

# 10

## The Mindful Group

*Using Mind–Body–Brain Interactions in Group  
Therapy to Foster Resilience and Integration*

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*"Life must be lived forwards, but it can only be understood backwards."*

—Søren Kierkegaard, *Stages on Life's Way* (1845)

THIS CHAPTER EXPLORES the elements of mindfulness in the group process that (1) propel our clients to develop insight and awareness of self and other, (2) facilitate a growth-producing social environment and a process called *integration*, (3) create an atmosphere of safety, (4) foster resilience, and (5) help therapists work with the myriad of experiences that arise in the group, whether problematic or productive. Our broad description of mindfulness includes paying attention to what we're doing while we're doing it; bringing attention to our sensations/sensory experience, emotions/feelings, impulses/behaviors, and cognitions/thoughts; and aiming to create awareness of the connections between the mind,

brain, and body. *Presence* in a group setting can be defined as noticing something we discover as it unfolds through thoughtful engagement with the group member's experience.

Mindful awareness can be seen as comprised of two fundamental elements: *awareness of awareness* and the *paying attention to attention* (Siegel, 2007). Mindful awareness practices can be formal, such as meditation, tai chi chuan, or yoga, or they can be informal, involving an open awareness to what is happening as it is happening. Mindfulness can be developed through practices that have been demonstrated to promote a "left shift" in which people approach, rather than withdraw, from challenging internal or interpersonal stimuli such as thoughts, feelings, memories, or interactions. Mindfulness can also be viewed as a set of traits, which include being aware of present-moment experience, being nonjudgmental and nonreactive (open to what is happening, with equanimity), being able to label and describe the internal world (what we would call one aspect of *theory of mind*, *mindsight*, or *mentalization*), and, for those with formal training, the statistically independent feature of having the capacity for self-observation (see Baer et al., 2006). Training in mindfulness has been associated with the ability to distinguish an observational from an experiential stance, correlated with neural circuits that subsume these very distinct modes of being aware (see Farb et al., 2007). One view of mindfulness is that as a form of *mind training*, it enables the individual to differentiate these two circuits, observing and experiencing, and then to link them via choice (see Siegel, 2007). In this manner, mindfulness can be seen as a form of integration in that it differentiates and then links fundamental aspects of mental and neurological functioning. In this chapter we also suggest how mindfulness as a state of being curious, open, accepting, and loving (a *COAL* state of being) cultivates integration in social functioning that is at the heart of the therapeutic process.

Integration itself, as we'll see, moves systems, and the individuals within them, from the chaos and rigidity that characterize dysfunction toward the harmony that emerges with the linkage of differentiated elements. This view of mental health at the heart of interpersonal neurobiology conceptualizes well-being as emerging from integration that enables adaptive self-organization to move a system toward the most flexible and energized states. Integration is the heart of healthy self-

*regulation* that permits individuals and groups to both thrive in the moment and develop toward health.

Goldstein and Ogden (2012) integrate the concepts of mindfulness, and mindful awareness, in their work with children and groups, using Sensorimotor Psychotherapy™, a somatic-oriented approach to clinical practice that includes mindfulness as a foundational principle (Ogden, Minton, & Pain, 2006). This approach suggests that mindful attunement to the body's wisdom, actions, and reactions can foster curiosity as clients look inward, reflect upon their bodily experiences and chronic patterns, and come to understand the physical manifestations of their beliefs. Ogden, Goldstein, and Fisher (2012) suggest that mindfulness can be used with children and adolescents at several key moments: as the therapeutic relationship is formed, while framing a presenting issue, as attention is directed to the present-moment experience during the therapeutic process, and as therapist and client work collaboratively toward resolution. Mindfulness can serve as a foundation for the deepening of the group experience, helping members observe the impact of their words in the here and now, with the goal of engaging the body, emotions, and beliefs in mindful interconnection. Mindfulness in Sensorimotor Psychotherapy is integrated with and embedded within what transpires moment to moment between therapist and client or group leaders and group members, using a specific clinical "map" and set of therapeutic skills for the purpose of inquiring into the direct moment-by-moment experience. In these ways, the process of interoception within the individual can give rise to enhanced empathy and emotional resonance between individuals. Such transactions reveal how internal integration (awareness of the body's state mediated by the higher neural regions, such as the cortex) and interpersonal integration (attunement and resonance among people in the group) mutually reinforce each other.

The central image of the children's book *Charlotte's Web* (White, 1952) encapsulates the essence of relationship within group therapy—a spiderweb woven of many integral threads as a myriad of relational levels unfold. Sometimes the threads break and need to be replaced; new threads are constantly woven, as new connections are made and the interpersonal worlds connect, fashioning a bridge to the future. Like Charlotte, Wilber, and Templeton, along with the other farm ani-

mals in the story, through the overt and covert messages that pass among them as members of their group, awareness internally deepens as the group process unfolds. Guiding the group toward introspection, the construct of the group offers an opportunity for participants to reflect back upon interactions just after they transpire, and to gather information as to how they are perceived by others—information often lacking in their daily interactions. Such an interoceptive invitation also facilitates group resonance and a sense of meaning and belonging. The internal made visible to both individual and collective awareness permits a shared awareness and expanded state of integration and consciousness that Ed Tronick (2007) has called a *dyadic state of consciousness* between mother and infant and which we can call *group states of consciousness* within the therapy setting.

An overarching goal of group therapy is to provide a safe forum for the exploration of inner feelings while generating a greater capacity for self-understanding and for empathy toward self and others. The unique framework of group therapy offers a corrective experience and a reframing of the narrative of members' lives. Mindfulness in the group experience creates a healing ethos that can hold very nearly any member that is a part of it, and, as Charlotte herself might observe, understanding is very real.

"I'm afraid of your silence because of what it can mean . . . I fear you are making up your mind about me without my input," are the words poet/philosopher Hugh Prather in his 1983 classic tome, *Notes to Myself*. These words express what many of us experience in the world—and in the group milieu. We often find the silence of mindfulness too triggering: In the absence of presence there can be a felt sense of malice. Exploring members' responses—from shame, depression, to anxiety, from hyperarousal to joyful relief—can also become overwhelming. It may seem safer not to engage, but the fruits of mindfulness make it well worth the discomfort of the learning curve in moving toward deeper understanding and passing from isolation and then vulnerability to belonging and meaning.

Mindfulness within the group context brings members' attention toward awareness of present-moment experiences, which fosters development of COAL as essential for an integrated life. COAL enables us to recall essential aspects of this state of curiosity, openness, accep-

tance, and a loving stance at the heart of mindful awareness. A COAL state toward self and others cultivates internal and interpersonal integration, and in this way is a steppingstone in the journey, and a cornerstone in the foundation, of a life of well-being.

### Case Example: Introduction to Mindfulness

The group's introduction to mindfulness came at a moment of silence when "Leni" and the other group members became markedly uncomfortable. Leni squirmed in her chair, fidgeting back and forth, and then said "ba-da-bum" with a humorous giggle that belied her age (she was 38 but sounded 13). Recognizing this as a moment ripe for the introduction of mindfulness in the group process, the leader spoke.

"I notice that there seems to be some discomfort in this prolonged silence. Leni, you're the one who first "ba-da-bummed" (*laughter around the group*), but I'm guessing that others shared your feelings (*nodding and giggling around the room*)."

Many recalled early messages compelling them to fill the silence because some members felt that silence leads to awkward moments. The leader (B.G.) encouraged her group to begin exploring the *space between the notes*. She stated that much of what is healing in therapy happened beneath or between the notes of the words, in the power of the interrelatedness of group members, group leaders, and the experience as a whole. She started slowly, with a minute of guided mindfulness, wherein her cadence, speech pattern, vocal quality, and intonation dropped into a more reflective, calming tone. Her words quietly encouraged the group to "pause and take a moment to notice what it's like to get into relationship just with yourself, and see what happens inside when we slow down and just experience being here, in this room, with this group of people, as I quietly lead us into this short exercise of just observing your present-moment experience."

To aid in changing the feeling in the room, an aromatic candle was lit and the lights were dimmed. In such a manner, the idea of *guided mindfulness* ushered the group encouragingly into the exploration of what a mindful experience could and would be—members co-creating safety and acceptance, curiosity and wonder.

The group leader then proposed an experiment in which the members willingly agreed to notice their sensations, images, feelings, and thoughts—what we call *SIFT* for short—as they were guided through a 1-minute mindfulness exercise that would be followed by a minute of silence. In this way, members could learn to gradually tolerate or enjoy the moments of mindfulness, which include group exercises, reflective comments, differential pacing, and occasional silence, among other unfolding experiences.

Leni hesitated, giggling at first, and then she seemed to quiet when the leader used the words *experiment* and *exercise*, which seemed to evoke her curiosity. Another member, Lisa, felt differently, saying that she “relished time where she could just be, without having to talk.” Yet another member, Tom, expressed a sigh of relief when the exercise was over, stating that he had a hard time turning down his thoughts and that his mind went into overdrive, filling the space when there was no action in the room. This expressed need for action was shared among members, many of whom were used to working on their traumatic past experiences through narrative expression.

The leaders then proposed that the group members become curious about what might happen “between the words,” before and after, in the pauses, in the silence following a shared story or expressed experience, thereby attempting to help group members to allow a novel experience or a new sense of self to emerge. Leni stated, “At first it was really *really* awkward, but now I’m starting to feel calmer.” Within the context of mindful awareness, the leaders attempted to foster curiosity about this space of calmness and to explore—in Sensorimotor Psychotherapy terminology, how it “lived in her body,” her body’s sensations and feelings. Leni stated that throughout her childhood she’d had to stay “on,” especially within group experiences, and she described incidents when she was viciously bullied by her older, abusive siblings and teased relentlessly by her classmates. The leaders then suggested that she could be curious about what it would be like to try out different experiences, within the safety of this group milieu.

With group members’ expressed agreement, the leaders led everyone in a guided exercise wherein members’ attention was brought to their breath, to the sensations of the breath and how they were breathing, noticing their in-breath and their out-breath, orienting to each inhala-

tion and exhalation. Members were offered suggestions in the guided meditation. For example:

"Perhaps you're becoming aware of a thought arising. Just watch it emerge and then let it go, refocusing on your breath, without comment or judgment. You may become aware of sensations as they arise. Acknowledge the sensations and then return to the breathing, letting your attention come back to the breathing, observing your breath, but not changing it, just watching it as it is."

This can be a brief introductory exercise upon which the leaders build, following the group's response. Occasionally, the group response is split, with some loving these exercises and others expressing dislike, disbelief, or discomfort. Exploration of these issues deepens the group experience and elucidates the earlier expressed point that much of the healing process of therapy occurs beneath the words.

Group therapy is a particularly effective method of treating multifaceted issues because the group process enables each member to re-create relationships and reexperience the dynamics of his or her family of origin. Consciously or unconsciously, with awareness or without, the group setting provides opportunities to revisit early attachment issues as members take on particular roles in the simulated group "family," and the group provides multiple psychological *siblings* for the reenactment of earlier experiences such as parent-child conflict, sibling rivalries, peer conflicts, loves, hates, and antagonisms. Exploration of these conflicts in a safe environment creates for members a therapeutic, corrective experience in which they can examine the yearnings, fears, and emotional responses that invariably emerge. Many issues addressed through the group process are a re-creation of familial experiences, and the group can help ameliorate the long-lasting impact of struggles that affected siblings, half-siblings, stepsiblings, and blended families. A mindful group environment offers a safe milieu or "holding environment" in which to process the anxious, raging, sad, or uncertain feelings that arise. Anger, resentment, rage, and frustration can begin to be addressed and understood, and feelings of confusion and uncertainty can be shared while members listen to one another grapple with familiar issues and crises.

The group setting is an ideal forum in which the leaders can explain and illustrate basic psychodynamic processes, such as identifying members' patterns of relating to others. As mentioned previously, these patterns develop early in life and tend to be re-created in each new relationship until the individual brings conscious attention and effort to the relational undertaking. This tendency to transfer old relational interactions to new people becomes particularly clear in a group setting, which encourages such transference enactments and emotions. Group members re-create roles that fit their particular past experiences, and the group dynamic then reacts by assigning tasks and roles—which, sooner or later, produce reenactments of old conflicts. This microcosm of the world makes group therapy a profound therapeutic setting in which to observe and correct relational problems, examining experience *in the present moment*, as it unfolds—both within participants' awareness as well as what initially may remain beneath the surface.

### Bringing Transference Issues to Awareness

The transference dynamic inherent in group therapy arises between the therapists and the group members, particularly as the leaders take on additional transference roles as group mother or father. In memory terms, this transference dynamic involves the activation of what is called *implicit memory* that may be encoded from our earliest days and remain unintegrated, by the hippocampus, into the more linguistically accessible factual and imagery-based autobiographical dimensions of *explicit memory* (see Siegel, 2012a). This occurrence of activated implicit memories—as sensation, image, feeling, and thought as well as behaviors and mental models that generalized experience into schemas—becomes significant as our younger clients transition toward adulthood. Such implicit activation of transference processes also applies to group members of any background or age, as the re-creation of their early attachment experiences elucidates the struggle between the need for dependency and the drive for independence and a more autonomous identity.

In the transferences that occur between group members, peer presence moves to the foreground and overshadows most other kinds of transference dynamics. Often group members' feedback has more im-



pact than that of the leader, as long as it is offered within a safe milieu. It is the role of leader to create a mindful environment that values safety as paramount, wherein the group evolves as its own kind of “family” unit, growing, changing, and reforming as transformations occur. This evolving growth can be fostered by reinforcing the qualities of COAL inherent to being mindful so that a sense of safety is facilitated and members feel seen and secure. These are the fundamental interactions that form the basis of secure attachment and can be summarized succinctly as the way we *feel felt* by others (Siegel, 2010a, 2012a). The therapist him- or herself needs to embrace the COAL state of mindful awareness as well as be familiar with his or her own attachment history for therapeutic presence to be solidly established within the therapeutic relationship (see Siegel, 2010b).

Introducing mindfulness training in group therapy does not necessarily change the elements in the outside lives of group members, but it invariably changes the way they *react to* those elements. Because groups provide the opportunity to reexperience old patterns with new people, it is within such groups that members can repair old wounds and develop new ways in which to interact as they move more robustly into the overall growth process. Therapists can be greatly aided in cultivating this process by an awareness of the differentiated neural circuits of observation and experiencing. The experiencing circuit, more lateralized in the brain, enables us to feel primary experience directly, so that we sense, emote, recall, think, and are impelled to behave in unmediated ways. Our observing circuitry, more midline, enables us to bear witness to direct experience, to narrate our lives and sense things from more of a historian’s distance. A well-developed observer capacity also enables us to move from simply experiencing to historically reflecting and then to becoming the active and creatively proactive writer of our own narrative. In this way, we can learn to actively weave reflection on the past with direct experience in the present to creatively construct our future through a myriad of possibilities. Mental time travel—the linkage of past, present, and anticipated future—is at the heart of this prefrontally mediated function (Tulving, 2000). This highly integrative function can be considered the heart of an *awakened mind*—one that differentiates experience from observation, historical reflection from narrative construction. Such awakening is, we propose, the heart of healing in group therapy.

The journey toward such awakening of the individual and group can have twists and turns that challenge therapist and member alike. Reasons members come to group vary: Some come because they want a place to fit in and belong, because they are anxious about others' thoughts and feelings, or because they are searching for insight. Sometimes group is an option when individual therapy seems too threatening or there is no other treatment modality available. Others may see the group as the first step of the therapeutic process. Still others attend group at the recommendation of parents, spouses, friends, the court, 12-step programs, or priest/minister/rabbi recommendations. Incorporating mindfulness into the group experience can bring to light the commonalities within each of our experiences, facilitating the connections that are formed as the members co-create a safe place where they can develop and grow separate from the distractions and turmoil of their everyday lives. These elements of co-creation, commonality, and shared connection enhance the probability that members will engage in the group experience, whether or not they initially wanted to be in group therapy.

### Enhancing Mindful Awareness

The group milieu forms a blueprint that models sustained interpersonal connection, understanding, directed mindfulness, and relational richness—all of which enhances the capacity for responding to others in ways that promote engagement and foster support. This process of group modeling is described in Goldstein and Ogden (2012):

We use the word "modeling" to encompass a beautiful and complex process that involves mirror neurons (Iacoboni, 2009) and resonance circuitry (Siegel, 2007). Through these neural pathways, in the presence of one another, our bodies, emotions, and perceptions resonate with what the other person is experiencing. This gives us the capacity to have a felt sense, often below the level of conscious awareness (but nonetheless influencing our behaviors), of what is happening within the other person. This is likely one basis for empathy and our capacity to attune with one another. These right hemisphere processes often unfold without words, but are revealed in nonverbal

ways—tone and lilt of voice, quality of eye gaze, body posture, moving toward or away, for example. Because our embodied brains are registering these constant messages from others, they give us a way to stay in ongoing “dance” with those around us at a speed that isn’t possible through conscious choice (Badenoch, 2011). The learning we do via these right hemisphere-based interpersonal channels is likely more powerful in shaping our relational expectations than the cognitive learning that takes place more in the left hemisphere. Under stress, the behavioral, emotional, and perceptual patterns that have changed in the right hemisphere as a result of such interpersonal experiences remain, while left-only learning goes offline. (p. 6)

### *Case Example*

“Jesse” struggled whenever she felt she was disappointing anyone. When she took a leave of absence from college, she told the group that she felt “buried” by her parents’ admonishments, especially her father’s ongoing rant that she was a failure. When her volatile boss arrived raging at the coffee house where she was a barista, Jesse cringed and withdrew, resentful, angry, and “unable to get passed it, even the next day.” Group members explored options with her, such as leaving the job or reporting the boss, yet all came to recognize that the situation would not change in the near future. Similarities between Jesse’s reactions to her parents and her boss were explored. As a result the group consensus held that the focus should be on helping Jesse to better strengthen herself and to feel grounded in herself to better withstand the current job and the family dynamics.

Commonalities were explored between members. The group leader queried, “Who here has been in a similar situation wherein they needed to steady or fortify themselves, in order to become more grounded in a challenging situation?” Most of the members readily identified similar feelings or situations, especially the “stuckness,” as one member called it, when he knew that little could change in a situation, other than with himself.

Psychoeducation became a component of helping the group understand elements of mindfulness, as the leader (B.G.) described a December 2007 mindfulness training with Sylvia Boorstein, author and mindfulness pioneer, who uses the nomenclature *done deal* for situ-

ations such as this. The group was presented with a scenario that Boorstein describes wherein she was unsettled to discover that her recent book, *Happiness Is an Inside Job*, had been recorded for Books-on-Tape without using her as the reader. At first, Boorstein expressed her great distress. Yet, once she phoned her editor at Random House and reconfirmed that it was a “done deal”—that is, *there was not anything she could do about it*—Boorstein was able to let go, recover, and restore her mind’s peace by addressing herself (i.e., self-talk) with words such as *Sweetheart*, which is a word she has selected to remind herself to be gentle with herself while addressing whatever difficult feeling is present. *Sweetheart* serves as a reminder to her “that it isn’t my fault that my mind is embittered, that something has upset it, that I’m in pain” (Boorstein, 2007, p. 12). The group explored this self-reflective self-talk as an aspect of mindfulness that forms the foundation for Boorstein’s way of processing her unchangeable situation.

The group was then led through the following mindfulness exercise, entitled “Loving-kindness,” which the leader herself found useful as part of her training in Boorstein’s (2008) month-long interactive Spirituality and Practice E-course (<http://www.SpiritualityandPractice.com/ecourses>) as well as in the 2011 retreat led by Boorstein, entitled “Celebrating the Return of Light into Our Lives.”

To set up the group mindfulness exercise, members were instructed to sit comfortably, letting their eyes gently shut if they wish. (One member chose to turn his chair toward the wall, saying he’d be too curious about watching others, and fearful of other members watching him—a shift that was encouraged because it served as a resource, calming the group member.) The exercise begins with what Boorstein suggests as the traditional practice of repeating the phrases of good will (Boorstein, 2002):

Feel your body responding to each incoming breath by expanding and then relaxing as the breath is exhaled. Notice what is beginning to shift, from within. Then think these phrases for yourself: *May I feel protected and safe. May I feel contented and pleased. May my physical body provide me with strength. May my life unfold smoothly with ease.* (p. 225)

Note that the group leader changed “*May my physical body provide me with strength*” to “*May I feel strong.*”

This exercise, which often accompanies a mindfulness component of the group, has provided a good foundation for many (though not all) of the group members. In this group, Jesse expressed such calmness following the guided meditation that another exercise was offered to augment her progress. Since she felt burdened by the "shit that [she] carries" from her boss, her parents, and her friends, we again utilized the commonalities shared in the group forum, and also drew upon Boorstein's writings, to expand the commonalities, thus embracing a larger circle of shared human experience such as pain, loss, and suffering. Jesse acknowledged that this expanded perspective gave her hope, and in subsequent sessions she referred to this mindful experience as a turning point in her experience of self and other. Self-disclosure from the therapist can also help establish or expand the circle of commonalities, as there is an opportunity, in the enactment between leader and member, to foster mindful reflection, as described in the following guided mindfulness exercise that helped prepare group members for their own experiences with a similar "done deals" that were not easily changing, shifting, or going away.

A guided mindfulness exercise ensued with the group leader (B.G.) employing images of the *ocean*, of *waves breaking*, of *diving* through them, of having something *wash over you*. Accompanying these images were evocative statements such as *respect the power of the ocean* and *trust that you can come through the powerful water intact*. Although all members are part of this guided meditation, one member's issues, such as Jesse's in this example, can be addressed directly during the guided meditation. For example: "Jesse, when your boss sends an overwhelming wave toward you, just notice where it hits your body. Does it, like a powerful wave, take your breath away?" or, "Notice the feelings that are triggered in you, such as loss of grounding or equilibrium, or any other sensations and feelings." The meditation can come to a completion with words such as these:

"Just as we are all a part of the ocean, but not the ocean, you're going to be with this boss, swimming *through* the ensuing waves and all the sensations and feelings that they bring, and, eventually, you'll discover that those waves can no longer knock you over in the same way. With practice, you will find that, though the waves keep com-

ing, on many levels you'll become better at letting them wash right over you, learning how to dive through them and savoring the aftermath of not being as affected by the waves."

The mindful group leader fosters empathic listening, attuned communication, accurate interpretation, interpersonal and intrapersonal skill building, hope, and a shared sense of lived experience—the universality of the human condition. The healing process takes place within the context of new attachments, formed through the group milieu, and offers a corrective emotional process in the here and now.

### Top-Down Learning versus Present-Moment Experience

At a UCLA conference in 2011, attended by over 500 members of the mental health field, the question was posed: "Why do people come to a gathering, a conference, rather than staying home or outside on a beautiful day and reading a book if they want to learn this material?" Dan Siegel and Jack Kornfield surmised that coming together in community offers an *emergent experience*, in which, Siegel posited, "the whole is greater than the sum of the parts . . . experiential, conceptual, and factual." Siegel suggests that the circuitry that processes facts, knowledge, ideas, and concepts in what is referred to as a *top-down* manner is a very different from the circuits that process direct experience. Like the group of audience members at the conference, the therapeutic group matrix is the combination of all the personalities and psyches of the group's members, and the group unit is greater than the sum of its parts. There is a healthy place within very disturbed people, and a disturbed place within healthy people, and the matrix lets people put their healthy parts together to deal with all of their unhealthy parts.

The purpose of including mindfulness concepts and practices within group psychotherapy is to help participants go *beneath* the collective labels of daily life to articulate the subtle refinements of subjective experience. For example, consider the statements "You have depression," "You're angry," or "You have a thought process that isn't logical" in contrast to inviting group members "to explore and share your inner subjective world." The statements close off exploration in their pre-

sumptive certainty and reduce lived experience to collective labels. In contrast, the invitation creates an open-ended space that encourages group members to go inside, below the surface, where experience is full of subtleties, of nuanced aspects that don't often have pat words associated with them. Goldstein and Ogden (2012) emphasize curiosity in the present-moment experience, guiding the group members to notice what arises, to take note of emerging body sensations, along with emotions, thoughts, and feelings.

The conceptual mind draws heavily on a linguistic mode of processing information that likes to name things. This dynamic of *naming* moves in a direction other than direct sensation in the present moment: It is one step, at least, removed from the "thing itself." Once you have named things, you have taken part in, and also revealed, the top-down process that can dominate our experience of perceiving and conceiving the nature of reality. Brain functioning, however, can be viewed as a two-way highway: One is a flow of what's coming up from the bottom (i.e., from direct, incoming streams of information flow) in the form of sensation or emotion; the other is the flow coming from the top (i.e., from filters that shape our experience of perceiving, thinking, and behaving) in the form of thoughts and stored memories molded by prior experience. It can be proposed (Siegel, 2007) that one's awareness is the blend of *bottom-up* and *top-down* processes. Immersing oneself in language alone (dominant top-down processing) can cause one to operate in the world of labels and previously established neural associations. The word *anger*, for example, can be a powerful trigger that can dramatically change the direction of the moment, altering the ways we perceive, reason, and act. Relying on labels can be imprisoning in the sense that we are, in essence, *retrofitting* the current moment with all that the state of anger has meant to us in the past. To sidestep this trap, one of us (D.S.) will say a neuroscience "inner reflection" to himself: "I invite top-down to take a break. I invite language to move to the side. I invite myself to go into a place of awareness that I cannot control with language and the certainty of prior experience. I embrace the uncertainty of bottom-up."

Top-down processing allows us to control our experience to some degree so that we know what's going to happen (per prior learning that prepares us well to rapidly respond to stimuli and to plan our calendars)

and can get ready for the immediate or even more distant next thing. In this top-down world we know what anger is, and we know what to do about it. And there's nothing wrong or lacking or "less than" with top-down functioning. Indeed, when we drive a car, using our top-down understanding of what a red light means is essential so that we don't just drive through an intersection with the perception, "Oh, what is this hue that emerges from that cone above the intersection . . . ah, it is red!" Without top-down input, we could be in real danger. Thus the value of top-down processes is undeniable. Nonetheless, the magic of contemplative practice is that it brings us back to direct sensory experience that is before and beneath words, before and beneath concepts, before and beneath classification. It's immeasurable, neither rational nor irrational, and therefore fresh and full of the possibilities.

Siegel points out that our ability to categorize experiences—both pleasing and traumatic—in top-down recollection at times imprisons us and may massively increase our suffering when those experiences were traumatic. Indeed, posttraumatic stress can be seen as more about the suffering the *brain creates for itself* than the fact that we had the traumatic experience a year ago or 10 years ago or 40 years ago. Learned patterns of adaptation can trap us in relentless neural ruts that keep us stuck in unhelpful top-down-dominated states of mind. Our own brains trap us in a top-down prison that generates suffering patterns that we often are not aware of—suffering that is ultimately unnecessary and can be ameliorated with the integration that emerges with effective therapy.

At the aforementioned UCLA conference, Kornfield offered a wonderful Buddhist image of two arrows to convey how labeling deepens and widens traumatic experience, rather than healing it. The first arrow that is shot into us is the arrow of some painful experience—a trauma, a loss, an accident, an illness, or some difficulty—and the second arrow is the one that we put into ourselves by resisting it, by asserting that "it shouldn't be like this," by all the kinds of strategies that actually lock it into our experience. A good deal of the work of healing involves learning to tolerate the direct experience of, *rather than our ideas about*, that particular trauma in body, in heart, in mind. We learn to hold that direct experience with enough mindfulness (read *spaciousness, compassion, understanding, and acceptance*) that instead of adding to the trauma, we actually allow it to untangle and do that mysterious thing we call *heal-*



*ing*—which is to come back to some kind of integration that reinstates our sense of balance and “OKness.”

In many ways, top-down adaptations to trauma can be seen as impairing the natural drive to link differentiated elements of a system to each other. That system may be a group, or a family, or a dyad, or an individual's subjective experience and nervous system. Posttraumatic stress disorder reveals the ways in which this impaired integration and the resultant chaotic and rigid symptoms have imprisoned the individual within learned mechanisms of disintegrated states. Therapy for trauma has its efficacy in promoting integration, which, at its core, involves liberating top-down patterns by linking them to here-and-now bottom-up experience. This is how mindful presence, within and between individuals in group therapy, can help promote the space of mind to hold within awareness both the perception of these old patterns and at the same time the uncertainty of change. Within that space can be found the integration of healing, as top-down processes are no longer rigidly isolating the individual from embracing the mindful awareness of bottom-up realities.

### The Social Nature of Group Processes and Interactive Psychobiological Regulation

In the course of mindfulness-based group therapy, conflict, which is often experienced repeatedly, is alleviated by the group milieu as a mindful environment invites cooperation versus competition and both inner self-reflection and interpersonal feedback from others. When an accepting therapist fosters awareness of thoughts, sensations, emotions, and beliefs, without trying to inhibit them, he or she helps clients develop self-regulation and decrease their symptoms. Allan Schore (1994) calls this process *interactive psychobiological regulation*. The communicative exchange, as dynamics unfold, has the potential to create mutual regulation through the impact of the therapist and an individual group member, or group members, upon each other.

The group leader's overarching aim is to create safety, with leaders directing attention to the present-moment experience in which issues arise and are explored *as they recur*, not as they are retold. Certainly the

anticipation of coming to group generates emotions, and members often describe their anxiety and anticipatory fear. The group process helps members (1) learn to identify, experience, and work through issues and reactions; (2) become aware of their present-moment experience; and (3) become skillful at observing and tracking their cognitions, emotions, and perceptions as they occur.

Focusing on moment-to-moment experiences necessitates intentionally paying close attention to sensations. In turn, developing this kind of mindful observation of bodily states increases clients' capacity for self-reflection and curiosity (vs. critical judgments about the self and others). With the leader's guidance and modeling, group members then cultivate the ability to form accurate verbal descriptions of their physical experiences. The group format amplifies all these processes as members interact in dynamic real time, and it provides a diversity that mirrors the macrocosm of their outside worlds.

Because of the complex nature of the group, one of the group leader's key roles is to regulate arousal by fostering members' awareness of what is being brought up throughout the treatment. As an entry to mindfulness, the therapist tracks the group members' communications, slowing and adjusting the pace and process of therapy and exploring which interventions best help maintain the safety of the therapeutic relationship. Psychoeducation helps clients to mindfully observe, and then describe or illustrate, the interplay of physical sensations, movements, and impulses as they arise. Ogden (2006) uses directed mindfulness by encouraging clients to learn to observe the effects of thoughts and emotions on the body: for example, noticing in which part of the body they feel the impact of a particular thought or how the body organizes a particular emotion. As the client recognizes his or her body's sensations, it becomes possible for the body itself to lead the client into a necessary resolution and calming of the physical experience.

Mindful awareness paves the way for self-reflection, which is fundamental in the discovery and revision of experience. In addition, mindful awareness fosters curiosity as the client looks inward, reflects upon his or her bodily experiences and chronic patterns, and comes to understand the physical manifestations of his or her beliefs (Goldstein & Ogden, 2012). Siegel (2012b; see also, Chapter 11, this volume) explores the neural and mental underpinnings of mindfulness training by

using a reflective practice called the *wheel of awareness*, in which the hub represents the spacious uncertainty of awareness and the rim stands for the specific perceptions, sensations, feelings, and thoughts that arise moment to moment. Individuals within groups can learn how to focus the spoke of the wheel to develop the capacity to strengthen the specificity and power of attention as the “rim review” is carried out within this 20-minute mind training exercise.

Ogden et al. (2012) posit that Sensorimotor Psychotherapy illuminates ways in which the multifaceted layers of nonverbal experience held in the body contribute to the challenges of the individual, including aspects of the body that may be less apparent to the client through the lens of more traditional psychotherapies. In these more traditional approaches beliefs are identified and reworked through a primarily top-down method that engages narrative expression. In contrast, using directed mindfulness in group psychotherapy, a Sensorimotor Psychotherapy approach leads participants beneath the words through focused attention on the sensations, emotions, and perceptions, especially their physical responses to past traumatic experiences and early attachment issues that leave their residue in the body, impacting present life experiences. Through enhancing group members' awareness of their body's participation in the problems, challenges, triggers, and responses they experience, an opportunity unfolds to enhance participants' mindful awareness. For example, as described in Goldstein and Ogden (2012), young children's boundary issues (e.g., inability to read peer cues, violating personal space, crashing into others) can be addressed by directing mindful attention to the body's participation in these conflict-laden interactions. An exercise done repetitively with two 6-year-old group members—wherein one beckons the other to come close, closer, and closer still—illuminates the difficulties in establishing boundaries, following through with those established, and respecting the wishes of their same-age peer who sets boundaries. The therapist (B.G.) guided these young children by slowing down her speech pattern and cadence, lowering her vocal tone and octave, and using her body to model a stop sign signaling that the other should not come closer (arms outstretched, wrists flexed, and palms open and facing outward demonstrating *stop* through stance and posture). In the next session, the two children's “interchange was recreated, much more slowly, with more preparation, as

[they] were invited to bring their awareness of their sensori-motor experience into the interchange, thus creating more and more space between the trigger and response" (Goldstein & Ogden, 2012, p. 15).

But what to do with those who are reluctant to work with mindfulness approaches in the group milieu? In our modern society, group members can find it difficult to hit the pause button in their lightning-fast, super-fiber-optic lives. Often an *edible hook* can be found to allow them to find a way in. "Jennifer," for example, was resistant to going along with the group in employing mindful meditations. She fought the use of imagery. The "quiet" that seemed to nourish others was anathema to her. That is where an opening presented itself for the practice of mindful eating in an experience that is both *novel* and *playful* to do so with intention.

As part of a group Jennifer was encouraged to place a piece of rich dark chocolate on her tongue (this exercise could be done with a raisin, a sip of water, or any food or drink). But first, before tasting it, she, along with the others, was encouraged to observe the shape and color of the chocolate. Participants were asked to create a silent description of how the sweet morsel appeared to them. They were then told to place the chocolate near their noses, to inhale and savor the smell of it. Questions were posed, such as what sort of emotions or memories come to mind by the scent of the chocolate? What thoughts spring forth? Jennifer and her group were asked to notice if any judgments arose such as, "This will make me fat" or "Too much of a good thing can be bad for you." She, along with others, was asked to notice if her salivary glands were triggered, to note the reactions in the body, to catch any associations with prior experiences. Now they were told to gently place the chocolate in their mouths, noticing the flavor, the texture. Was it gritty, smooth? Did it melt fast or slowly? Jennifer and her peers were prompted to feel the way the chocolate changed shape as it moved and molded in the mouth, to be aware of the sensations as it eased down their throat.

The look on the faces of her fellow group members mirrored that of her own and, in that moment, Jennifer found a mindful practice that spoke to her. The group milieu fostered interconnection and the leader's vocal cadence, tone, and overall energy throughout the exercise created a slow, thoughtful pace that hosted Jennifer's introspection and curios-

ity. Moreover, she may have inadvertently discovered something a little profound about her own ability.

In such a manner, group members can explore their sensory experience—from taste, touch, smell, hearing, and sight—and the feelings that arose—happy, sad, angry, upset, confused, and overwhelmed—as well as the thoughts that arose—memories, ideas, hopes, dreams, and goals. This emergent experience integrated the bottom-up as well as top-down processes.

### Breaking the Patterns of Early Attachment Trauma

We could propose that secure attachment requires the mindful presence of the caregiver (Siegel, 2012a). When such mindfulness is absent, various forms of insecure attachment may ensue. As children grow into their adolescent years without the reliable experience of attunement and *feeling felt*, avoidant, ambivalent/resistant, and disorganized forms of attachment may emerge. One aspect of such insecure attachment histories is a narrow *window of tolerance* (Siegel, 1999), a constriction in the width of arousal levels that is possible to experience and maintain an integrated, adaptive state. When thoughts, feelings, perceptions, or experiences go beyond that which feels tolerable, individuals may become rigid or chaotic as their states move away from integration.

In therapy that is healing, clients experience a widening of their windows of tolerance in the dyadic state of resonance that is facilitated by the therapists' (and group members') attunement with them. The PART therapists play in such transformative experiences can be remembered by this acronym, which stands for *presence, attunement, resonance, and trust*. It is mindful presence that enables us to attune to the inner life of others, to resonate with them, and then establish the trusting state of mind necessary for transformative growth. In this way, mindfulness evokes what Stephen Porges describes as the *social engagement system* (Porges, 2011), permitting new states to emerge and fostering deep learning.

Attachment insecurity and its associated restricted windows of tolerance for specific experience-dependent emotional states can each become the focus of therapeutic change. Mindfulness is both the facilitator and the outcome of cultivating presence so that attunement, resonance,

and trust become the mainstay of the therapeutic group process. Enhancing group members' mindful awareness as they identify habitual responses to traumatic moments, the group milieu can offer opportunities to explore the influence of early attachment relationships, developmental beliefs, and traumatic experiences. Focusing on moment-to-moment experiences, intentionally paying attention to somatic experience through self-observation, and mindfully bringing our attention to past experiences can help illuminate the foundations of early trauma, as described in the following work with a client whose overarching anxiety rendered individual therapy extremely triggering.

### *Case Example*

"Hans" experienced such overarching anxiety that individual therapy felt too triggering, as the necessity to engage in dialogue with the therapist felt prohibitive to him. He stated that he wasn't ready to make conversation. He consented to group therapy with the agreement that he could join as an observer, letting the group members know that when he accompanied his father to Alcoholics Anonymous (AA) meetings as a teen, no one made him speak. He entered therapy following an attempt to attend college, wherein exams were anxiety-provoking and then his anxiety spread until attending classes proved intolerable as well. His windows of tolerance for the emotions evoked in these settings were quite narrow. Mindful awareness in the safety of a group milieu offered a context in which he could experience and understand what was identified as *social anxiety* by his psychopharmacologist.

More traditionally oriented psychodynamic therapy—what Hans aptly described as "just talking"—only exacerbated his anxiety, triggering a flooding of emotions that was too overwhelming to deal with and rendering him filled with despair. It seemed that talking served to retraumatize Hans, and his avoidance of doing so would at least momentarily assuage the cascade of terror and self-loathing. Group therapy offered him a respite from talking, wherein he could listen to others share their experience. Our brains are profoundly social, and offering Hans the opportunity to become a member of a group helped build the presence that facilitated his attunement to others, his reso-

nance with them, and, ultimately, the emergence of trust within this membership.

Through gentle, supportive, attunement to Hans's experience, from the first moments that he arrived at group, through the duration of the 75-minute group session, his experience was one in which safety was paramount. The group leader adjusted to parameters Hans had requested—for example, averting direct eye gaze with him and pulling down the blinds a bit so as to darken the room slightly. Hans did not want to be seen at first, and individual therapy had left him feeling naked, vulnerable, and under-resourced. In welcome contrast, the environment and support of group members led to an increased sense of empowerment and belonging in him. Over time, Hans felt a semblance of control return as his anxiety lessened in the safe milieu, allowing space for his soul to crawl out from its hiding space. The group leader and the members conveyed compassionate curiosity about Hans's inner experience at any given moment, which, in turn, created a safe space that he could trust and "lean into."

### Concluding Reflections

Positive change is facilitated in group settings by inviting individuals to become members of an emergent process of presence, attunement, and resonance. The unfolding of a sense of safety and the feeling of trust are outgrowths of group leaders' cultivation of a mindful awareness within the group. By creating a space, a *bub of the mind*, in which uncertainty is embraced and the unfolding of new ways of experiencing old patterns of sensing and responding are seen for what they are—as learned adaptations—novel ways of being are collaboratively cultivated. In this way, mindfulness embraces uncertainty so that true presence emerges. Such presence enhances empathy, mental clarity, and even physiological well-being (see Parker, Nelson, Epel, & Siegel, in press).

The group format creates an ideal setting in which participants share their internal worlds that emerge with self-reflection. These shared reflections directly activate old, well-worn, top-down attachment models

that may have been imprisoning them for decades in repetitive and unhelpful ways of perceiving and behaving. It is within a mindfulness-based group setting that such patterns are given the space to be seen, examined, and understood with curiosity, openness, acceptance, and positive regard. Such therapeutic experiences are profoundly healing because they integrate previously chaotic and rigid states into a more coherent whole—in the individual and in the group as a unit. Moreover, revisiting beliefs with new emotional responses through thoughtful engagement with self and other in the group milieu fosters empathy and compassion, initially for the self, and then expanding to encompass fellow group members and, ultimately, beyond.

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