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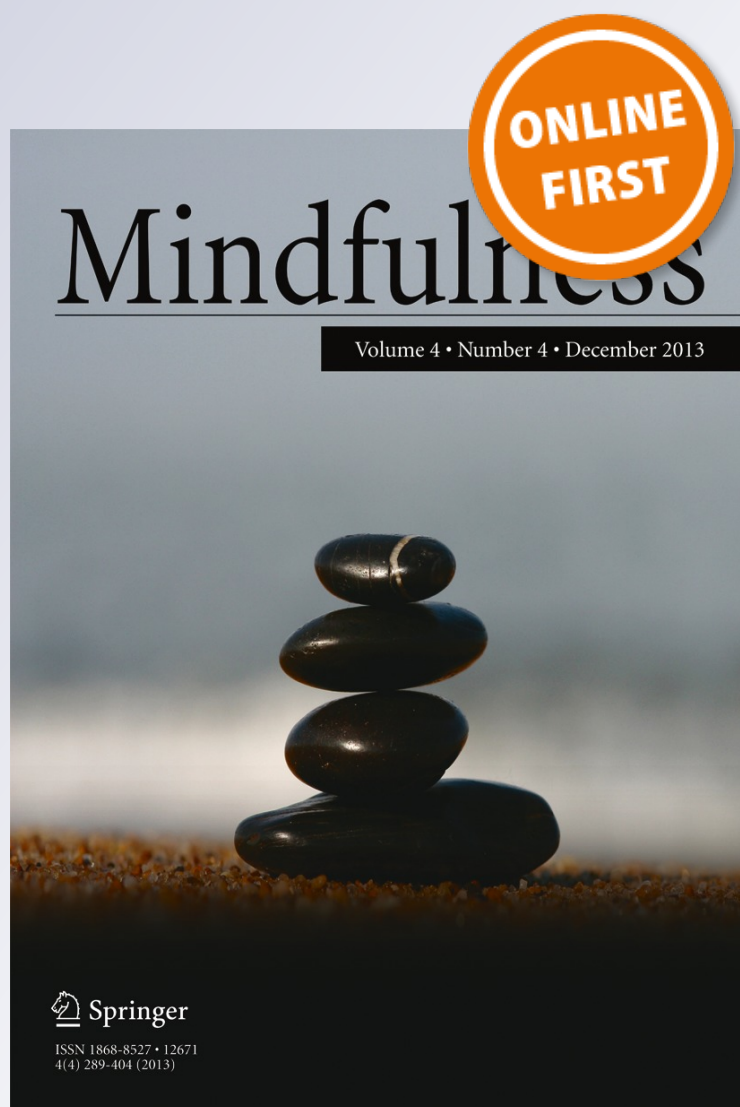
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# Staying Present: Incorporating Mindfulness into Therapy for Dissociation

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**Abstract** Dissociation involves retreating from the experience of the present moment through various processes, while mindfulness cultivates the ability to stay in the present moment. We argue that mindfulness is thus uniquely well suited for treatment of dissociation. This paper delineates the theoretical relationship between mindfulness and dissociation, discussing how incorporating mindfulness into psychotherapy can improve outcomes for dissociative clients. Mindfulness can provide clients with specific techniques for enhancing prediction of and control over dissociation through building awareness of dissociative processes and offering a tool for staying in the present moment. Mindfulness reduces reliance on avoidance, which in turn diminishes the need for dissociation. In addition, taking the position of the observer, which is a key feature of mindfulness, is itself a capability associated with dissociation. We discuss the application of mindfulness to three types of dissociative processes: detachment (e.g., depersonalization, derealization), absorption (e.g., daydreaming, “blanking out”), and compartmentalization (e.g., amnesia, conversion symptoms). Three mechanisms underlying the effectiveness of integrating mindfulness into treatment of dissociation are proposed: (1) the techniques of mindfulness (e.g., observing, staying present), (2) the metacognitions of mindfulness (e.g., acceptance, non-judgment), and (3) the emergent processes of mindfulness (e.g., re-perceiving, dialectical thinking). Challenges to implementation of mindfulness with dissociative clients are also

explored. Information and recommendations are provided to guide applications to intervention.

**Keywords** Mindfulness · Acceptance · Dissociation · Dialectical behavior therapy · Emotion dysregulation

## Introduction

Psychologists have conceptualized dissociation as developing in order to avoid unacceptable, overwhelming emotions and knowledge that threaten the psychological and/or physical survival of the person (Herman 1992; Kluft 1999; Putnam 1989; Steinberg 1995). This process, which develops as an adaptive mechanism for protecting the individual from threats to psychological and/or physical safety, may become habitual or chronic. Dissociation is linked to various problematic outcomes, including impairment in school, work, or interpersonal relationships, self-injurious behavior, and risk of victimization (Herman 1992; Putnam 1989). Mindfulness may enable the development of volitional processes that can afford some of the psychological safety of dissociation, providing an alternative to the involuntary nature of dissociation. Given that dissociation's maladaptive consequences are related to the inability to stay present, mindfulness—a practice focused on experiencing the present moment—offers a uniquely well-suited intervention.

Mindfulness, a practice rooted in Buddhist principles, has been increasingly recognized as an effective treatment for a variety of mental health issues (Brown, Ryan and Creswell 2007; Chambers, Gullone, and Allen 2009; Keng, Smoski, and Robins 2011; Roemer and Orsillo 2009). Dissociative clients present with an array of mental health problems, such as anxiety, panic and agoraphobia, obsessive-compulsive disorder (OCD), posttraumatic stress disorder (PTSD), depression, bipolar disorder, eating disorders, substance abuse,

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borderline personality disorder (BPD), and emotion dysregulation (Holmes et al. 2005; Putnam 1989), which can be treated effectively with interventions that focus on mindfulness. Mindfulness-based interventions, including Mindfulness-Based Stress Reduction (Kabat-Zinn 1990), Mindfulness-Based Cognitive Therapy (MBCT; Segal, Williams, and Teasdale 2002), Dialectical Behavior Therapy (DBT; Linehan 1993a), and Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, and Wilson 1999), have demonstrated some effectiveness in improving coping with chronic pain (Chiesa and Serretti 2011b); reducing symptoms of depression (Brown et al. 2007; Chiesa and Serretti 2011a; Keng et al. 2011) and major depressive episode relapses (Chiesa and Serretti 2011a; Keng et al. 2011); anxiety including panic and agoraphobia, OCD, and PTSD (Keng et al. 2011; Roemer and Orsillo 2009); and BPD, including inpatient hospitalization, self-injurious behavior, and suicidal ideation (Keng et al. 2011; Rizvi, Steffel, and Carson-Wong 2013). Mindfulness assists in the development of the ability to regulate emotions (Arch and Craske 2006; Coffey, Hartman, and Fredrickson 2010; Farb et al. 2010), tolerate distress (Coffey et al. 2010), and handle interpersonal situations effectively (Block-Lerner, Adair, Plumb, Rhatigan, and Orsillo 2007; Wachs and Cordova 2007), improving mental health in cognitive, affective, and behavioral spheres (Brown et al. 2007; Roemer and Orsillo 2009).

There is also some empirical support for interventions that incorporate mindfulness into treatment for trauma and PTSD (Follette, Palm, and Pearson 2006; Follette and Vijay 2009; Lee, Zaharlick, and Akers 2009; Walser and Westrup 2007). When specifically targeting dissociation, trauma experts reported using mindfulness as a top complement to their first-line interventions; top first-line interventions for dissociation were education about trauma and emotion regulation interventions (Cloitre et al. 2011). Although the authors of the study did not elaborate the specific frameworks of the emotion regulation interventions, these interventions are often cognitive-behavioral (Hayes et al. 1999; Linehan 1993a, b), experiential (Greenberg 2002), psychodynamic (Fosha 2000), or integrative (Mennin 2006). In fact, it is also noteworthy that mindfulness is itself a well-respected emotion regulation intervention (Chambers et al. 2009; Hayes and Feldman 2004; Linehan 1993a, b).

Although mindfulness has been integrated into trauma-focused treatments, particularly treatment for PTSD, its utility in addressing severe dissociation has only begun to be examined from a theoretical perspective. Developing awareness of dissociation and learning to return to the present experience is an essential aspect of treatment for dissociation (Foa and Meadows 1998), and mindfulness can facilitate both increased awareness (i.e., developing the ability to predict and notice dissociation) and the ability to return to the present (i.e., facilitating the ability to control dissociation). Because

mindfulness builds clients' capacity for tolerating and reducing avoidance of unwanted or uncomfortable emotions or experiences, therapy that incorporates mindfulness may reduce the necessity for dissociation (Baslet and Hill 2011; Neziroglu and Donnelly 2013). In addition, dissociative detachment and mindfulness both involve the capacity to take the observer position. This shared feature may be leveraged therapeutically, making mindfulness techniques accessible and appealing to clients who habitually dissociate. In contrast to dissociation, mindfulness can provide volitional access to the reduced emotional reactivity of the observing ego's perspective.

In this paper, we delineate a theoretical framework outlining the reasons that integrating mindfulness may be uniquely relevant to and useful for the treatment for dissociation and provide information to guide clinical applications. The dearth of research on using mindfulness to treat dissociation engenders the need for theory to drive research and clinical work. When research is not yet available, clinicians treating complex trauma-related problems (e.g., dissociation) can utilize theory to guide treatment development (Wagner, Rizvi, and Harned 2007). Experts in mindfulness and trauma-related disorders have recommended incorporating mindfulness into specialized pathology-focused or trauma-focused approaches (Cloitre et al. 2011; Follette and Vijay 2009). We will highlight how to practice these techniques, maintain awareness of the developing mindful metacognitions, and emphasize the cultivation of emergent processes in the context of working with severely dissociative clients.

We will first describe dissociation and three specific dissociative processes: detachment, absorption, and compartmentalization. In the next section, we define mindfulness and describe its components: techniques, metacognitions, and the emergent processes produced through its practice. We then review the nascent literature that has explored the relationship between mindfulness and dissociation. Finally, we provide information about implementing mindfulness in the treatment of each dissociative process, identifying practical applications of specific elements of mindfulness that are effective for each dissociative process (see Table 1).

## Dissociation and Dissociative Processes

Dissociation involves the capacity to use disconnection to achieve psychological safety (Gold and Seibel 2009). Dissociative symptoms are included in diagnostic criteria for acute stress disorder, PTSD, BPD, panic attacks, and dissociative disorders (American Psychiatric Association 2013). They can also occur in the context of mental health problems including agoraphobia, OCD, depression, bipolar disorder, and eating disorders (Holmes et al. 2005; Putnam 1989; Simeon 2009; Steinberg 1995). Dissociation takes multiple

**Table 1** Framework for integrating mindfulness into treatment for dissociation

Type of dissociation	Examples	Applications of mindfulness
Detachment: separation or estrangement from self, body, and/or surrounding world	Depersonalization Derealization	Mindfulness techniques Staying present (participating in present moment) Mindful metacognitions Openness Willingness Nonstriving Nonjudgment Acceptance Emergent processes Reperceiving Connectedness
Absorption: total immersion of attention on a stimulus or on nothingness	Daydreaming Spacing out Distorted perception of time	Mindfulness techniques Intentionally harnessing attention Observing/noticing Describing Staying present (present moment awareness and participating in present moment) Mindful metacognitions Openness Willingness
Compartmentalization: self-fragmentation and/or somatoform manifestations of distress	Separate personality states Amnesic barriers Conversion symptoms	Mindful metacognitions Openness Willingness Compassion Nonstriving Nonjudgment Acceptance Emergent processes Reperceiving Connectedness Inherent wisdom/values clarification Dialectical thinking

forms and varies in its degree of pervasiveness, frequency, and severity (Braude 2009). Depending on these qualities, dissociation may differ in whether it is pathological or problematic. Dissociative phenomena are most often construed as three distinct processes: detachment, absorption, and compartmentalization (Holmes et al. 2005; Steele, Dorahy, van der Hart, and Nijenhuis 2009; Waller, Putnam, and Carlson 1996), although other conceptualizations exist as well (Dell 2009).

Detachment refers to an “altered state of consciousness characterized by a sense of separation (or ‘detachment’) from certain aspects of everyday experience” such as the body, the self, or the surrounding world (Holmes et al. 2005, p. 5). Detachment encompasses experiences of depersonalization (separation of experiencing ego and observing ego) and derealization (sense of unreality, distortions of time or space;

Simeon 2009). Clients describe detachment as feeling as if they are in a dream, as if they or things around them are unreal, or as if they are watching themselves from above (Putnam 1989; Steinberg 1995). Watching oneself from above or outside the body involves taking a dissociated observer position.

Absorption refers to experiences of being disconnected from present moment experience while deeply immersed in other stimuli (Allen, Console, and Lewis 1999). The field of attention is narrowly focused and detached from present moment experience (Allen et al. 1999). When individuals experience absorption, they describe daydreaming, being immersed in thought or fantasy, or in nothingness (i.e., “spacing out”). Although some researchers have described absorption as normal or nonpathological dissociation (Dell 2009; Waller et al. 1996), others have argued that there is clinical significance when frequency or duration is extreme (Braude 2009) or when the context makes it problematic (e.g., when one is in danger). Although minimal levels of absorption may be nonpathological, more chronic and severe presentations may become a foundation for detachment processes (e.g., depersonalization; Dell 2009) and may disrupt encoding of memory (Allen et al. 1999). As such, we believe it is important to address absorption in therapy.

Compartmentalization refers to conditions “characterized by an inability to bring normally accessible information into conscious awareness (e.g., dissociative amnesia)” (Holmes et al. 2005, p. 7). When individuals experience compartmentalization, they report conversion symptoms (neurological symptoms that are unexplained by organic disease and are best explained through psychological causes), amnesia (significant memory gaps), and amnesic barriers between personality states (inability to remember events that occurred while in another personality state; Holmes et al. 2005; Putnam 1989; Steele et al. 2009; Steinberg 1995).

Although detachment, absorption, and compartmentalization are distinct phenomena grouped under the term “dissociation,” a core feature unifies all: dissociation is essentially an experience of disconnection (Gold and Seibel 2009)—either from the present moment (absorption), others (derealization detachment), or the self (depersonalization detachment, compartmentalization). Hayes et al. described dissociation as belonging to a class of behaviors that function to enable experiential avoidance, maladaptive efforts to escape and avoid emotions, thoughts, memories, and other private experiences (Hayes, Wilson, Gifford, Follette, and Strosahl 1996). The ACT model (Hayes et al. 1999) proposes that mindfulness, within an acceptance-based framework, provides effective treatment for experiential avoidance; experts in dissociation have begun to apply ACT to dissociation (see Baslet and Hill 2011; Neziroglu and Donnelly 2013). Given that mindfulness teaches skills for staying present and cultivating a sense of connection to self and others, it makes a particularly fitting intervention for treating dissociation.

## Mindfulness

Mindfulness has been defined as “the process of intentionally attending moment by moment with openness and nonjudgmentalness” (Shapiro, Carlson, Astin, and Freedman 2006, p. 378). It is practiced and applied through both formal (i.e., meditation) and informal practices (e.g., walking or eating mindfully). Mindfulness encompasses both techniques (e.g., intentionally harnessing attention, holding present moment awareness) and metacognitions (thoughts about emotional and cognitive experience that avoid evaluating, appraising, or rejecting experience; Brown et al. 2007; Kabat-Zinn 1990). DBT (Linehan 1993a), a well-recognized mindfulness-based therapy, similarly divides mindfulness skills into “what” skills (viz., techniques) and “how” skills (viz., metacognitions). These processes encourage clients to become curious about internal experience and entertain the possibility of relating to thoughts and feelings in a new manner. In addition, the integration of mindfulness techniques and metacognitions produces emergent processes (mechanisms that are created indirectly through the practice, rather than directly practiced). We will explain each of these elements of mindfulness in more detail in the following sections. There are many theories of mindfulness, unique in certain ways and similar in others; we draw on the contributions of a range of theorists (e.g., Baer, Smith and Allen 2004; Bishop et al. 2004; Brown et al. 2007; Hanh 1976; Kabat-Zinn 1990; Linehan 1993a; Segal et al. 2002; Shapiro et al. 2006).

*The Techniques of Mindfulness* The techniques of mindfulness include intentional harnessing of attention, staying present, observing, and describing. The intentional harnessing of attention is a concentration skill in which clients purposefully shift attention; mindfulness skills improve clients' ability to redirect attention volitionally (Corrigan 2002; Loizzo 2009; Zylowska et al. 2008). Staying present occurs both through holding present moment awareness (attentional focus on internal and/or external experience of the present moment) and through participating in the present moment (engagement in experience). Observing and describing are impartial in nature. Brown et al. (2007) stated: “Because mindfulness permits an immediacy of direct contact with events as they occur, without the overlay of discriminative, categorical, and habitual thought, consciousness takes on a clarity and freshness that permits more flexible, more objectively informed psychological and behavioral responses” (p. 212). This concept is discussed in ACT (Hayes et al. 1999) using the term cognitive defusion to describe separation between self and thoughts or the assumption that thoughts are true. Similarly, in MBCT (Segal et al. 2002), it is highlighted that thoughts are simply passing mental events, but we often treat them as though they are reality. It is important to note that the techniques of mindfulness are practiced rather than attained; the notion of

“achieving” is replaced by “moving toward,” including the awareness that at different times, one is more or less capable of using the techniques of mindfulness.

*The Metacognitions of Mindfulness* A critical aspect that characterizes mindfulness is the metacognitive approach to experience, which is non-discriminative (not evaluating or appraising) and non-conceptual (not applying conceptual filters or schemas; Brown et al. 2007). This involves clients having a mindset of openness and finding curiosity about experiences, even those that are uncomfortable or unwanted. Clients adopt a mindset of nonjudgment, noticing, and letting go of evaluations that appraise thoughts, feelings, sensations, or events as “good” or “bad.” Instead of habitual judgments, compassion is applied to the self and others (Germer 2009), cultivating a gentle, forgiving approach that can be therapeutic for painful emotions (e.g., anger) that many dissociative clients experience toward themselves and/or others. Mindfulness is not positive thinking or cognitive reframing (Kabat-Zinn 1990; Linehan 1993a); rather, it is the willingness to stay present in a nonstriving manner (i.e., a particular outcome is not sought). Mindful metacognitions are characterized by acceptance, which involves understanding that things are as they are (Robins 2002) rather than as one might wish they were. It is helpful to distinguish acceptance from resignation, as it is not based in passivity or helplessness, but rather in a willingness to accept life situations in their current form, which may then be used to promote change (Segal et al. 2002).

Introducing mindful metacognitions as an element of psychotherapy is based on the Buddhist philosophy that pain alone is just pain, but when one responds with nonacceptance and self-judgment, pain then develops into suffering (Linehan 1993a; Robins 2002). As it is often the reactions to feelings rather than the feelings themselves that are most distressing, having a mindful metacognitive approach promotes the ability to deal with difficult or unwanted internal experiences without becoming overwhelmed (Brown et al. 2007; Linehan 1993a; Roemer and Orsillo 2009). By cultivating this metacognitive approach, mindfulness facilitates change in patterns of emotional reactivity and avoidance and eases the return to baseline following experiences of intense affect (Roemer and Orsillo 2009).

*Emergent Processes* Through regular practice of pairing the techniques of mindfulness with mindful metacognitions, meta-mechanisms emerge (Shapiro et al. 2006). These internal shifts are referred to here as emergent processes because they emerge from the interaction of other phenomena. Robins (2002) described emergent processes as having “properties that arise from the integration of diverse elements, constantly changing as they affect other things and are affected in turn by them” (p. 53; see also Kumar 2002). As such, these processes are not taught directly, but rather arise experientially through

practice of the components that are taught directly (i.e., the techniques and metacognitions of mindfulness). Building on the notion introduced by Shapiro et al. (2006) of *reperceiving* as a meta-mechanism, we propose four emergent processes: *reperceiving*, *inherent wisdom*, *connectedness*, and *dialectical thinking*.

The first process that emerges is *reperceiving*, which is the de-coupling of the process of consciousness from the content of mental subject matter (Keng et al. 2011; Shapiro et al. 2006). For example, when reflecting on a conversation, one switches from thinking about what was said (content) to noticing that one is thinking about the conversation and observing how one is thinking about it (process). Although there are unique aspects of each, this fundamental shift in perspective has also been called *decentering* (Bishop et al. 2004; Brown et al. 2007; Segal et al. 2002), *metacognitive insight* (Segal et al. 2002), or *cognitive defusion* (Hayes et al. 1999). *Reperceiving* is a transformation that allows subject to be converted into object (Shapiro et al. 2006) and may bring forth insights such as the impermanence of emotions. By switching to the observation of mental activities, one becomes less identified with the content of the mental activity. For instance, one can observe that a thought is simply a string of words.

The second process that emerges is becoming connected to a sense of *inherent wisdom*. *Inherent wisdom* is the sense that an answer emerges, or unfolds, in a manner that is intuitive and value-driven (Segal et al. 2002). In DBT, this is referred to as “*wise mind*” and is described as adding intuitive knowledge to a balance of rational and emotional input (Linehan 1993a). When a decision suddenly emerges with clarity from within, this is an instance of *inherent wisdom*. Through developing awareness of *inherent wisdom*, mindfulness cultivates insight and value clarification (Brown et al. 2007; Shapiro et al. 2006). Through this process, clients may become increasingly aware of goals or values that are deeply meaningful. This clarification of values then serves as a foundation for choosing behaviors that are congruent with the client’s values and goals (Shapiro et al. 2006). Individuals who report greater mindfulness skills also behave in a manner that is more compatible with their values and interests (Brown and Ryan 2003). *Inherent wisdom* or *wise mind* may contribute to developing a stronger sense of internal self-awareness and authenticity that may be extremely meaningful for chronically dissociative clients.

The third process that emerges through the practice of mindfulness is a sense of *connectedness*. In the mindfulness literature, this has often been discussed as *interconnectedness* among all things (Kabat-Zinn 1990; Linehan 1993a), which may manifest through a connection to nature, to other individuals, to groups, or to the universe more broadly. *Connectedness* through mindfulness is also discussed as *interdependence* (Hanh 1976), providing a view in which all

objects or individuals are defined not only by their own elements, but also by their relationship to other elements, objects, or other individuals. In such a holistic perspective, an individual is not only defined as a “*self*,” but also a person in existence in relation to others (Robins 2002), thus permeated by the experience of *connectedness*. In addition, *connectedness* to oneself may be related to a sense of *internal wholeness* that is theorized to become available when the struggle to eliminate emptiness is suspended (Epstein 1998).

The final emergent process, *dialectical thinking*, is characterized by “the reconciliation of opposites in a continual process of synthesis” (Linehan 1993a, p. 19). Rather than engaging in dichotomous thinking that ascribes to polarities, *dialectical thinking* encourages the ability to view both sides simultaneously. Through *dialectical thinking*, elements that appear to be mutually exclusive can be synthesized for more complete understanding that transcends the limits of the polarized perspectives. For example, there is a dialectic between change and acceptance. On one extreme, one may feel compelled to change and modify the experiences and situations that are problematic. On the other extreme, one may feel helpless to change circumstances and identify the important task as acceptance of this reality. Although these perspectives are often represented as polarities, through *dialectical synthesis*, we can integrate the two in the notion that we may work to change the aspects of our lives that we are able to change, while at the same time, we must accept the aspects of our lives that we are unable to change. The concept of *dialectical thinking* is related to the focus in ACT on development of psychological flexibility (Hayes et al. 1999), the ability to respond in a flexible rather than rule-based manner to stimuli and events. Below, in the section on “Applications to Intervention,” we will provide examples of using emergent processes in the treatment of dissociation.

## Mindfulness and Dissociation

There is a relative paucity of literature regarding the use of mindfulness in treatment for dissociation (Neziroglu and Donnelly 2013; Wagner et al. 2007). Three studies have provided initial empirical support for using mindfulness-based intervention to treat dissociation. The first was a DBT treatment study that demonstrated a reduction in dissociative symptoms following DBT treatment (Koons et al. 2001). The second study examined the use of mindfulness in the context of a sensorimotor psychotherapy group for women with a history of childhood trauma, reporting significant reductions in dissociative symptoms (Langmuir, Kirsh, and Classen 2012). The third was a case study in which Baslet and Hill (2011) suggested the use of ACT to treat conversion and dissociative disorders, focusing on reducing experiential

avoidance through development of greater willingness to experience aversive internal and external experiences. In addition, we believe mindfulness is likely to be successful as part of treatment for dissociative clients because it enables the development of volitional processes that afford psychological safety, in contrast to the involuntary, passive, and reflexive nature of dissociation (Allen et al. 1999). It also provides skills that increase awareness of dissociation. These are meaningful effects, given that clinical impairment from dissociation is often related to it being experienced as being involuntary and outside of consciousness (Dell 2009; Kennerley 1996; Putnam 1989).

One of the most common uses of mindfulness practices in the dissociation literature is for grounding. The trauma literature has long recommended using grounding (e.g., attention to sensory input, an image or object) as a stabilization tool and a fundamental strategy for preventing or interrupting dissociation (Boon, Steele, and van der Hart 2011; Gold and Seibel 2009; Kennerley 1996; Najavits 2002). In fact, grounding exercises have sometimes been labeled “mindfulness practices.” However, we would argue that although mindfulness techniques include grounding exercises, mindfulness is more than grounding. Although the content (i.e., techniques) of grounding and mindfulness does overlap, the key difference between mindfulness and grounding is that in mindfulness, the process aspect (i.e., metacognitions) is equally important: pairing techniques with a nonjudgmental, accepting, and compassionate approach to experience. For instance, a mindfulness practice of describing the environment and incorporating sensory information has a grounding effect on the individual. Significantly, a mindful metacognitive approach would also emphasize being non-evaluative, accepting, and compassionate, thus encouraging the client to leave out judgments that may otherwise sabotage a grounding exercise without mindful metacognitions. Grounding (and similarly, relaxation exercises) may include a goal of achieving a state of relaxation (Gold and Seibel 2009); in contrast, mindfulness practice is specifically nonstriving, and the internal state is observed as it is (Hanh 1976).

Although the relationship between mindfulness and dissociation has not yet been elaborated fully, two conceptualizations emerge in the extant literature. One model conceptualizes these processes as lying at opposite poles of a continuum of awareness (i.e., mindfulness as high level of awareness; dissociation as lack of awareness). According to Walach et al. (2006), “dissociation seems to be the opposite of mindfulness, containing symptoms of amnesia, automaticity without conscious control and the dissociation of cognitive and emotional elements” (p. 1546). Similarly, Corrigan (2002) described the processes as being at opposite ends of a neurobiological continuum, calling mindfulness “willed and controlled dissociation, applied for a particular purpose, such as emotion regulation or distress tolerance” (p. 9).

Our conceptualization of the relationship between mindfulness and dissociation is consistent with a second perspective, in which dissociation is characterized by an absence of mindful awareness (see also Baer, Smith, Hopkins, Krietemeyer, and Toney 2006; Wagner and Linehan 1998). Importantly, in this conceptualization, dissociation involves more than lack of mindfulness, and mindfulness involves more than not dissociating. They are not opposites, given that other psychological processes may also involve an absence of mindfulness (e.g., thought suppression; Baer et al. 2006). In contrast to the continuum perspective, we do not view mindfulness as a more controlled, conscious form of dissociation (cf. Corrigan 2002); instead, we conceptualize mindfulness and dissociation as fundamentally distinct psychological processes (Williams 2010), linked by specific contrasting dimensions including awareness/lack of awareness, staying present/detachment, and connectedness/fragmentation. In addition, mindfulness and dissociation both involve a shared feature: the observer position. Indeed, research examining the relationship between mindfulness and absorption demonstrates that they are distinct processes, perhaps linked through the ability to take the observer position (Baer et al. 2004).

### Applications to Intervention

The framework developed here can be implemented by incorporating mindfulness into existing therapeutic models or by using mindfulness-based treatments (e.g., DBT, ACT). If the therapist is using a mindfulness-based intervention, we recommend adding one or two sessions that focus directly on using mindfulness to address dissociation, including discussions of how mindfulness increases awareness of dissociation, provides ways to intervene to interrupt dissociation, and may present an alternative to dissociation. If the therapist is using a therapeutic approach that does not involve mindfulness, we recommend dedicating two or three sessions entirely to providing psychoeducation about mindfulness and conducting in-session mindfulness practices, with one of these sessions focusing specifically on using mindfulness to address dissociation. After this foundation is laid, the therapist can set aside a portion of each session to focus on building mindfulness skills. It is particularly helpful if these mindfulness practices can be conducted when the client is experiencing in-session dissociation. Whether in short-term or long-term psychotherapy, dissociative clients are likely to benefit from introducing mindfulness early on, as the techniques can function as grounding exercises that may help the client to remain present.

In this section, we review the theoretical and practical relevance of mindfulness to the treatment of each dissociative process, including specific examples of the implementation of mindfulness in treatment of these key aspects of dissociation.



Table 1 provides an overview of the particular elements of mindfulness (specific techniques, metacognitions, and emergent processes) that are relevant to each dissociative process. When providing psychotherapy to dissociative clients, best practice guidelines rooted in treatment models for complex trauma and dissociative disorders instruct clinicians to use a phase-based, sequential treatment process that begins with a focus on safety, stabilization, and symptom reduction (Cloitre et al. 2011; ISSTD 2011). This reflects the heuristic of first reducing symptom severity in the interest of stability and building the client's capacity for trauma-focused work by developing emotion regulation and distress tolerance skills (Cloitre et al. 2011; Linehan 1993a). Mindfulness can be a primary tool for stabilization and continued symptom reduction.

### Using Mindfulness to Reduce Detachment

In both mindfulness (Brown et al. 2007; Kabat-Zinn 1990) and dissociative detachment (Allen et al. 1999; Simeon 2009), the individual's consciousness takes the position of an observer. This is a key experiential feature shared by mindfulness and dissociation, yet it has been largely overlooked that for dissociative clients, this may make mindfulness a particularly accessible alternative to dissociation. We propose that mindfulness allows dissociative clients to capitalize on the familiarity and safety of the observer position, a perspective that facilitates reduced emotional reactivity. Leveraging a familiar coping strategy may enhance the ability of dissociative clients to engage in mindfulness practice. Dissociative clients who are emotionally attached to dissociation may find it reassuring to discuss how mindfulness capitalizes on current coping strategies by preserving the safety and comfort of the observer position, while providing a new manner of accessing this position.

When clients tolerate difficult internal experiences from an observer position, without extreme emotional reactivity or self-berating, mindfulness can function as an exposure exercise. That is, when clients withstand distressing emotions in the context of mindfulness practice, benefits of exposure are gained (Linehan 1993a; Keng et al. 2011; Shapiro et al. 2006). By enduring aversive internal experiences, the client develops a sense of mastery and feels more empowered and less vulnerable. In addition, clients benefit by having access to the information that is available in emotional experiences that are not avoided. The ability to handle awareness and contact with aversive experiences (e.g., thoughts, feelings) is likely to reduce clients' reliance on or need for dissociative processes (Baslet and Hill 2011).

Therapists can describe detachment as an absence of connectedness, either in terms of disconnectedness from the self (viz., depersonalization) or disconnectedness from others (viz., derealization). Staying present is a fundamental

intervention for detachment processes, and mindfulness, which includes both present moment awareness (i.e., attentional focus) and participating in the present moment (i.e., engagement), cultivates this ability. One takes an impartial observer perspective (Brown et al. 2007) while still maintaining engagement and participation in the present moment (Linehan 1993a). In contrast, dissociative detachment includes present moment awareness without the sense of participating in the present moment. In addition, the emergent process of connectedness is critical to the sense that one is a part of what is happening. In-session mindfulness exercises can devote special attention to developing connectedness by cultivating compassion and openness toward the object of observation (e.g., a thought, emotion, or image) and all that is noticed about it.

Clients who use detachment to avoid emotionally difficult experiences will benefit from using mindfulness to decrease avoidance. The mindful metacognitive approach to experience is essential, because having a nonjudgmental, accepting, nonstriving attitude is critical to decreasing avoidance. Reperceiving may also diminish the need for avoidance, given its ability to reduce emotional reactivity. For instance, if a client is observing anger, the focus is on noticing the experience of anger (i.e., process) rather than examining who is to blame (i.e., content). Another use of mindfulness exercises in session can be to regulate emotions, particularly to ensure that dissociative clients leave sessions in a stabilized state (Kluft 1999). Approaching the end of a particularly distressing session, the therapist can guide the client through a brief mindfulness practice. This can serve to end the session with stabilization, thus affirming that intense emotions can be safely experienced and contained.

*Distinguishing Between Mindful and Dissociated Observer Positions* In dissociative detachment processes, there is a separation between the experiencing self and the observing self, while in mindfulness, one might say that the experiencing self takes the observer position. For the dissociated watcher, consciousness is external and disconnected (e.g., like watching a movie; Steele et al. 2009), while for the mindful watcher, consciousness is internal and connected (e.g., enhanced awareness; Shapiro et al. 2006). Therapists can highlight how to differentiate, as in Linehan's (1993b) DBT skills manual: "Remind participants to step back within themselves, not outside of themselves to observe. Observing is not dissociating." (p. 67).

For clients who struggle to differentiate mindful and dissociative observer positions, assessing two aspects of their experience may serve as clarifying indicators: affect and intentionality. Assessing awareness of affective experience may be beneficial, given that in dissociative processes, affect is disconnected (e.g., feeling numb, "checked out"), while in mindfulness, one is aware of and connected to emotions

(Michal et al. 2007; Shapiro et al. 2006; Williams 2010). In contrast to detachment, which is experienced as distancing and alienating, mindfulness includes the vibrancy and vitality of connectedness (Michal et al. 2007). Reperceiving may be confused with distancing or disinterest, but it is different from detachment because it “engenders a deep knowing and intimacy with whatever arises moment by moment” (Shapiro et al. 2006, p. 379). A dissociative state is either entirely dissociated (e.g., amnesia) or reflected in dreamlike processing (e.g., derealization; Dell 2009), whereas a mindful state is fully invested in reality-based processing, connected to sensory experience of the present moment (Hanh 1976; Kabat-Zinn 1990). Another distinguishing feature to assess is intentionality. For many dissociative clients, the aspect of dissociation that is most distressing is lack of control. Importantly, mindfulness provides the client with volitional access to the reduced reactivity afforded by the observer position without the cost of restricted awareness and disconnection. Mindfulness promotes the “conscious regulation of unconscious processes” (Loizzo 2009, p. 189) and is likely to enable greater conscious regulation of detachment processes, potentially reducing the client’s sense of helplessness regarding dissociative episodes.

#### Using Mindfulness to Reduce Absorption

Absorption is characterized by total immersion of attention on something (e.g., reading, daydreaming) or nothing (e.g., “going blank” or spacing out) and is often associated with distorted perception of time, self, or surroundings (Dell 2009). Absorption can be disconcerting or problematic for clients because it is often experienced as passive and involuntary (Allen et al. 1999), as something that just “happens” (e.g., “automatisms”; Dell 2009). Thus, we emphasize intentionality as a concept that distinguishes between mental processes of mindfulness and dissociation: mindfulness by nature involves intentional attention, directed with receptiveness toward the present moment. Mindfulness, when practiced regularly, cultivates concentrative abilities (Hanh 1976). Regular practice at harnessing attention with intention improves attentional capacities (for review, see Brown et al. 2007), even in individuals with attention problems, such as attention deficit hyperactivity disorder (Zylowska et al. 2008). Beyond influences on executive functioning, attention, and concentration, at a most basic level, mindfulness improves individuals’ capacity to focus attention on the present moment (Hanh 1976)—a most fitting and appropriate alternative to absorption, which essentially removes attention from present moment experience. In this way, mindfulness enables staying present.

Noticing attentional drift is a primary task of treatment for absorption. Becoming aware of dissociation and learning to return to present experience is a central aspect of treatment for dissociation (Foa and Meadows 1998). Through developing

awareness that dissociation is occurring, the client is presented with the opportunity to reclaim attentional resources. It is also important that the client is not judgmental or self-critical when noticing that attention has drifted. Instead, the therapist can stress that it is the nature of the mind to wander, and it is the task of mindfulness to notice this when it occurs, to harness attention intentionally (Brown et al. 2007) and return non-judgmentally to the intended object of attention (e.g., breath, a candle).

Once the client has noticed that dissociation is occurring, mindfulness is also central to helping clients to harness and direct attention intentionally. Clients can practice purposefully shifting—like a zoom lens—between focused attention to detail and broad awareness of the larger context (Brown et al. 2007). By intentionally and consciously directing attention, holding present moment awareness, and observing with neutrality (Kabat-Zinn 1990), a client is better able to consciously direct mental processes that are often unconscious (Loizzo 2009). If therapy can create a link between awareness of dissociation and intentional harnessing of attention on the present moment, mindfulness can be used to counteract dissociation (Boon et al. 2011; Corrigan 2002; Kennerley 1996; Najavits 2002). Clients may benefit from practice with observing and describing the objects of their attention (e.g., thoughts, emotions, sensations, images, objects in the environment).

Staying present is a fundamental aspect of intervention for absorption, both in terms of present moment awareness (i.e., attentional focus) and participating in the present moment (i.e., engagement). It is facilitated through emotional, cognitive, and behavioral participation in present moment experience with attentional control. Dissociative clients are likely to appreciate and enjoy having greater voluntary control over attention and engagement in present moment experiences, as it provides them with important skills that generate a sense of empowerment.

#### Using Mindfulness to Reduce Compartmentalization

Dissociative compartmentalization processes are characterized by experiences of fragmentation, such as conversion symptoms and amnesic barriers between personality states (Allen et al. 1999; Holmes et al. 2005; Steele et al. 2009). Compartmentalization symptoms such as hearing voices (e.g., commenting on one’s actions; Steinberg 1995) may be improved through mindfulness, given that populations with psychotic symptoms have been helped by taking a mindful metacognitive stance about the hallucinations rather than judging oneself for having them (Bach and Hayes 2002). Given the interactive nature of distress and psychotic symptoms, decreasing distress is critical to improving psychotic and psychotic-like dissociative symptoms. Moreover, compartmentalization is often associated with unexplained

somatic concerns (Putnam 1989). Such symptoms may improve with mindfulness, given its success as a leading treatment for chronic pain by decreasing maladaptive metacognitions (e.g., nonacceptance, self-judgment) about the pain (Brown et al. 2007; Kabat-Zinn 1990).

The emergent process of dialectical thinking is particularly well suited to the treatment of compartmentalization because it develops the ability to hold different perspectives simultaneously. Compartmentalization functions to separate feelings, thoughts, and/or knowledge to be outside of awareness or in restricted awareness. Increased ability to tolerate multiple perspectives simultaneously is apt to reduce the tendency toward intrusion symptoms from separate personality states (Baslet and Hill 2011) and may increase co-consciousness, the ability for the perspectives of multiple personality states to be present simultaneously. Therapists can also encourage dialectical thinking to emerge through complementary therapeutic techniques; DBT offers many useful techniques for increasing tolerance for the duality of dialectics (Linehan 1993a). Although dissociative compartmentalization may function more as multiplicity than duality, the techniques are nonetheless applicable. By thinking dialectically, clients increase their capacity to see multiple truths and to replace an either/or mindset with a both/and mindset. Thinking dialectically promotes the ability to honor multiple perspectives and is likely to support the development of internal collaboration among compartmentalized parts of the self. A therapist must convey both sides of a dialectic effectively in order to encourage dialectical thinking (Linehan 1993a): being supportive, yet challenging; cautious, yet curious; consistent, yet flexible; and gentle, yet firm. Over time, the therapist's dialectical style provides a model that helps the client to think dialectically.

As dialectical thinking increases and separateness and connectedness are no longer polarized opposites, the dissociative client gains improved access to another emergent process of mindfulness: the sense of connectedness, both intrapersonally and interpersonally. As mindfulness enhances the ability to experience connectedness (Kabat-Zinn 1990), it is well suited for viewing the fragmented self as internally connected and increasing connection to others. The therapist can enhance awareness of such changes through discussion of the interconnectedness between parts of the self. Although compartmentalization affords safety through creation of barriers, clients also suffer from effects of these barriers, such as health problems (e.g., conversion symptoms) or memory gaps (i.e., amnesic barriers).

The emergent process of inherent wisdom guides the client to an underlying sense of core, authentic self. It can be highlighted that this core self underlies all parts of the self. Reperceiving helps clients to feel less overwhelmed by affect or experiences; thus, this emergent process is also likely to reduce the need for compartmentalization, which arises in

order to contain unbearable, overwhelming internal and external stimuli. In addition to the emergent processes, mindful metacognitions (e.g., acceptance, nonjudgment, nonstriving, willingness, openness, and compassion) increase openness to experience. Without the need to suppress or repress aspects of one's experience, compartmentalization is no longer necessary.

In sum, mindfulness can provide therapeutic interventions for detachment, absorption, and compartmentalization processes. To use these interventions effectively, it is important to consider and prepare to address potential challenges and concerns regarding implementation.

### Mindfulness in the Context of Dissociation

There are some important cautionary notes with respect to introducing and implementing formal mindfulness practice (i.e., mindfulness meditation) with dissociative clients. The concerns that we will address are distinct but related: clients may confuse mindfulness with dissociation, they may dissociate during meditation, they may be attached to dissociation and reluctant to relinquish dissociative behavior, and they may have difficulty implementing mindfulness (e.g., regular practice, modifying metacognitions).

The foremost concern is that clients may confuse mindfulness meditation with dissociation (Linehan 1993b). For this reason, we recommend that therapists prepare clients with psychoeducation regarding mindfulness and dissociation. For instance, therapists can leverage the familiarity of the shared observer position, in conjunction with information discussed above on how clients can differentiate between mindful and dissociated states (e.g., connectedness to affect, volitional shifts of attention).

The second concern is that for some clients, mindfulness practices may elicit dissociation, perhaps due to the change in mental state. For example, a client may experience the mindful state as invoking dissociation, making it difficult to stay present and participate in the practice. If dissociation occurs during mindfulness meditation, clients can keep their eyes open during the practice in order to maintain present moment engagement and to prevent dissociation (Foa and Meadows 1998; Walser and Westrup 2007). Similarly, some clients who are trauma survivors may have flashbacks when they try to meditate (Walser and Westrup 2007). If the client has a flashback in session, the therapist can provide present moment reminders (Foa and Meadows 1998). To counteract dissociation, we encourage a focus on grounding as a central aspect of mindfulness practice. It may be helpful for the client to identify safe anchors in the therapy room, as well as in rooms at home or at work (Boon et al. 2011). Using an object such as a rock can facilitate access to a sense of grounding (Najavits 2002). To identify mindfulness practices that are comfortable and accessible, it may be helpful to experiment with different practices, varying

the attentional focus each time. Some examples for attentional focus include breath, each of the five senses, an object, a sound or sight in the environment, imagery, and an internal experience such as emotion, a thought, or idea.

The third challenge that may arise is that clients may be attached to coping through dissociation, making them “reluctant to give up dissociative behavior” (Wagner and Linehan 1998, p. 218). Wagner and Linehan suggested reassuring clients that the objective is to gain greater control over dissociation, not to abolish the behavior. Mindfulness can be offered as an alternative that permits some of the comforts of dissociation (e.g., reduced emotional reactivity) without the costs of habitual dissociation (e.g., disconnection from others; destructive behaviors). Thus, mindfulness is framed as an alternative manner of coping with aversive or intense emotions, thoughts, or experiences, and by observing and describing responses to each mindfulness practice, dissociative clients are able to access this alternative mode.

Finally, a fourth challenge is that dissociative clients have often habitually engaged in behaviors that are in stark contrast to mindfulness techniques, which may result in barriers to developing a mindfulness practice (e.g., difficulty making time for meditation, difficulty maintaining compassionate metacognitions about one's internal experience). When faced with these challenges, it is important that the therapist focuses on the notion of commitment, of setting the intention and following through on it. Nonetheless, it is also important that the therapist does not judge the client for not upholding expectations, instead modeling curiosity and openness in exploring the barriers. In this regard, the therapist must be active in highlighting the dialectic of change and acceptance: It is extremely challenging to develop a mindfulness practice and you should not berate yourself for being deterred by barriers; and at the same time, if you want to live with less suffering, you will need to make a commitment and set an intention to invest into your mental health and well-being. In order to have the ability to use mindfulness skills in times of great distress and crisis, clients must practice regularly. Metaphors involving long-term practice or care are useful, such as: You would never expect to be an excellent pianist if you only practiced before a recital; it is through dedication to long-term, consistent care, or practice that you experience progress. At the same time, you can choose not to practice piano every day, but still practice three times each week, and you would see improvements. It is important that we set standards that are realistic, make commitments to the things that are important to us, and offer compassionate problem-solving attitudes to any barriers that arise.

## Conclusion

Based on the existing literature on mindfulness and on dissociation, mindfulness skills appear to be a feasible and

potentially beneficial tool in the treatment of dissociation. This paper provides the theoretical scaffolding that supports such treatment and presents applications to intervention. Cultivating mindfulness can address many of the skills deficits that impair daily living in dissociative clients. Mindfulness increases clients' ability to predict and control dissociation. By developing greater awareness, clients can learn to notice when they are dissociating, a critical foundation for treating dissociation. Mindfulness provides clients with techniques that are useful for counteracting dissociation by increasing awareness of dissociation, intentionally harnessing attention, and providing tools for staying present. In addition, the metacognitive approach to experience contributes to improved emotion regulation and reduced emotional reactivity. Finally, the emergent processes, such as re-perceiving and dialectical thinking, encourage cognitive flexibility. Taken together, these effects of mindfulness can reduce the need for reliance on avoidance processes, and dissociative symptoms may subside in the context of greater capacity to tolerate aversive experiences. Mindfulness and dissociation share the use of an observer position, and building on this shared feature capitalizes on current dissociative coping strategies, while also offering a markedly distinct coping strategy that is volitional and both maintains and enhances connectedness. Although some challenges may arise in applying mindfulness to dissociation, psychoeducation and skillful intervention are likely to address the challenges successfully. Mindfulness can provide a liberating and empowering alternative mode of coping for dissociative clients.

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