PERSPECTIVE ARTICLE

A MISSING INGREDIENT IN A TIME OF FEAR: CARERS ARE NOT THE BUCKET

Christine C. Forner

Abstract

We are all in this together. Perhaps for the first time in our history every human population is dealing with the same problem at the same time. It is appropriate to spend some time examining how humans function under stress and what helps alleviate the stress. Care, for others and from others, seems to be one of our deepest neurobiological responses to threat and overwhelm. Yet, care, as traditionally seen as the work of females of our species, has not been afforded the credit that it deserves. Conversely, care is seen as a secondary weakness. Examining attachment theory, the polyvagal theory, and mindfulness-based attachment research, we can learn that indeed we are creatures who thrive on being cared for and deteriorate when care is not provided or available. In this time of fear and concern, it is postulated that perhaps this is the time to examine long held belief that caring for other is not weakness and not exclusively the realm of the female, but an inborn response to external threat available to all.

Key words: dissociation, misogyny, mindfulness, complex posttraumatic stress, oppression

Christine C. Forner, B.A., B.S.W., M.S.W., R.S.W.
Lead Clinician Owner/Operator of Associated Counselling
Calgary, Alberta, Canada
Past President, International Society for the Study of Trauma and Dissociation

OPEN ACCESS

Citation: Forner, C.C. (2020). A Missing Ingredient in a Time of Fear: Carers are not the Bucket. *Clinical Neuropsychiatry*, *17*(2), 80-84.

https://doi.org/10.36131/CN20200209

Funding: None.

Competing interests: None.

Corresponding author
Christine C. Forner
E-mail:
cf.associatedcounselling@gmail.com

We are in a unique time in our human history. We are in a place of global fear that is testing the limits of our long-held traditions, cultures, and politics like never before, and we know it. This knowledge, that we are indeed in a great deal of danger, because we ourselves are threatened by the coronavirus or someone we love is at great risk, can create an underlying hum of constant worry and concern. The impending doom that accompanies these threats is tangible. Add into the mixture of the worry and fear of the current moment is how we were each individually taught to manage fear and stress as children.

This learned skill, or lack thereof, is going to play a huge role in how we manage fear today. The ability that we have in handling large, random events that are totally out of our control, will be dependant on the tools our early care providers taught us. For many this may seem like adding difficulty onto difficulty. Yet, there are things that can be done to alter how you react and deal with a non-tangible, external, pervasive threat. This is because we are also in an unprecedented time of knowing more about the human being than ever before. Long held mysteries of "what makes us, us" are being solved by research and scientific study. Time and again, across a variety of disciplines, we are discovering that humans manage fear of the unknown and vulnerability by tending to and caring for each other. Care from and for others, it turns out, is our most predominate feature within the homo sapiens species.

Yet this leads to a multilayered conundrum; care is generally not cared for. Rather, those qualities that are required to help us out of these times of crisis, have been devalued and perhaps even vilified with the occurrence of misogyny. Many may wonder how does misogyny, the hatred for women, translate into an essay about coping with global fear? I would argue that it has everything to do with how individuals, societies, cultures and countries deal with humans in general, the sick, vulnerable and worried specifically.

Perhaps expanding on the definition of what I am referring to when I use the word misogyny may help to expand my position. Misogyny is not only the hatred of women; it is the fear and hatred of what women represent. It is the hatred, fear, phobia, dismissal and distain for anything that represents the tending to, enhancing and fostering of, life. The qualities of selflessness, emotionality, empathy, protection of the weakest human, caring for the young and vulnerable are typically not a top priority within any main government. The taking care of life as the primary goal for every individual human being is not how most of our societies are set up. This can be seen in how we treat the vulnerable and the abused, and how we care for our young. You can also see many examples of how we treat those who are sick, and by how we treat those who are unable to care for themselves. It can be seen in cultures that are racist, sexist, ageist, or those cultures that maintain disdain for those who are "different" or "unable". It can also be seen in the adoration and value, or lack thereof, within those who are drawn or forced to have professions that simply take care of others.

In examining social programs that assist all humans in having general security-such as a base income for all humans, social programs that ensure that everyone is being fed properly, that everyone has secure and safe housing, that there is access to universal health care, and mental health programs that actually work, laws that protect the vulnerable, and criminality is dealt

Submitted April 6, 2020, accepted April 6, 2020

with compassionately, promoting accountability and responsibility with support and assistance, rather than punitive, shame inducing, measures, where there is free or low cost education for everyone, and that there is society supported child care or parental-leave payments, and so on- are not usually the priority of anyone in a capitalist, fascist, dictatorial, or communist society.

To many these notions and ideas tend to cause discomfort, anger or outright dismissal that governments cannot possibly do this, and really should not do this, and still be economically viable. And my simple question is "how do you know?" The simple fact is we don't know how things would be if we economically, educationally, mentally, and fundamentally change the way we structure societies. We can factually state that because it has never fully happened in modern or even more ancient civilizations, we don't know how people will respond if all their basic needs were met and their personhood was truly valued.

The last time, according to archaeology, that we had this type of social structure was at least 10,000 to 6000 years ago (Eisler, 1987; Sjoor & Mor, 1987). Yet we do not need to look into archaeology to find our answers of how we would work if all of our emotional, social, and economic needs were met. The answers are found inside of us, they are found in the structures of the human brain. When one examines several of its key structures, such as the ventral medial prefrontal cortex, the insula, the default mode network and our social engagement system, there are brain structures that allow us to profoundly care for others and make us capable of being profoundly cared for. We are primarily a herd or pack species. The notion that we will some how suffer or not function well if we are cared for by our government seems to not take into consideration the biomechanics and the neurobiology that make homo sapiens unique. And, as it turns out, intimately attuned, mindful-presence and profound care is what strengthens the brain structures that are capable to make us feel comfortable in tending to and caring for each other. It is also well known that what halts or seriously diminishes these brain structures from developing to their fullest potential is fear, lack of care, lack of soothing, neglect and violence.

Three very influential considerations that assist in explaining that we are not a violent, uncaring creature are the polyvagal theory (Porges, 1995), attachment theory (Bowlby, 1969) and mindfulness as a cultivator of human attachment (Forner, 2019a; Forner, 2017; Siegal, 2007; Snyder, Shappiro, & Treleaven, 2012; Stevenson, Emmerson, & Millings, 2017). These three different, yet similar theoretical approaches to human behaviour, align with what is being discovered in neuroscience. It is being found that the brain structures that are engaged during the distinct state of consciousness of mindfulness, or awareness, or inner contemplation, are also the same brain structures that develop fully when we are securely attached. This suggests that mindfulness is far more about relating and attuning to others, than a way to relax oneself, and it is different than how we may normally function. And importantly, the distinct state of altered awareness and mindful consciousness is quite different than ordinary consciousness (Stevenson, Emmerson, & Millings, 2017).

This means that there is effort or skill required in developing these brain structures. It appears that two main ways to develop these compassionate, empathic, regulating brain structures is to either a) be raised by parents who are mindfully attuned (Forner, 2019b), or b) to exercise these brain structures with contemplative or meditative practices. It is imprtant noticing that for either pathway to lead to the development of stronger front brain structures to grow, safety is a major requirement. This further suggests that the three congruent and very impactful theories mentioned above highlight the importance of tending to and caring for each other as our highest form of human development.

It is known that there are brain structures, when exercised often through a variety of mindful, contemplative, or internally aware practices, performing tasks that enhance our ability to regulate our bodies, our emotions, our empathy, our capacity to perform attuned communication, to be more flexible in our thinking, to be more internally aware and insightful, to be less afraid, to be able to differentiate and distinguish our instincts from our intuition and in general to be more socially conscious (Forner, 2019; Siegal, 2007). Conversely, we know that when humans are in situations of fear, chronic stress, developmental traumas and/or neglectful childhoods, these brain structures that are designed to regulate each other and attended to each other do not work due to the defensive lower brain structures. The lower brain structures, during a time of threat and overwhelm, are responsible for flight and fight responses, such as the mobilization system of the sympathetic nervous system and the adrenals and the deeper brain stem region such as the periaqueductal grey, and the dorsal vagal, parasympathetic, opioid-cannabinoid driven response that is responsible for tonic immobility, freeze and dissociation (Lanius, et al, 2018; Porges & Dana, 2018). These lower brain structures send signals to cut off or shut off those brain structures that are capable of compassion, empathy, fear regulation, emotional intelligence, insight, personal accountability and attuned communication (Lanis et al, 2005: Lanius, et al., 2006) during threat, because having compassion and empathy for a tiger that is about to eat you is not the best thing to do in a time of imminent danger.

It is calm, quiet, and safety that fosters the growth of the empathic and caring brain structures that really define us as a species, confirming that we cannot possibly be the violent, selfish, racist, sexist creature that so many feel we are. Contrariwise, it is human to human harm that is grossly unnatural, in that those conditions such as violence, neglect, racism, sexism, hostility, poverty and the like, halt or diminish the growth of these same brain structures. It is in this conundrum of living in a rather neglectful, selfish, violent world and not being a violent, selfish, neglectful creature one can start to gain wisdom that something went wrong in our human progression.

It appears that there is nothing in our neurobiology that can naturally tolerate human to human harm, and many things in our neurobiology show that providing support and care can reduce or eliminate hatred, selfishness and fear. The main question is, why is it that we are not more caring, supportive and selfless, on a grander governmental level? Equally how are we capable of such horrific acts of violence and selfishness?

This leads to the discussion of misogyny. I have spent the better part of 30 years trying to answer this question. Thankfully the advancements in affective neuroscience and the research that has gone into examining human to human harm, such as the Adverse Childhood Experience studies (Felittti, et al., 1998), the work of Prescott (1972, 1975), van der Kolk (2014), Ogden (2006), Schore (1994), Lanius (2005, 2006, 2018), Reinders (2003, 2006), and so many more, show us time and again that we do not get anywhere near our full developmental potential if we are not

profoundly tended to, cared for, protected, seen, heard and understood as children. We have a plethora of evidence that shows beyond a shadow of a doubt that if we are ignored, abused, neglected, alone, tortured, hit, spanked, lived through a war, yelled at, hungry, unsupported, witness abuse, part of a racist or other rigid canon that promotes fear and gender specific violence then we become more selfish, ill, mentally ill, addicted, violent, more focused on money for security rather than people for security, absent in our lived lives and generally more unhappy. Which again leads to the question, how did we get here?

I reflect upon one consistent theme that can be found over and over within traumatized humans: the less care and more violence a human has experienced in childhood and in life, the more care, after the fact, causes pain that is intolerable for them. Plainly, if you did not get proper care as a child you will not tolerate care all that well in adulthood. I have always been curious why simple care and tending to these injuries does, with individuals with the most tortuous traumatic childhoods, at first, result in more harm than good. Why is providing attuned, empathic, compassionate care so hard for those who have psychological injuries such as Complex Posttraumatic Stress Disorder (C-PTDS), Developmental Trauma Disorders (DTD), and Dissociative Disorders (DD), all disorders that come from human to human harm and/or neglect. Why is it that when I show some of my clients, who have had very abusive childhoods, care and attention that is supporting their vulnerability rather than the predation of their vulnerability, they seem to become more symptomatic? I suspect there are many explanations, but I think the simplest explanation gives weight to what may have caused us to become quite universally misogynistic.

Lack of care in childhood hurts. Passive abuse, such as neglect and poverty, and active abuse such as physical and sexual abuse cause excruciating pain and suffering. When children have not been cared for in the way that they needed to be, to grow optimally, this will cause severe pain, and results in suffering: the more neglect and abuse, the more pain and suffering. For humans, who are the most vulnerable and incapable mammal in the known world, lack of response to their needs is painful. This pain is in equal proportion to the neglect and abuse. For human's the main response to this pain in childhood is dissociation and profound shame (Farina, et al., 2014; Lanius, et al, 2018). Dissociation, the neurobiological, primitive response of submission is also our only defence when we cannot move into mobilization of fight and fight because we do not have agency over your body yet, or we are too little to run or too small to fight. Dissociation is what we use when we are in pain, or if the pain and suffering will not cease, or we have no way out. Dissociation is nature's extremely powerful anesthetic. Dissociation is also used when we are afraid when we are about to die. Dissociation is what human used to attempt to live through natural predation, it is playing dead. Dissociation is what we do when we are alone, vulnerable and in pain. Dissociation is how we can still sort of function in this world, regardless of the internal pain and suffering, highlighting again, once more, how much we need to be with and seem like we are part of the group. It is like the body of all humans seem to know that in order to have some type of human connections they will have to deeply hide what makes them outsiders (the pain, the shame and the suffering; covered up with dissociation) so they can still sort of be part of the group.

Dissociation is aloneness. Care is not.

Lack of care is why dissociation is present and under the dissociative anesthetic barriers are the pain and suffering, the reality and truth of the painful and vulnerable feelings. If you have had a life time of these awful feelings, you will have learned many ways to manage or cope with them, but you would not have learned how to care for them, because if people knew how to care for their own injuries, then they would no longer need dissociation. Dissociation keeps the suffering at bay, and care, what the suffering is seeking, is what removes dissociation. When clients are finally cared for, the dissociative mechanism goes away, leaving all of the sensory and affective material of the abuse and/or neglect fully available and raw.

This is a problem that most therapists grapple with. How does caring and overt attempts at providing safety, with very traumatized persons, seem to make them worse? Why, if clients feel that they are a horrible human being, does the genuine continual clinical care expressed to them that they are not bad persons, not really work all that well. How come the intervention of simple truthful encouragement do little to help or ease their pain?

There are many possibilities, but one source is that likely care eliminates dissociation. When the lid of dissociation comes off, all the traumatic material is wide open and too painful and too different of a reality for humans to tolerate, and they then begin to dissociate again to handle their internal pain. Dissociation is invisible to the person who is dissociating. Dissociation is about not knowing, so this makes logical sense. Dissociation, in the wild, likely only happened right before predation and death. For us humans it also occurs when we are neglected. When one begins to care for persons who are profoundly dissociated in their daily life, they will not really have full awareness of their actual pain. When a therapist applies simple concern and care, this can jar a system into a primitive tailspin. The human being, born to be loved and profoundly cared for, is very sensitive to its original needs. The surviving humans that have adapted to an unnatural abusive or neglectful environment by numbing and dissociating will not have full awareness of how they truly feel or fully comprehend what happened to them. The false world of dissociation and the reality of abuse can clash inside someone when care is provided. Care, provided to someone who is chronically and severely traumatized, is like water to someone who is moments away from death via dehydration. Like those who are suffering life threatening dehydration, you cannot provide the body with all the water it craves, as this will add insult to the injury and cause further problems or death. When we rehydrate a person, who is close to death, intravenous saline solution, slowly over time, is the best way to help the human body get back to baseline or homeostasis. Care can be viewed in the exact same way. It needs to be given in small doses at the rate that the person can accept.

But I strongly suspect that ancient people did not understand this. This suspicion is supported by the fact that many current homo sapiens do not understand the concept that once care has been denied, full care causes pain. Full care breaks down dissociation and if persons are unaware that they were dissociating, often the other person who is closest, or the one who is providing the care get the direct blame. If you are unaware of the full extent of your own internal pain, because you a) have your pain dissociated and b) the brain structures that are designed and capable of knowing are quite

underdeveloped, you will have a natural reaction of blaming the person who you assume is responsible for the internal pain you feel. This is a possible theory to the birth of misogyny.

I have no real way to prove what I am considering, but there is a great deal of research and anecdotal information to support that for a long time in human evolution humans did not hurt other humans as they do as they have for the last several thousand of years. At some point humans started to hurt humans on mass. I suspect it began with the invention of agriculture, where one person or a group came up with the idea of taking resources that did not belong to them. The two historical events, the invention of agriculture and misogyny seem to happen at the same time (Bolger, 2010).

Humans would have likely attempted to heal the unnatural injury and death of human to human harm with what they would use to heal natural injury and death of the elements, disease and predation. But with the unnatural injuries natural care would not and could not work. Ancient humans would likely not know what to do with CPTSD, DTD and DD, as modern humans barely know how to treat complex trauma, developmental traumas and dissociative disorders. Dissociation is one of the most absurdly controversial mental health disorders, due to the difficulty mainstream psychology and psychiatry have in understanding the validity of what it is. To add, in understanding dissociation one learns how truly affected we are by humans hurting each other. This reality truly does turn everything we feel we know, globally, upside down. This is an uncomfortable reality for many.

When my son was about 3 and a half, he got very ill with his first stomach flu. As he would display the signs of vomiting, I would get out a bucket for him to throw up in. The first few times my son threw up in the bucket, but by the third time he started to get sick he hit the bucket and threw it away saying to me "not the bucket, not the bucket", he then threw up all over the carpet. I understood that he made the mistaken, but very age appropriate assumption, that it was the bucket, the thing he could tangibly see, that was the source of his upset, not an invisible virus that he could not see or conceptually understand at 3 and a half. This process of mislabelling the source of his illness and upset is only natural when you know that children have projection and, little abstract thinking capabilities and are unable to have the same meaning making skills of an adult at 3. He cannot know, what he does not know, so he made a good estimation. In this case his estimation was wrong. It was not the bucket hurting him, it was an invisible virus.

In taking this example and transferring it to the act of caring or therapeutically treating a hurt human, injured by another human, I can simply say "I or we, are not the bucket". I can also apply this statement to the grander world that deems care and emotionality as weakness and inferior. The female (but also tender males) or the one who traditionally is associated with care are not the bucket. When a male comes back from war and his injuries of pain and suffering surface and the wife or partner applies care, the real pain of killing and witnessing such violence is the problem, not the person caring, the partner is not the bucket. When a person is dealing with childhood terrors and these injurious terrors are seeking care, it is not the therapist who is the bucket. When you care for someone who has dissociated pain, the care provider is not the source of your pain.

In this time of global crisis, we can see these theories at play. We are finding that we need each other so much more than we realize. We see that most governments are ill prepared for when humans are unable to produce goods. We find that generosity is rampant, as is panic buying. Humans are showing an enormous amount of care and many are noticing that it is not the big businesses that are saving us, but the daily tasks of those who feed us, heal us, support us, and educate us who are needed the most right now. We have a chance to reinvent a world that is more aligned with our species. As stated in the beginning of this essay, we have a chance to create social programs that assist all humans in having general security, such as a base income for all humans, social programs that ensure that everyone is being fed properly, that everyone has secure and safe housing, that there is access to universal health care, and mental health programs that actually work, laws that protect the vulnerable, and criminality dealt with compassionately, accountability, responsibility and assistance rather then punitive measures, free or low cost education for everyone, and child care or parental-payments supported by the society. We can see that care, if valued enough, is the thing that will get us through this. We have a chance to do things differently, and so the next time we are faced with this type of threat we will react differently. We will react with pervasive care and deep compassion.

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