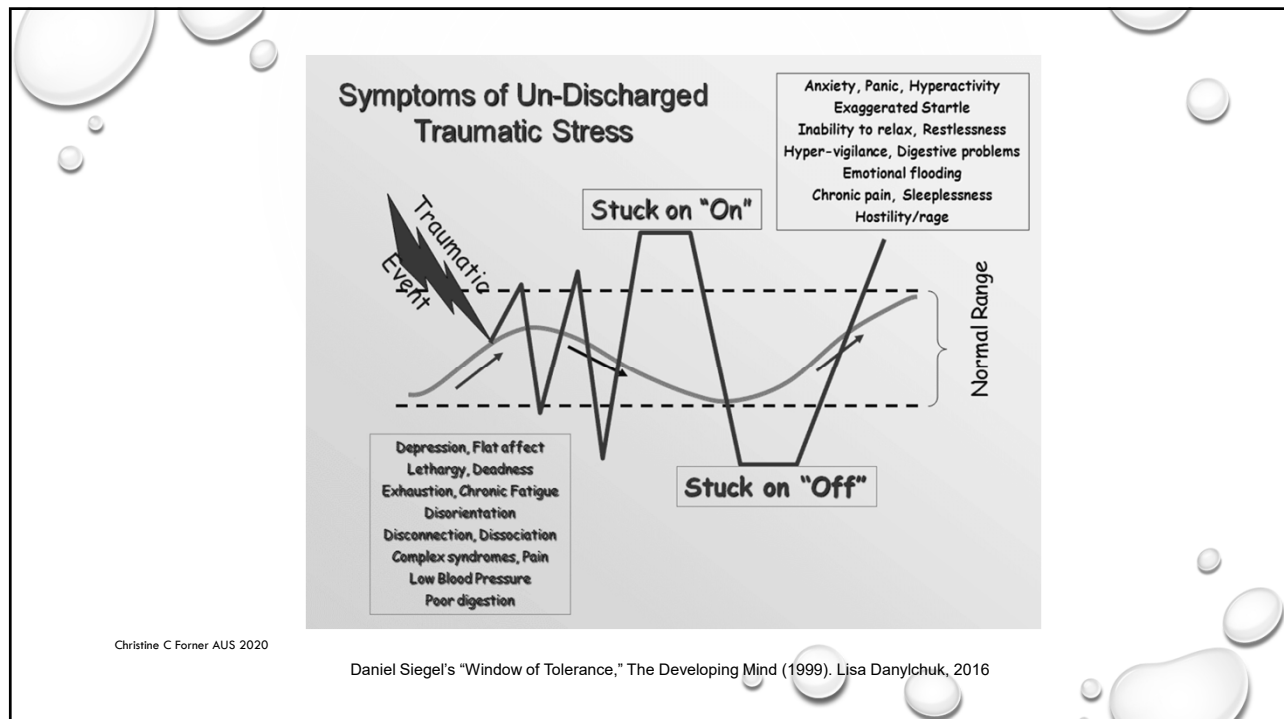
But they are not a like

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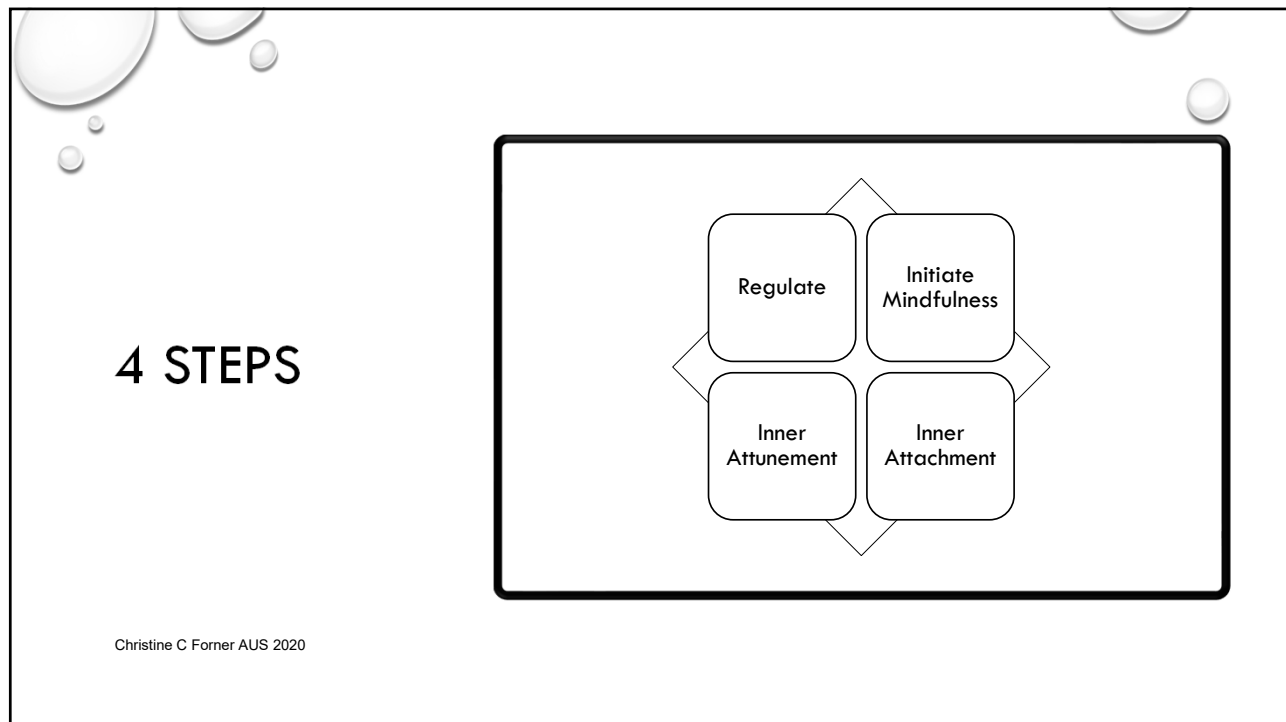
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51



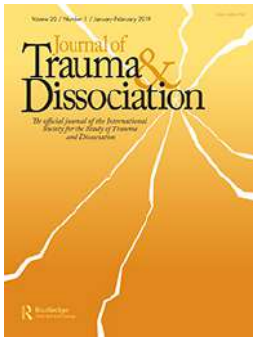
52



53



54



What Mindfulness can learn about Dissociation and what Dissociation can learn from Mindfulness

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PRESIDENTIAL EDITORIAL



What Mindfulness can learn about Dissociation and what Dissociation can learn from Mindfulness

Christine Forner B.A., B.S.W., M.S.W., R.S.W.

ABSTRACT

Mindfulness based psychotherapeutic interventions have shown to be an effective intervention for quite some time now. These intervention, however, have not been that successful with individuals who experience dissociative disorders. There is a very clear disconnect between these two fields. In an attempt to close the gap, reviewing what mindfulness might be from an attachment and human developed lens, one can learn that there is a lot more occurring in a mindful state other than relaxation. There is a level of human development achievement that comes from a regular mindfulness practice that seems to play a role in raising our young and being part of a complex social group. Evidence suggests that the end product of mindfulness is likely deeply connected human relationships and balanced care-giving abilities. In knowing the benefits from a relational perspective of mindfulness those in the dissociative world can utilize adaptations of mindfulness so that their clients can eventually learn to developed mindfulness and, in turn, have the same deeply connected relationship that they often missed. Conversely those in the mindfulness based therapeutic world can learn a lot about dissociation and harmed people by understanding the real difficulties that individuals with dissociative disorders have in experiencing a mindful state. They can learn to understand the need to adapt mindfulness based practices to accommodate individuals who have a system that is phobic of awareness, terrified of being calm and who have no concept of what non-judgement means. Both fields would benefit greatly by knowing more about the other.

ARTICLE HISTORY

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KEYWORDS

Dissociation; mindfulness; attachment; childhood trauma

The “world” of dissociation and the “world” of mindfulness do not often mix. As stated in a 2013 article, “there is a paucity of literature regarding the use of mindfulness in the treatment for dissociation” (Zerubavel & Messman-Moore, 2015, p. 307). Mindfulness Meditations have been examined as a therapeutic intervention since the 1960’s and yet there are only a few articles that deal with dissociation and mindfulness (Zerubavel & Messman-Moore, 2015). Mindfulness Mediation, and all of its therapeutic forms, such as Dialectical Behavior Therapy (DBT; Linehan, 1993a), Mindfulness-Based Stress Reduction (MBSR; Kabat-Zinn, 1990), Mindfulness-Based Cognitive Therapy (MBCT; Segal, Williams, & Teasdale, 2002) and Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999) have all

demonstrated that there is efficacy in these interventions and a real benefit to practicing mindfulness. So why is it that there are several excellent therapeutic modalities related to mindfulness and little to almost no research regarding dissociation and mindfulness? In particular, there is no body of literature regarding Dissociative Identity Disorder and Psychotherapeutic Mindfulness. There is obviously a rather large disconnection between these worlds. Perhaps if the field of dissociation knew more about the field of mindfulness and if the mindfulness field knew more about dissociation this gap could be bridged in the future.

Traditional Mindfulness can best be described as “a deep state of relaxation in which one is engaged in an active mental state requiring great attention” (Lazar et al., 2000). It is often a family of self-regulation practices that involve training, attention, and awareness (Forner, 2009). The most classic definition of Mindfulness is that it involves the development of awareness of present-moment experience with a compassionate, non-judgmental stance (Kabat-Zinn, 1990). Mindfulness meditation, when used as an agent of change, has three main components to the psychological process “(1) awareness, (2) of present experience, (3) with acceptance” (Germer, 2006, p. 13). There is a great variety of meditation practices that induce the state of mindfulness. The most common types of meditations are concentration meditations, mindfulness meditations, and goal-oriented meditations (Brach, 2003; Shapiro & Walsh, 2006).

Mindfulness and mindfulness meditation are two different things that are often assumed to be the same thing. There is a difference in mindfulness practices, for example, mindfulness from a Sensorimotor Psychotherapy perspective differs from a mindfulness-based practice. Ogden, Minton, and Pain (2006) offer a great definition of mindfulness as:

[o]rienting and attending to the ebb and flow of the present internal experiences. Awareness and attention are directed towards the building blocks of present experiences: thoughts, feelings, sensory perceptions, inner body sensations, muscular changes, and movement impulses as they occur in the here and now.

(Ogden et al., 2006, p. 193)

Regardless of the technical definition, this thing called mindfulness is proving to be deep, rich, and vitally important in gaining further understanding of who we perhaps could be, as *homo sapiens*. This editorial is not about the spiritual practices or mindfulness-based practices that many might assume are being referred to when one is discussing mindfulness. In this discussion, we can learn from our experience in the dissociation field: not all trauma responses are the same, and not all mindfulness practices are the same as well. There is a distinct and important difference when we are discussing the more active stuck defenses of flight or fight, and the more inactive stuck defense of tonic immobility and feigned death. The effects of trauma, as we know, are much

more than what is commonly known or understood. The same can be said of mindfulness; there is so much more to mindfulness than what is commonly understood. This article is a conversation on what mindfulness really might be, seen through an attachment and relational lens. This essay will provide a glimpse of what mindfulness might actually be, viewed from a very different lens to help the clinical population we work with. It is also intended to be another resource that we can have to sustain our own self-care.

Mindfulness, from the onset, can be understood from a much broader perspective than meditation alone. Mindfulness, examined from a human development and neurobiological perspective is an altered state and a state that can become a trait (Cahn & Polich, 2013; Perry, Pollard, Blanicley, Baker, & Vigilante, 1995). Mindfulness involves interconnected activity in brain networks that facilitate self-awareness and emotion regulation (Doll, Holzel, Boucard, Wohlschlagel, & Sorg, 2015; Farb, Segal, & Anderson, 2012; Young et al., 2018). These prominently include the medial prefrontal cortex (mPFC) and the posterior parietal cortex in the Default Mode Network, as well as the amygdala and insula in the Stress/Salience Network (Farb et al., 2012; Holzel et al., 2007; Hölzel, Carmody, et al., 2011; Hölzel, Lazar, et al., 2011; Kang et al., 2013; Lazar et al., 2000, 2005; Luders, Toga, Lepore, & Gaser, 2009; Siegel, 2007, 2010). In many ways, mindfulness can be best understood as a combination of awareness of one's own body and emotions and from a one step removed objective, non-judgmental perspective (Young et al., 2018). It just so happens that when one meditates, key areas in the brain's cortical gray matter become denser and thicker (Hölzel, Carmody, et al., 2011; Kang et al., 2013; Lazar et al., 2000, 2005; Luders et al., 2009). In other words, the intentional activity of mindful awareness from a place of curiosity and acceptance rather than ordinary consciousness may enable key areas in the brain to become stronger and more predominant in our daily lives. When one investigates what these areas in the brain are responsible for, the greater understanding of our human design, a picture that we may not usually focus on, begins to unfold. The world of mindfulness research and practice have offered some insights into what our potential can be. Adding in a lens of attachment and dissociation, one can see other deep layers and other tasks we can do, to assist in the therapeutic process. Looking into what the mPFC and other brain structures that seem to be in charge of mindfulness reveal significant possibilities. The areas of the brain associated with mindfulness are responsible for nine basic functions that are quite sophisticated:

- 1) Body regulation, 2) Attuned communication, 3) Emotional balancing,
- 4) Response flexibility, 5) Empathy, 6) Insight, 7) Conditioned fear modulation
- 8) Intuition, and 9) Morality

(Badenoch, 2008; Marks-Tarlow, 2012; Panksepp, 1998, 2002; Perry & Szalavitz, 2010; Porges, 1998, 2003, 2011; Schore, 1994, 2003a, 2003b; Siegel, 1999, 2007, 2010; 2012; Siegel & Bryson, 2007; pp. 42–44; 2011).

Examining each of these processes, piece by piece, a new possibility in our human potential emerges; a potential that can be found within us and that can be a goal for our clients. These nine different functions can be viewed from the bottom to the top and from developmental milestones. In looking at each point in greater detail, one can conceive of ways to access these capacities, and when we can do so, to enhance our lives in ways that perhaps we are not utilizing as much as we could.

Body Regulation can help us to regulate our fear. This includes being able to put words, meaning, and context to our fear. It also includes down regulating or up regulating us after we have been frightened or overwhelmed. Instead of just mindlessly reacting, mindfulness provides us with greater awareness of and objectivity about a sequence of facts: (a) we feel scared, (b) we can become aware of the true source of our fear, so that, (c) we can address the problem that our fear is communicating, and/or (d) process the fearful thing or event so that we can learn more about our environment and move on safely (Diorioi, Viau, & Meaney, 1993; Kalischa & Gerlichera, 2014; Motzkin, Philippi, Wolf, & Baskaya, 2015; Panksepp, 2002).

Emotional Balance: The brain's Default Mode Network and Stress/Salience Network are active and interconnected (Doll et al., 2016) when we are regulating, articulating and expressing our emotions with intelligence. This is the ability to ask, "What important issues are my emotions trying to communicate?" Mindfulness, or non-judgmental awareness of our emotional language, helps us understand our emotions and helps us feel them and express them with, objectivity (Ogden, 2009). It is the life-affirming aspect of emotions, including feeling pain, suffering, confusion, fear, grief, attachment pain, love, and heartache, which we can feel and express with intelligence and perhaps even with compassion. When we have learned the skill of affect tolerance in the form of developing mindfulness we can grow the ability to know why we are feeling what we are feeling with validity, and without shame (Hyejeen, Heller, Van Reekum, Nelson, & Davidon, 2012; Kellogg, 2013; Kolb & Whishaw, 2004; Martelli, Chester, Brown, Eisenberger, & DeWall, 2018). This is the ability to feel what we feel and know what we know, and then live with, in peace, what has happened that resulted in the original feeling and sensation (Alexander & Brown, 2011; Motzkin et al., 2015; Van Der Kolk, 2006).

Response Flexibility: When we are in a mindful state, we can promote response flexibility or the ability to take a mental pause (Siegel, 2007). Mindfulness helps you cultivate the ability to pause what is happening inside of you and ask questions or gather information before reacting. This is

valuable in raising our young and not getting “dragged under” by another’s dysregulation (Alexander & Brown, 2011; Cahn & Polich, 2013; Diorio et al., 1993; Farb et al., 2007; Hyejeen et al., 2012; Siegel, 1999).

Regulating the Conditioned Fear Response: With mindfulness, we have the ability to regulate our conditioned fear responses or procedurally learned experiences. In other words, this involves “updating our files” as we grow. Two feet of water is very scary and a life threat to a toddler, but not to an adult. Mindfulness enables us to differentiate and distinguish that this fear was valid as a small child, and facilitate the realization that we are grown now and the fear is no longer valid. The underlying brain structures, when well developed, enable us to put our fears into perspective as well as regulate these fears and express them with balance and in proportion to the present context (Alexander & Brown, 2011; Cahn & Polich, 2013; Diorio et al., 1993; Farb et al., 2007; Hyejeen et al., 2012; Siegel, 1999).

Attuned Communication: This term is defined in two different ways: 1) is the ability to make inferences and close enough guesses as to what others are feeling; 2) it is the ability to transmit and communicate information that is less obvious than spoken words (Montgomery, 2013; Ogden, 2012; Ogden & Fisher, 2015; Ogden et al., 2006; Schore, 1994, 2003a, 2003b). This enables us to be one step removed from others’ emotions, because we can take a step away and think or intuit what others are communicating and experiencing. This ability helps us understand what our offspring need to communicate when they lack the ability to use verbal language. It is also the capacity to be curious and able to understand that emotions are a form of vital communication from others. This is true especially for understanding our young, whose primary and first language is emotion and sensations rather than words. It is the brain structure that will feel others’ feelings, but add in “this is their emotional state, not mine” (Alexander & Brown, 2011; Cahn & Polich, 2013; Diorio et al., 1993; Farb et al., 2007; Hyejeen et al., 2012; Siegel, 1999).

Empathy: The brain networks involved in mindfulness also can make us capable of an impressive level of empathy (Farb et al., 2007, 2012). Mindfulness can result in a sense of compassion and understanding of others’ feelings and perspectives. It is an intimate experience to feel what others are feeling in order to communicate our experience in a non-verbal way. It is a grand skill to know that what you are empathizing with is not your own feelings but someone else’s (Perry & Szalavitz, 2010; Tronick & Beeghly, 2011). This is very important when our offspring are born without the ability to verbally communicate, and when their experiential communication is vital to their survival. This is also the ability to feel “felt” in the world; that we are felt by others and that we feel their presence, as well. It is the anti-lonely experience that combats aloneness and the fear that we, as children, feel when we feel that we are alone.

Insight: Mindfulness involves insight (Farb et al., 2007, 2012) and introspection (Porges, 2003, 2011). The underlying brain structures are responsible for being able to feel curiosity about why we are reacting from a physical place in our bodies, like our gut or heart. This allows us to gather information about the past, present, and possible future, in a non-reactive, but informative manner. It is a reflective process that can ask oneself, “Am I creating this problem or can I solve this problem?” With mindfulness, we can analyze information as to what the source of the somatic or body response is; and then gather the information and act accordingly, with action or an emotional response.

Intuition: Mindfulness also involves putting instincts and intuition into the correct words, meaning and proper context (Marks-Tarlow, 2012). It will give meaning to our more primitive reactions so that these reactions make sense and/or so we can learn about what the instinct is communicating, both within ourselves and in terms of information coming from others.

Morality: When you put all of these functions together and you have someone who engages their full capacities for mindfulness, one can see that the end result is a more compassionate and empathic, tolerant and regulated individual (Brenner & Homonoff, 2004; Martelli et al., 2018). In other words, if you exercise the above-mentioned brain structures with whatever means you prefer to get to a mindful state so it can turn into a trait, you will have a human who is able to understand, regulate, articulate, and be at one with their reptilian and mammalian brains and reactions. You will have a mature adult who can regulate and communicate what is happening with their bodies and their emotions. You will find that this person is calm, empathic, and not driven by fear, anger, sadness, terror, suffering or pain. This person will be objective about both their inner world and the inner and external worlds of others. You will have someone who has a very large window of tolerance, and who is curious, compassionate, understanding, wise, grounded and steady. This adult is potentially there in all of us; it can become our basic neurobiological expression of ourselves or in other words, a mindful person could be our baseline of everyday functioning. This is also the state that our infants’ little bodies and primitive brains are expecting from us (Alexander & Brown, 2011; Brach, 2006; Doidge, 2007; Farb, Segal, & Anderson, 2012; Finger et al., 2008; Hölzel, Carmody, et al., 2011; Luders et al., 2009; Milutinovic, Zhuang, Nivelleau, & Szyf, 2003).

When you consider all that the mindful brain can do, you can see that its tasks are not at all just about paying attention; it is also part of our human attachment system. It is the foundation for healthy human attachment, growth, and development (Austin, 1998; Brenner & Homonoff, 2004). Therefore, when you examine the side benefits of a regular meditation practice or regular mindfulness experiences and the benefits of a secure attachment system, they are much the same (Siegel, 2007); an adult who is calm, regulated, wise, insightful, patient,

compassionate, empathic, welcoming of human intimacy, capable of life-enhancing grief, moral, and loving. This could be a developmental milestone within all of us and part of a healthy baseline, which all structures inside of us gravitate towards. From this perspective, mindfulness is far more about human attachment systems than it is about meditating. The well-working mindful brain is likely a successfully achieved developmental milestone and a relational achievement. It is also something that many of our dissociative clients crave within themselves and from others:

The mindful brain seems to be more about connection and dissociation seems to be more about how to survive disconnection. This is where the field of mindfulness can be enhanced by what we have learned in the field of dissociation. We know that when someone is dissociating the brain works very different than during ordinary consciousness or especially mindfulness (Lanius, Lanius, Fisher, & Ogden, 2006; Lanius, Bluhm, & Lanius, 2007; Lazar et al., 2000, 2005). Dissociation is about preserving life and mindfulness seems to be about enhancing our life. The purpose of mindfulness is not to help us survive life-threatening events, rather it is to help us raise our young and support our communities in the safest and secure way (Bögels, Hellemans, Van Deursen, Römer, & Van Der Meulen, 2014). Mindfulness very well could be about living with other complex beings, in peace and prosperity. Mindfulness, if you view it from an attachment perspective would be there in part helps us raise our young, but it also helps us live with other emotional, reactive, wise beings, whose major evolutionary defense is to be with others, rather than be alone. The very real challenge in all of this is that it takes a human who has a well-working brain to assist and help develop a well-working brain in its young. It takes roughly 25 years for us to grow our brains to their full potential, and this growth is heavily dependent on safety (Schoore, 1994, 2003a, 2003b; Van Der Kolk, 2003, 2005, 2014). This is so because the developing brain is extremely sensitive to stress and life-threatening experiences. This is common sense; in times of life-threatening danger, all of the functions of the brain that are impacted by mindfulness are put on hold while the active defense system or inactive defense system takes over. The mindful functioning of the brain in times of crisis is actually very dangerous and will put a human at risk of further harm, rather than closer to the possibility of escape. For example, if you are running or fighting (active defense) a saber tooth tiger, being emphatic, compassionate, aware is not needed or if you are in the tiger's mouth (inactive defense) being aware is not good at all. The functions of mindfulness and the brain that uses the above mentioned 9 functions as a baseline is very useful for relating to others, feeling our emotions with intelligence, being part of intimate adult relationships, caring for our young and being one step removed from other's primary reactive responses. It is not good at all when you are dealing with a human to human harm. Dissociation, on the other hand, is a grand master of survival, especially when humans are not available to keep us safe. This is a bold statement, yet there is plenty of support to suggest that dissociation is a rival brain activity

to mindfulness and it seems to be phobic of mindfulness and it also seems to be based on a phobia of mindfulness. This can be seen when we compare and contrast a brain that is dissociating with a brain that has a lot of mindfulness training (Lanius et al., 2006; 2007; Lazar et al., 2000, 2005). Mindfulness is about knowing, and awareness and dissociation are about not knowing and being unaware, to save your life. These two brains, the one that dissociates and the one that is in a mindful state are very different brains.

People who over-utilize dissociation clearly have a great deal of difficulty regulating their fear. They also have an extremely contentious relationship with their emotions. They certainly have little insight into what and why they feel what they feel. These folks have difficulty with updating old files; the pain and suffering from the past is their present. Empathy, for them, is difficult to achieve or it can send them into a traumatic re-enactment. Often empathy is unavailable to them. These folks really feel unfelt by others; their terrifying aloneness is tangible. Often their instinctual knowing and introspection are not on line. They cannot be objective, and they do not understand the insight and the wisdom of their intuition. Their traumatic dissociation has cut off or shut off the vital structures that send information from their body to their cerebral cortex. They are often not fully aware of all that they feel and know. In fact the opposite is true; simply by the nature of dissociation, they often do not know, fully, what happened (Brand et al., 2009; Brand, Loewenstein, & Spiegel, 2014; Brand et al., 2016; Bremner, 2003; Cromer, Stevens, DePrince, & Pears, 2006; De Ruiter, Elzinga, & Phaf, 2006; De Ruiter, Phaf, Elzinga, & Van Dyke, 2004; Elzinga et al., 2007; Elzinga, De Beurs, Sergeant, Van Dyke, & Phaf, 2000; Frewen & Lanius, 2006; Lanius et al., 2007; Lanius, Bluhm, Lanius, & Pain, 2005; Lanius et al., 2005; Lanius, 2014; Lanius, Paulsen & Corrigan, 2014a; Perry, 1999, 2001; Perry & Pollard, 1998; Reinders et al., 2003, 2006; Ross, 1991; Schauer & Elbert, 2010; Schlumpf et al., 2014; Teicher, 2002).

In many ways, dissociation is a state of missing mindfulness. In order to survive the incidents that resulted in dissociation, the human body and brain will cut off or shut off the threatening information off in order to play dead or dissociate (Frewen & Lanius, 2006; Lanius et al., 2007; Lanius et al., 2005, 2005; Lanius, 2014; Lanius, Paulsen & Corrigan, 2014b) If someone dissociates often enough, they will become a human being who is phobic of mindfulness. Knowing terrifying or brutal things, when you are on the brink of death or in the jaws of a predator, is not a good survival strategy. Feeling the intense feelings that go with an enhanced awareness of the present moment is often too much and when the person is approaching anything resembling mindfulness, they will reject the mindfulness. The brain structures, such as the Insula and medial prefrontal cortex that can help us intellectually and physically manage the pain and suffering are cut off and therefore unable to do what they are

supposed to do, or, in severely abused children, it never got the chance to develop normally in the first place.

This makes sense when you examine it from the perspective of our reptilian and mammalian brains. It is as if the brain says, “Feeling these feelings, knowing this fear and these circumstances, these abuses, connecting to the perpetrator, empathizing with yourself and the predator, knowing the full true reality of my life, being hopeful, moral, attuned, and connected to myself when I am in life and death survival mode is not a great idea.” Being too mindful, whilst in life and death danger, may decrease your chances of survival.

So, the body makes the logical reaction to cut off mindfulness while it introduces dissociation as the primary survival strategy. However, once the danger is over, it is mindfulness that helps us heal and move beyond the terror of surviving into the land of thriving. But often, in highly traumatized people, their social engagement is off line and their mindful brains are not readily available. This leaves them with a great deficit in mindfulness. There is no objective observer with some of the most severely abused people, that there is no comprehension to the notion of paying attention to anything, because it is all hurtful, and that any type of suggestion to go inward is tantamount to blowing up all of the dissociative barriers and blowing everything wide open is too much for these individuals when you go straight into mindfulness.

Our challenge as therapists in working with this population is to be aware of what mindfulness does and can do. The relationship between mindfulness and dissociation is a rather large missing topic in the literature, likely because the more common teachings about mindfulness do not include the power of dissociation. As well, dissociation and mindfulness are like oil and water; they just do not mix. Often mindfulness is brought into a therapy without the therapist understanding the power and importance of dissociation. This can result in mindfulness exercises that will be too much for the person. When this happens, the client will have to use dissociation again to escape the intense nature of their experiences and feelings. Attempts at mindfulness training will then inadvertently reinforce dissociation (Ogden, 2009) as we introduce things that can and will blow them out of their windows of tolerance.

By using frameworks like the window of tolerance (Ogden et al., 2006; Siegel, 1999) and the International Society for the Study of Trauma and Dissociation Treatment Guidelines (Chu et al., 2011, 2005), mindfulness, and with it the mindful brain, can grow. We can, with care, teach our clients to achieve fully the developmental milestone of mindfulness. Likely this will happen more quickly if we exercise, expand and grow our own mindful brains. This will take a lot of patience, time, and, yes, mindfulness.

I encourage all therapists to think more about mindfulness, as this will enhance their practices. I also encourage those who study mindfulness to learn more about dissociation and the unique challenges that this population has. It is also important to understand if we look at both issues from an attachment lens we can learn that our clients who dissociate desperately need your mindfulness.

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Volume 3

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Christine Forner, MSW, RSW



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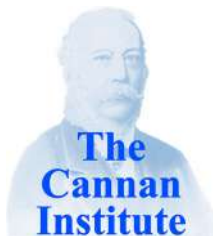
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ARTICLE

MINDFUL ATTACHMENT: AN ORGANIC WAY TO WORK WITH CHILDREN WHO HAVE BEEN THROUGH COMPLEX TRAUMA AND NEGLECT

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Small children, due to development limitations, use nonverbal communication over verbal communication, especially when they have experienced traumatic events. As more advanced verbal communication takes years to develop, most children rely on their first language of sensations, movement and emotions when communicating to and with others. This creates obvious challenges when many therapeutic modalities heavily rely on verbal communication. By examining mindfulness from a human bonding lens, one can understand that there are many functions of mindfulness that are better understood from a neurobiological-affect-regulation perspective than from a simple relaxation stance. By translating what is known about mindfulness into the realm of attachment, human bonding and care for our young, we can understand that mindfulness can also be seen as a skill involved in social engagement. This skill can then be utilized to effectively work with traumatized infants and small children. Mindful Attachment is intended to bridge the gap between nonverbal and verbal expression in order to help children through overwhelming and traumatic events.

KEYWORDS *mindfulness, attachment, attunement, trauma, neglect, child abuse*

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INTRODUCTION

When one hears the term mindfulness it is not uncommon to visualize a person in a sitting position, with their eyes closed, focusing their attention to the ebb and flow of their internal experiences and thoughts. The practice of mindfulness, in the more traditional sense, is demonstrating to be an effective way to relax, calm and focus. Studies have shown that if you practice Mindfulness Meditation by utilizing the three main components of “(1) awareness, (2) of present experience, (3) with acceptance” (Germer, 2006, p. 13), you will alter the structure and function of the brain (Brenner & Hominoff, 2004; Kang et al., 2013). Yet, this classic notion of what mindfulness is only scratches the surface of what mindfulness really does. Mindfulness is proving to be an activity that engages areas of the brain that are capable and responsible for advanced relational abilities. Mindfulness is proving to be so much more than an internal activity; it can be used to develop a grander way to communicate and relate to others. Mindfulness can be used to assist us with advanced attachment to our young. Therefore, in an effort to transform traditional mindfulness practices into a tangible therapeutic intervention, the concept of Mindful Attachment will be introduced. Mindful Attachment will be defined as using the skill of orienting and attending to the therapist’s internal present experiences in order to attune to the nonverbal communication of infants and children. Mindful attachment through mindful attunement is a way that therapists can utilize natural abilities and skills of mindfulness to understand what a traumatized child is attempting to communicate when there are no words available. In many ways the following essay is a lot more about the internal experiences of the therapist rather than the experience of the infant or child.

CASE EXAMPLE

In 2017 a two-year-old, who was suspected to have been sexually assaulted, was playing in an area of my office as I was speaking with the mother. The little girl quite suddenly became very tense and stood very straight and still. She stopped playing with the stuffed animals she was previously playing with. The two-year-old then robotically walked over to the mother, sat on her mother’s lap and then stared out the window. Her face went blank, and she just stared for a long while. She appeared to have been dissociating and was very vacant and relationally absent. I asked the mother how often she did this, and the mother stated that she had been doing this robotic thing a lot since the suspected event. The mother noted that the child has also not been sleeping well, displaying overt sexual actions and was needing more attention than usual. Shortly after I asked the mother if this type of behavior

was common or frequent, and after the mother answered, the little one, quite suddenly, started to loudly, robotically, scream. It was in this moment that I felt terror inside of me.

I have been working with very traumatized individuals for a long time, and it has been a long while since I have felt fear in the office. The fear I felt in that moment was loud and clear. I was so surprised at how I was feeling that I had to take a pause and journey inside of myself to assess what this was. In this moment I utilized my own skills of mindfulness to focus my attention to the inner present moment experiences of my sensations and feelings with acceptance. It was then that I just knew, through years of self-introspection in my personal life and also clinical settings, that I was able to assess that these intense feelings that I was having were not mine at all, they were the child's. I was, so to speak, picking up on her feelings as my own felt feelings, yet they made no sense to me, other than they "belonged" to the child. It was then that I also asked the mother how she was feeling, and she said she was terrified too.

I said that I too was having feelings of terror, but I do not think these feelings are mine; I think they are the child's. The mother was also likely hurt by the same person who hurt her child, and I realized that I had two triggered people in my room. After taking a quick mindful assessment inside of me and intentionally and mindfully calming myself down, I asked the little one if they were experiencing big scary feelings inside, and the child looked at me, nodded and said "unnhunn" in agreement. I then told the child that I could help her, as this was my job as a bigger person. I told the child that I was there to help her with the feelings that are too big for her, all the while explaining to the mother the notion of human attunement, mindful connections and the wonderment of how deeply ingrained caring for small humans can be. I explained to the mother that her child needs soothing, and we have to settle her felt feeling that she has on the insides so that she is no longer scared and crying. With the mother's help, we started to sooth the child with the sole purpose of calming her, caring for her big feelings and regulating her.

As the child sat on mom's lap, I began to rub the palms of my hands on the palms of the child's hands. I also instructed the mother to brush her hands on the child's arms, from shoulder to elbow as well as instructing the mother to rub the child's face with soft, gentle forehead to chin movements on the child's face, as well as tactile pressure on the procerus muscle on the front of the face. The touch was intended to sooth the child. The touching techniques, used in a modified way, are movements taken from Havening. Havening is a method of attempting to reconsolidate memory by de-potentiating the amygdala with the sensory input of touch. It is based on the notion that touch and distraction can alter the encoded glutamate pathways that are a result of traumatic encoding (Harper, Rasolkhani-Kalhorn,

& Drozd, 2009). It has been shown that there is some efficacy of Eye Movement Desensitization and Reprocessing (EMDR) based on the notion of amygdala de-potentialization (Hong, et al., 2011; Ruden, 2005, 2011). Harper et al. (2009) theorized that the bilateral movements of EMDR disrupted the activated glutamate receptors by a mechanism called de-potentialization (Ruden, 2011). Ruden continues to explain that there is data to support that serotonergic modulation of Gamma-aminobutyric acid (GABA) neurons are associated with an increase in low-frequency (delta) waves in the amygdala (Ruden, 2011). The delta waves produced during touching the face, arms and palms of the hands, while using distraction, can be an effective way to alter the previously consolidated fear responses (Ruden, 2011). For this particular case, modified Havening, where we just did the touch part on the face, arms and hands, was intended to soothe the child.

Along with soothing words, "such as you are safe here," "you are not in danger," "you are not alone," "it's okay now," "sshhhhhhh, there, there little one," from both of us and with the child's direction, we were able ask if her scary feelings were still there or if they were leaving her. I asked her if she was scared, and she again nodded in agreement that she was scared. I then asked if the soothing touch was making her feelings get bigger or smaller, and she was able to report that they were indeed getting smaller. I asked her if her scared was changing, or moving inside of her body, and she stated after the soothing words and touch that the feelings were going from being everywhere to just her tummy. Eventually they went away completely.

The mother and I cannot fill in any of the story for her, but we could calm her down; we could help the child transform her inner experience from a state of terror to a state of calm, with our explicit wording, such as asking her if what she was feeling seemed closer to fear, hunger or sleepy; she was able to identify fear. I would then follow this by saying, "Yes, you do seem very scared, and it's okay now." By identifying her feelings, based on what we were feeling and then listing possible matches that the child could agree with or disagree with, the mother was able to learn a way to regulate her child without going into the story, and to directly deal with the child's feelings and inner sensations. During our next few appointments the mother reported that the child was doing the freeze, robotic walk and trance state only occasionally, and the mom was able to settle her as quickly as we did together in my office. The mother noted that the robotic states were happening less and less.

In reviewing what had occurred, it became very clear that the skill of attunement, via mindful attachment, to the child and to myself, assisted me in being able to navigate and manage this common therapeutic situation. In other words, I used my learned skills of mindfulness to bring in my awareness of my inner sensations and experiences in order to detect and navigate what is happening to the child.

HOW MINDFULNESS CAN ENHANCE ATTUNEMENT AND FOSTER SECURE ATTACHMENT

Mindfulness can best be described as a deep state of relaxation in which one engages in an active mental state requiring great attention (Lazar et al., 2000). It is often described as a family of self-regulation practices that involve training, attention, and awareness (Forner, 2009, 2019). The most classic definition of mindfulness is that it involves the development of awareness of present-moment experience with a compassionate, nonjudgmental stance (Kabat-Zinn, 1990). A way of practically defining mindfulness is that mindfulness is a *state* where the person is relaxed, engaged, focused, regulated, and aware of both internal and external experiences.

It is worth mentioning that mindfulness and mindfulness meditation are two different things that are often assumed to be the same thing (Forner, 2019). It is also fair to assume that most people envision mindfulness as mindfulness based meditations or mindfulness based therapeutic modalities such as Dialectical Behavior Therapy (DBT; Linehan, 1993), Mindfulness-Based Stress Reduction (MBSR; Kabat-Zinn, 1990), Mindfulness-Based Cognitive Therapy (MBCT; Segal, Williams, & Teasdale, 2002) and Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999). All of these modalities utilize the typical persona of a person in sitting position, internally focused, for 20-30 minutes at a time. This is not the mindfulness that is being referred to in this essay. There are many roads to the state of mindfulness, and the common mindfulness-based meditation is only one way. There are guided meditations, body-focused practices, such as Yoga or Tai Chi, prayer, and many other phenomena that produce the state of mindfulness. As stated, not all references to mindfulness equate to sitting meditations. Not only are there different ways to achieve the state of mindfulness, there are different mindful practices, for example, mindfulness from a Sensorimotor Psychotherapy perspective differ from a mindfulness-based practice. Ogden, Minton and Pain (2006) offer a great definition of mindfulness as:

[o]rienting and attending to the ebb and flow of the present internal experiences. Awareness and attention are directed towards the building blocks of present experiences: thoughts, feelings, sensory perceptions, inner body sensations, muscular changes, and movement impulses as they occur in the here and now (Ogden et al., 2006, p. 193).

Mindfulness involves activity in brain networks that facilitates self-awareness, body regulation and emotion regulation (Doll, Hölzel, Boucard, Wohlschläger, & Sorg, 2015; Farb, Segal, & Anderson, 2013; Young et al., 2018). These prominently include the medial prefrontal cortex (mPFC) and the posterior parietal cortex in the Default Mode Network, as well as the amygdala and insula in the Stress/Salience Network (Farb et al., 2013; Forner, 2019; Hölzel et al., 2007; Hölzel, Carmody et al., 2011; Hölzel, Lazar

et al., 2011; Kang et al., 2013; Lazar et al., 2000, 2005; Luders, Toga, Lepore, & Gaser, 2009; Siegel, 2007, 2010). When discussing Mindful Attachment, what is being referred to when speaking of this type of mindfulness is the end result of what specific brain structures do. The structures mentioned above, when utilized frequently “grow to be predominate” inside someone’s brain. Which in turn effect the function that produces and promote internal and external awareness of self and others in a compassionate, non-judgmental, one step removed, objective, present moment focused way of being (Young et al., 2018).

Siegel (2007) describes that mindfulness practices engage the same areas of the brain that are affected by relationships (Snyder, Shapiro, & Treleaven, 2012). The Mirror Neuron system, which is also influenced by mindfulness, is a “system that takes information and signals from another person and then adjusts our limbic and bodily states in order to match those of another” (Snyder et al., 2012, p. 713). In ordinary consciousness this natural process goes on without our awareness, which may or may not be working at its full capacity. When you add in the skill of mindfulness you become aware of this process; you can feel it, sense it and know that it is occurring. When mindfully attaching to the child, the therapist’s own internal world is as present as the internal world of the child. Being mindful is a way to have clear self-reflection, with inner awareness, and acceptance that defines the therapeutic intervention. The concept of the therapist being aware of their own internal state is one of the main foundational concepts in understanding and utilizing mindful attachment. Simply stated, there is a potential inside all of us, that heavily influences and is driven by our social engagement system, which gives us the structural and functional potential to be compassionate, empathic, attuned, and objective towards ourselves and others. We are all, or we should all be, hardwired for compassion, non judgemental, focused attunement and attachment. This is the advantage that mindfulness provides when working with small humans who have yet to learn the skill of spoken language, but who still need to communicate their internal worlds. In developing the skill of mindfulness, the therapist will enhance nine different skills that foster an attachment style that aligns with mindful practices and outcomes.

There are, according to Siegel (2007), nine different discrete functions that are affected by being mindful. These functions, when used together, result in internal attunement with mirroring and empathy that creates a very well-regulated state that is able to differentiate between the awareness of self and the awareness of others (Snyder et al., 2012). These nine basic functions can best be understood from a bottom-up, body-to-mind perspective. The nine functions, listed below, are similar but also different and they seem to develop from more simple or primary purpose to more complex and abstract utility.

The first item that mindfulness affects and assists in is being able to regulate our bodies. This translates into adults being able to calm themselves down or motivate themselves up. Body Regulation is being able to, by our own ability, with intentionality, regulate our fear. This includes being able to understand the function of the fear in order to meet the need that the fear is bringing to our attention. It enables us to be able to care for those things that the fear response is concerned with (Diorio, Viau, & Meaney, 1993; Kalisch & Gerlicher, 2014; Motzkin, Philippi, Wolf, Baskaya, & Koenigs, 2015; Panksepp, 1998, 2003). In the situation with the child and mother, I was able to instantly calm my body down. I was able to recognize my fear feelings, assess the source of the feelings and then regulate my own feelings of terror. I took a quick, deep breath, and on the exhale brought my attention to my internal being and then settled my facia and muscles. I also brought my attention to the front of my face in order to engage my mPFC. When my mPFC became engaged, I instantly could feel my physical body settling down. In exercising my own mindfulness, I was able to assess, with acceptance of the present moment and then instantly settle down. This whole process took less than five seconds.

The second function is the ability to regulate our emotions. Emotions seem to be one of the most challenging parts of being a human. Emotions can cripple us, and they can be so intense and painful that they can lead to dissociation and the need to split our sense of self or identity. Emotional pain can be the bane of someone's existence. There is a very necessary function of emotions, as they are our first language and the most accurate form of interpersonal communication. Emotions are what we use when we have no words or when we are too young to understand words. Emotions are part of our relational being, and we are designed to learn in childhood and adolescence how to manage them. The brain's Default Mode Network and Stress/Salience Network are active and interconnected when we are regulating, articulating and expressing our emotions with intelligence (Doll et al., 2016). The ability to be mindful helps us in being one step removed and curious to what our emotions are doing for us. This is one of the most beneficial aspects to mindfulness. When we have learned the skill of affect tolerance in the form of developing mindfulness, we can grow the ability to know why we are feeling what we are feeling with validity, and without shame (Lee, Heller, Van Reekum, Nelson, & Davidson, 2012; Kellogg, 2013; Kolb & Whishaw, 2004; Martelli, Chester, Brown, Eisenberger, & DeWall, 2018). Mindfulness can also help us in differentiating and distinguishing our emotions from the emotions of others. Mindful attunement and attachment can enhance our ability to understand the communication being sent to us from our young (Snyder et al., 2012). In this situation with the child, being mindfully attached helped me in knowing very quickly that these feelings did not originate because of something I was experiencing but rather something the child was experiencing. I also utilized mindfulness

to be one step removed from the terror that I first felt. Without the skill of mindfulness, I could have easily interpreted the fear as mine and withdrew my attention and attachment to the child, and solely focused on myself. By being able to instantly mindfully assess the source and context of my feelings, I was able to alter what I was detecting, via emotional communication, and calm down. I was then able to take my focus from myself and place all of the attention and focus on the child.

The third function of mindfulness is that it assists with response flexibility. Response flexibility is the ability to be one step removed and flexible with our reactions. It is taking a mental pause, as I did with the child (Siegel, 2007), in order to gain perspective and insight into things that are occurring in the present moment, rather than information from past experiences. Response flexibility, when we are in a mindful state, can promote a flexible reaction (Siegel, 2007). Mindfulness helps us cultivate the ability to pause what is happening inside of us. It is the ability to ask questions or gather information before reacting. This is valuable in raising our young and not getting “dragged under” by another’s dysregulation (Alexander & Brown, 2011; Cahn & Polich, 2013; Diorio et al., 1993; Farb et al., 2007; Forner, 2019; Lee et al., 2012; Siegel, 1999).

The fourth function of mindfulness is that it can promote the regulation of conditioned fear responses. In the simplest of concepts, this is the ability to continuously, with purpose, update our learned experiences. It is our experiences that provide information on how we “live” through life. Our experiences are the main influencer of how we make meaning. Mindfulness also assists with adjusting our procedurally-learned information. It is how we change something that was procedurally learned. When something has been procedurally learned, it is information that has moved from the conscious to the unconscious, and mindfulness gives us the ability to be more purposeful with the unconscious and less automatic with our reactions and reactive responses. The underlying brain structures, when well developed, enable us to put our fears into perspective as well as regulate these fears and express them with balance and in proportion to the present context (Alexander & Brown, 2011; Cahn & Polich, 2013; Diorio et al., 1993; Farb et al., 2007; Lee et al., 2012; Siegel, 1999). As an example, when the child became terrified, I was able to hone in fairly quickly that these were not my feelings. There is the possibility that without the skill of mindfulness I might have associated these feelings with an experience I have had in the past and been triggered myself. The skill of mindfulness assisted in helping me mind my own self, recognize that I was okay and this was not really about me, and then focus my whole attention to the child.

The fifth function is that mindfulness helps and fosters attuned communication. Attuned communication is one of the cornerstones of Mindful Attachment. Attuned communication is the ability to send a message, know that the message has been received and to also know what the unspoken

aspects within the messages, all the while being aware of both the implicit and explicit information. It is not just communication where language is exchanged between two people. Attuned communication is the ability to send a message and to know the emotional content of the message sent from someone else to you. It is the ability to make inferences and close-enough guesses as to what others are feeling and communicating. It is also the ability to transmit and communicate information that is less obvious than spoken words (Forner, 2019; Montgomery, 2013; Ogden, 2012; Ogden & Fisher, 2015; Ogden et al., 2006; Schore, 1994, 2003a, 2003b). This mindful skill enables us to be one step removed from others' emotions. This ability, in many ways, helps us understand what our offspring need to communicate when they lack the ability to use verbal language (Forner, 2019). Mindfulness, or the functions of the mPFC and other brain structure, assists us in helping to feel others' feelings, but add in "this is their emotional state, not mine" (Alexander & Brown, 2011; Cahn & Polich, 2013; Diorio et al., 1993; Forner, 2019; Farb et al., 2007; Lee et al., 2012; Siegel, 1999). The child is not able to clearly articulate to me in any way that she is feeling scared. She is, however, capable to feel these feelings and then transmit these feelings to others. It is the job, so to speak, of the mPFC and other brain structures that become well developed when practicing mindfulness, to detect these feelings within our young and even possibly in others who are too scared to communicate in a logical and or articulate way.

The sixth function of mindfulness is empathy. We are creatures that are extremely dependent at the beginning of our lives, and somehow, we need to learn and mature to be effortlessly selfless when we become an adult. Traveling from dependence to inter-dependence and selfish to selfless is a complicated expedition, and mindfulness helps with the journey. Mindfulness promotes empathy, and empathy is part of what helps us go from an egocentric infant to an altruistic adult. The brain networks involved in mindfulness or mindful attachment can assist us in order to help with an impressive level of empathy (Farb et al., 2007, 2013; Forner, 2019). Empathy helps us understand what others feel, but when you add in mindful empathy it can support us in not reacting to others emotional activation. Mindfulness can result in a sense of care and compassion of others' feelings and perspectives, which helps us have further information rather than just an emotional reaction. Being relationally and emotionally intimate is a very risky endeavor. The mental skill of being able to feel what others are feeling in order to communicate our experience in a nonverbal way, and then to feel those feelings but be one step removed, is very challenging. It is a grand skill to know that what your own feelings are and where they come from or what they are trying to communicate, but to assess the same knowledge about someone else is very sophisticated (Perry & Szalavitz, 2010; Porges, 1998; Tronick & Beeghly, 2011). Mindful Attachment assists in fostering these deep, safe and intimate exchange of human communications that are

nonverbal. Empathy is very important in raising our *homo sapient* offspring. We are hardwired to bond with our infants; this deep bond comes with a great deal of vulnerability. Mindfulness can assist with the intensity of this bond and vulnerably. It can help with managing the length of time it takes to raise a human as well. It takes a long time for a human to learn to logic or reason, even longer to master and be at one with our reactions. When we utilize mindfulness within a therapeutic session, we can develop the skill of being empathic and compassionate to our clients' feelings and experiences without being dragged under ourselves. As with the child, I was able to easily calm and settle myself down and, in a way, think very clearly about what was happening in the room to the child. I was able to use my higher processing to understand her experiences. I was able to understand that this is a child's experiences, not my own personal experiences.

Human infants are mostly running on instinct that is more aligned with our ancient hunter/gather evolutionary selves rather than a modernized creature of the industrialize age. Instinct is ancient understanding, and being at one with these instincts is an extremely complex process. Mindful Attachment is the process of being able to put cognition through awareness to the instinctual aspect of our being but is also so much more. Siegel (2007) states that parent or practitioner can learn to suspend ordinary tendencies to alter experiences, emotions and sensations that are painful and learn to accept these emotions and sensation of others. Though paying attention to painful emptions and sensations may seem counter intuitive, it actually assists us in eliminating them. It is through the deep acceptance to what is occurring in the present moment, the suffering gets released (Siegel, 2007; Snyder et al, 2012). It is in part due to my mindful practices that I was able to focus on the soothing of the child rather than her pain, as I was not overwhelmed by the suffering that this child was experiencing. I was able to know that she is having feelings, and these feelings were communicating her fear. I was also able to help her eliminate these feelings and replace them with feelings of safety and security in others.

The seventh function of being mindful or practicing mindfulness is that it assists with clarifying insight. Mindfulness involves insight (Farb et al., 2007; Farb et al., 2012) and introspection and understanding neuroception (Porges, 1998, 2003, 2011). The underlying brain structures that are involved in mindfulness and relating are responsible for being able to apply logic to our internal reactions. Mindfulness promotes curiosity about why we are reacting from a physical place in our bodies, like our gut or heart. This allows us to gather information about the past, present, and possible future, in a nonreactive but informative manner (Forner, 2019). It is a reflective process that involves examining oneself from the inside. It involves the mental awareness of what it is like inside. It involves being able to interpret our more mammalian responses with our unique human elucidation. With mindfulness, we can analyze information as to what the source of

the somatic or body response is, and then gather the information and act accordingly, with action or an emotional response. In the case of the child and myself, I was able to move to a place of safety for her because I was able to find safety within myself. I was able to ground and share this grounding with the mother and the child. Insight helps with a greater understanding that seems to come with a huge amount of compassion and nonjudgement. I was able to easily understand that this child needs my adult help in order to regulate her inner reactions to a past event.

The eighth function of mindfulness is understanding and being non-judgemental of our instinct and intuition. Mindful Attachment helps to put instinct and intuition into the correct words, meaning and proper context (Marks-Tarlow, 2012; Ogden, 2009). Placing the proper label on what we are internally experiencing is a major component to being safe in this world. This skill starts in infancy, where our caregivers are supposed to mostly or closely know what is happening inside of us and assist with externalizing the internal. Mindful Attachment helps with giving the correct meaning to our more primitive reactions. Mindfulness seems to be there so that these internal reactions make sense and/or so we can learn about what the instinct is communicating, both within ourselves and in terms of information coming from others. For the child I was able to move my focus from myself and bring it to the child. I was no longer feeling fear, so my safety was not in jeopardy, but for the child, her felt sense of safety was in jeopardy. In being mindful I was able to use a felt sense of security and pass it along to the child by using soothing words and soothing touch.

The fascinating aspect to all the above eight functions is that it fosters the ninth function. A direct side effect to practicing mindfulness, which is also the same function that seem to be part of relating to others, is that when you put all of the above functions together you end up with someone who is very calm, wise and empathic (Brenner & Homonoff, 2004; Martelli et al., 2018). When we exercise the brain structures that are involved in mindfulness you will have a human who is able to attune to themselves and to others in a very compassionate, nonjudgmental way. These structures create presence, and it is this presence that enhances one's availability to receive whatever the person brings into the relationship. Mindfulness assists the parent, caregiver, teacher, or therapist to be aware of themselves and the other. In many ways mindfulness assists with not only the individuals own awareness, but it adds a deeper more objective awareness of ones own awareness (Siegel, 2007; Snyder et al., 2012). This multilayer awareness leads to a global sense of objectiveness that supports nonreactive experiencing and processing.

This therapist/caregiver/adult who is able to develop and maintain the state of mindfulness is enhancing the therapeutic role as they are able to be very well regulated, have a great deal of insight, can emotionally stay calm and curious, and could potentially be a baseline within every session.

This state of being mindful and the state of mindfulness likely are also the state that our infants' and young children's primitive brains seem to be expecting from us (Alexander & Brown, 2011; Brach, 2006; Doidge, 2007; Farb et al., 2012; Finger et al., 2008; Hölzel, Carmody et al., 2011; Luders et al., 2009; Milutinovic, Zhuang, Niveleau, & Szyf, 2003).

Mindful Attachment translates into being very present and aware of our inner feelings, thoughts, experience, as well as being aware and present of other people's thoughts and feelings. Mindful Attachment is an organic, natural way to work with infants and children (Bögels, Hellemans, Van Deursen, Römer, & Van Der Meulen, 2014). It assists in being able to efficiently interpret the communication from our tiny humans. Mindfulness really is a part of our human attachment system. It is the foundation for healthy human attachment, growth and development (Austin, 1998; Brenner & Homonoff, 2004; Forner, 2019). As humans feel better with safe and secure attachments, it is logical to infer that the benefits of a secure attachment system and the benefits of mindfulness are much the same (Siegel, 2007). The well-working mindful therapist is likely a relational benefit within the counseling process. Learning and ultimately apply mindfulness to your practice will not only assist you as the therapist in gaining deeper relational security for the client, but mindfulness can also assist with understanding and intuiting your own inner experiences within the clinical session.

When the child in my office screamed and communicated terror via emotional projection, I was able to understand that these feelings were not mine, but the child's. This process of mindful awareness to my own self, in relation to the child, also examined my own possible projection or assumptions from my own lived experiences. Instead I was able to know that even though it felt exactly like my own fear, I was not feeling these feeling because of me, but rather picking up her feelings. I was able to know that what she was communicating was received loud and clear and will be addressed. It is my hope that the relational nature of mindfulness becomes better known, as it is potentially a beautiful assist to any therapist working with children, of all ages.

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