

APPROACHING
MINDFULNESS
FROM THE
SECOND DOOR OF
PERCEPTION

By Richard B Rosse MD

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EPIGRAPHS

**Be where you are; otherwise, you will miss your life.
--Buddha**

**'My secret is I don't mind what happens.'
Krishnamurti, Indian spiritual teacher**

**What we are looking for is what is looking.
Anonymous**

DEDICATION

To my past, current, and future patients and to the readers of this book who struggle with the concepts of mindfulness in their healing journeys. May they find their efforts in learning mindfulness as rewarding as I have thought they could be. May they find the stillness/peace/contentment and freedom from their Monkey Minds. May their FOMO become JOMO.*

*Interestingly, in response to FOMO (“Fear of Missing Out”), there is now JOMO (an acronym for the Joy of Missing Out), which is a mindfulness-based approach to enjoy (e.g., blissfully be, or with a slight Buddha smile) in each moment without worrying about what everyone else is doing. JOMO has become a response to FOMO (Fear of Missing Out).

Legal Statement/Disclaimer: Please note that my brief discussion in this book on the use of psychedelics in the treatment of psychiatric diseases does not condone or promote the nonprofessional use of illegal substances. My discussion of psychedelics in the context of mindfulness is purely for educational purposes, and my discussion does not constitute encouragement or promotion of illicit drug use in any form that would contravene existing laws. This book “does not promote, endorse or advocate using any illegal substances. I intend to inform you.

Patients in serious psychiatric distress (e.g. suicidal/personally and socially not able to function) are advised to seek professional mental health care; and should NOT see this book as a substitute for professional personal mental health care with a counselor/therapist/psychiatrist.

INTRODUCTION

In his book, Richard Rosse, MD explores the concept of mindfulness in relation to Aldous Huxley's famous mid-1950s work "The Doors of Perception." Dr. Rosse, a psychiatrist who has been teaching mindfulness to patients for over 40 years, delves into the first two doors of perception based on Huxley's ideas. Using the words of Dr. Rosse's favorite music group. i.e., The Beatles; this book outlines techniques/choices for "fixing a hole where the rain comes in... stops my mind from wandering, where it will go-ohhhh....."

This book aims to provide seeds of concepts that can grow slowly and percolate into a person's consciousness to be available for healing and greater awareness to help transcend suffering. Learning is facilitated by repetition throughout the book, with figures and tables facilitating reflective learning. Theory maps of the mind evolving over the past century or so help the reader better understand the sources of conscious and unconscious contents that emerge during mindfulness. You might also imagine the purpose of this book to be a raft to take you from the shore of mindlessness to the opposite shore of mindfulness.



Figure 1 State of Mind at Door #1 is anguish and stress

Door #1

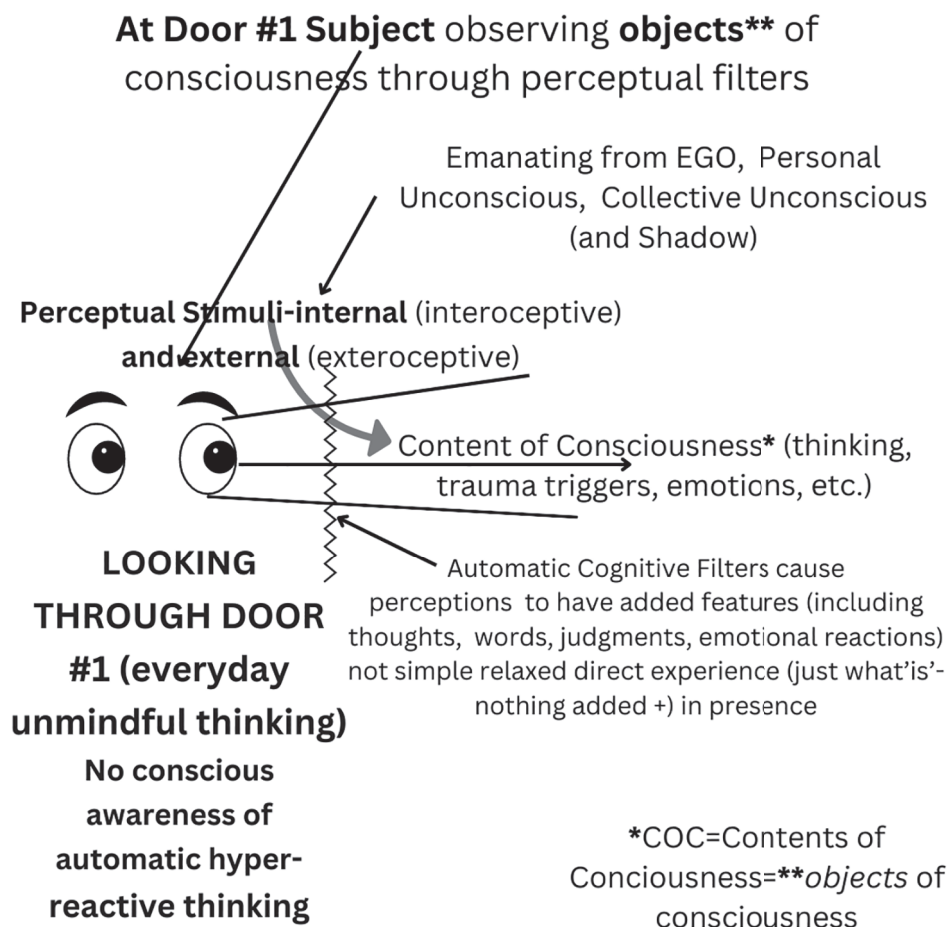
Through Door #1, what we see is what is, for most people, our everyday view of things, with our day-to-day, **automatic, autopilot**, often angst-filled consciousness through the “Monkey Mind” lens and other often unproductive mental filters (leaking into our awareness through Huxley’s ‘crevices’/ cracks in consciousness).

View through Door #1

- **critical judgments from cognitive filters/schemas**
- **discursive (i.e., self-talk)**
- **ego filters"contaminate" awareness**
- **"Monkey Mindedness"**
- **"Mexican jumping bean mind"**
- **associated with stress**
- **increased inflammation**
- **brain fog and mental agitation, unease**



At Door#1, we have Perception “+” (i.e., Perception “plus” a lot of ego interpretation, judgment, and negative emotion. As we approach Door #2, we approach everything in our consciousness with increasing awareness of the “plus” elements alluded to above (e.g., counterproductive, anxiogenic, depressiogenic, and even psychotic filters).



Door #2

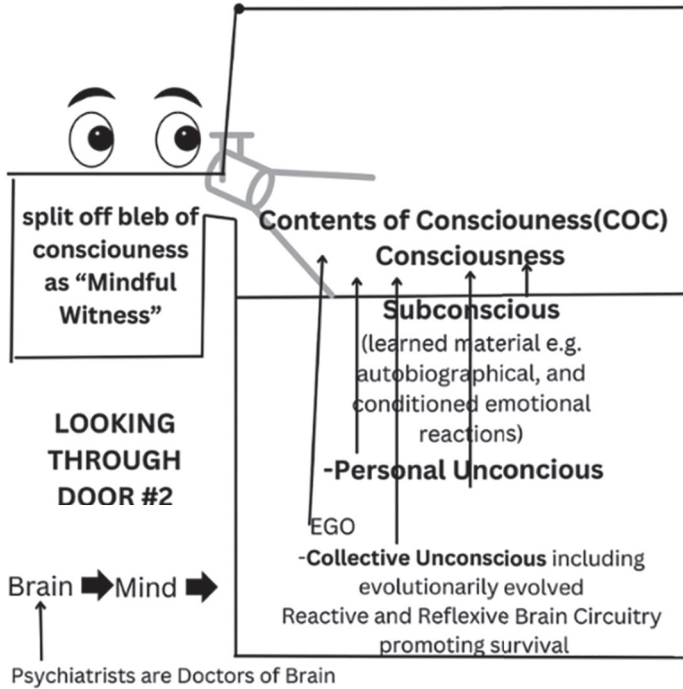
View through Door #2

- **non-judgmental**
- **non-discursive**
- **"bare awareness" of the present flow of consciousness with PRESENCE (shifting alertness and awareness to present moment experience, and not lost in thinking)**
- **Mindful alertness and awareness**

- **decreased**
"body stress response"
e.g., decreased markers of inflammation
- **greater mental clarity and calm**

At Door #2, we begin to experience Huxley's "mind-at-large" with growing awareness of these filters/intrusions of consciousness. "Our consciousness still includes our "monkey-mindedness" and emotional and cognitive filters (i.e., contents of consciousness=COC), but now with conscious awareness of them, now with the ability to "simply BE WITH" the "plus+" elements of Perception=COC, but now without so much emotional reactivity. Thus, at Door#2, we are at the threshold of viewing things with some mindful awareness (in fact, here we become "mindful" and we approach becoming aware of being aware!

DOOR #2 “CONSCIOUS OF BEING CONSCIOUS”



The book only touches upon the third door of perception. At this Door, we become aware of the “Oneness” of the Experienter and the Experience (also called “Nondualism”), and at doors perhaps beyond this, we become aware of our “Oneness with everyone on the planet; we see ourselves as one with everyone (Non-dual, non-separate mindfulness). In this state of mindfulness, there is a “centerless “awareness of awareness” reportedly absent of any self-referential thought. From this feeling of Oneness with everyone comes a heart-based mindfulness associated with infinite love for everyone and everything. However, this is a more advanced state of awareness that often requires great teachers and effort to

achieve (although some experts claim this is not so hard to achieve). No doubt, some will argue that only at Door 3 are we approaching mindfulness which is the “Mind-at-Large” that the Mystic, Aldous Huxley was referring to.

Dr. Rosse discusses the clinical uses of mindfulness for mental health and draws from his experience studying and using mindfulness practices with psychiatric patients since the 1970s. He’s always kept up with the work of Jon Kabat-Zinn. Dr. Rosse served as a member of an Investigational Review Board (IRB) that reviewed research in various areas of mindfulness as it applies to psychological and psychiatric clinical practice.

Even after retiring as the Chief of Psychiatry at the Washington, DC, VA Hospital, Dr. Rosse continues to integrate mindfulness practice with psychiatric treatments for patients of all ages, including children, teenagers, adults, geriatric, and even dying patients. He has learned practical ways to teach and make mindfulness practices helpful for patients of all ages. Dr. Rosse asserts the clinical utility of mindfulness and draws from his extensive experience of studying and using mindfulness practices with patients since the 1970s.

Dr. Rosse has made numerous contributions to the peer-reviewed psychiatric medical literature including book chapters in significant psychiatry textbooks and his own authored textbook. He has been routinely ranked among America’s top doctors since the year 2000.

CHAPTER 1

Choosing Mindfulness

It is the aim of this book to provide the reader with the necessary information and skills to help them successfully implement mindfulness practice.

I have been a practicing psychiatrist for over 40 years and have spent at least 30 of these years also teaching mindfulness to my patients, who are not uncommonly routinely overcome by the Momentum of their Stream of Consciousness (SOC) with its rambling thoughts and emotions, many who'd been exposed to mindfulness teaching from other clinicians/books, frustrated and finding mindfulness of little use to them and even being irritated at the notion that I would suggest they continue with their mindfulness efforts. Even after trying to practice mindfulness for years, they still feel as if they are drowning in the SOC.

Mindfulness efforts require an underlying foundation of psychological knowledge and then a lot of education and reeducation about the individual skills needed to achieve successful mindfulness practice, which is often frustrating when patients do not understand that mindfulness efforts are a continually rolling process throughout the day or meditation effort, using learned skills to approach the ideal of mindfulness, and I would argue that most individuals successfully

practicing mindfulness are simply only approaching, accepting being close to the ideal of mindfulness as “GOOD ENOUGH.” Approaching mindfulness is better than being on the other end of the mindfulness spectrum and not being mindful at all.

The Choice Between Stimulus and Response

To this end, I bring up some work by the famous psychiatrist, Victor Frankel, who wrote the book “Man’s Search for Meaning.” Victor Frankel survived a World War II concentration camp. There is a statement of his which is very relevant to this book. He said:

“Between every stimulus and response, there is a moment in time, perhaps only a few seconds, where we have a choice of what we are going to do.”



STIMULUS → TIME → Response

Between every stimulus (interoceptive or exteroceptive)



**there is time to
make a choice of behavioral response**

Time Between the Arrival of the Stimulus and Choice of Response

When it's time to make a choice, make it the mindful choice (i.e., to be mindful)→, to continually employ the skills outlined in this book to get back to getting closer to a mindfulness mindset → sing to yourself to the tune of The Beatles' "Get back, get back... get back... get back to mindfulness!" Repeat...

Choose Mindfulness

This book provides many different techniques/choices for getting ourselves CLOSER TO A MINDFUL MINDSET and pulling ourselves out of an overstimulated, autopilot, automatic, sympathetic nervous system (SNS) and mental confusion/fog and chaotic, suffering mental state.

A mindfulness mindset is maintaining attention to present-moment experiences with an open and nonjudgmental attitude. The breath becomes an initial purposeful target of attention, calming you to relax your flashlight focus to your breath, PAUSING YOUR THINKING; but your attentional awareness to the breath experience is typically lost, WITHIN MOMENTS, PERHAPS SECONDS but this target of attention (try to "Relax" back to the target of attention, i.e., the breath) is GENTLY (be compassionate with yourself) re-established repeatedly during mindful effort. This book will describe many techniques for resurrecting a mindful mindset besides breathing. These techniques will eventually begin

to **BLEND/FLOW** into each other, and ultimately, a “FLOW STATE” (with “effortless effort”) (Csikszentmihalyi,1996) of mindful effort (e.g., trait, dispositional mindfulness) can be achieved with more mindfulness meditation practice. The poet, Rumi, described the mindful state as:

“Flow down and down in always widening rings of being.”

— **Rumi**

In this state of FLOW, there is more a relaxation of attention rather than effortful focus, we relax into this Flow State of Mindfulness.

Remember the words from The Beatles song Tomorrow Never Knows”:

Turn off your mind

Relax and float downstream

It is not dying

It is not dying

Lay down all thoughts, surrender to the void

It is shining, it is shining

That you may see, the meaning of within,

it is being, it is being

That love is all, and love is everyone

It is knowing, it is knowing

That ignorance and hate may mourn the dead

It is believing, it is believing

Again, using Beatles' words, this book outlines techniques/choices for "Fixing a hole where the rain comes in... Stops my mind from wandering, where it will go-ohhhhh...."

This book discusses breathing techniques and other vehicles for getting closer to a mindful state. If we find ourselves in crisis and distress, we can always choose between employing one of the many different options outlined in this book to get closer to mindfulness associated with recovery and parasympathetic nervous system activation health promotion, decreased hypercortisolism, and greater peace and happiness.

Choosing mindful reframing: reframing the view through the frame of PEACE, STILLNESS, and spiritual freedom and not bondage to our thoughts and reactive emotionality.

At the top of the Thomas Jefferson Memorial in Washington, DC, is the Jefferson Quote:

"I have sworn upon the altar of God eternal hostility against every form of tyranny over the mind of man." Interestingly, Jefferson wrote this line in a letter to a psychiatrist at the time, named Dr. Benjamin Rush (the founder of what is now called the American Psychiatric Association). The Mindful Reframe helps us to be free of some of this anxiety-provoking tyranny we impose on ourselves.



Figure 2
CHOOSING TO VIEW
LIFE THROUGH LENS OF
MINDFUL-NESS

I suggest we choose to approach mindfulness as often as possible, by continually reframing our mindset and using our mind’s channel changer/remote to choose the channel of mindfulness. Choosing to see the world through the window frame of stillness rather than reactivity, anxiety, and feeling on edge. We choose to direct our consciousness and look through the “Mindful Window Frame.” We choose the perspective of seeing the world through the frame of mindfulness and peace. Note that reframing toward mindfulness is a shift toward becoming more aware of our thoughts and **Contents of Consciousness (COC)**. It is “being able to be with” our COC as they come through the frame and not resisting them: we relax into them. We are “accepting of their existence” and accepting of its meaning (often a part of Jungian “Shadow-work”) looking through the mindful window.

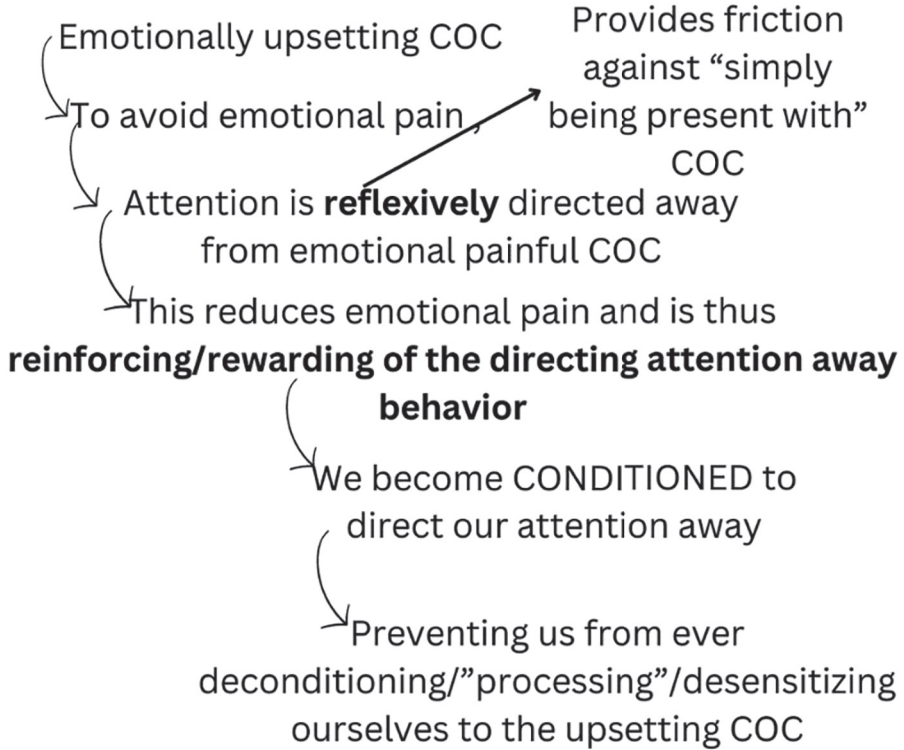
“What we resist persists.” The aim is to not resist the thoughts/emotions/**Content of Consciousness (COC)** in our heads but simply “be with [them].” **Be with, do not resist.** MINDFULNESS is not about controlling our minds. We are not trying to control the mind; but “be with/ be aware of the

mind/ with AWE of the mind and its COC.” We become mindful of the PULL OF OUR MIND (‘gravitational pull’) TRYING TO CONTROL US (I.E., OUR THINKING). We are not trying to suppress or repress thoughts, feelings, emotions, COC. The mind tries to pull us into drinking from many different “TOXIC” WELL WATERS to weaken us and reduce our vitality, the ego’s attempt to reduce our being a threat to others.

Major Barriers/Frictions to Mindfulness

- Boredom
- Craving greater excitement/reward
- Internet
- Social media (a major cause of suffering in present-day Western Societies responsible for epidemic of mental health problems)
- “Too busy”
- Overwhelming negative affect/mood
- Belief that mindfulness is a futile effort.
- Skepticism about effort/reward ratio;
- Negative beliefs, e.g., “Nothing can help my depression, anxiety”
- Severe pain, physical debility
- Restlessness, impatience
- Distracting, too readily available potential rewards
- Low energy, easy tiredness. laziness
- Procrastination tendencies, depression
- Avoiding negative emotional states and uncomfortable COC

We are conditioned to avoid, direct attention away from unpleasant COC (i.e. COC = contents of consciousness, or “objects” of consciousness)



Mindful Reframing



*Figure 3
RE-FRAME THROUGH
MINDFULNESS*

“Reframing” is a useful concept and a common intervention in modern psychotherapy. Instead of our ‘autopilot’ frame of “ANGST,” we will choose PEACE, STILLNESS, AND AWARENESS to be our frame through which we see the world as less threatening and stressful.

In general, when we employ reframing techniques, we shift our cognitive frame from a more negative, pessimistic view of the world to a frame that has a more optimistic perspective (e.g., viewing the glass as less “half empty” but more as “half full”). Through this mindful window, we are more prone to seeing opportunity and less prone to seeing potential catastrophe; we can learn to see situations as opportunities to learn and grow, become wiser and more philosophical (e.g., see ourselves becoming stronger through suffering versus becoming weaker). When we reframe experiencing the world as anxiety-provoking, we can see our anxiety as “excitement” or better yet, as preparation to take on a greater challenge and future success associated with the anxiety-provoking situation, versus seeing our anxiety as a predictor of poor outcomes, and less success.

CHAPTER 2

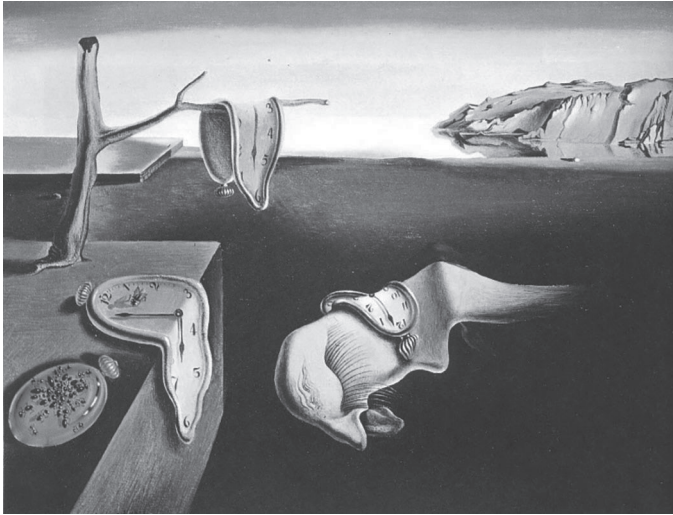
Finding Peace in Our Epidemic of Psychiatric Distress

As most people already understand, we are in the middle of an epidemic of psychiatric distress, especially characterized by experiences of intense, often treatment-resistant depression and anxiety (stress) and overall dissatisfaction with life.

Stress=Cortisol

Cortisol is one of the major stress hormones in the body, and there appears to be an epidemic of increased/hyper cortisol stimulation/activation in most of our brains. Chronic excessive cortisol exposure in the brain predisposes the brain to become depressed and anxious. **Mindfulness helps decrease the effects of hypercortisolism.**

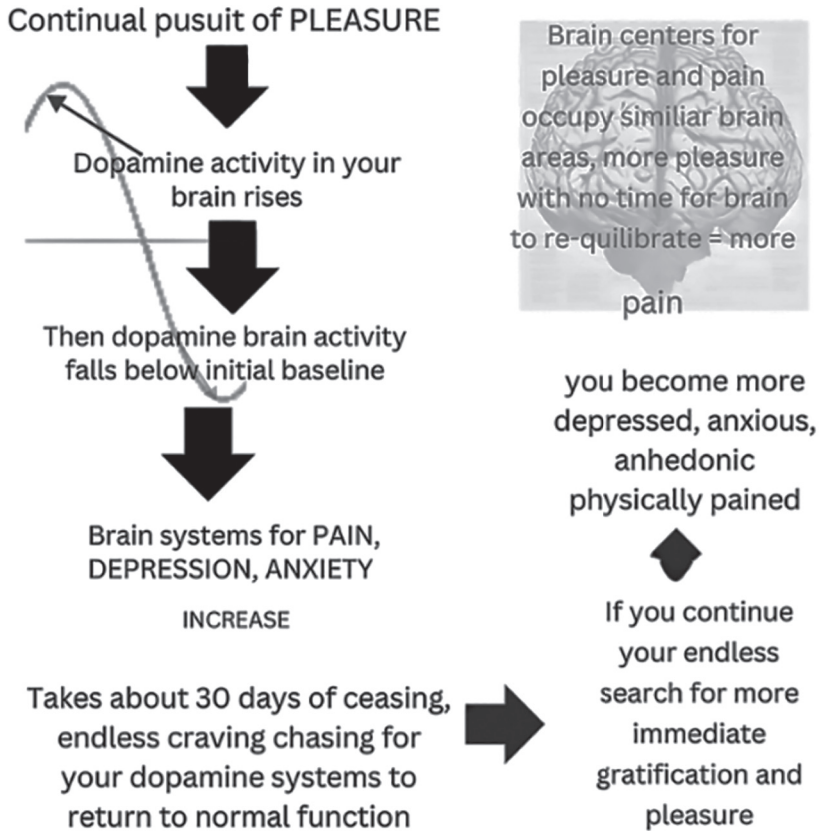
Something unique to us humans is that we can experience stress and then hold onto the memory of the stress; thus the physiological effects of the stress persist for a long time, past the time of the stressor. In fact, the memory of the stress is experienced by the brain as if the stressor were still present. Mindfulness practice helps to mitigate some of this persistence of stress memory (and its adverse effects on our brains and bodies) (Sapolsky, 1994).



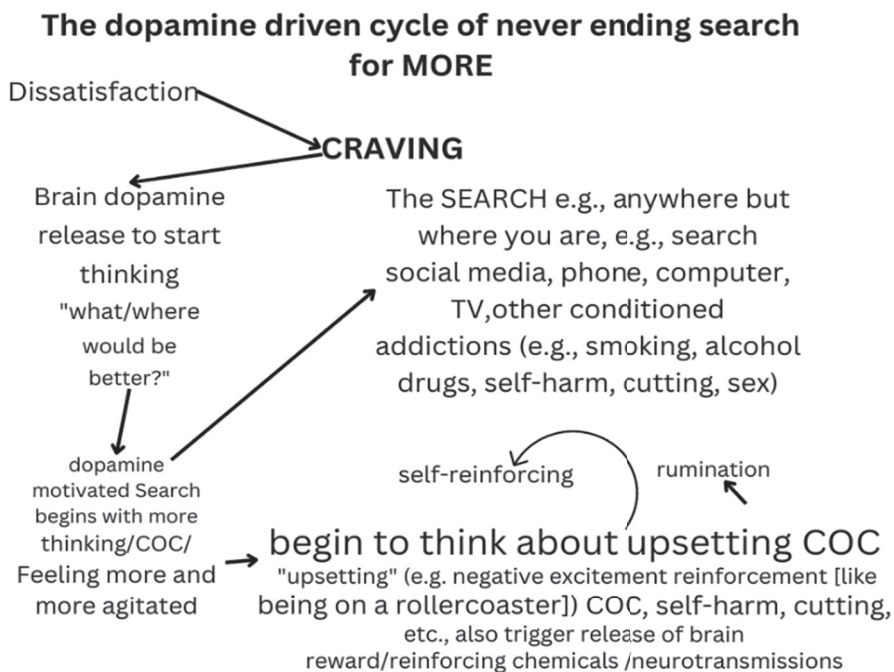
Salvador Dalí's 1931 painting *The Persistence of Memory*

Dopamine=Burnout: Never Satisfied, Constantly Craving More, and “Never Enough! Feeling Agitated and Driven Like a Motor” and Constantly Crashing!

“Constant cravings” for things we want drive us to want to satiate our pleasure brain circuitry continually. Pleasure is short-term, and in our society, we confuse pleasure with happiness and contentment (the latter is what most of us are looking for, and it is more long-term and durable). This continuous craving for more makes it difficult for us to sit still and meditate in silence for more than a moment/seconds.



Continually satiating our dopamine pleasure circuits makes it harder for us to experience pleasure in the long term. Continuous dopaminergic stimulation of neurons results in down-regulation of these downstream brain dopamine neurons. Chronic hypercortisolism + chronic dopamine overstimulation in the never-ending search for pleasure through drugs, such as cocaine/nicotine/compulsive searching for sex, shopping, buying material goods, compulsive videogame playing contributes to feelings of burnout, depression, and anxiety that can be countered by mindfulness practice.



Power of Dopamine

Since the explosion of human evolution, it has taken an estimated 50,000 years for us to spread and occupy almost every corner of the world. We spread to occupy the entire planet when the wheel was probably not yet invented.

Dopamine drove us to “find a better place.” There was the belief, to quote Leonard Bernstein’s song from West Side Story, that “there’s a place for us.”

We settled in one place, and within a few generations, our collective dopamine drive was ready to move us somewhere better. “This is not good enough! We [i.e., our collective I’s] want more!” Now that’s motivation, to be able to spread ourselves out over the entire globe!!

Today, we continue to realize we've yet to find that place for ourselves. No doubt, we'll be able to go to the moon, planets, and beyond to continue our search, but we will carry our dopamine-driven minds and continue to take our problems with us. We need to be able to quiet our brains, sit still for a few minutes, and find what we are looking for in ourselves.

For some of us, it is effortful and challenging to sit still, and even more difficult to still our minds and get out of the compulsion never to be satisfied and settle ourselves. Our past "settlement" was always temporary, and we were continuously moving on.

Mindfulness brings us closer to a state of mental "SETTLEMENT."

FOMO VERSUS JOMO

Another modern plague brought on by compulsive social media involvement is the anxiety and "fear of missing out" (FOMO). The latter is a particular type of anxiety/panic previously referred to in the German language as *Torschlusspanik*—which translates as "closing-gate panic," i.e., fear of closing of the gates. In Dark and Middle Ages Germany, when an area, e.g., a farming community, village, or township, was under threat from outside attack, there was the expectation that everybody from the surrounding area, e.g., surrounding a particular castle, would get themselves and families inside the castle before the attack. In the castle, they would

be protected, but outside the castle, they would be vulnerable to massacre, hence the anxiety and panic ensuing; thus anxiety/panic would drive them to quickly assemble all their belongings and family to get to the castle where they would be protected; at that time, it was fear of losing the protection of being inside the castle. In FOMO, psychological distress is related to the fear/anxiety of missing out on some opportunity for potential joy and happiness and being jealous that others have experienced this joy, and you will miss out. There is research suggesting that teenage overinvolvement in Internet social media makes them more prone to becoming depressed and anxious. As the baby boomer generation gets older, many of them go, “Oh no, it’s going to be over!” Torschlusspanik!



*Figure 4
Trying to get into the castle
before the castle doors close*

Interestingly, in response to FOMO, there is now JOMO (an acronym for the “Joy of Missing Out”), a mindfulness-based approach to enjoying (e.g., blissfully being [e.g., with a slight Buddha smile]) each moment without worrying about what

everyone else is doing. JOMO is a response to FOMO or the Fear of Missing Out. JOMO is a functional, mindful state.

To achieve, maintain this mindful mindset; it is helpful to keep the image of a Buddha's smile in mind, but of course, it needn't be only a Buddha smile, it could be any peaceful smile.



Figure 5 Smiling facilitates Mindfulness

Uptight, On Edge

Our day-to-day chaos, overstimulation, and overactivation from our modern high-tech world leave our nervous systems in a chronic state of feeling as if something is wrong/off. Even though saber tooth tigers have long become extinct, for most of us, our nervous system, especially our sympathetic nervous system (SNS), is chronically in overdrive. Even though there might be nothing for us to logically react to with our SNS, we are nevertheless on edge and anxious. Our brains seemed designed to always assume the worst (assuming a “better safe than sorry” strategy.)



Figure 6 Saber-toothed Tigers were major predators of our early Hominid Ancestors, something remembered in our Collective Unconscious.

Psychiatric Distress in Extreme

In my neighborhood recently, a man in the middle of a divorce, who lost his house and access to his children and was in severe distress with poor access to mental health care, had his home surrounded by local police who were asking him to come out with his hands up. He had done something to make him perceived as a danger that needed police presence to get him out of the house. On video captured with a cell phone, of police outside calling for him on a megaphone to “come out” with his “hands up,” all of a sudden, the house

blew up (like in Hollywood-boom!). He had a flare gun that he had been firing in the house and seemed to have turned the gas on, resulting in an extraordinary explosion of his brick suburban house in the Washington, DC suburbs that was supposed to be surrendered to his ex-wife. The police officer who had been calling for the occupant of the home to come out with his “hands up” can be heard on the video at the time of the explosion saying, “Uh-oh!”

I had never seen this home occupant as a patient and can only speculate that this very distressed individual was probably very depressed by his life situation. Having cared for both active military and veterans for many years, I had heard more than once that the pain of depression with its severe insomnia, anxiety, and inner agitation was worse than any physical pain from a physical wound that some of these veterans had experienced in combat, and they told me they would have traded their emotional agony from their severe depression for their experiences of combat-induced physical pain.

Current Psychiatric Treatment and Its Limitations

We have many scientifically supported treatments for depression and other forms of psychiatric distress; unfortunately, many of these treatments work for some people but not everyone. There was a time when the main psychiatric and psychological treatments involved “talking therapies,”

also called “talking cures.” Each of these talking cures was based on a “theoretical” psychological principle that involved some psychological cause and some “curative factor” that would resolve the depression/psychic distress and address the cause/root of the psychological agony.

Expounding on these different theoretical viewpoints about the roots of psychic distress and the myriad therapeutic stances would require a separate book (requiring elucidation of “behavioral, psychodynamic” and more recent neuroscience developments outside the purpose of this manual).

Medical interventions involving the use of various “antidepressant/antianxiety” medications, which in the long run were favored by medical insurance companies because even though the medications might be expensive, in the long run, they were cheaper and less costly to the insurance companies than talking therapies, which for some therapies, might take years to have an effect. Thankfully, insurance companies now pay for some talking treatments demonstrating efficacy in a shorter time than years, such as cognitive behavior therapy (CBT), behavioral, supportive, and shorter-term psychodynamic psychotherapeutic therapies.

An example of talking therapy that might take years to provide therapeutic benefit would be “psychoanalysis,” of which there are many different types. Insurance companies would pay for this type of treatment in the past, e.g., in the 1950s, 1960s, and early 1970s. These treatments were replaced by more quickly efficacious other talking therapies such

as cognitive behavioral therapies (CBT), typically combined with the use of medications. Treatments with medications became the mainstay of what insurance companies would pay for. Insurance companies also backed away from paying for laboratory and diagnostic testing to rule out potential underlying medical/organic causes of psychic distress/chronic fatigue/depressive ennui, arguing that the therapeutic diagnostic yield of such interventions was not worth the cost. (Although it certainly is worth the cost of discovering a medical cause of psychiatric distress of some insurance company CEO's family member). Insurance companies make money by not paying for their customers' claims. These companies stand behind their argument that we must make medical care less expensive so that it does not take up 20% of the gross national product (GDP)! This justifies every cost-cutting effort the insurance companies make, even if it deprives some patient members of undergoing diagnostic procedures and therapies that might be effective for treating their misery.

Mind-Body Connection

Psychiatrists are doctors of the body and brain. Doctors are trained as materialists: no brain, no mind. A psychiatrist's need to rule out medical causes of psychiatric conditions points to how artificial it is to separate the body, brain, and mind in diagnosis and treatment. Many psychiatric disturbances manifest themselves as bodily complaints, and many conditions of the body become causes of psychiatric distress.

In fact, many common mindfulness practices involve attending to bodily sensations (e.g., the Mindfulness Stress Reduction [MSR]) technique called the “body scan” involves focusing and moving non-judgmental, present moment attention through different regions of the body. This often involves slowly focusing attention from the top to the bottom of the body or *vice versa*, from bottom to top of the body). This training is theorized to improve body awareness, and learning to simply “Be with” and not simply just try to resist unpleasant body sensations and not being so easily pulled in by the mental gravity of body discomfort.

The Newer Talking Therapies→ More Psychoeducational

One new major principle underlying new forms of talking therapy is no longer focused on “getting to the deep root or cause” of the psychiatric problem but rather teaching clients/patients new SKILLS to handle their problems. Although different theoretical bases postulate different “causes” or “roots” (primary “drivers/motors”) of psychiatric problems and distress, many of these causes or roots/motors of psychiatric problems were postulated to involve some form of past painful psychic trauma that was not adequately processed and needed to be “more thoroughly dealt, with i.e., processed” one way or another.

Past Postulated “Drivers/Motors” of Psychic Distress→Psychotherapy to Turn Off These Motors.

The therapeutic principle of Freudian psychoanalysis was “the truth would set you free”(“**veritas vos liberabit**”) and that the root of your psychological pain was in your unconscious, and once you identified this unconscious element/driver/motor of your psychological pain e.g., “talked these out sufficiently,” you would be free of your psychiatric distress. However, this did not always prove to be the case, and patients could spend years in expensive psychotherapy and still be miserable.

In Jungian psychoanalysis, your unconscious also includes your “collective unconscious,” representing unconscious mental elements left by evolution (needed for our survival in the harsh evolutionary environment) needing to be processed. Note that we evolved with warrior/hunter/violent impulses needed for us to survive back then. But we were also hunted. ☹️

Lions and Tigers and Bears. Oh My!

Look at the picture of a prehistoric fish below; the brief fright you feel when first looking at this fish is related to its activating sympathetic nervous system (SNS) escape systems in your collective unconscious “reptilian brain.” Our fear of monsters

is undoubtedly derived from these evolutionary mental traces left with us in our “collective unconscious.” We also need to be mindful of elements of our collective unconscious!

Note that our Sympathetic Nervous Systems (SNS) represent millions/perhaps billions of years of collective animal→ human conditioning; many of the contents of the collective unconscious are directly plugged into the SNS, EVOKING MOTOR PATTERNS EXCLAIMING “ESCAPE! FIGHT! FREEZE! PLAY DEAD! DANGER, DANGER!” Your body’s motors of escape and fright are turned on and revved up!

It becomes hard for many of us to over-ride these billions of years of brain conditioning evolved to help us survive our harsh evolutionary environments, and many of us remain with high levels of anxiety despite not really having anything in the environment to be fearful of.



Figure 7 Deep within our brains, our invertebrate and vertebrate evolutionary ancestors had to escape these predators and memories of such threats remain deeply buried in our Collective Unconscious

The heyday of different psychoanalytic treatments was in the 1930s through the 1960s. Various psychoanalytic therapies emerged, focusing on different theoretical “unconscious elements” proposed to be “drivers” of psychic distress. For instance, in Adlerian psychotherapy or psychoanalysis, one would try to root out why one might have an “Inferiority Complex,” by examining your relationship with your parents and family to better understand why you were made to feel inferior or defective in some way compared to others. In Freudian psychoanalysis, the aim was to process your fears of competition/”fears of losing” related to your “Oedipal Complex/issues” thought to be due to aspects of your relationship with your parent of the opposite sex during childhood. In Karen Horney’s Horneyian psychoanalysis, the aim was to process the GAP between yourself that met the expectations of others (the “Monster Self” was the self always meeting the expectations of others without regard to your own desires) and your perceived actual self. You learned to “be yourself,” not the person designed to meet others’ expectations. Note that Karen Horney was the first to employ what she called Feminine Psychology/Psychoanalysis.

We Needed More Effective Therapies.

In our search for more effective therapies, we turned towards the East i.e., ancient Eastern Philosophies* (e.g., see the book by Allan Watts, *Psychotherapy East and West*).

There was great interest in developing different philosophies and theoretical constructs for talking therapies that would be more therapeutically effective.

What is now indisputable is the idea that Adverse Childhood Experiences (ACEs), such as the loss of a parent through death or divorce, etc. not only contributes to poor mental health outcomes in adulthood and a greater propensity for developing serious psychiatric illness and depression/ anxiety but also makes such persons who experienced ACE's more vulnerable to many serious physical problems as well.

Big” T” and Little “t” Psychological Traumas

I spent many years of my career as an academic psychiatrist in the Veterans Administration Medical System. In the late 1970s and early 1980s, the diagnosis of “Posttraumatic Stress Disorder”(PTSD) emerged and became a part of official psychiatric nomenclature. Yet I often got into arguments with older colleagues with more psychodynamic Freudian backgrounds who would argue with me about the diagnosis. They would argue that to have such a severe “neurotic” reaction to combat trauma, there had to be underlying psychological vulnerabilities from childhood; these psychoanalytically oriented clinicians would often not give diagnoses of PTSD to those applying for service connection for combat-induced PTSD, even though I saw these people as entirely deserving of the service connection for PTSD related to serious combat trauma experienced in adulthood.

Psychiatrists and psychologists from different theoretical backgrounds could not even agree on what to “call” or “diagnose” the patient’s psychiatric distress. However, there emerged the notion that both severe, life-threatening traumas

such as those experienced in natural disasters and combat and serious civilian accidents, loss of loved ones, as well as little “t” traumas from such non-life-threatening events as psychological humiliations, assaults on ones’ “ego integrity” and self-esteem, or social standing, had roles to play in understanding and treating psychological distress/depression/anxiety and other psychiatric ailments.

Both big” T” and little” t” traumas seemed capable of activating the “fight-or-flight nervous system (i.e., the sympathetic nervous system and sympathetic nervous system brain areas and brain circuitry). Evolution has equipped us with a sympathetic nervous system (SNS) designed to try to keep us safe and survive the harsh evolutionary environment.

Life or ego-threatening trauma stimulates/activates the Sympathetic Nervous System (SNS) Sympathetic Nervous System fight or flight response to danger or threat prepares the body to deal with danger or threat increases heart rate, increases blood volume to muscles and brain, inhibits gastrointestinal processes, e.g., reduces blood flow to the gut, increases availability of glucose and energy to the brain and muscles for fight or flight, mainly uses neurotransmitters epinephrine/adrenaline/ norepinephrine (epinephrine= adrenaline) increases lung functioning and availability of oxygen to the body, brain, and muscles, increases the size of the visual field so that more visual input can be taken to the brain and processed ; other neurotransmitters include adenosine triphosphate (ATP), the energy molecule of the body the sympathetic nervous system is a very high energy utilizer and

rapidly depletes resources of energy in the body. The SNS also “promotes” FAST THINKING/FAST THINK. “The SNS also promotes Monkey “Mind” and the chronic”

Note that Monkey Mind is STRONGLY CONNECTED TO THE SNS and promotes SNS ACTIVATION OVERSTIMULATION

Many peoples’ nervous systems remain in SNS IDLING and thus remain stuck in SNS activation. This is because in the ancient evolutionary environment, if the danger came on suddenly, the sympathetic nervous system needed to activate quickly and could be quicker going from an “idling” SNS state to a fully active and successful SNS (successful in getting you away from threat). Very often the SNS remains idling because the brain is not certain that the environment is truly still safe, and on some level, subconsciously or unconsciously assumes danger is still present.

Stuck In Over Activated Sympathetic Nervous System (SNS)

For patients stuck in this activated SNS, such as patients with chronic PTSD, there is now a successful treatment for PTSD that involves anesthetizing the sympathetic nervous system. This treatment is called Stellate Ganglion Block (SGB), and I have seen patients treated with this have their symptoms of PTSD, anxiety, and even depression removed in a matter of minutes!

II. The Parasympathetic Nervous System (PNS) prepares the body for CALM “REST AND DIGEST” RECOVERY and replenishment of energy feelings of vitality, decreases/constricts visual input to the brain, decreases the size of bronchioles and causes bronchoconstriction, making for calmer and less vigorous respiratory effort needed for survival in desperate situations; -→ stimulates vagal nerve and slows heart rate, stimulates salivation and other gastrointestinal processes; main neurotransmitter of the PNS is acetylcholine (ACH); restores energy resources in the body—RESTORATIVE promotes “SLOW THINK.”

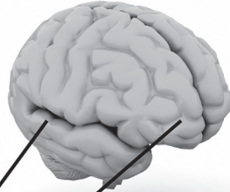
Some educators use the “PARA” in the “parasympathetic nervous system” to evoke the image of a parachute, suggesting the PNS helps the body and brain come in for a “soft landing.” Note that mindfulness is a strong promoter and facilitator of the PNS → the “rest and digest” relaxation part of the nervous system.

Also, the concept of “fight or flight response” involves Fast Thinking (system 1) automatic, emotion-based, intuitive, but more error-prone thinking very commonly used in our day-to-day thinking and decision-making—representing most of our thinking processes daily.

VERSUS slow thinking (“System 2 Thinking”): which is effortful, reasoned, logical, “RATIONAL,” AND perhaps more reliable for more complex decisions/problem-solving. The latter is promoted by mindfulness and the PNS!

Evolution wanted us to survive and did not care so much about whether we were happy—in fact, the assumption was we would be happy if we survived! Happiness is a function of our brain, interpreting us as surviving and “THRIVING.” (i.e., excelling in the “art” of surviving). In the environment in which we survived, so-called “slow thinking” (“SLOW THINK”) evolved when contemplating many aspects of a problem during problem-solving (e.g., inventing the wheel or figuring out ways to preserve fire); or carefully analyzing an environment for potential resources, and threats (e.g., was it safe to direct your attention and drink at this waterhole?).

Many predators (a few million years ago in our prehistoric evolutionary environment), such as a saber tooth tiger, could easily sneak up on us, and we’d successfully become its prey. Indeed, we needed and evolved with quick thinking (“FAST THINK”) to help us better deal with these life-threatening situations; thinking and action had to be quick and immediate, and there was little time for slow thinking and more careful contemplation of the environment. If we thought too long about whether there was a saber tooth tiger behind the bush, our genes had little chance of making it into the next generation.



Kahneman's (2011) Model of
(OFTEN TOO) **FAST (instinctive, emotional) SURVIVAL
MODE thinking and feeling** (System 1)

VERSUS

“SLOW THINKING” LOGICAL AND DELIBERATIVE
(SYSTEM 2)

System 1 “Fight/Flight/Faint/Freeze” responses involve automatic, emotion-based, intuitive, but more error-prone thinking, vs.

System 2 slow thinking is effortful, reasoned, logical, “RATIONAL,” and more reliable for more complex decisions/problem-solving. The latter is promoted by mindfulness and the PNS!

CHAPTER 3

Mindfulness as a Form of Perception

Mindfulness is often taught as a form of meditation. In this book it is a form of meditation, but even more a form of perception; enabling an individual throughout the day to maintain a mindful mindset as a backdrop to their perception of the world, in this book, mindfulness is more a continual practice of perception, involving paying attention to the present moment and accepting it without judgment.

Thus, mindfulness is a form of perception that can help people assume a stance of perception with awareness, with greater awareness of the **C**ontents of **C**onsciousness (**COC**), including thoughts and feelings.

Perception with Awareness of Monkey Mindedness or “Monkey Mind”



Figure 9 Emotionally REACTIVE Monkey Mind

The day-to-day chaos and overstimulation of our nervous systems in our modern high-tech world are reflected in what Buddhist Eastern philosophy and methods of psychotherapy call Monkey-Mindedness or Monkey Mind. The term Monkey Mind was first used by Buddhist practitioners to describe a state of unsettled mind restlessness, anxiety, lack of control in one's thoughts and emotions, and racing through the mind in a frenzied, manic manner (the opposite of stillness). Monkey mind is Fast Thinking gone awry.



Figure 10 Monkey Mind is illustrated above. Causes persistent mind chatter/noise and is strongly connected to the SNS. The banana on the brain represents the Monkey Mind's compulsive search for reward.

The Science Behind Mindfulness

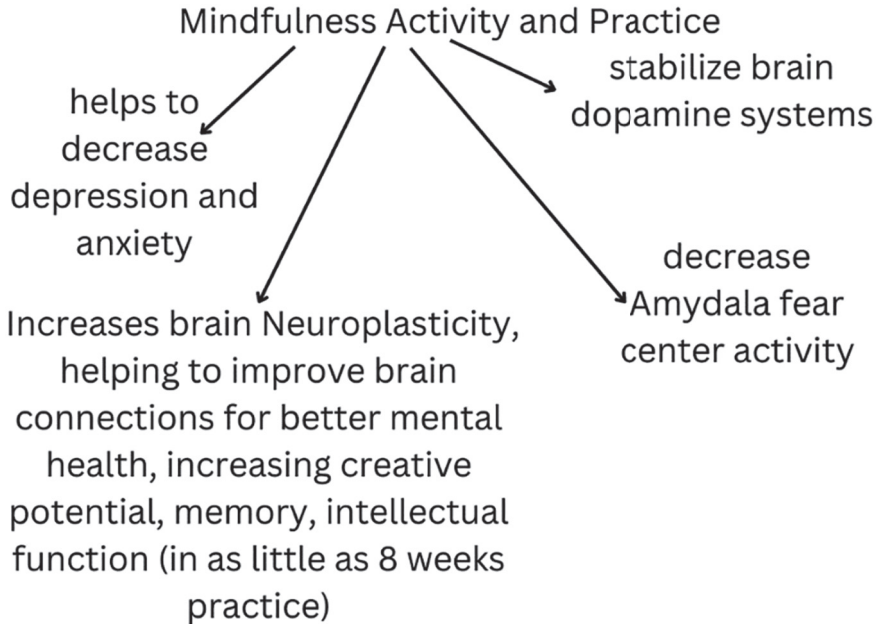
At its core, mindfulness, as originally introduced and taught by Jonn Kabat-Zinn, is the art of paying attention to the present moment without judgment.

It involves bringing awareness to one's thoughts, feelings, bodily sensations, and environment. This simple act of being fully present in whatever occupies one's mind has been found to impact the brain and body profoundly.

High-quality research has shown that mindfulness practices like meditation and yoga can change the brain's structure and function in helpful ways. Regular mindfulness practice can increase the size of the prefrontal cortex, the part of the brain responsible for decision-making, emotional regulation, and empathy (the prefrontal cortex is still developing in children and adolescents, and mindfulness has been shown to improve prefrontal functioning in persons of all ages). It also strengthens the connections between different brain regions, allowing for better communication and integration of thoughts and emotions, leading to better problem-solving skills and less need for aggressive and problematic behavioral solutions. (Interestingly, treatment with psychedelics, has similarly been found to improve and enhance brain connectivity in brain areas involved in problem-solving.)

Furthermore, mindfulness has been found to reduce activity in the amygdala, the brain's fear center. Individuals who practice mindfulness can better regulate their emotions and respond to stress in a calmer and more controlled manner.

As a result, mindfulness is highly effective in managing anxiety and stress-related disorders.



For those seeking to improve their productivity and focus, mindfulness can be a game-changer. Studies have shown that regular mindfulness practice enhances working memory and cognitive flexibility. By training the mind to stay focused on the task, individuals become more efficient and less prone to distractions. Mindfulness can be, for some, a valuable treatment or adjunct to medication treatment for patients with ADHD (Attention Deficit Hyperactivity Disorder), depression, and schizophrenia (but generally not as effective as well-chosen medications). It certainly can be useful as an adjunct to meds in patients with various psychiatric conditions.

Interestingly, in the *Doors of Perception*, Huxley took a stab at the science behind how Mescaline might induce “bare awareness” by removing mental filters and bringing about what we now know as mindfulness. Neuroscience, in 1953, was in its infancy, e.g., dopamine had not yet been discovered, and in fact, was known as prolactin inhibiting factor (PIF). When the book came out in 1953, we barely understood how neurons communicated with each other and knew even less about neural brain circuits.

However, they did understand glucose and how dependent the brain was on glucose for functioning. He proposed that Mescaline somehow depleted brain energy such that the ego’s mental filters and contamination of bare attention/mindfulness could no longer be maintained or supported, hence, Mescaline reduced the mental filters. Interestingly, there is now a renewed interest in the role of glucose metabolism in brain mitochondria and brain energy mechanisms in the brain and their role in psychiatric and psychological problems including anxiety, depression, and schizophrenia (Palmer, 2022).

**Huxley's 1953 Speculation about how
Mescaline might turn off the Ego's "Mental
Filters**

Mescaline
Ingestion



somehow decreased glucose
functioning in the brain



no longer adequate brain
energy to maintain the
Ego's mental filters



Permitting the
emergence of
"Mind at Large" "I
am" w/o EGO

CHAPTER 4

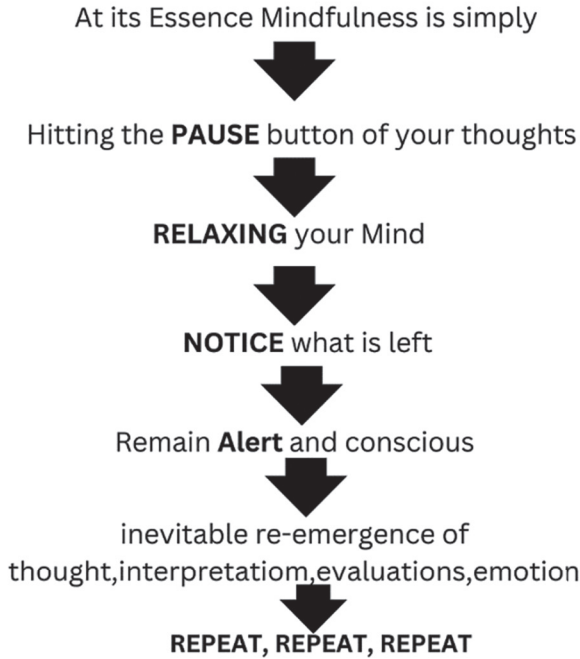
Introducing the “Doors of Perception”



This chapter delves into the connection between mindfulness and “The Doors of Perception,” and how mindfulness practice can benefit individuals from all walks of life.

What is Mindfulness, Anyway?

SIMPLY PUT: “Mindfulness is the art of paying attention (on purpose) to the present moment (‘the NOW’) in your mind’s space with a non-judgmental and accepting attitude.” Breathing and other relaxation techniques are often associated with the process of achieving mindfulness (breathing and other relaxation techniques will be examined in greater detail later in this chapter). Mindfulness can help decrease depression, anxiety, and other forms of psychological distress and even reverse some of the adverse brain changes associated with chronic stress.



In our search for peace and stillness (to counter our nervous system's overactivation), we come to the purpose of this book, which is to better understand the concept of mindfulness and its role in helping us achieve a sense of nervous system balance, stillness, and contentment. Foes of peace and happiness include a faster pace of life, psychosocial disturbances (psychological and interpersonal), unhealthy eating habits, and our sedentary lifestyle. Regular exercise and a physically healthy lifestyle, which includes getting enough sleep, and eating healthy are important companions to the practice of mindfulness.

Finding moments of stillness and clarity can be challenging in our fast-paced and chaotic "Monkey Minds." The practice

of mindfulness opens a world of possibilities, allowing us to explore the depths of our consciousness and perception.

Learning To Be Your Own Analyst; Maintaining a Sense of AWE of COC

In psychoanalysis, the analyst remains very curious and in AWE of the patient's thoughts and emotions, scratching his or her chin and then asking the proverbial analyst's "tell me more" or simply saying "Uh huh, uh huh," inviting, through the tone of their voice, the patient to say more and elaborate, implying continually "tell me more." It is helpful for the mediator seeking a mindfulness mindset to remain curious and maintain a sense of interest in their COC, emotions, etc.

This mindset in Buddhist meditation is called Beginners' Mind. In Zen Buddhism, there is the term ***Shoshin***, which means "**Beginner's Mind,**" **advocating that the practitioner assume an attitude of openness, interest in COC, and not having limiting preconceptions about, e.g., interpreting, evaluating, or JUDGING COC when meditating or approaching a mindful mindset (Suzuki, 1970).**

To better understand what mindfulness is, we consider the concept of mindfulness at the "Doors of Perception."

Enter 1953: "The Doors of Perception"

Aldous Huxley authored the book "The Doors of Perception" in 1953, and 3 years later, he expanded the book (in 1956) to

include in the original book, a follow-up essay titled, “Heaven and Hell.”

I first read these two Huxley writings published together as one book; the title “Heaven and Hell” comes from the mystic poet William Blake’s 1793 book “The Marriage of Heaven and Hell.” In the “Heaven and Hell” extension of “Doors of Perception,” Huxley, like Blake, was a mystic who thought we are “united by a common human yearning to experience the Divine.”

Huxley also evoked the notion that:

“We live within our minds, and within our minds, we can make Hell out of Heaven, and Heaven out of Hell.” Perhaps with mindfulness, we can begin to make Heaven out of Hell.

Seeing Things “As They Are” and Not with Overlying Judgments/Associations/or Other Such “Filters.”

Aldous Huxley wrote “The Doors of Perception” in 1953, after he obtained the psychedelic drug, mescaline, from a friend of his who was a psychiatrist. Mescaline was being studied in the 1950s along with other psychedelic agents for their potential therapeutic benefits in people suffering from psychiatric distress. Huxley noted that he saw things under the influence of Mescaline “as they were” and not with overlying

judgments/associations or intruding concerns/emotions. Hence, Huxley evoked the famous William Blake expression:

“If the doors of perception were cleansed everything would appear to man ‘as it is.’” [Huxley wrote this in the early 1950s, with more modern grammar, of course, everything would appear to man and woman (perhaps now best using the pronoun, us i.e., appear to “us”)].

Thus, “IF” the doors of perception were cleansed, everything would appear to us “as it is,” but also note that Blake was a mystic (as was Huxley). Blake thought that, like in so many mystical/spiritual/religious traditions, there was a benefit to feeling/expanding to feeling “INFINITE” (e.g., opening to all the “infinite” dimensions lying under the immediately observed universe, “Cosmic Consciousness, Quantum universe?” of spiritual and religious existence not normally experienced by us). This is not the aim of mindfulness as outlined in this book. It is not about achieving Nirvana; the aim is to achieve the type of mindfulness that has been studied by psychiatrists, psychologists, and other mental health workers, to ameliorate psychological suffering.

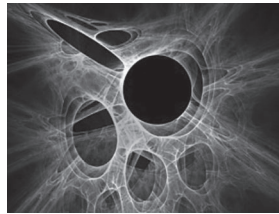


Figure 11 “Cosmic divine consciousness” as postulated by the “mystic -side” of Huxley

CHAPTER 5

Spectrum of Mindfulness At the “DOORS OF PERCEPTION”



There is a spectrum of mindfulness from being entirely not mindful to being entirely mindful. What makes one more mindful is to be able to be with your consciousness and its contents within both your internal and external environments and simply be able to “Be with” and “Be aware” of these conscious elements without being judgmental or overreacting to any conscious contents (COC). Being mindful involves a diffuse attentional stance (“BIG SKY MIND,” SOMETIMES filled with points of distracting COC, NOT NECESSARILY RELEVANT TO PRESENT MOMENT, but almost lost in the vast mental expansive space of “Big Sky Mind”) where one notices the many elements present in one’s consciousness

without focusing on any one element. Note that other forms of meditation use entirely focused attention, e.g., on a mantra, thought, belief, desired outcome, etc.

During mindfulness, there is a periodic shifting of attentional focus, for instance, there is initially a focus (focused attention, e.g., on breathing as a vehicle to enter a state of being in the present moment), nonjudgmentally PRESENT (“nonjudgmental presence”) with points of distracting conscious elements drifting about in the EXPANSIVE SPACE OF “BIG SKY MIND,” floodlight, alert attention to a larger mental space, with points of COC drifting about in the expansive Big Sky Mind).



Figure 12 In Big Sky Mindfulness the points of COC that enter awareness are frequently transitory and fleeting, like Lightning Bugs.

Mindfulness often involves a see-saw-like shifting from a mindful state of “being in the present” to a distracted, un-mindful state and a shifting from focused attention (spot-light) to diffuse (“panoramic” flood light) alert attention to a larger mental space i.e., “Big Sky Mind,” e.g., with episodic intrusive COC, judgmental thinking and Monkey Mind entering attention (panoramic attention/alertness). To re-establish mindfulness, there is a shift back to focused attention on e.g., some focused attention, typically on breathing (with breathing/breath as an **“anchor”** to attention) and back to simply “being there” with more diffuse (panoramic alertness/attention, “Big Sky Mind”) attention.

Mindfulness is a delicate balance, a dance if you will, between being fully present and occasionally slipping out of that state (e.g., losing non-judgmental focused attention on the present moment). This is a natural part of the process, and it's important to remember that even the most experienced practitioners experience these shifts. Rocking back and forth between pausing thoughts to becoming lost in thoughts!

- Note that the brain's left and right hemispheres are crucial in directing AND PROCESSING THE INPUT OF OUR ATTENTION; they provide two separate pathways for comprehending the meaning of what the attention is turned towards.

- The left hemisphere is more involved in directed and focused, 'spotlight' / “flashlight beam” of attention, such as when we need to grab or grasp something. What is perceived by the left hemisphere is a machine-like inanimate **re-presentation** of what is perceived, e.g., in words, etc..
- On the other hand, the right hemisphere directs/processes more panoramic attention, extracting meaning where **CONTEXT IS EVERYTHING**, giving life/animation to what’s perceived, allowing us to draw otherwise inchoate meaning and appreciate beauty, love, empathy, and compassion in our experiences (McGilchrist, Iain 2019).

Focus on breath (or whatever focusing technique you prefer) Notice body and mind experience of the moment and then INEVITABLE intrusions (attention often becoming more panoramic/diffuse because of intruding internal and external stimuli) that activate more focused mindful attention, e.g., to breathe, smile, rounded shoulders, relaxed jaw, intention to experience STILLNESS, etc.

Simply put, to be mindful means to be there as best you can. It is also very important not to be overly judgmental about your mindfulness, e.g., telling yourself, “This is not right; I am not really being mindful.”

During mindfulness, there is often active see-sawing back-and-forth from focused, unreactive attention, back to diffuse/panoramic attention (“floodlight alertness”) to include COC,

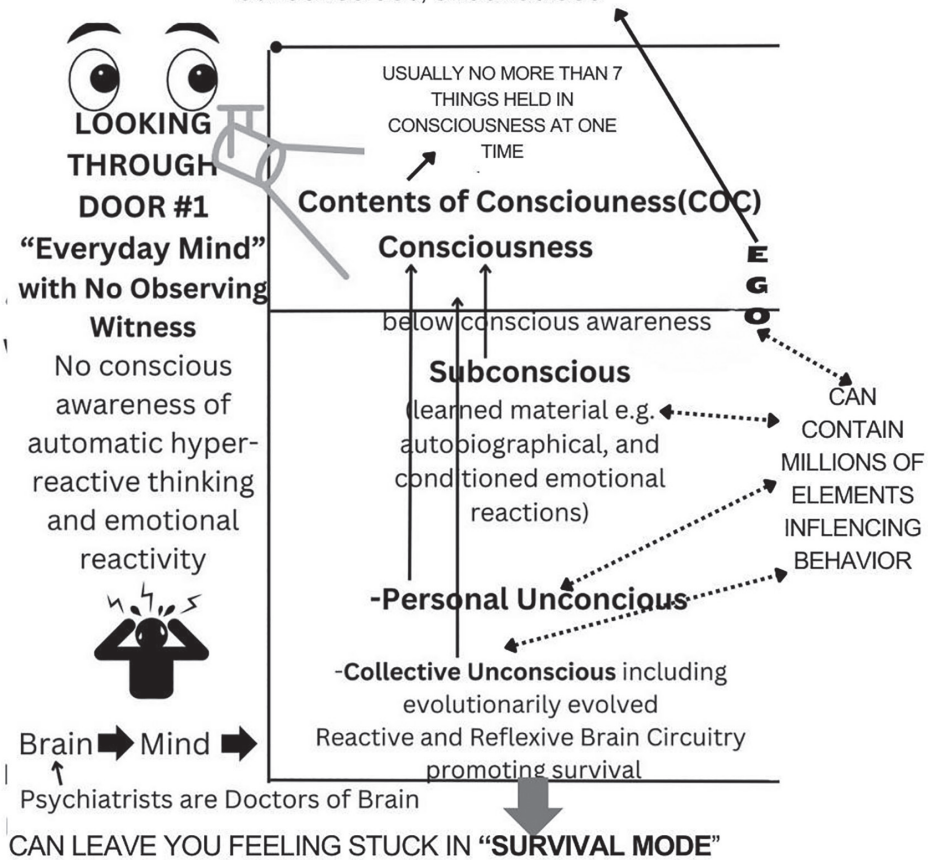
monkey-mindedness, and just “BEING THERE” >need to return to MORE focused attention on e.g., breathing/breath ANCHOR>re-enter the unreactive diffuse/PANORAMIC “BEING THERE” attentional state as best as we can. Hence, the ideal state of mindfulness is a marble pillar from which we constantly fall, but continuously try to re-establish/RETURN.



Figure 13 MINDFULNESS SEE-SAW BETWEEN mindful to unmindful/”-fallen out” of mindful mindset. FOCUSED ATTENTION TO MINDFULNESS ANCHOR and then to accommodate the inevitable intrusions of COC— SWITCH TO “BEING WITH COC WITH MORE PANORAMIC DIFFUSE ATTENTION, BUT THEN BACK TO MINDFUL ANCHOR,

Finding the Doors of Perception, Door#1view

EGO'S "REALITY TESTING" MAKES "MAPS" OF REALITY NOT NECESSARILY DEPICTING ACTUAL REALITY. SENSE OF REALITY ALSO INFLUENCED BY OTHER MIND ELEMENTS SUCH AS THE SUBCONSCIOUS, UNCONSCIOUS



Door #1 “Everyday Mind” (figure above) without “Observing Witness”; without awareness of monkey mind and with mental anguish and feeling overwhelmed. Through Door#1 (above) is the “unmindful view (i.e., not approaching a state of mindfulness.”

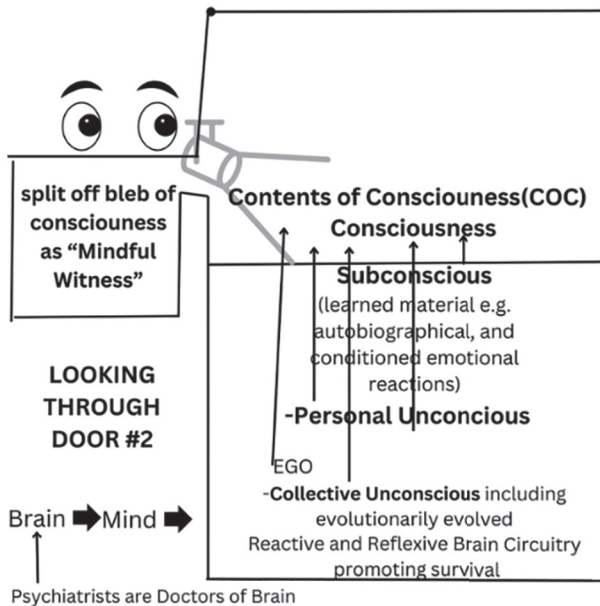


Through Door #1, there is the experience of monkey mind and emotions reactive to the contents of consciousness (COC); furthermore, the SNS is activated and you experience stress reactivity (let’s not forget the role of the body), but then walk through to



Door → #2: the experience seeing through this Door is being able to “just be there” with COC and much less SNS activation and stress reactivity, you are able to experience a spectrum of stillness and peace>if the experience of stillness and peace begins to disappear, this book will teach you techniques to be able to return to Door #2 to re-experience/ re-establish greater mindfulness with stillness and peace.

DOOR #2 “CONSCIOUS OF BEING CONSCIOUS”

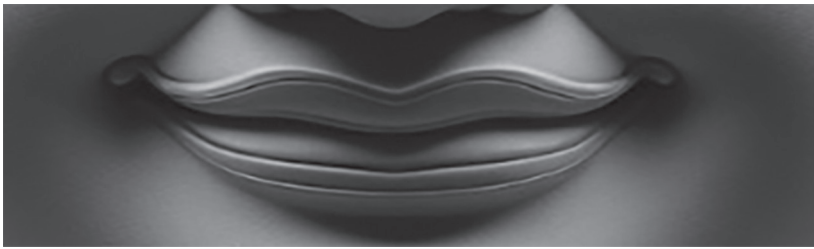


Through Door #2 you have a “mindful” view.

At both Door #1&2, we see the world through monkey mind and a myriad of brain/mind ASSOCIATIONS (Huxley called them FILTERS), but at Door 2, our mindset is different because, at Door #2, we are also aware of “being with” monkey

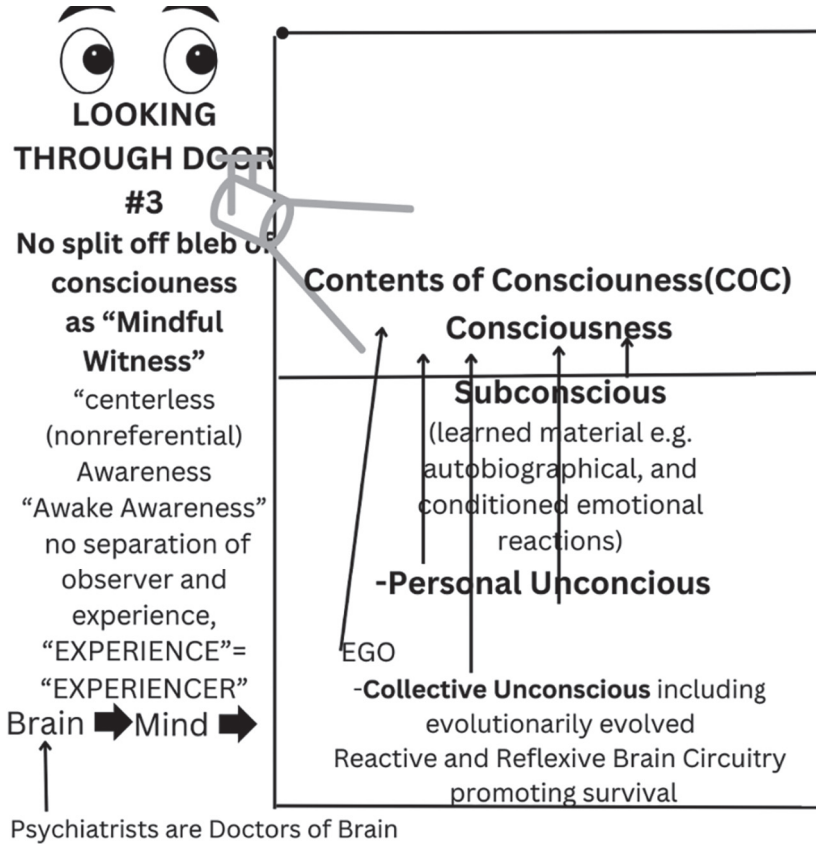
mind without emotional over-reactivity. Buddhists say we “befriend the monkey mind” and learn to simply “be there” and “witness monkey mind and COC WITHOUT STRESS. The Mindfulness techniques, using breath, stillness and peace mantras, smiling, mindful intention, muscular relaxation, mental reframing, and evoking expansiveness (perceptual expansion, e.g., evoking Big Sky Mind), etc., all help to decrease SNS activation, thus making mindfulness more approachable.

“I can see clearly now, the rain has gone”→Smile.



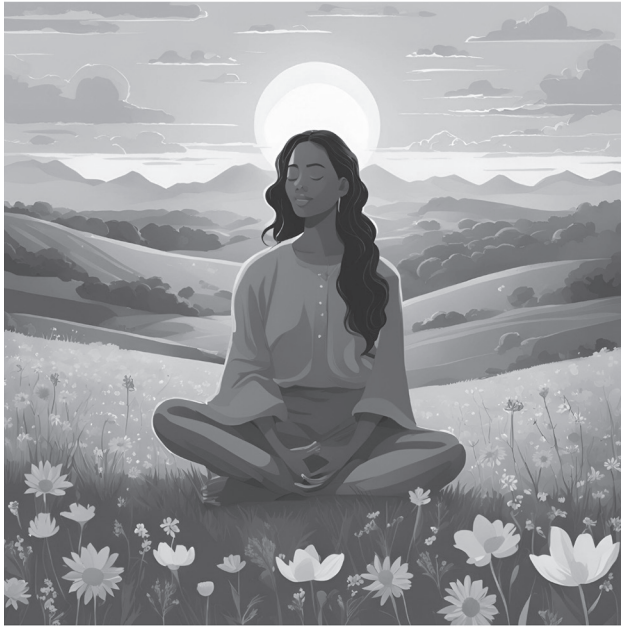
Door #2 view, with awareness of monkey mind and COC, but with peace and stillness and emotional nonreactivity. Monkey mind has receded into the background and is no longer prominent in this much quieter worldview. Monkey mind has been “befriended.” You are seeing much more CLEARLY now!”

The number of Doors of Perception are many; in this book, I stop at Door 2, but I did say earlier I would briefly address Door #3 and perhaps beyond, illustrated below. At Door # 3 you achieve a state of consciousness devoid of referential thought. There is an increased sense of oneness with others and an increase in lovingness toward others, without the automatic need to constantly compare yourself to others (also reportedly an increase in prosocial thinking associated with these increased feelings of lovingkindness). There is no piece of broken-off consciousness acting as an “Observing Witness” as seen at Door #2; there is only “Awake Awareness,” which is “One” with the experience. There is no separation between the observer, and what is observed; they become one. There is no need for the “observing witness.” There is no separation!



CHAPTER 6

The Importance of Being Gentle with Ourselves While Practicing Mindfulness!



When being mindful, be a GENTLE OBSERVER OF YOUR MIND DOING WHAT IT'S DOING; perfection is not the goal! Tell your therapist if you think you're having bad side effects to meditation efforts.

State versus Trait Mindfulness.

It is also important to note that we do not have to formally meditate cross-legged as in the image above, to be “mindful.” Brief periods of mindful meditation allow us to achieve what is called “State” Mindfulness (state implies briefer durations of mindfulness, perhaps on the order of seconds to minutes, maybe hours for more advanced

meditators). State mindfulness occurs for as long as the meditation lasts, e.g., 1 to 30 minutes (12, 15, and 20-minute meditation sessions are quite common now). State mindfulness occurs during mindfulness meditation, and trait mindfulness refers to a person's innate or learned ability to be more durably, continually, and even continuously mindful. This predisposition, to be more continually mindful daily, is also called Dispositional Mindfulness. Dispositional mindfulness, also known as trait mindfulness, is a type of mindful awareness that involves paying attention to our thoughts and feelings in the present moment without judgment or just being able to walk up to Door #2 and see through the door, clearly, without mental cobwebs, filters and distortions, and emotional reactivity and SNS overactivity.

Hence, we can strive for trait mindfulness and can choose to be at least partially mindful throughout our day during different tasks/activities.

It is important to be, as illustrated in the figure above, "gentle" with ourselves and not be overly judgmental about "how good" our states of mindfulness are. "Observe gently and be gentle." An important corollary to this is "Don't take your thoughts and emotions too seriously."

We are our awareness and not our ego or emotions or thoughts (much more on this in Chapter 8).

During mindfulness, there is periodic shifting of attentional focus; for instance, there is initially a focus (focused attention) on some internal or external cue, e.g., breathing as a

vehicle to enter a state of being mindful and being nonjudgmentally PRESENT (“nonjudgmental presence”) with more diffuse conscious elements.

“Topping Off” Breathing During Breath Focus

We will discuss other breathing techniques that help us achieve mindfulness, but here I will briefly discuss a rapid breathing technique to help quickly calm the sympathetic nervous system (SNS) and help us to achieve/approach mindfulness more rapidly.

In this breathing technique we focus on breathing in slowly on the count of 1,2,3,4, then “top off” our inhalation with a quick additional inhalation breath (e.g., on the 4th count or additional one “top off” count, or 1,2,3, SIGHING BREATH), followed by breathing out on the count of out,2,3,4,5,6. **Eventually, you should learn to do this without counting the breaths. Simply become aware of your natural breathing**

Aim to Make Breathing Out Longer Than Breathing In

As previously discussed, the parasympathetic nervous system (PSNS) is that part of the nervous system that supports rest and relaxation. An activated PSNS promotes a mindful attitude by calming the brain and mind, thus reducing cognitive clutter (e.g., monkey mind, or “Mexican Jumping Bean

Mind”) By making the out-breath/ breath out longer than the in-breath; the up ramp of inhalation is longer than the down ramp ex -halation breathing out (this helps better activate the PSNS), setting a better platform for a mindfulness mindset throughout your day.

Exhalation longer than the duration of inhalation activates “Rest and Digest” Parasympathetic nervous system (PNS) and decreases Sympathetic Nervous system dominance, facilitating Mindfulness Mindset



Imagine a Playground slide (side view) with in-breath/inhalation (ladder up) and exhalation as slide going down (slide down is “sticky” slowing descent down slide, making the duration of slide down = “exhalation **longer** than inhalation”), e.g., inhalation (diaphragmatic) as “In, 2,3” and exhalation as “Out, 2,3,4,5” i.e., longer exhalation (can include brief exhalation pauses) --> **Activates PNS** (total breath about 40% inhalation and 60% exhalation)

CHAPTER 7

Continually Falling Off the Pedestal of Mindfulness, But Then Returning (ON-OFF-REPEAT)

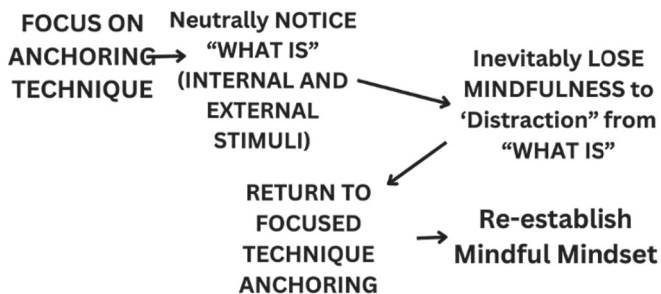


Figure 14 Mindfulness is an ideal; we approach the pedestal of mindfulness, but will inevitably fall off the pedestal, but later return to it.

We strive to approach a mindful mindset.

Mindfulness meditation during daily practice facilitates our ability to approach mindfulness daily (i.e., better develop trait/dispositional mindfulness).

Remember, mindfulness often involves a see-saw-like shift from focused attention to diffuse (panoramic) attention. Still, if judgmental thinking or monkey mind enters, to reestablish mindfulness, there is a shift back to focused attention on breathing and back to simply being there with more diffuse attention. To be mindful is to simply “be there.”



MINDFUL MINDSET-->repeat and repeat

Need to unlearn seeing Mindfulness as
"Boring"

Need to Unlearn Seeing Mindfulness As "Boring" Need to learn to be with "Boring"



Figure 15 For some, there are not enough "Dopamine Hits" from Mindfulness Practice!

I wish I had a dollar for every time a patient told me how boring the practice of mindfulness is. Often teenagers whine:

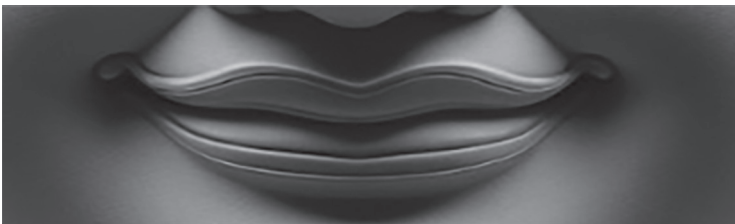
"Dr. Rosse, this is so boring!!!

We live in a technological environment now with a lot of opportunities to get perpetual “dopamine hits” from constant stimulation available online, on our phones, computers, and computer tablets. We can barely hold our attention for a minute or so before craving new distractions from our feelings of emptiness and boredom. I ask my patients to try to be with their boredom and have a beginner’s mind toward their inability to tolerate it. Some would rather cut themselves than deal with feelings of boredom and emptiness which they will describe as evolving into feeling “numb.”

Dopamine Detox

By intermittent fasting from activities that bring instant/immediate reward/pleasure, one might learn to become more tolerant of “being **bored**” (e.g., **constantly “craving more interesting/exciting stimuli”**).

Mindfulness is a “rolling”/flowing continuous process of not being close to mindfulness and getting closer to a mindful mindset, often back and forth (like the image of the teeter-totter previously evoked). The techniques helping you achieve mindfulness, such as breathing techniques, muscular relaxation, labeling COC, etc., should FLOW/BLEND into each other as part of a continual process of getting closer and approaching mindfulness.



Learning to be Intentional About Being Intentional About Choosing Mindfulness At Door #2

With intention, we direct our focus and direct ourselves to accomplish something. In the case of this book, it is approaching mindfulness. Intention is about achieving a direction and goal in life, i.e., a movement toward accomplishing something.” With intention, you gently incline the mind in the direction of achieving some goal.

Begin each day with your Intention, e.g., “May I be mindful,” “May I be at peace,” “May I find stillness,” or whatever your positive intention might be: “May I be _____.”

E.g., “May I find Door #2 easily, with stillness, peace, and love for all” (and with a smile on my face).

Incline your **intention** (i.e. direct your mental energy) to accomplish approaching Mindfulness



Gently Point yourself in the direction of Mindfulness



With Flow , stay in touch with your intention to be mindful as you move through your day



Approach Door #2 with Intention of just being aware of your awareness and clear of ego distraction

Intend on being Intentional about Mindfulness



FLOW STATE (Csikszentmihalyi, 1996) of Mindful Effort can be achieved. Flow State = Effortless Effort during mindfulness practice. Focus on “techniques” e.g., focusing breath (even with one breath), smile, muscle relaxation of shoulders or forehead or jaw, and then neutrally NOTICE body-mind and

just be there as best you can without judgment or reactivity of your noticed experience—Mental intrusions are INEVITABLE AND YOU THEN RETURN.

Focus on internal/interoceptive cue (e.g. breath, smile, feeling of feet touching ground, buttocks touching chair versus exteroceptive/external cue (e.g., tree in front of you, candle, bell sound, tone) PAUSE/RELAX THOUGHT



NOTICE and remain alert to what's in your awareness



Notice becoming "lost in thought"/COC



ReFocus on simply "Being Here"



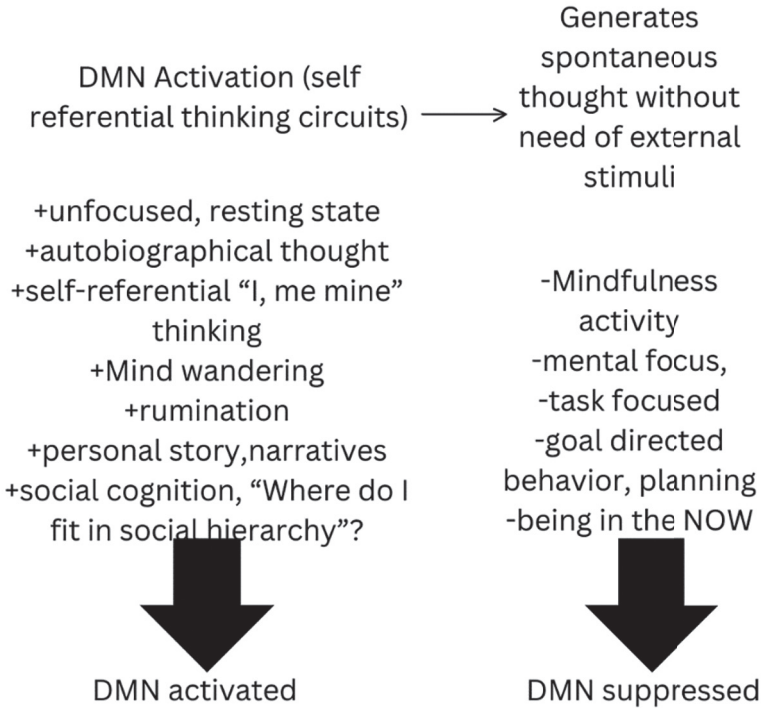
With **INTENTION TO BE MINDFUL/ AWARE OF BEING AWARE**

BECOMING "LOST IN THOUGHT" IS TRIGGER TO RE-ESTABLISH MINDFUL WITNESS

Mind Wandering

In this book, diffuse attention is attention spread out among different conscious elements (i.e., diffuse, panoramic), as can be seen with mind wandering. Researchers in mindfulness have been very interested in the role of the BRAIN CIRCUIT CALLED THE DEFAULT MODE NETWORK (DMN) in mind wandering, and some have even proposed it as a network of brain structures very much involved in self-referential ego functions. The DMN TURNS OFF WITH FOCUSED ATTENTION. If your mind begins to wander, you're at Door #1. You need to get back to Door #2, e.g., initially using focused attention on your breath, consciously labeling, i.e., recognizing

your thinking as “Mind Wandering.” Mind Wandering is not conducive to Mindfulness.

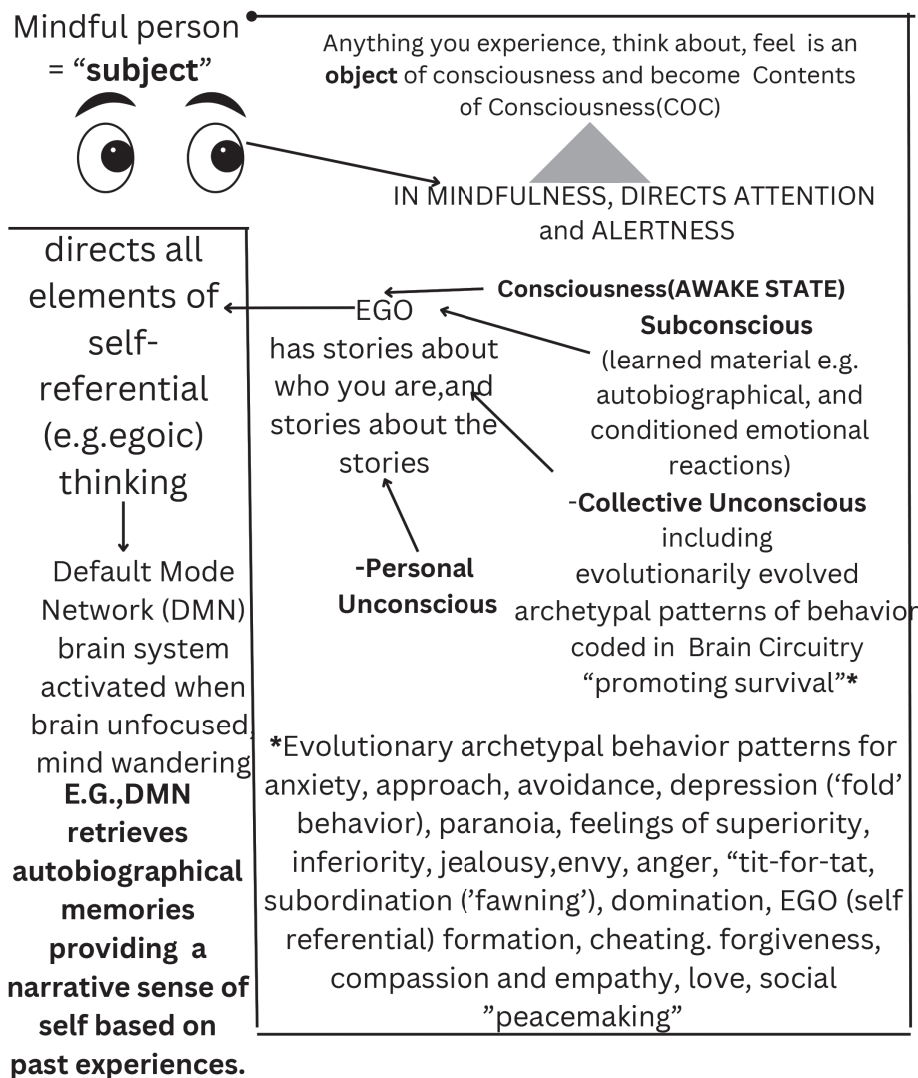


The Default Mode Network is more turned on/activated at Door 1, and not so activated at Door 2. The DMN is the crevice that William Blake above says contaminates direct experience and the ability to simply “BE THERE” at Door #2.

Interestingly, as part of Huxley’s experience with Mescaline, he was able to see a rose, for the first time he could remember, just as a rose and simply experience all the rose’s “particles” of matter that made up the rose and simply have the experience of the rose (he was looking at a glass vase of roses in front

of him, with no other thoughts/monkey mindedness/stories, words or word associations intruding on his consciousness).

Relationship Between DEFAULT MODE NETWORK AND OTHER MIND COMPONENTS AND CONCEPTS



Mindfulness aims to be there with nonjudgemental awareness and not to do anything with it but simply be with your awareness in the present moment. Hence, the importance of mindfulness is “TO **BE**” AND “NOT **DO!**” However, there is the classic dialectic that being is a form of doing, but it should not be “doing” very much.

CHAPTER 8

Ego As Major Source of Psychological Distress (Egolessness As the Royal Road to Mindfulness)

It was in the book *The Doors of Perception* that I was first introduced to the concept of “ego death” and “egolessness.” In *The Doors of Perception*, Huxley thought Mescaline could help “wake us up” to the awareness of our ego.

The Ego is Driven by Reward and Recognition.

The ego Huxley is referring to is that entity of our minds that we identify as our “self” that is dopamine-driven in our brains and motivates us to do what we do; dopamine is the fuel of the ego, driving us toward reward.

The ego was the person’s identity or life story; to become egoless was to achieve pure awareness of everything in the person’s mind and even the universe (Huxley was a mystic with interests in the latter); and enabled the person to transcend their mundane personal preoccupations, problems, and mental matters. Huxley thought that Mescaline was able to help him transcend his sense of self (he called it “the I” and “not I,” the latter being a non-self-identified awareness = “ego-free” consciousness).

Our economic culture defines us by our accomplishments/ earning potential and possessions, especially our prized possessions. Having a craving and never-satisfied ego is good for the economy (e.g., it drives us to produce goods to make more money, so we can buy, buy, buy more goods from others, to feel better about ourselves! The ego is an important economic entity of our economy.

When I first read about “egolessness, I initially thought it impossible to rid myself of ego. Didn’t we need the ego to do things, e.g., make decisions and solve problems day-to-day? Wasn’t it hard to practically exist without an ego? Would I not be losing something of great value if I lost my ego identity? Didn’t I need my ego to function and survive? Didn’t I need my ego to solve my problems? The concept of egolessness became especially difficult when I entered psychiatric training in the 1970s to 80s, when psychoanalytic training spoke about the “ego” being important in doing this, doing that, and everything else, in psychoanalytic theory, seemed to revolve around the “EGO.”

My training became a resonating chamber about the seeming importance of “ego.” My questions about Buddhism, Alan Watts, Zen, and Eastern religions, advocating for “egolessness” were met derisively by my psychoanalytic supervisors who thought such search for “egolessness” was a regressive desire (i.e., a form of neurotic regressive defense to achieve ecstasy and bliss by seeking what amounted to a neurotic desire to “return to the womb” or “yearning for the womb” and not face the reality of a competitive, difficult world, full

of suffering”). They saw the desire for egolessness as a form of Regressive Psychological Defense. Interestingly, the acronym for such regression is A- R-I-S-E = **A**daptive **R**egression in **S**ervice of **E**go. ARISE is often considered adaptive, e.g., resting and recovering on vacation in “stillness” and “peace”. Play is also a form of ARISE.

As I contemplated the sense of egolessness, I began to realize that everything I did, I did for a personal sense of self. My motivation was to do things that would result in something I would have to SHOW to others, and without my ability to show things to others, I would lose my sense of self. Could I give up my life devotion to myself? Could my life be of service to life itself? As a physician, could I learn to be in selfless service to my patients? Could I live without a need for the approval or great respect of others? I clearly saw that for many, life was about service to others and service to their God. Could I emerge from my selfishness? It seemed to me to be UNNATURAL to do so (and there was the increasingly popular Ann Rand preaching the “virtue of selfishness!”). Nevertheless, I quested for egolessness, along with millions of others in the '60s, '70s, and '80s.

Confusion About the Meaning of “Ego”

The “ego,” which we want to be without, is the ego that drives narcissism, the “ego” demanding compulsive recognition of their greatness in whatever domain (e.g., intelligence, social status, etc.), not the ego theorized by psychologists, and psychiatrists to serve some psychological functions such as

“executive” control or control and management of cognitive processes. It is this latter “ego” that we speak of when we discuss a theoretical ego that we might want to “strengthen,” as this theoretically constructed ego is not the ego we speak of when we say “don’t overidentify with your ego” and when we speak of striving for “egolessness.”

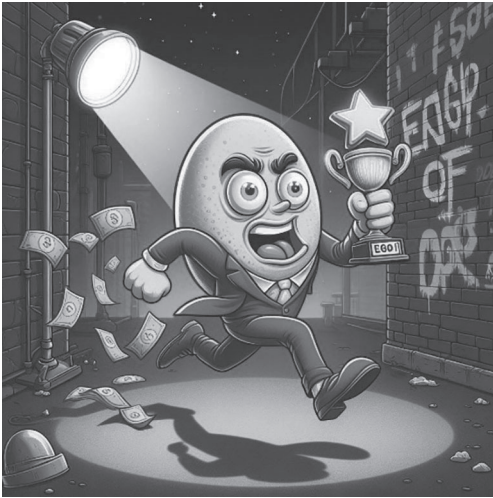


Figure 16 To become egoless is to lose the ego preoccupied with status, hierarchical social position, dominance, and power. Egoic/hierarchical thinking involves comparing oneself to others.

The Egoless Equation

$$\begin{aligned} \text{MIND} \text{ -- } \text{EGO} &= && \text{"MIND AT LARGE"} = \text{AWARE} \\ &&& \text{MIND} \\ &&& = \text{AWAKENED MIND} \\ &&& = \text{Pure Consciousness} = \text{"true I"} \\ &&& = \text{"NOT I"} \text{ (Our "I" was our ego).} \end{aligned}$$

Huxley saw the EGO as a FILTER (causing distortions) of consciousness and thought and he implicitly proposed the following equation: MIND-[minus] EGO="Mind at Large"=TRUE AWARENESS AND AWAKENING and "freedom from ego." Huxley thought the greatest fulfillment of life was such "spiritual awakening."

We must remember that we are not our thoughts or ego, but the stillness and consciousness (the "not I") UNDER these thoughts. We **are** the awareness of our ego. We must learn to not take our thoughts and emotions so personally, or to **overidentify** with our thoughts, emotions, and COC!

Nonidentification with thoughts, emotions, and COC is an important part of mindfulness! We are our consciousness and awareness, not our ego. You do not need your ego to direct your attention, the "not-I," i.e., your awareness and consciousness can direct your attention and other psychological functions previously delegated as "ego functions."

Additionally, some use the terms ego and self interchangeably. This is technically incorrect. Technically, the ego is the center of consciousness, whereas the Self is the total personality, including consciousness, the personal and collective unconscious, and the ego. Hence the Self is the whole of our being, and the ego a part.

Why Ego? (Yet More Evolutionary Baggage)

Just like so many other psychiatric/ psychological problems stem from issues related to our evolution over the past million

years, so does the ego wire our brains to over-react. Humans evolved as social animals; we could not survive unless others saw value in our doing so and belonging to the group; we evolved with the need for recognition (“dopamine hits”) from others to whom we had something to offer, otherwise, we might be discarded. We evolved as needy cravers, especially **cravers of recognition** of what we had to offer to others in our social unit/group. Otherwise, we might perish because we would not be protected or assisted in our survival. We are wired to be cravers of attention from others. In order to survive our harsh evolutionary environment, dopamine continuously motivates us to monitor how others attend to us and to do things that garner this attention, and the brain also supplies epinephrine to be activated/energized to put on the continuous “SHOW” TO GAIN THE SPOTLIGHT TO MOTIVATE OTHERS TO HELP US SURVIVE. Epinephrine can activate us and just leave us agitated, hypervigilant, and anxious, as we constantly strive for recognition.

Many of these primitive evolutionary-based reflexive behaviors become activated in times of “stress” where the brain needs some automatic behavior that in the past had proven helpful for survival in various situations. Because our brain can remember previous stresses and exterior environments like the original stressful experience, often these primitive reflexive behaviors become manifest at times when the stress is really only imagined to be present and is not entirely relevant to a person’s current circumstances.

**Evolution of the EGO
and paradoxical desire to transcend EGO.
In our evolution, we developed in our Collective
Unconscious the Archetypal survival based
program for the EGO (term as used in this book)**



We evolved in a social environment, and we needed to project our worth to the group to earn our place in the group; hence recognition from others in the group became immensely rewarding; promoting survival of ourselves and offspring.

Having a sense of separate identity with a personal story line somehow improved our survival ability, perhaps by being able to choose, access and retain more reliable allies in our quest to survive and reproduce more successfully.



and also co-evolved Archtypal behavioral programs to transcend the limitations posed by our Ego (with development of social peace making brain circuits).

THUS CAME THE EGO!

The ego we want to lose is the Craving Ego driven by dopamine for the reward of recognition (i.e., the “Narcissistic Ego”). This ego is largely based on our past experiences that have resulted in stories we tell ourselves (shaped by our conditioning) about “who we are,” “who is me,” “who am I,” and “what is mine.” I recommend listening to The Beatles’ song, “I, Me, Mine,” for a fun appreciation of the concept and the Rolling Stones’ song “I Can’t Get No Satisfaction.”

EGO As Packman



Ego as Driver/Motor of Search



Fuel of "Ego motor" are feelings of unsatisfactoriness



Compulsive consumer of Satisfaction



"I can't Get me no Satisfaction"

from Rolling Stones "I Can't Get No Satisfaction")



Ego as Engine of Compulsive Search for Reward*

*Ego focused on Dopamine driven REWARDS

→ Perpetual Dis-ease

Ego-Driven Compulsive Comparator Syndrome

The substantial increase in available Internet social media has warped our view of others (scientific studies have found mindfulness practice to be very useful for people with different psychiatric conditions, e.g., Mindfulness-Based Cognitive Behavioral Therapy (MBCBT) and Dialectal Behavioral Therapy (DBT). These social media posts OFTEN IMPLICITLY INVITE COMPARISON) and given us access to millions of people worldwide to compare ourselves to (which we do COMPULSIVELY).

Ego-induced Compulsive Comparison Syndrome is not an official psychiatric or psychological diagnosis, nor is it officially seen as a type of obsessive-compulsive disorder (OCD). However, studies have shown that with the growth of the Internet and social media, the number of individuals who will compulsively compare themselves to others, with a negative impact on their mental health, is dramatically increasing (with increased depression, anxiety, etc.). In my psychiatric practice, I have had patients become actively suicidal and need psychiatric hospitalization after viewing a “triggering” social media post!

The ego has the compulsion and has been conditioned to compare itself to others: “compulsive comparing.”

Huxley thought that over-identifying with our ego, would make us “defensive” and anxious and distract us from our “TRUE-I” and thus limit our abilities to be truly mindful.

The ego is a mental construct not represented by any brain structure or connection of structures that has yet been identified (although some propose the ego as located in the Default Mode Network [DMN], involved prominently in Referential Thinking. Egolessness promotes mindfulness. Having an ego is a major source of distraction and incites monkey-mindedness! The ego is also forever desiring and craving more and is a major source of life’s perceived “unsatisfactoriness.”

EGO as Psychological Entity

The 1960s to 1980s Psychiatric Trainees' Predominant View of the Ego:

1) The ego is the mind's conscious entity that perceives reality and navigates a person's interactions with the external world. The ego maintains a sense of boundaries between the internal and external worlds. If reality is too overwhelming for the ego, ego defenses (healthy or unhealthy) become engaged to protect pride and defend against shame. While the ego is a conscious entity, it is influenced by unconscious (and subconscious) elements that can distort the perception of reality. "Reality testing" is a significant function of the psychoanalytic ego.

2) EGO AS MEDIATOR/PROCESSOR AND INTEGRATOR of COC. The ego is "the mind's problem solver" and processor of emotional and thought objects from the conscious and unconscious minds. The ego tries to integrate/reconcile a perceived overwhelming reality that threatens the person's survival.

3) The Ego performs so-called "ego functions," and as such, would be the entity that would "reframe" the way we see COC AND CONTENTS EMERGING FROM the UNCONSCIOUSNESS/SUBCONSCIOUSNESS. Reconciliation of different, potentially conflicting thoughts and feelings is done through ego. Traditionally, the conscious mind is what we're actively

thinking about or able to make aware of immediately; the subconscious is what we've learned, experienced directly, and "remembered" and stored in our brain, but not immediately available to the conscious mind (might have to think about it for a while before being able to make it conscious, and the unconscious is what we're not aware of at all. The subconscious and unconscious can influence behavior even though not consciously. Traditionally, subconscious mental elements are not as inaccessible to our consciousness as things unconscious.

4) Psychologists/psychiatrists have long identified a theoretical entity called the ego and identified "ego integrity" and "ego strength" as necessary for mental health." Greater ego strength" makes it easier for the theoretical ego to integrate often conflicting thoughts and feelings and helps to better deal with an overwhelming external reality. In the past, I'd proposed mindfulness as an "Ego Gym" contributing to "EGO STRENGTH" to this theoretical ego (i.e., improved executive functioning-one of the theoretical functions of the EGO"), i.e., help better develop resilience and cope with "the slings and arrows of outrageous fortune." You want an Ego that solves problems rather than an ego that makes problems. A self-referential ego that compulsively compares itself to others **MAKES PROBLEMS AND DOESN'T SOLVE PROBLEMS!** As soon as you compare yourself to others, you're making problems. Be mindful of this trap!

Subtracting Out Classic Ego functions

Self-referential, EGO involved in chasing dopamine-driven reward for recognition, feeling superior and socially dominant, preoccupied with social hierarchy and POWER, RHP*, constant craving pleasurable stimulation
heightened sense of self

MINUS

CLASSIC EGO "EXECUTIVE FUNCTIONS" (Planning goals, directing attention and self monitoring, self inhibition, directing cognitive functions, problem solving)

EQUALS



USE OF TERM EGO IN THIS BOOK
Where becoming "Egoless" is recommended, ie., 'less' the self-important ego

***RHP=Resource Holding Potential**

In this book, Ego involves a heightened sense of ego identification and a sense of self-importance, causing greater overall psychological, interpersonal, and social distress.

Some studies have shown that "ego- dissolution" (i.e., less identification with the ego, less heightened sense of ego) is associated with less psychiatric distress, depression, and anxiety. Recently, some researchers hypothesized that the therapeutic effects of psychedelics come from their ability to foster ego dissolution, like the ego dissolution reported by Huxley under the influence of Mescaline.

Below are questions that come from the Ego Dissolution Scale/ Inventory (EDI) to give the reader a better sense of what is meant by “ego dissolution.” Questions from the scale are listed below:

1. I experience a dissolution of my “self” or ego
2. I feel at one with the universe
3. I feel a sense of union with others
4. I experience a decrease in my sense of self-importance
5. I experience disintegration of my sense of self or ego
6. I feel far less absorbed by my issues and concerns
7. I have lost all sense of ego
8. All notions of self and identity have dissolved

With Ego-dissolution you lose Self- centeredness.

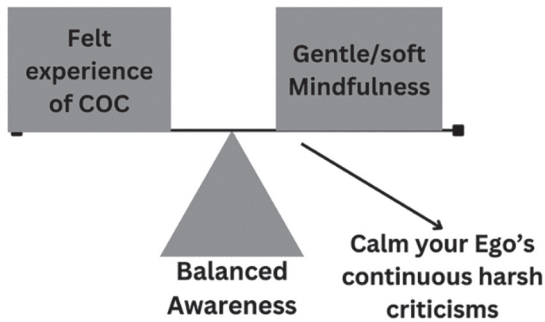
“Sorry, Ann Rand!” :-)

Brakes On the “Ego” (“Ego Brakes”)

Developing pervasive feelings of compassion and gratitude is a way of escaping the gravitational pull of the self-important ego. The Ego is good at “beating us up” and continually reminding us “we’re not good enough, not deserving, etc. Developing Self-compassion is an antidote to this self-imposed

misery! Self-compassion has three parts 1) self-kindness 2) a recognition that everyone is part of a common humanity and 3) a capacity for holding one's emotional experience in balanced awareness (mindfulness).

Achieving Balance between your Felt Experience and Mindfulness



Compassion and Empathy Mindfulness using S-A-F-E mnemonic

S= SOFTEN AND RELAX into
experiencing your breath (e.g., in
your lower abdomen, belly,
chest, nares



A= ALLOW, AWARE, "AWE OF",
ACCEPT



F= Feel our COMPASSION/LOVE AND E= EMPATHY FOR
OTHERS, E= EXPERIENCE EMPATHY



EMPATHY and understanding that we all suffer and
share in our suffering, we are more the same than
different

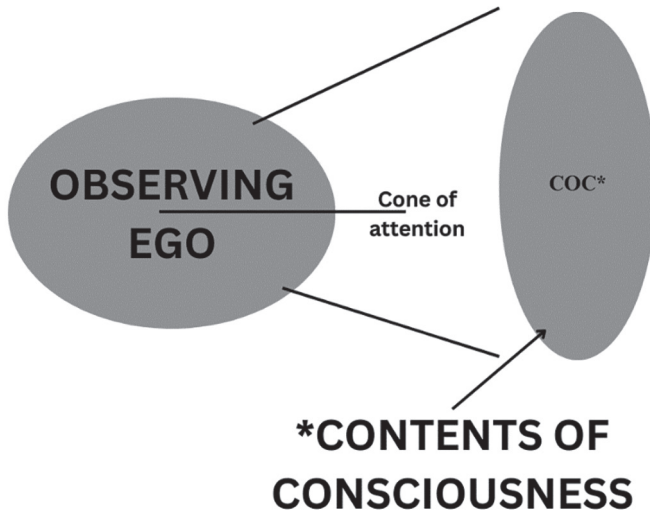
**Gets Ego out of competition, social comparison
modes of thinking (i.e., ego's main modes of
thinking/ "winners and losers mentality")**

Gratitude brake on Ego

Gratitude contemplation puts a brake on compulsive craving for more. We gather awareness of gratefulness for what we have (as simple as our breath and the air we breathe), not what we crave. We can use the phrase “thank you” to further our feelings of gratitude and gently bow into our gratefulness.

The Observing Ego

One of the roles of the theoretical ego discussed in the teaching of psychology is to “observe” what is happening in the mind. This is called the “Observing Ego.” This function of the Ego involves the ability of people to be able to observe their thoughts, feelings, and behaviors objectively, without becoming overwhelmed by them, and being able to keep some observational distance from the COC, and simply observe these contents/objects without being washed away or drowned by them. If you want to have an ego, make it an observing ego. The patient’s having an “Observing Ego” was/is thought to be vital in psychoanalysis.



You Are Not Your Ego!

You do not need to have an ego to be resilient, and able to mediate, witness, or integrate different aspects of yourself. Your “Not-I” [de-identified ego] consciousness/awareness is also perfectly capable of carrying on these functions.).

Mental “Expansiveness and Spaciousness” As Elements of Mindfulness

Poem

The brain—is wider than the sky—
For—put them side by side—
The one the other will contain
With ease—and you—beside—

From “The Brain is Wider Than the Sky,” a poem by Emily Dickinson (1863).

The 19th-century American poet, Emily Dickinson, used the terms brain and mind interchangeably. It is thought that the mindfulness phrase (that evokes the theme of Mindful Expansiveness) “Big Sky Mind,” originates from this poem.

Expansiveness in Huxley’s Phrase, “Mind at Large”

Huxley described the human mind as filtering reality under normal circumstances and postulated that psychedelic drugs remove these filters, exposing the user to what Huxley called the “Mind at Large” (an “Expansive” experience of the mind). The “Large” in Huxley’s “Mind at Large” also implies expansiveness (i.e., “largeness”).

Expansiveness/”spaciousness” is an element of mindfulness, where we create space around a difficult COC, AND WE REMAIN OUTSIDE A COC (UNATTACHED, UNINVOLVED) RATHER THAN GETTING LOST IN IT. This process is also called “DISTANCING” (e.g., from problematic COC).

Confusion About What the Definition of “Expansiveness” Is.

But here again, as in the case of the term “ego,” there can be a lot of semantic confusion about what the term “expansiveness” really means. Traditionally, in psychiatry and psychology, the term “expansive” refers to a type of mood state, called affect, as in “expansive affect,” as in “he/she has an

expansive affect.” In this sense of expansiveness, it means that he/she exudes a sense of inflated self-importance and a sense of increased vigor, and vitality. These exaggerated behaviors could include rapid, often boisterous speech. Persons with such expansiveness of affect often act grandiose, superior to others, and “larger than life.” Most commonly, when the term expansive is used in psychiatry or psychology, it is to describe the expansive effect of someone in the hypomanic or manic phases of bipolar disorder.

However, in Huxley’s case, the term expansiveness applies to a state of consciousness often associated with the psychedelic experience “of feeling infinite (beyond your normal sense of boundaries of your Self in space and time), e.g., “Everything, everywhere and all at once.” Huxley’s expansiveness was an “Oceanic” experience and being “One” with the entire Universe. In this sense of “expansiveness” you become much bigger than what’s normally in your “mental space” i.e., consciousness inside your skull. The “space” between your pure awareness self and COC grows, you are no longer being submerged in your COC. Such expansive experience is often sought by mystics and is typically defined as a sensation of “timelessness and feeling limitless, unbounded, and being one with the Universe”(Huxley even postulated being able to become aware of all your past experience/learning).

It should be noted that in the conventional sense of mindfulness, the aim is not to achieve the type of expansiveness that’s infinite and stretches to the limits of the outer universe

(e.g. literally expands to the entire Universe). In some mystical traditions, the goal of mindfulness is to attend to what's beneath and beyond the COC, and experience what is within you, that "experiences your experience." Subject and object or COC become one, and fuse with Cosmic Consciousness to the ends of the Universe (this was Huxley's mystical goal). Huxley's goal was to go beneath all the objects or COC to get to "Experience the Experiencer." That is not the goal of this book. Our aim in this book is not to be "at one with the entire Universe." Such an "Oceanic" mental state with complete and utter expansiveness, e.g. with an ability to completely access all your subconscious and unconscious, and be with everything, everywhere in the universe, "Everything, Everywhere, and all at once," is not the aim of mindfulness as we discuss in this book.

The expansiveness we seek does not go beyond Door #2. These much deeper, expansive, oceanic mental states are found at "Doors of Perception" beyond Door #2.



Figure 17 In my "Big Sky Mind Expansiveness" I try to visualize being above the clouds where the vastness of space seems greatest. Some call it Big Blue Sky Mind, and my expansiveness doesn't go beyond the blue of the sky

In this book, the expansiveness we seek does not extend to anything beyond “Big Sky Mind” (although by calling it Big Blue Sky Mind, we keep the expansive border in the blue of the sky, that can still have **no center_or outer fringe**, as in the “Wild Blue Yonder).

Expansiveness allows the mindful person to get some distance between a thought and emotion and to be “outside” (i.e., as in outside “observer”) and not bound or fused to these COC. Being inside the thought is being “lost in [inside] thought.” Being outside the COC IS BEING AWARE OF THE COC WITHOUT BEING “LOST” (INSIDE THE THOUGHT, etc.). Being “lost,” I thought, should be a trigger to re-establish the mindful mindset into “awake,” “alert,” “aware,” and to “allow” a mindful mindset (the four “A’s of mindfulness). Allow includes ALLOWING more space around COC to enable you to be a better observer of COC. Allowing also includes allowing the COC to be there without resisting, but “allowing” it.

Also, in this book, the chapter on Expansiveness we seek could also be called “Openness,” also referred to as “Openness to Experience” with curiosity/curious mindset, or “beginner’s mind.” People who have high openness are open to everything around them and curious about the world and other people, eager to learn new things and enjoy new experiences.

The expansiveness we speak of in this book does not extend to esoteric mental experiences (such as mystical and altered states of consciousness), going to the edges of the Universe beyond the first two Doors of Perception outlined in this book.

**Big Sky Meditation as a Form of
Expansiveness/Spaciousness
(Mindfully Getting Your Head In the Clouds,
But NOT Lost In the Clouds!)**

There is a type of Meditation called “Big Sky Meditation” that some of my patients say they benefit from and enjoy. As the name implies, it is a simple mindfulness meditation done in the backdrop of imagining a “Big Sky.” It is designed to help the meditator achieve a “broad state of awareness as vast as the open sky.” Patients’ problems often disappear or seem much smaller in this vast mental space. Big Sky Meditation helps the practitioner better understand “expansiveness” (i.e., to see the mind as like space, “boundless and open). I evoke the Big Sky Meditation backdrop or image of a BIG MOUNTAIN (as in Big Mountain Meditation) triggers for my getting back to a mindful state.



*Figure 18 Some might focus on this title, **BIG BLUE SKY MIND**, and then whenever they see the color blue anywhere in their environment, they are brought back and reminded to assume a mindful mindset*

The way we use the terms expansiveness and spaciousness in this book does not imply the need for complete emptiness of thought. In this book, we are not emptying the mind of all thought. There might be a lot of empty space in our mind as we achieve spaciousness, but our consciousness is not entirely empty.

CHAPTER 9

What We Experience at the Different Doors of Perception.



The doors of perception are perhaps infinite; there is probably a different door for many different meditation practices and for every psychedelic available; however, in this book, we only concern ourselves with Doors #1 and #2.

Our degree of emotional reactivity may set apart our experiences at Door # 1 and Door #2. At Door 1, we have the most emotional reactivity and feel most overwhelmed and stressed by the Contents of Consciousness (COC) we see through the door.



At Door #2, we have Expanded Awareness and are able to see our COC, thoughts, and emotions as they are and just be there with them without reactivity and SNS activation. We do not have to agree with our COC, but we are accepting of their presence, whatever they might be.

Approaching” Mindfulness Processes:



Getting to Door #2

Approach Door 1 with mindful intent, and get a view through Door 1 that includes monkey-mind thought racing and emotional reactivity to Contents of Consciousness (COC), with

SNS activation and experience of STRESS MOVE THROUGH TO Door 2 with mindful intent, while employing transitioning mindfulness techniques, such as breathing, intention to be mindful, muscular relaxation (e.g., opening jaw slightly, rounding shoulders, labeling/naming of COC—view from Door 2 now with less stress and SNS activation.



TECHNIQUES for Getting Back to Door #2.

Labeling/naming your thoughts/emotions witnessed after opening Door #1/. e.g., “mind wandering.”

Naming your thoughts and emotional reactions is labeling your thoughts and emotions as they arise.

For instance, if you have a critical thought about yourself, you might say “critical thought.” You can practice labeling your thoughts and practice throughout the day, naming them as they come into consciousness: “anxious thought,” “feeling angry,” “feeling weird,” etc. Just be there with these thoughts and emotional reactions now with cognitive labels.

Some therapists will have you take this a step further and visualize the label as an imagined “cartoon bubble,” calling these “thought bubbles” or “emotion bubbles.”

Mindful Distraction for Resistant Rumination

Sometimes, your mind gets “stuck (e.g., in rumination, interoceptive preoccupation), with your attention FUSED to some COC. You will need to **distract** yourself from where you are stuck/“FUSED” to return to a mindful state (e.g., develop an exteroceptive cue (e.g., a bell sound, tone, distant tree), you can even use the mantra “distract” and focus on something in the environment such as a tree, car, building, the time changing on your watch as you move forward in time, or feeling of the soles of your feet on the ground.

Relevant to the notion of rumination is the expression “that which we resist, persists”; so often, simply “being able to be with” the content of rumination can help eliminate persistent ruminative thoughts. There is also the notion that “resistance is futile” when it comes to ruminative thoughts. Simply witnessing and observing the thoughts is frequently better than trying to make them go away.

You can even practice doing this by shifting your attention to the immediate environment and connecting to something in the present moment (e.g., the sensation of the back of your chair against your back, your cool breath in and warmer breath out in your nasal passages). You can practice shifting

your attention and distracting yourself by doing this intermittently throughout the day, for a few minutes, to build your capacity to shift your attention mindfully. This can even build your attentional capacities. Of course, whenever you shift your attention, you need to simply observe without judgment.

Another technique that can be employed, related to the above, is vocally or sub-vocally singing your thoughts, e.g., “I feel like sh-t” (perhaps best singing such things to yourself!). You can choose the genre of singing, e.g., operatic style, heavy metal, country, or acoustic folk. Interestingly, there is evidence that music and singing came first before speech during human evolution. We perhaps sang to each other and to ourselves before speaking to communicate our thoughts to others and ourselves. Humans appear to be the only animals that sing or talk to themselves. Singing might be a better way to reach ourselves when difficult material is involved. At the threshold of Door 1, we can get to Door 2 and open this door by evoking the mantra of “stillness” by repeating/ singing in mantra fashion “PEACE” to ourselves.

Muscular Relaxation/Breathing Techniques to facilitate achieving Mindful Mindset

Relaxing the lower jaw by separating the teeth by about half an inch (and stopping jaw clenching!).

Also, by relaxing the shoulders (unsquaring or rounding the shoulders) and relaxing the muscles of the forehead with muscular relaxation of the muscles of the face and assuming a muscular expression of repose and smiling.

FOCUSED BREATHING

Use breathing techniques with the fundamental principle of learning to BREATHE, **using the diaphragm/ belly/abdomen** (breathing in with belly button moving and when breathing out having the belly button move in.

Diaphragmatic breathing can be practiced lying on the floor with a book on your belly, so, when you breathe in, then the book moves up, and when you breathe out, the book moves down.

Practice this diaphragmatic breathing until it is natural for you to stop breathing from your chest and you only breathe through your diaphragm. Many teachers avoid complicating breath focus by having their students simply focus on their **normal day-to-day** breathing without counting or insisting on diaphragmatic breathing. We want to avoid rapid shallow breathing.

Another principle is to make the breath IN slightly shorter in duration than the breath OUT, e.g., the breath in is on the count of 1, 2, 3, 4; the breath out is on the count of 1, 2, 3, 4, 5; or 1 to 6, or 1 to 7; some might hold for 1 or 2 seconds BETWEEN BREATHING IN AND BREATHING OUT. Again many teachers want the mindfulness student to simply breathe naturally.

I like to have the student breathe out slightly longer than breathing IN, as doing so activates the Parasympathetic Nervous System (PNS, the “rest” and “digest” part of the nervous system), and turns down the sympathetic (SNS, “fight” and flight nervous system).

Note to achieve mindfulness, you do NOT always need to count out your breathing; initially counting your breathing is only to help train you to focus on your breath. You might even breathe in briefly and shift to another technique such as smiling, relaxing your jaw, rounding your shoulders, and then entering a mindful state.

Having Intention To Be Mindful as “Technique”

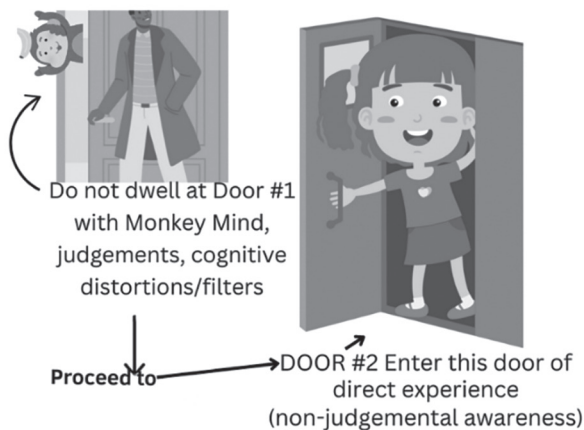
An intention is focusing on a direction to accomplish something. Intend to PAUSE your thoughts and then intend to JUST NOTICE. Choosing the intention to be mindful is an important mindfulness technique. Start each day by reminding yourself to be mindful, e.g., “May I be mindful today.” Use Intention as a mindfulness technique, pointing yourself in the direction of mindfulness. You can imagine

yourself at the threshold of Door #2 with the intention of seeing through the door mindfully and without distraction from your awareness of “what is.” Intention is to be aware of being aware as you look through Door #2. Your Intention is to point yourself with mindful clarity as you look through Door #2. You might want to have the intention of staying at Door#2 as you move through the day with greater trait mindfulness.

DOOR #2 IS THE MINDFULNESS DOOR WE SEEK

Looking Out Door #2

Being with and observing/witnessing our own mental, cognitive, and emotional filters/processes and just BEING THERE WITH THEM, NOT REACTING OR BEING REACTIVE TO OUR MIND—JUST OBSERVING/BEING.



Summary of techniques for Becoming Mindful at the Second Door of Perception:

The 9 elements of mindfulness techniques listed below are contained in the mnemonic “B-R-E-A-T-H-E I-N” and do not need to be done in any order.

Rather, mindfulness involves each of the following elements: flowing (blending, ideally effortlessly), one technique blending into the next technique, e.g. intention, then breathing, blending into muscular relaxation, then perhaps smiling, achieving a FLOW STATE (Csikszentmihaly, 1996) of mindfulness. Importantly, do not be disheartened if you cannot maintain a state of mindfulness. Like anything else, you will need to practice this before approaching mindfulness, and it will become easier for you. If you understand the principles outlined, mindfulness should become easier and easier to approach. And remember to be mindful of your frustration about mindfulness and your difficulty maintaining a mindful mindset.

Mindfulness can be approached using the mnemonic “B-R-E-A-T-H-E I-N” below.

Each letter of the phrase “breathe in” represents an important technique for approaching mindfulness and opening the door to perception in a mindful manner.

B is for Being in the now, “as is,” without judgment (e.g., Being Present/being vs doing anything, i.e., mindfulness exercises are done without the intention of achieving/doing anything

(ie, there is no “striving” for anything when being mindful). Striving involves doing and mindfulness is simply being.

Note also that **B**owing (even slightly), either sitting up, lying down, or standing, is another way to help enter mindfulness. **B**ody Scanning, e.g., from head to toe for different sensations, either pleasant or unpleasant, is yet another way to enter mindfulness. When walking, the sensation of your foot touching the ground can be an entry to mindfulness, as can the sensation of sitting or leaning against something.

In general, mindfulness meditation exercises focus on some sensory experience, most commonly on the physical sensation of breathing.

As operationalized by Jon Kabat-Zinn, mindfulness starts with focusing on breathing (focused breathing). When the patient’s mind/consciousness drifts away from the focus on breathing, e.g., into other thoughts, associations, emotions, COC, and suffering, that’s OK; simply “be there with them.”

R is for **Recognizing/Labeling** COC, thoughts>are only an element of consciousness, associations, and emotions (and labeling, naming, “tagging”) the COC, emotions (e.g. bored, sad, hurt, angry, humiliated, embarrassed), or labeling it as “monkey mind” or “monkey mindedness.”

The process of RECOGNIZING engages the frontal lobe, which diminishes the emotional/amygdaloid limbic system overactivity→This will decrease emotional reactivity→sympathetic nervous system activation and cortisol release.

The 5 R's of Mindfulness

- **Resist** no COC*
- **Recognize/or**
label COC
- don't **Retain**(e.g.,
don't 'hold on to")
any COC
- don't **React** to COC
- **Re-Relax** into to
mindful alertness

*COC=Content of
consciousness

E is for Experiencing. The mindful person's awareness stops at the perceived experience or sensation and does not automatically mentally engage, think, or interpret what is being experienced/perceived or react with thoughts, negative emotions, distress, or judgment. Mindfulness is **being** but **not doing** (some of my patients over the years have argued with me that better stated would be "MORE Being than Doing!" i.e., "Being>Doing").

Remember that mindfulness is a psychotherapeutic intervention that is "more **E**xperiential than cognitive."

Encourage the patient to stop at the "door of Pure **E**xperience" and not enter the door of thinking, judgments, ego filters, Monkey Mind, and reactive emotions with SNS activation.

A is for Awareness (e.g., gathering awareness) and Allowing (i.e., “allowing yourself to simply be there” without resisting your monkey mind-induced suffering, COC) Remember, you are not your thoughts or emotions. You are the entity that is simply aware of them.

A is also for **ALERTNESS**, DURING THE “NOTICING,” SIMPLY “BEING THERE,” NOT LOST IN THOUGHT STAGE OF MINDFULNESS

A is also for AWE, as being in Awe, “Beginner’s Mind” (Suzuki, 1970).

5 A's of Mindfulness

- **Attention (gently gather)**
- **Alert (relaxed to present experience)**
- **Aware (see things as they ‘really’ are)**
- **Awe ("beginner's mind")**
- **Allow (don't resist) = Acceptance
(but not resignation to defeat) = ‘Let It Be’**

T is for Generating Positive Thoughts, e.g., glass more half full than empty! And thoughts of “Mindful Reframing.”

Thoughts connected with some aspect of Hope and Intention to be Mindful.! For instance, reframe anxiety as the experience of excitement and getting up the energy to meet the challenge ahead rather than a sign of danger.

H is for Heartfulness—use the mantra-like expressions about yourself, another person, a pet, a group of people, etc. “May you (I) be healthy, happy, and free from harm.” Repeat “**H**ealthy, **H**appy, free from **H**arm. As a quicker trigger for mindfulness, you can evoke a feeling of kindness and love for self and others.

Note the words from The Beatles song, *I Am the Walrus*

“I am he as you are he as you are me.
And we are all together.”

These words convey the Eastern idea that our sense of separation from each other is illusionary; we are “one.” Note that The Beatles did a lot to disseminate Eastern ideas to Western culture in the 1960s.

Another potential **H** from the mnemonic above is: **H** imagine your **H**ands being **H**ot (warm) and **H**heavy-turns on parasympathetic nervous system-often helpful for patients with migraines. Can imagine yourself holding something warm hot but not enough to burn you. I imagine my hands in a sauna.

E is Egolessness (i.e. FEELING AND THINKING OF YOUR-SELF AS LESS SELF-IMPORTANT).

I is for **I**ntention to be mindful.

And

N is for **N**on-identification with thoughts and other COC. “We are not our thoughts and feelings,” we simply experience them.

CHAPTER 10

Who Can Use Mindfulness?

Therapists and students can enhance their understanding of the human mind and behavior through mindfulness. By practicing mindfulness, therapists can develop a deeper level of presence, facilitating more effective therapeutic interactions. Students can use mindfulness to improve focus and concentration, enhancing learning and academic performance.

Mindfulness knows no age or gender boundaries. Men, women, teenagers, and children can all benefit from the practice. Mindfulness helps individuals develop emotional intelligence, manage stress, and improve overall well-being. Teenagers and children can use mindfulness to navigate the challenges of adolescence, build resilience, and cultivate a positive self-image.

For parents and teachers, mindfulness offers valuable tools to support children's emotional and cognitive development. By incorporating mindfulness into their daily routines, parents can create a calm and nurturing environment for their families. Teachers can introduce mindfulness practices in the classroom, fostering focus, emotional self-regulation, and empathy among students.

Mindfulness has also gained popularity in schools, where it is taught to children and teenagers as a tool for emotional regulation and improved focus. Teachers have found that mindfulness practices help students develop resilience, empathy, and self-esteem.

For meditators, yoga practitioners, and those on a spiritual journey, mindfulness deepens their practice; meditators and yoga practitioners can heighten their awareness of the present moment, leading to a more profound state of meditation and yoga practice. Mindfulness also helps individuals connect with their bodies, breath, and sensations, enhancing the mind-body connection.

Mindfulness-based interventions will help in the preparation of those interested in taking psychedelics for personal growth, healing, and self-discovery. This is referred to as Mindfulness-Based Psychedelic Preparation & Integration (MBPPI). This is followed by Psychedelic-Assisted Psychotherapy (PAP), reported to be effective in Treatment-Resistant Depression (TRD).

Mindful practice has an established role in stress relief, treatment of depression and anxiety management and helping patients with sleep problems. Mindfulness is a powerful tool for managing stress and anxiety. By practicing mindfulness, individuals can learn to observe their thoughts and emotions without judgment, reducing stress and promoting inner calm. Mindfulness-based techniques also improve sleep quality and help individuals break free from the cycle of anxious thinking.

Mindfulness for Productivity, Focus, Weight Loss, and Healthy Eating:

Mindfulness can also enhance productivity, motivation, and focus in various aspects of life, including work and study. By training the mind to stay present and focused, individuals can accomplish tasks more efficiently and with improved quality. Furthermore, mindfulness can promote mindful eating, aiding in weight loss by helping patients make healthier food choices and helping develop a healthy, less impulsive relationship with food. Patients can learn to **PAUSE** mindfully before impulsively indulging in unhealthy eating habits.

Mindfulness practice is now an established part of treatments for addiction and recovery, again by helping people become more aware of their often poorly considered impulsive choices. By cultivating awareness and non-judgmental acceptance, mindfulness supports individuals in recognizing and managing triggers and cravings.

Athletes are increasingly finding mindfulness of utility for improving their performance by enhancing focus, resilience, and mental clarity.

The Book *Zen in the Art of Archery*, by Eugen Herrigel, was all about being mindful and focusing on breathing to achieve greater mastery in archery and other aspects of martial arts. The best Samauri swordsmen were so focused because of their advanced mindfulness practices/perception.

In conclusion, mindfulness is a transformative practice that offers numerous benefits across different niches and to individuals of all ages and backgrounds. By exploring the doors of perception through mindfulness, one can unlock a world of inner peace, self-discovery, and personal growth.

By the end of this book, you should have been immersed in the concepts of state and trait mindfulness (immersed repeatedly as in preparing a cup of tea with a tea bag) to be ready to engage in mindfulness practice meaningfully. I would encourage you to seek opportunities to work with mindfulness teachers, e.g., at workshops, retreats, with therapists/counselors, various organizations, academic or medical, community-based healthcare institutions, or wherever group mindfulness activities with knowledgeable teachers are available.

CHAPTER 11

The Origins and Future of Mindfulness

Mindfulness has gained immense popularity, but its origins can be traced back thousands of years. Interestingly, some Mental Health researchers and clinicians see the incorporation of these Eastern mindfulness practices as one of the greatest advances in Modern Mental health care.

Origins

The practice of mindfulness has its roots in ancient traditions, particularly in Buddhist philosophy. It was introduced by Gautama Buddha over 2,500 years ago to develop self-awareness and achieve “enlightenment.” Mindfulness was seen as a path to liberation from suffering and a way to cultivate compassion and wisdom in the context of our inevitable suffering during life.

Over time, mindfulness spread beyond the boundaries of Buddhism and found its way into various cultures and religions. It became an integral part of Zen and yoga practice.

In any discussion of mindfulness, we must give homage to the individual who did more to bring mindfulness into modern medical thinking than anyone else, namely psychologist, Jon Kabat-Zinn. I was using tapes prepared by Jon

Kabat-Zinn in the 1980s, with my patients. Guidance for the practice of mindfulness was provided by no one better than Jon Kabat Zinn, now renowned worldwide as a scientist, mindfulness practitioner, and teacher. Dr. Zinn introduced Mindfulness-Based Stress Reduction (MBSR) in the 1970s. This program brought mindfulness into mainstream healthcare, helping individuals cope with stress, anxiety, and chronic pain. He probably helped to do better for patients using mindfulness than any other teacher at the time. However, there are many great teachers of mindfulness now out there, each having their own contribution to better understanding mindfulness practice. I have probably read over 100 books on mindfulness, many written by Dr. Kabat-Zinn (again I used his educational and mindfulness practice audio tapes with my patients over the years with great success. These were often cassette audio tapes predating CDs and modern forms of audio distribution).

What Mindfulness is NOT!

1. Mindfulness is NOT about emptying the mind (ALTHOUGH THERE ARE MEDITATION PRACTICES THAT DO THIS—THIS IS NOT THE TYPE OF MINDFULNESS OUTLINED IN THIS BOOK). Mindfulness is about cultivating an awareness and acceptance of what is in your mind at any present moment, including thoughts, emotions, and sensations. It is not about emptying the mind, but instead observing thoughts without judgment.

2. Mindfulness is NOT SPECIFIC TO ANY RELIGION. While mindfulness has roots in Buddhist meditation, engaging in

mindfulness does not mean you must become a Buddhist. Note that Buddhism is a philosophy and not a religion!

Many different religious retreats and spiritual practices of all denominations have utilized mindfulness to pay attention to the present moment with a non-judgmental and accepting attitude; to be closer to their God, regardless of their religion or specific beliefs. There are Christian mindfulness retreats and other religions that have incorporated mindfulness practice. There is nothing demonic about mindfulness.

However, I should note that in years past, back in the 70s, 80s, 90s, and even 2000s, some of my patients successfully went to Buddhist temples while maintaining their Christian faiths, just so they could pursue their desire to practice meditation and mindfulness. While some did also choose to become Buddhists, most did not. Some of my patients now return from Christian faith-based retreats, having studied mindfulness there, often packaged as Christian Contemplative Practice or Contemplative Prayer. In this form of prayer, there is often a dialogue with consciousness focused on a religious question or thought, belief, or Bible passage the person might have, with the religious focus serving as a mantra-like center of focus during the meditation/contemplation activity. This religious mindful/contemplative aim is to pause egoist, “Mexican jumping bean” thinking, so that contact with the Divine is enabled (see Center for Action and Contemplation (CAC). Here the attempt is to achieve Mystical experience and insights, which go beyond the goals of this book).

Mindfulness is a secular practice currently used by persons from all levels of society, religions, and spiritual beliefs. Mindfulness is the art of paying attention to the present moment with a non-judgmental and accepting attitude. Mindfulness has been embraced by people of all faiths or no faith at all (e.g., agnostics and atheists e.g., Harris, 2022). Mindfulness involves paying attention to the present moment and cultivating a non-judgmental awareness.

3. Many different forms of psychotherapy and medical practice now utilize mindfulness in one form or another. Psychotherapy over the years has evolved from initially investigating the “origins” or roots” of patients’ distress to now focusing psychotherapy more on teaching “SKILLS” such as mindfulness to help patients better deal with their problems.

Scientific studies have found mindfulness practice to be very useful for people with different psychiatric conditions e.g., Mindfulness-based Cognitive Behavioral Therapy (MBCBT), Dialectal Behavioral Therapy (DBT), and Acceptance Commitment Therapy (ACT), and of course Mindfulness-based Stress Reduction (MBSR). Mindfulness is now an important Positive Psychology Intervention(PPI).

4. Mindfulness does not require hours of dedicated practice each day, as practiced in Buddhist monasteries and retreats (even weeks-long silent retreats). Even a few minutes of mindfulness practice can yield significant benefits. In fact, this book attempts to show the reader how to enter mindfulness quickly and be able to almost instantly “be in the present moment” with a non-judgmental and accepting

attitude. Integrating mindfulness into daily activities, such as eating, walking, or even brushing your teeth, can be as effective as longer dedicated sessions.

5. Mindfulness is NOT only for stress relief: While it is true that mindfulness can be a powerful tool for stress management, its benefits extend far beyond that. Mindfulness can enhance focus and productivity, improve sleep quality, support addiction recovery, promote healthy eating habits, and even enhance athletic performance.

6. Mindfulness is NOT only for adults: Mindfulness is a practice that can benefit individuals of all ages. Introducing mindfulness to children and teenagers to equip them with valuable tools to manage stress, enhance emotional regulation, and improve overall well-being. Mindfulness can be tailored to suit different age groups and developmental stages.

7. Mindfulness practice does not contraindicate the use of psychotherapeutic medications. Mindfulness practice is not a substitute for treatment for all that ails you, and certainly not a substitute for good mental health care by trained practitioners. As psychiatrists and psychotherapists work with patients with a wide variety of mental and emotional problems, some patients might engage in mindfulness practice and experience paradoxical increases in symptoms such as anxiety, depression, impulses, obsessions, compulsions, dissociation and even psychosis (often related to significant underlying previously undiagnosed problems). In my experience, this is uncommon. Nevertheless, it is essential to inquire why some patients stopped their previous mindfulness

practice, as it could be related to more serious underlying psychological problems that require other intervention strategies, including medications. Mindfulness might not be for everyone. If serious problems emerge during your mindfulness practice, you must discuss this with your mental health worker! Whatever arises becomes “grist for the mill” in future therapy, integration work, and therapeutic change. Remember the importance of “REFRAMING.”

I cannot tell you how many times I’ve had patients seriously study and practice mindfulness, and still suffer from intense “Dark Nights of the Soul” depression and anxiety. Once we found the right combination of medications, their mindfulness practice became more rewarding and helpful, and their intense suffering was greatly diminished!

If you are taking psychotropic medications like Escitalopram (Lexapro), Fluoxetine (Prozac), Aripiprazole (Abilify), etc., it does not mean you cannot benefit from mindfulness practice, nor should you abandon your medications. Psychiatrists are doctors of the brain and body. Mindfulness will not replace mental health practitioners.

In conclusion, mindfulness can be a powerful tool to bring awareness to the present moment. It can help us to observe our thoughts, emotions, and sensations without judgment, allowing us to develop a deeper understanding of ourselves and the world around us. By practicing simple mindfulness exercises such as focusing on the breath or engaging in body scan meditations, we can cultivate inner peace, clarity, “STILLNESS” and learn to slow down.

Final Partial Review of Mindfulness Skills/Techniques

In preparing to be mindful and perceiving mindfully, we can:

1. Take long, slow, deep breaths, thus activating the parasympathetic nervous system (“rest and digest nervous system) that, through the vagus nerve connection from your brain to your body, slows your brain, heart, and breathing rates and promotes “coherence” between body, brain, and heart.

2. Practice Quieting reflex activities, developed by Dr. Charles Stroebel

3. Be aware that you feel stressed and your SNS is over-activated. A quick body scan can often detect where in your body you’re experiencing this stress-induced discomfort. “Be There” with it.

4. Gently smile to yourself (“inner smile, e.g., imitate the smile on Buddhist statues).

5. “Repeat a positive affirmation and intention to yourself, such as “calm body, alert mind.” Repeat the mantra “Peace” subvocally.

6. Breathe slowly from the diaphragm; imagine that you have holes in the bottom of your feet, and the breath is coming up through your soles.

7. As you exhale, relax your neck and jaw muscles. For example, allow your upper and lower teeth to separate by

about ½ inches and your tongue to relax. Relax your forehead muscles.

8. Relax your shoulders. Unsquare your shoulders (you can even round your shoulders to relax further). Do not slump your head forward; remain comfortably erect.

9. Imagine a wave of warm, heavy energy moving through your body and out your feet, allowing yourself to feel limp and loose.

10. Listen to music you find relaxing. Musical elements, such as tapping, rhythm, and humming, can significantly facilitate mindfulness. You can make your mindfulness experience full of musical elements.

11. Repeat calming phrases, e.g., mantras such as “Peace” and “Love.” Some might use words/names with important personal religious meanings, e.g., “Jesus” or “Mother Mary.” They might also use rosaries, beaded necklaces, or other meditation devices.

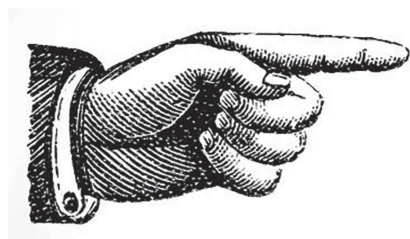
12. Humming also activates the parasympathetic nervous system (PSNS); you can utilize the resonant mantra “OM,” e.g., used at the end of the Beatles’ song “A Day in the Life” (*Sargent Pepper* album). Tibetan Buddhists will meditate using profoundly resonant sounds/mantras. Deeply humming “Voo” /“ Vu” so it resonates in the belly helps to activate parasympathetic(PSNS) and calm sympathetic nervous system (SNS) overactivation.

13. Research has demonstrated that Mindfulness practiced in Nature, “green spaces,” e.g., parks with trees, running water, and birds singing in the background, and open spaces outdoors, e.g., on the beach with waves rhythmically crashing, greatly facilitates mindfulness.

Some of my patients find incorporating “tapping” practice into their mindfulness techniques useful. They claim that tapping on specific points on their body while making positive affirmations about themselves has been very helpful, calms them, and helps them enter a “still and mindful” place more readily.

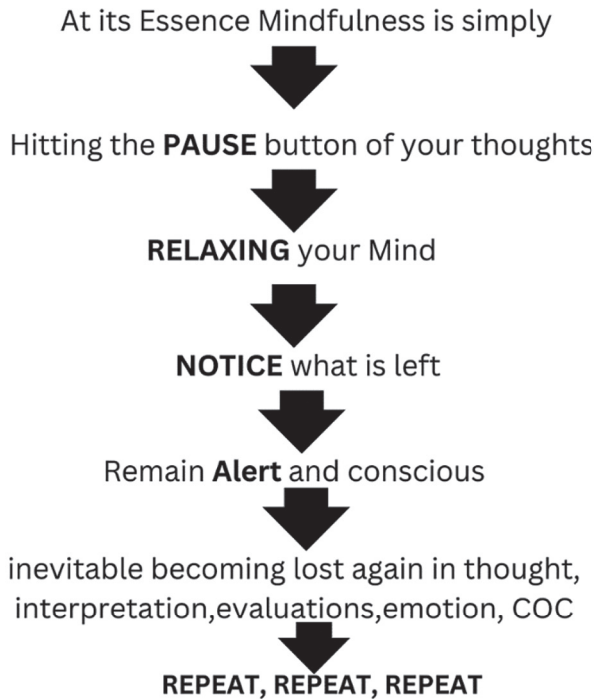
14. For some, blinking helps reset the brain to be more mindful if that is your intention/choice in “the now.”

15. Remember the importance of having the **Intention** to be mindful. Intention increases motivation. An intention is focusing the mind to accomplish something, pointing the way to being. **When beginning Mindfulness efforts, it is often best to start with only a minute or two of mindful activity and then increase the time spent mindfully over the ensuing weeks.**



Intention Points the way

The practice of mindfulness has a rich and diverse history. In fact, there are different developmental trajectories from its ancient origins in Buddhism, Hinduism, Vedanta, and yoga to its modern-day applications in therapy, education, and various niches; Mindfulness has proven to be a versatile and effective tool for personal growth and well-being. Whether you are a therapist, student, parent, teacher, or athlete, incorporating mindfulness into your life can bring profound positive changes.

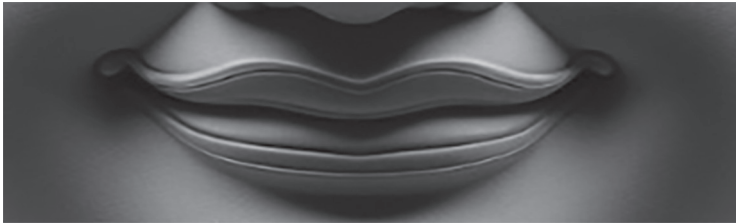


Mindfulness is not limited to a specific location or circumstance; it is a state of being that can be accessed at any time or place. Whether you are a beginner or a seasoned practitioner, the doors of perception await to be opened, inviting you to explore the depths of your consciousness.

By stepping through the doors of perception, we can learn to observe our thoughts and emotions without judgment, allowing them to pass without getting caught up in their grip. This newfound perspective empowers us to respond to stressors more calmly, centered and grounded.

You have now been provided with many techniques for approaching mindfulness at Door #2. Most psychiatric patients are stuck at Door #1. In the future, there will be continued research on the benefits of mindfulness and research into more and better ways to achieve a mindful mindset, making it easier for patients in the future to find the exercise of mindfulness less frustrating.

Importantly, remember to smile.

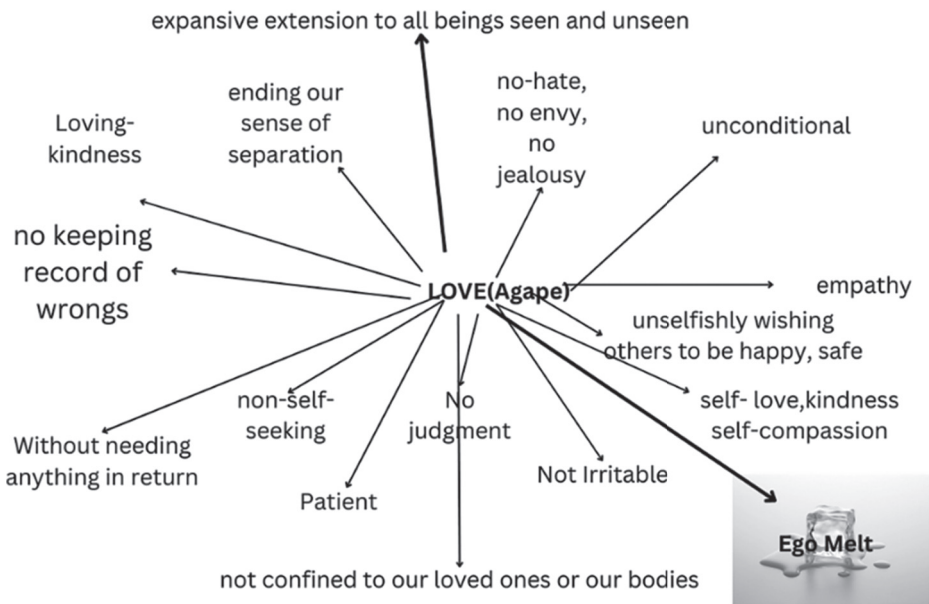


At this point, it might be useful to listen to The Beatles' song, "Let It Be."

All you need is love; universal love counters the self important/self-referential ego

Speaking of The Beatles, we can't end our discussion of mindfulness without discussing the concept of Universal/general

Love. Early in The Beatles' careers, they sang about romantic love, and later in their careers, as they encountered Transcendental Meditation and Yoga and Eastern Meditative practice, they sang about universal love (love without craving or desire). Love enhances our mindfulness practice by fostering a sense of connection and unity, and when in touch with true universal love, we quickly approach a Mindful presence. Also, when we experience Love, we feel safe, accepted, and at peace. One can use the diagram below as an aid in lovingkindness meditation by simply repeating to yourself the items listed around the center item of Love (Agape). Other types of Love include friendship, familial, Eros, and romantic love.



In the late 1960s there was a British TV Series called "The Prisoner." The main character is a former MI-6 secret agent who is sent to an idyllic conformist Penal Colony (set up to

look like a vacation resort in a paradise by the sea, but you must conform and remain in the colony. When he'd try to escape, he would inevitably be confronted by a sizeable white balloon object representing some deep inner psychological complex that kept him in the colony (preventing his escape, always recapturing him) and enforced his conformity and remaining in "The System"; the pink balloon would always stop his escape. In the series finale, he finally does escape. He is finally free, no longer a prisoner of his own largely self-imposed prison.

The triumphant background escape song is The Beatles' "All You Need is Love." Some of the words from that song are:

No one you can save that can't be saved (love)

Nothing you can do,

but you can learn how to be you in time (love)

It's easy"

All you need is love

All you need is love

All you need is love, love

Love is all you need

Without Universal Love, humanity is doomed.

REFERENCES AND RESOURCES:

The Beatles Anthology (1995). Apple. <https://tv.apple.com/us/person/the-beatles/umc.cpc.71njrb4ncoabw4liyazdcrczx4>

Brewer, J., Kabat-Zinn, J. (2017). *The craving mind: From cigarettes to smartphones to love—why we get hooked and how we can break bad habits*. New Haven: Yale University Press.

Brouwer, A., Carhart-Harris, R. L. (2021). Pivotal mental states. *J Psychopharmacology*, Apr. 35(4), 319–352.

Csikszentmihalyi, M. (1996) . *Creativity: Flow and the Psychology of Discovery and Invention*. New York: Harper Collins Publishers.

Csikszentmihalyi, M. (1990). *Flow: the psychology of optimal experience*. New York: Harper & Row.

Flynn, H. A., Warren, R. (2014). Using CBT effectively for treating depression and anxiety. *Current Psychiatry*,13(6), 45-53.

Goleman, D., & Davidson, R. J. (2017). *Altered traits: science reveals how meditation changes your mind, brain, and body*. New York: Avery.

Harris, S. (2014). *Waking Up: A Guide to Spirituality Without Religion*. Simon and Schuster.

Herrigel, E. 1999. *Zen in the art of archery* (Hull, R. F. C., Trans.). Vintage Books.

Holiday, R. (2016). *Ego is the enemy*. Penguin.

Huxley, A. (1963). *The doors of perception: And Heaven and Hell*. New York: Harper & Row.

Kabat-Zinn, J., Hanh, T. N. (1990). *Full catastrophe living: using the wisdom of your body and mind to face stress, pain, and illness*. New York, NY: Delta.

Kabat-Zinn, J. (2016). *Mindfulness for beginners: Reclaiming the present moment and your life*. Sounds True Publishers.

Kabat-Zinn, J. (2005). *Wherever you go, there you are: Mindfulness meditation in everyday life*. Hachette Books.

Kahneman, D. (2011). *Thinking, fast and slow*. Farrar, Straus, and Giroux.

Kiken, L. G., Garland, E. L., Karen, B. K., Palsson, O. S., & Gaylord, S. A. (2015). From a state to a trait: Trajectories of state mindfulness in meditation during intervention predict changes in trait mindfulness. *Pers Individ Dif*, Jul 1, 81, 41–46.

Lau, M. A., Grabovac, A. D. (2009). Mindfulness-based interventions: effective for depression and anxiety. *Current Psychiatry*, 8(12), 39,40,45-47,53-55.

McGilchrist, Iain (2019), *The Master and his Emissary: the divided brain and the making of the Western world*. New Haven : Yale University Press, 2019.

Nodulman, J.A. (2019). Using mindfulness to teach perception. *Communication Teacher*, 33 (1), 11-15.

Palmer, C. M. (2022). *Brain energy: a revolutionary breakthrough in understanding mental health and improving treatment for anxiety, depression, OCD, PTSD, and more*. Dallas, TX: BenBella Books, Inc.

Rosse, R. (2015). Give patients a workout in the 'ego gym' with mindfulness exercises. *Current Psychiatry*, 62-63.

Sapolsky, R. (1994). *Why Zebras Don't Get Ulcers: A Guide to Stress, Stress Related Diseases, and Coping*. New York: W.H. Freeman.

Stroebel, C. F. (1982). *QR, the Quieting Reflex*. Putnam Pub Group.

Suzuki, S (1970). *Zen mind, beginner's mind*. Weatherhill: New York.

Tolle, E. (2016). *The power of now: A guide to spiritual enlightenment*. Yellow Kite.

Watts, A. (2017). *Psychotherapy East & West*. New World Library. (Original work published 1961)

Williams, J. M. G., Teasdale, J. D., Segal, Z. V., & Kabat-Zinn, J. (2007). *The mindful way through depression: Freeing yourself from chronic unhappiness*. Guilford Press.

Other resources:

- 1) UCLA Mindful Awareness Research Center (MARC). Located at the Jane and Terry Semel Institute for Neuroscience and Human Behavior, University of California, Los Angeles (UCLA).

Mission of radical accessibility of mindfulness practices, this site and app access is entirely free to the user.

<https://www.uclahealth.org/programs/marc>

- 2) UCLA Mindfulness app: <https://apps.apple.com/us/app/ucla-mindful/id1459128935>

- 3) Jon Kabat-Zinn

<https://jonkabat-zinn.com/offerings/books/>

- 4) Sam Harris “Waking up” Mindfulness website: <https://www.wakingup.com/> (has smartphone app)

- 5) Ten Percent Happier website <https://www.tenpercent.com/> (has smartphone app)

- 6) Center for Action and Contemplation. <https://cac.org/practice-with-us/>

- 7) Insight timer app:

<https://insighttimer.com/guided-meditations>

- 9) Smiling Mind—Smiling Mind is Australia’s leading digital-led, prevention-focused mental health not-for-profit. <https://www.smilingmind.com.au/>
- 10) “Pocket Breath Coach,” makes it easy to incorporate slow breathing exercises into your daily routine. <https://pocketbreathcoach.app.link/> ([access to much of this is free](#))