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### Abstract

This paper is in part a reflection the personal illness which led me to discover mindfulness and compassion training that supported and helped me in my rehabilitation after having suffered a cardiac arrest. It explores the origins of mindfulness training and how a more explicit teaching of compassion skills has been found to be highly beneficial in the health and well-being not just for myself, but also the others that undertake the training.

### Keywords

Mindfulness, compassion, mindful self-compassion, trauma

I started mindfulness meditation in 2009, after it had been suggested to me by the clinical psychologist I was with, that it might be helpful. At that point I was suffering from PTSD and major depression. It was a few months after I having been discharged from the hospital where I had spent three months. I had suffered a heart attack and out of hospital cardiac arrest. The paramedics had resuscitated me after 30 mins and I had subsequently spent 7 weeks in a coma. Upon waking from the coma I had been in a state of delirium, experiencing visual hallucinations, paranoia and memory loss due to brain damage caused by hypoxia during the arrest. My world was a place of fear, flashing back to hospital memories with the slightest association and complete non-comprehension about how I had ended up in this situation. I would wake in the middle of the night drenched in sweat, so bad that I had to change my clothing and bedsheets and then wait wearily for dawn.

At that time I had no idea what mindfulness was about or meant but I trusted the psychologist who was helping me and decided to find out. That journey of exploration has gone on alongside a newly developed interest in psychology and has led me to study both. This paper is part an account of the process that ultimately led me to become a mindfulness teacher, the growth of the mindfulness movement and my increasing awareness of how compassion training plays an important role.

Mindfulness over the last few decades has become an ever more popular since it was introduced to a western audience by Jon Kabat-Zinn (Kabat-Zinn, 1982; Kabat-Zinn, 1990; Kabat-Zinn, 1994) in the 1980s at the University of Massachusetts Medical School. Interest, research and publications into mindfulness has increased at an exponential rate since then (AMRA, 2016) and it became a household talking point when featured on the front cover of the Time magazine in 2003 (Time, 2003). Initially introduced to treat patients with intractable pain, that other services at the hospital could not treat, this programme was called Mindfulness Based Stress Reduction (MBSR) (Kabat-Zinn 1982). Over the years mindfulness meditation has been shown to aid many people with their long term pain conditions (Kabat-Zinn, 1986; Nakata, Sakamoto, & Kakiqi, 2014; Zeidan, 2015; Zeidan, 2011).

In the 1990s, a group of psychologists in the UK became interested in the MBSR programme and traveled to the USA to learn more (Segal, Williams & Teasdale, 2002). They had become interested in mindfulness meditation as a treatment for people with depression and later went on to develop the Mindfulness Based Cognitive Therapy (MBCT) programme which was developed specifically to treat people with recurring depression (Teasdale et al, 2000). They had noted that people who had two or more episodes of depression in their lives had a much higher chance of having further episodes ( 95 %) and were particularly resistant to treatment as usual of talking therapy (CBT) and antidepressants (Segal, Williams & Teasdale, 2002). In 2009 in the UK, the National Institute for Clinical Excellence (NICE) endorsed the MBCT program for treatment of depression for people with three or more episodes of depression (NICE, 2009) and a 2016 meta analysis of the MBCT showing it to be as good as treatment as usual, and for some populations (specifically childhood trauma or three or more episodes of depression) there was evidence of better results (Piet & Hougaard, 2011).

Both these programmes teach participants the skills of present moment awareness, of being aware of what is happening in a persons experience, such as body sensations, feelings, emotions, thoughts and with a particular attitudes of the mind. A mind of a non-judgmentality, acceptance and kindness (Shapiro, Carlson, Astin & Freedman, 2006). This training promotes a non-reactivity to a persons experience which leads to an ability of the the person to obtain skills of present moment awareness, acceptance and decoupling of cognition and affect leading to emotional self-regulation (Farb, Anderson & Segal, 2012). This skill is achieved by training awareness to stay in the present moment using focuses of the breath, body, sounds, sights etc with the focus of attention not being as important as the attitude and intention behind the training. The intention of staying aware in the present moment and the attitude of not judging the mind as it naturally wanders (humans have evolved to have a wandering mind (Killingsworth & Gillbert, 2010) are the core of mindfulness training.

Since the formulation of the MBSR and MBCT there have been an increase in mindfulness based approaches for a wide range of populations such as: addiction (Mindfulness Based Relapse Prevention (MBRP), (Bowen, Chawla & Marlatt, 2010)); Breathworks for chronic pain (Burch & Penman, 2013); general population (Williams & Penman, 2011). Within most of these courses and certainly the MBSR and MBCT there is a strong implicit teaching of kindness and compassion skills and nowadays the MBCT includes a full week of compassion training.

In the past there had not been an explicit teaching of compassion skills due to concerns of acceptability within a modern secular western audience. The implicit inclusion of compassion and kindness is evident in the formulation of the attitudinal foundations of mindfulness and is very much taught and embodied by mindfulness teachers today. This training in compassion and kindness has been demonstrated by the gaining of self-compassion skills by participants of mindfulness courses being found to be one of the mediating factors of outcomes in the mindfulness interventions (Kuyken, 2010).

The ideas and trainings that JKZ drew on when he formulated the MBSR were based largely on some of the Eastern contemplative meditative traditions and mostly mindfulness in Buddhism (Williams & Kabat-Zinn, 2013). Mindfulness is the translation of the ancient Pali

word 'sati' which is translated as "awareness" and "direct, open-hearted knowing" (Williams, 2009). This training was traditionally done by doing meditation practices that taught learning to pay attention to the present moment, intentionally and non-judgmentally, with curiosity and compassion. Within this tradition (as with other world spiritual traditions) there is the explicit cultivation of positive emotions such as compassion and kindness. All major religions in the world promote compassion (Van den Brink & Koster, 2015). Evidence in the last 20 years has shown a strong correlation between the cultivation of what is termed positive emotions (happiness, kindness, compassion) and physical and mental health wellbeing (Center for Healthy Minds). However, within the positive psychology movement there has been an increasing awareness that just cultivating positive emotions may not be enough to help some people with the difficulties in their lives and there has been a move to develop techniques that allow people deal with and process their experience both of the past and present moment difficulties (Hayes, Strosahl & Wilson, 1999).

As renowned meditation teacher Christina Feldman says (Feldman, 2005)

'Our awareness consists of two wings of a bird - mindfulness and compassion'

To address this need a number of mindfulness based compassion courses have been developed, which this article will concentrate on for the remainder. But first I would like to share a little more about why I teach compassion based approaches to wellbeing.

At that time that I started to learn mindfulness meditation the only place to learn was the local Buddhist centre where two practices were taught to the general public. Firstly, mindfulness of the breath, a focused awareness practice and the metta bhavana, a compassion and loving-kindness practice. These two practices trained firstly the skill of bringing awareness to the present moment in a non-judgmental manner (mindfulness) and the second trained skills of kindness and compassion. Looking back now with the perspective of years of therapy, a masters in psychology, mindfulness teacher training and three years working with people with their various difficulties in the NHS, I realise how lucky I was in having been introduced to the compassion training very early on in my mindfulness journey. My initial reactions to comments such as:

'Be kind to yourself, Maya' from the CBT therapist I was with resulted in an extreme adverse rebound of self-loathing/disgust/failure/shame/.....

'Why did I deserve kindness?' Wasn't it all my fault?

At this point the last thing I remembered was working as a post doc at University of Oxford's Physics department and just having a paper accepted by the Nature journal in 2000. Then I woke up to find myself in hospital, nine years later. With the nine years having been a blur of initially burnout and exhaustion and then major depression. Doing nothing sitting at home. And I blamed myself.

Over those first few years I attended a number of mindfulness 8-week courses at the secular Breathing Space which was attached to the Buddhist centre including Mindfulness Based

Stress Reduction (MBSR) and Mindfulness Based Cognitive Therapy (MBCT). I also attended Kindness Behaviour Therapy (KBT) devised by Dr Paramabandhu Groves, the clinical director of the Breathing Space and a consultant psychiatrist in the NHS . This course brought together the elements of the kindness and compassion practices that I had been learning in a way that could be used to help address issues in one's life [Groves, 2014].

And it was with this training in mind that I went on my first week long silent retreat. I planned specifically to bring elements of my past into a meditation practice whilst generating compassion for myself and others. I informed the facilitators of the silent week of my intention and it was through one of those teachers that I was made aware of the Mindful Self-Compassion (MSC) program [Neff & Germer, 2012]. For there were many similarities in what I was doing and what the MSC was training people to do. These were techniques of generating compassion and kindness whilst actively turning towards past events in a way that allowed one to stay with the event that eventually lead to a processing of the experience.

Later that year I went on a MSC course and discovered it contained a lot of what I thought was potentially missing from the MBCT and MBSR courses which was the explicit teaching of kindness, compassion and self-compassion. There was an implicit teaching of these skills in these courses but I didn't feel there was enough for some people. The MSC course brought together a carefully crafted mixture of scientific understandings, training in mindfulness and compassion with experiential exercises that people could use if they wished to.

As I started to train in teaching MSC alongside looking at other mindfulness based approaches to health such as Compassion Focused Therapy (CFT) (Gilbert, 2009a; Gilbert, 2009b) and Acceptance and Commitment Therapy (ACT) (Hayes, Strosahl & Wilson, 1999), I began to understand why this might be from a theoretical and scientific perspective. With a very self-critical and negative aspect of the self, ones being is continuously stressed and in the physiology state of the threat mode. In this mode it may be sometimes difficult to access the more reasoned cognitive functionality of the cortical regions of the brain. Mindfulness training results in changes in function and structure in the cortical and limbic regions of the brain resulting in increased emotional regulation (Goldin & Gross, 2010; Hölzel et al., 2011; Hölzel et al., 2011). Therefore, if one is unable to access these cortical regions due to stress and anxiety, then for some people mindfulness training may not be successful. This has led me on a path that includes ever increasing emphasis on compassion work. For some people the training in compassion and kindness, which strongly downregulates the threat system and promotes the caring and comfort system, allows them to stay with their experience and then with the training in mindfulness skills.

There has been over the last decade a number of mindfulness based compassion courses developed. The course that I am most familiar with and that I have trained to teach is the Mindful Self-Compassion (MSC) 8-week course, developed by Kirsten Neff and Christopher Germer in the USA (Neff, 2003; Neff & Germer, 2012). This course now has over 700 peer reviewed papers on it and is now being taught in many countries (Center for Mindful Self-Compassion, 2015). The outcome from the course shows decreases in negative affect such as stress, anxiety and depression (Johnson & O'Brien, 2013; Zessin, Dickhauser & Garbade, 2015) and increase in positive affect, happiness, life satisfaction, kindness, self-compassion

(Neff, Kirkpatrick & Rude, 2007), wellbeing (Hall, Row, Wuensch & Godley, 2013; Self-Compassion.org, 2017).

As the Dalai Lama says:

‘If you don’t love yourself, you cannot love others. You won’t be able to love others. If you have no compassion for yourself, then you are not able of developing compassion for others’ (Dali Lama, retrieved 2017)

The cultivation of self-compassion, positive affect and regard for the self leads not just to self-kindness and self-care but also the development of kindness and compassion for others. It promotes wellbeing and resilience in people and can provide people with the strength they need to make difficult changes in their lives.

‘True compassion is more than flinging a coin to a beggar; it comes to see that an edifice which produces beggars needs restructuring’ (Luther King, retrived 2017)

So what has the explicit training in compassion afforded me?

It has allowed me to have some agency in my own recovery. By having the skills, both of mindfulness and compassion, I had a toolbox that allowed me to develop first some distance and non-reactivity to my experiences and then the internal support to be able to turn towards and be with my traumatic experiences and allow them to process. By generating compassion for myself it made the experiences bareable, softer and more accessible. I had not been able to stay with the worst in my therapy. In the envelope of compassion I had the support and strength to remember. From a theoretical view point compassion activates both the caregiving and reward pathways of the brain (Singer, 2012). This cocoon of positive affect provides the sense of safety, support and soothing that enables one to be with the experience.

Feedback from course participants include:

*‘I have found staying with difficult emotions/feelings challenging. Until now I have realised I have used mindfulness to move away from them rather than towards them’*

*‘I do have a mindfulness practice already and it has served me well. I think MSC has enabled me to “drop” deeper into my practice with gentleness and curiosity’*

And from a clinician:

*‘The course brought me back down to earth in just being empathetic and kind to my clients. It also made me realise that I do need to take care of myself in order to give the best to my clients and still have reserves in my tank. I feel like I am “remodelling” compassionate behaviours in my sessions in a way I hadn’t done before’*

There are a number of other mindfulness based compassionate trainings that have been developed as well as the Mindful Self-Compassion Course and these include Mindfulness-based Compassionate Living (MBCL) (van den Brink & Koster, 2015); Compassion Cultivation Training (CCT) (Stansford: Medicine, 2016); Compassionate Mind Training (Gilbert & Proctor, 2006). Each has elements of teaching mindfulness and compassion skills to the participants and with varying supporting psychoeducational material.

These courses all offer a training in skills that allow one to cultivate compassion and have been shown to be beneficial for both physical and emotional well-being of many people. They enable people to learn and use skills which they can use for themselves to develop and change their own mind/emotional states. Mindfulness and compassion training resources the participants with skills that they can use at time of need in their lives. It also provides them with ways in which, if they choose, to look at and come into a different relationship with past experience.

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