



UNIVERSITY
OF ABERDEEN

SCHOOL OF EDUCATION

POSTGRADUATE COURSES

Assessment Cover Sheet

Course Title: PROFESSIONAL ENQUIRY (MSc in Mindfulness Studies) 2011-12

Course Code: ED505J (2011-2012)

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Date of Submission: 16 April 2012

Word Count: 6292

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I certify that the work in this submission is my own, and that any quotation or paraphrasing of others' work has been acknowledged by the required protocols of referencing used within the School of Education

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Date: 2nd of July 2012

**Postgraduate Studies in Mindfulness MSc
Aberdeen University**

Professional Enquiry Assignment
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Amsterdam, 2012

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PART A: Research Folio and Report

1.1 Topic

This study explores how an eight-week compassion training has improved participants well-being. The concept of a compassion training is a new phenomenon in the field of both mindfulness and psychological healthcare. In this study the experience of participants in a compassion training, designed and facilitated by Buro Nevejan in the fall of 2011, is evaluated in both qualitative and quantitative ways.

1.2 Acknowledgements

My gratitude goes out to the participants of the compassion training, to Olaf van Kooten for his support in making the graphics, Caroline Nevejan for her valuable comments, the feedback from my tutors Graeme Nixon and David McMurtry, and the inspiring teachings on compassion by Rob Nairn as part of the Mindfulness Study Program (MSc) at the Aberdeen university, Scotland.

1.3 Background to the Study

The compassion training of Buro Nevejan aims to deepen the aspect of acceptance in mindfulness practice and cultivates explicitly compassion for self and others. Offering such a follow up training for mindfulness practitioners is a new development in the professional field of mindfulness worldwide. So far there does not exist an evidence-based design for a secular eight-week training program on compassion. Research on loving kindness and compassion practices is still in its early stages, yet very promising in its results as is discussed in the literature review.

The design of the eight week compassion training of Buro Nevejan is inspired by Annick Nevejan's professional engagement as tutor with the one-year compassion training of the Mindfulness Association (MA) in Scotland, and by her engagement as tutor and student in the Mindfulness Study Program at Aberdeen university. Buro Nevejan's compassion training is based on the work of Paul Gilbert and his Compassion Focused Therapy (2010), Kristin Neff's study on self-compassion (2011), and on compassion practices of psychotherapist Christopher Germer (2009). Building upon a fundamental background in Buddhist practice and philosophy, Buro Nevejan includes specific meditations from the Buddhist practice into the design of their eight-week compassion training.

In the fall of 2011 Buro Nevejan designs, facilitates and evaluates its first eight-week compassion training in Amsterdam, presented as a follow up training for people who are interested to deepen the basic attitude of acceptance in their mindfulness practice. Since 2012 Buro Nevejan runs this compassion training at the RINO in Amsterdam (an educational institute for psychotherapists) as a follow up training for Mindfulness-Based Cognitive Therapy (MBCT)

The faculty of acceptance is a crucial factor to alleviate one's own and others suffering. Buro Nevejan's compassion training is designed to relieve suffering in participants day-to-day lives by cultivating the main underlying attributes of acceptance, which are kindness, (self)compassion, joy and equanimity.

1.4 Aim

The aim of this study is to explore how an eight-week compassion training can be meaningful to participants. The study explores whether the compassion training has cultivated the faculty of acceptance for self and others, and explores the effect of compassion training on the individual's day-to-day life.

1.5 Rationale

In mindfulness training one develops two faculties; directing one's attention purposely on the present moment and an attitude of acceptance, being with what is without preference or judgement. The metaphor of the bird is often used, with one wing of awareness and the other of acceptance, to point out that without both of these practices in balance, the bird cannot fly. The first faculty is often more easily to train than learning to accept whatever arises in the present moment. This foundational attitude of mindfulness asks more practice and time to integrate in one's daily life.

The study of Kuyken et al. (2010) points out how practices of acceptance and selfcompassion within the mindfulness training mediates outcome. Where previous measures of mindfulness appear to focus more on the fact *that* one pays attention, this new evidence suggests that focussing on *how* one pays attention is as important. Within the professional field of mindfulness new measures are being developed that primarily focus on the mindful attitude.

The compassion-training offered by Buro Nevejan explicitly focusses on deepening this attitudinal aspect of acceptance in mindfulness practice. Therefore this training qualifies to study participants experience of the eight week compassion training and its effects on participants daily lives.

1.6 Research questions

The main research question is:

How the secular compassion training, which is designed, facilitated and evaluated by Buro Nevejan, affects participants day-to-day lives?

Sub questions are:

- 1. How do participants of the compassion training describe compassion at the beginning of the training and after completing the eight-week training program?*
- 2. Does self-compassion increase through the compassion training?*
- 3. Which practices in the compassion training do participants find supporting in the cultivation of (self)compassion?*
- 4. In what way has the compassion training impacted participants daily life?*

1.7 Literature review

1.7.1. Introduction

Mindfulness-based meditation interventions have become increasingly popular in contemporary psychology, in which the qualities of kindness and compassion are found to be important mediators for some of the observed beneficial effects of mindfulness. However, since research into mindfulness is relatively new, there is a confusion of terms that are used to describe both practices and effects of mindfulness (1.7.2.). With empirical evidence still being limited, existing research studies suggest that loving kindness meditation (LKM) and compassion meditation (CM) are highly promising practices for improving positive affect and reducing negative affect such as anxiety and mood symptoms (1.7.3.). Recent results of mindfulness training demonstrate that changes in self-compassion appear to mediate benefits in depressive symptoms (1.7.4.) Yet the measurement of the compassion component is relatively understudied in relation to the attentional aspects of mindfulness practices (1.7.5).

1.7.2. Confusing terms

Crucial in mindfulness training is to learn the difference between engaging thought, and just being aware of thoughts as thoughts, which is the non-reactive mind. In scientific contexts different words and concepts are used referring to these phenomena and these terms change the meaning and dynamics by using specific terms as well.

The term ‘cognitive reactivity’ is used differently by Kuyken et al. (2010) and needs to be more clearly defined in mindfulness research. Another example of contradicting terminology is when one uses the term ‘dysfunctional thoughts’ in measuring cognitive reactivity since it contradicts the core of mindfulness practice where one tries to stay out of any evaluative framing at all and to nakedly see things for what they are; in this case it is just a thought, nothing more or less. Non-judging prevents one from getting involved with the content and enables one to see thoughts as mental constructs and an object of attention, and not as facts or a solid entity. Otherwise one is likely to fall into the trap of wanting to change the content, based on preference, while from a mindfulness perspective profound change can only happen within the observer, or how one relates to phenomena.

1.7.3. Design of the course

Hofman et al. (2011) addresses how comparisons of studies examining the effects of very short-term LKM with long-term training in spending many hours confronting repeated efforts to send LKM or CM to oneself, loved ones, or even enemies may not be appropriate since very different mechanisms may be activated. The basic Buddhist assumption is that the abilities of loving-kindness and compassion take considerable time and practice to develop. These findings in Buddhist psychology support the attempt in the current field to design a follow-up training in kindness and compassion practices for people who have done the mindfulness training.

Interestingly Hofman also attempts to give a general outline of the meditation techniques used in compassion and loving kindness practices, which contributes to developing a formalized practice manual as is the case with the MBSR and MBCT trainings. Yet even in the small database Hofman reflects on they noticed a remarkable variation in the techniques that were used, often combining the practices with many other treatment approaches which only vaguely resembles the traditional practices they originated from. Not having a well described standardized manual on LKM and CM practices, in the context of deepening the attitudinal foundation of mindfulness practice, is still one of the restraining forces in collecting more empirical evidence on the effect of these explicit kindness and compassion practices.

1.7.4. Understanding the effect of the course

In order to attend to the variety and textures of present-moment experiences in a mindful way one needs to cultivate the qualities of kindness and compassion, argue Hofman et al. (2011). Without these underlying attributes of nonjudgemental awareness one is likely to come into an evaluative or ruminative state of mind when confronted with unpleasant or negative perceptions like negative self-thoughts, disturbing emotions or distressing images.

Evidence of Kuyken et al. (2010) shows enhanced self-compassion among patients with major depression in remission after they have participated in mindfulness-based cognitive therapy (MBCT), while this training does not include explicit compassion meditation training. Kuyken's research indicates furthermore that changes in self-compassion appear to mediate benefits in depressive symptoms. While in patients receiving maintenance antidepressants (mADM) greater reactivity related to worse outcome, in the MBCT group, despite cognitive reactivity being greater overall, it no longer significantly predicted outcome. The greater post treatment cognitive reactivity with MBCT contrasts previous research on lowered reactivity with cognitive behavioral therapy (CBT) relative to mADM. Because one learns with MBCT to be more attuned to thoughts and feelings without explicitly trying to change them, this might account for the greater reactivity according to Kuyken. He also points out the fact that participants of the MBCT group recently discontinued their mADM, which probably enhances their reactivity.

Recent data of Raes, Dewulf (Kuyken et al., 2010) underline that thoughts in itself are not the problem, but how one relates to them. Using a self-report measure of cognitive reactivity their findings suggest that 'whereas negative mood may reactivate dysfunctional thinking patterns in people who have participated in an MBCT class, it is their response to these dysfunctional thoughts that is altering the impact at follow-up' (p.1111).

1.7.5. Measuring the effect of the course

Neff (2003) developed the Self Compassion Scale (SCS), a 12-item measure (short form), which taps into the dimensions of self-kindness vs self-judgement, common humanity vs self-isolation, and mindfulness vs self-absorption or over-identification. The SCS-SF by Neff has demonstrated good reliability and validity. Buro Nevejan has used this survey instrument before in an eight weekly mindfulness course (MBSR) at the University of Applied Sciences in Amsterdam and evaluated this survey instrument as useful. Results show a significant greater improvement in self-compassion (see appendix 1, figure 2), which supports the findings of Kuyken et al. (2010) that mindfulness training in itself enhances self-compassion.

Kraus and Sears (2009) developed the SOFI scale designed to measure the four immeasurable qualities (*brahma viharas*) that form the heart of the Buddhist teachings; loving kindness, compassion, joy and equanimity (or acceptance) toward both self and other. Multiple previous measures appear to focus on the attentional aspects of meditation practice, but this measure focuses primarily on *how* one pays attention. In this way the SOFI scale, like the SCS, contributes to the study of both wings of mindfulness, attention and compassion.

Kraus and Sears' SOFI ratings toward self demonstrated good concurrent validity with the SCS of Neff, but adds ratings of compassion towards others to this existing measure. Interestingly with measuring kindness and compassion towards others the SOFI scale addresses the interpersonal problems like anger control issues, marital conflicts or compassion fatigue among caregiving professionals. The interpersonal effect of mindfulness practice is much less highlighted in the contemporary literature.

The SOFI scale measures as well the so called far enemies of the immeasurables, including hatred, cruelty, jealousy and anxiety. This is congruent with the positive psychology movement that recognises the need to measure the presence of positive emotions as well as the absence of negative emotions for optimal psychological health and well-being. It is also a basic assumption in Buddhist

psychology that practicing LKM and CM enhances positive emotions and reduces negative emotions (Kraus and Sears, 2009).

1.7.6. Conclusion

The research with the SOFI scale by Kraus and Sears suggests that ratings toward other individuals are both more strongly positive and less negative than are ratings directed toward the self. These findings underline the importance of emphasizing the cultivation of self-compassion in both mindfulness and compassion trainings. In agreement with Hofman, CM and LKM need to be rooted in mindfulness practices in order to cultivate unconditional and unbiased compassion for all beings. Practicing mindfulness as just a technical attentional training, without integrating the attitudinal qualities of kindness and compassion, would seriously jeopardise its ethical ground as well as its beneficial effects on well-being and health. In the Buddhist text Avatamsaka Sutra (Cleary, 1993) it is as well said that meditation without the big heart of compassion is of no value at all.

1.8 Methodology

1.8.1. Design of the course

The compassion training was delivered as a group-based training program designed to enable participants to deepen their mindfulness practice and to learn skills and practices to cultivate compassion for self and others.

The program involved a one-to-one orientation interview by phone and completing a written intakeform with several questions before the start of the training. The actual group-based compassion training consisted of eight weekly two and a half hour sessions spread out over approximately two months followed by a face-to face individual interview of thirty minutes two weeks after completing the training.

The design of Buro Nevejan's eight week compassion training program in 2011 is as follows:

Week 1: The three types of affect regulation system by Gilbert

Week 2: Stress reactions, self-compassion model of Neff

Week 3: The use of imagery to cultivate kindness and compassion

Week 4: The compassion mode with its attributes and skills

Week 5: Compassion for others without preference (equanimity)

Week 6: Tonglen practice

Week 7: The four immeasurables (joy and gratitude)

Week 8: Compassion in action

1.8.2 Participants

The compassion training was offered within the organisational context of Buro Nevejan and it was open to anyone who had done the mindfulness training (MBSR/MBCT) or had some previous experience with meditation and mindfulness. Thirteen dutch people participated in the compassion training of which were twelve women and one man. The average age was about 45 years old with extremes of plus or minus 15 years.

All participants had experience with mindfulness and meditation; ten participants had previously followed the mindfulness training of Buro Nevejan. One participant is a long time experienced mindfulness facilitator in MBSR/MBCT. Two participants got their training in meditation and mindfulness from different contemplative psychological institutes.

All participants attended all or almost all the sessions (>5 of 8 compassion training sessions). There were no drop outs.

1.8.3 Measures

Intakeform

The intakeform for the compassion training, as developed by Buro Nevejan, contains 7 questions with the main purpose to gather information about the participant in order to estimate if it is the right time for him or her to follow this training. The third question is used as a research question for this PE assignment. The questions are;

1. What motivates you to follow the compassion training?
2. What do you hope to develop or learn with this training?
3. Can you give a concrete example of what (self)compassion means to you?
4. What previous experience with mindfulness and/or meditation do you have?
5. Are there any present circumstances in your life or work of which you think it is important I take notice?
6. How is your current health?
7. Do you have any other remarks?

SCS-SF

The Self-Compassion Scale-Short Form (SCS-SF) by Neff is a 12-item measure in which participants respond to various items about 'how I typically act towards myself in difficult times' on a 5-point scale, with higher total scores indicating greater self-compassion (appendix 5).

At the beginning of the first (baseline) and the last session of the compassion training participants filled in the SCS-SF. The scale was not translated in dutch. Participants were invited to check if they understood the english text and if not, they could ask the facilitator for a translation.

Individual interview

Two weeks after completing the compassion training a thirty minutes individual face-to-face interview was scheduled with each participant to collect information. The following 5 questions were answered during the interview;

1. What did you learn or develop with the compassion training (concrete examples of how it has impacted your daily life)?
2. Which practices are supportive for you in the development of compassion for self and others?
3. How would you describe what (self)compassion is from your present position after completing the eight-week compassion training?
4. Were there any specific difficulties or obstacles for you during the compassion training?
5. Any other remarks or suggestions?

At the end of each interview the interviewee and the interviewer reflected on her/his SCS results. The first three questions are used for research in this paper, including the reflection on the results of the SCS-SF by the interviewee .

1.8.4 Procedure

The design of the training program, the organisation and facilitation of the compassion training and the research on it are all done by Annick Nevejan. Participants came from Buro Nevejan`s network and all participants agreed on using the collected data for research following the academic ethical guidelines. For the quantative research (SCS-SF) the data of all participants is used. Concerning the qualitative research (intakeform and interview) three participants were selected for this paper based on the following criteria; the participant with the highest and lowest score from the SCS-SF test and one participant with an average score on this scale.

1.9 Results/Findings

1.9.1 SCS-SF

Looking at the results of the Self-Compassion Scale- Short Form questionnaire (appendix 1, figure 1) there is a significant difference between the baseline score of SCS and the score at the end of the eight weekly compassion training, with the highest score difference of 1.8 out of a scale from 1 to 5. Of the thirteen participants in total, eleven show a development or increase of self-compassion during the time of the training. Two participants scored either the same or less than the baseline score after completing the compassion training.

The density distribution of the SCS-scores suggests a positive increase of self-compassion among the majority of the group (8 participants) showing a score value between 2.5 -3.5. Three people scored above the 3.5. One person above 4.0 and the highest score was between 4.5 – 5.0.

At the end of the training individual interviews were held and participants were asked to reflect also on their SCS results. Some reflections suggest that one needs to be cautious with interpreting the results of the SCS. For example participant E was not surprised about her decrease in score value at the end of the training and gave the following explanation; ‘when I did the SCS measure at the beginning of the compassion training I had quite a positive image about my own sense of self-compassion. During the training I had to adjust that image and I realized that I was much more harsh on myself than I thought I was. Through the compassion training I became more realistic about how kind or compassionate I actually am towards myself. The lower score at the end doesn't mean that I have become worse in being compassionate with myself, on the contrary. I have clear examples in my life of how the training has helped me to become more compassionate towards myself.’ (see also appendices 2 -4 participant E).

1.9.2 Interviews

What does (self)compassion mean to you? (appendix 2)

In the intakeform participants describe (self)compassion as the ability to understand the person one is relating to. To understand or ‘see oneself’ is more difficult for two of them, and one participant says that self-compassion means to be more aware of the choices she has. During the individual interview, participants were asked how they would describe (self)compassion from their present position. All three mention being less harsh or demanding towards oneself and more accepting oneself as one is. Realizations like ‘difficulty is part of life’, ‘everybody wants to be happy’ or ‘all people want to be seen and valued’ helped them to connect to others and being less judgmental. One participant explains how she can have empathy for others, though not for everyone.

A remarkable difference in describing (self)compassion at the beginning and end of the compassion training is that one focusses more on compassion for others at the beginning, while at the end of the compassion training they all three focus more on compassion for themselves and what that means to them.

Which practices are supportive in developing (self)compassion?(appendix 3)

Remarkably participants mostly mention so called informal practices - like the self-compassion mantra, being aware of the body in daily activities, giving oneself a hug or asking friends for help – to be supportive for developing (self)compassion. All 3 participants mention mindfulness practices of taking more time to be with what is here right now and staying with it instead of suppressing it. Two participants had difficulty with practices that use imagery like the ‘safe place’, one reason might be that it triggers the past, yet one also expresses how one learns from these experiences.

In what way has the compassion training impacted on your daily life?(appendix 4)

'With difficult moments I have learned not to panic, I can stay more calm.'(participant D)

'When I am walking on the street and feel a bit closed or tensed I can now support myself by reminding myself there is no threat and that I can relax.'(participant E)

Participants share examples of how they are more aware in daily life how they are feeling like noticing one is anxious or quicker aware of how one is harsh on oneself. The practices help them to stay present with it, to soften, to put things into perspective and not to get carried away by it. Through the training two participants notice they are more open to others, feeling more spontaneous in reaching out with their heart.

'A colleague of mine was standing at the other end of a very large room at my work. She just got the results of her examination on cancer recently. She was standing there with tears in her eyes, she had good news. In that moment I got up from my chair, walked over to her and gave her a hug. This is very unusual for me since I am not comfortable with touching people physically' (participant H).

' I notice I am less cautious in starting a conversation with people I encounter in the building where I work.'(participant E)

1.10 Discussions

The compassion training seems to shift the tendency to focus more on compassion for others than for oneself. Yet there is no evidence that more self-compassion leads to more compassion for others. More research is needed to clarify the underlying relationship between these two directions of compassion. Although the SCS shows a clear effect of the compassion training one needs to be cautious in interpreting the results. Qualitative research demonstrates that a lower score in self-compassion doesn't always imply that self-compassion has decreased. This study suggests that most practices that are supportive in developing (self)compassion are informal practices, what does that imply for the design of the training?

It is surprising that the interpersonal effect of both mindfulness and compassion training is hardly researched in the current professional field, yet it clearly affects peoples relationships as is shown in this research.

1.11 Conclusion and Recommendations

Compassion training affects participants daily life in beneficial ways. It deepens the mindfulness practice, especially in *how* one relates to what is happening while it is happening. Self-compassion is described as being less harsh or demanding towards oneself and more accepting of oneself, yet there is a tendency to focus more on having compassion for others. Research suggests that self-compassion can be cultivated through both mindfulness and compassion practices and is an important mediator for well-being and transformation. Mainly the use of informal practices in daily life seem to be supportive in the cultivation of (self)compassion. Mindfulness and compassion are essentially healing relational practices with oneself and others. Therefore it is recommended that more research is developed on how these practices affect our relationships in daily life.

PART B: Reflective commentary

1. Challenging project

In many ways organising, designing, and facilitating the eight weekly compassion training has been a challenging adventure. There was the challenge to create interest for the new concept of compassion training in the professional field of mindfulness. There is a need for a follow-up training to deepen the mindfulness practice after completing the MBSR/MBCT, but the concept of a compassion training is still new to a lot of people. It was helpful that I hosted the launch of Kristin Neff's book on selfcompassion in June 2011 in Amsterdam, which gave me the opportunity to reach a broader public to acquire participants for the compassion training.

Another challenge was designing the program for the compassion training in an eight weekly format. Within the professional field of mindfulness there are several initiatives for developing a curriculum for compassion training. In the international arena Neff and Germer are well known. In the Netherlands since two years, Erik van den Brink and Frist Koster (2012) are offering an eight weekly training in mindful compassion for clients in mental health service, based on the same resources as the compassion training of the Mindfulness Association in Scotland. I have participated in the educational training program of van den Brink/Koster for healthcare professionals in 2011 and 2012, and they published their new manual for Mindfulness-Based Compassionate Living (MBCL) as an official follow up training for MBSR/MBCT. Based on these and other resources and my own experience I have created the manual for Buro Nevejan's compassion training with articles, theoretical background of the practices and homework.

Facilitating the compassion training was another big challenge. While being familiar with the practices and theory, the program was also new for me and I had to keep adjusting it during the eight weeks. I am satisfied with how I kept attuning to the groups state of mind and development, and I was fortunate to have a strong group in the sense of some experienced meditators and a general mature attitude among the participants. Nevertheless compassion training is more demanding to facilitate than a mindfulness course. Compassion is a very transformative powerful quality like the sun that is melting a frozen river. Strong unexpected emotions can come to the surface, as well as strong resistances or despair about not being able to connect with one's feelings at all. Embodying mindful compassion as a facilitator is more important than ever to contain all the different kinds of experiences that come up for participants during the training.

2. Problems I have encountered in the research process.

Although I knew from the start that I wanted to research the compassion training, I didn't take time to carefully think it through. Looking back critically I see the following problems;

Qualitative research:

- a) Based on qualitative research I have used two different formats, intakeform (writing) and interview (dialoging), to collect information on the same question; 'Can you give a concrete example of what (self)compassion means to you?'. It might have been more congruent to keep the same kind of format to collect data on this. Now I don't know in what way the format has influenced the answers to the question.
- b) In the same way I also wonder if open questions are effective for collecting information on which practices are supportive in developing (self)compassion to participants. Possibly, if I had given participants a list of all the practices we've done during the training, they would have mentioned more practices than by recollection of memory during the interview as it

happened now. On the other hand it is also interesting to find that certain practices come to mind and others do not. The open questions also permit a rich description of how participants use certain practices in their daily life.

- c) Qualitative research is time consuming in many ways; not only the actual 30 minutes individual interviews with 13 participants, but also the transcribing afterwards, the careful reading in order to be as objective as possible in distilling certain themes that are present in the answers, and translating it into English. Listening back to the tapes I realize how quickly I influence the answers with my questioning or reactions to what is being said. Mindful listening is especially needed as a skill here.

Quantitative research:

- d) The problem with SCS questionnaire is that one needs to be cautious with interpreting the results. By having participants reflect on their SCS score value new insights emerged in how to read the results. For example participant F had an equal score at the beginning and end of the training. Her understanding of this is that she went through a real hard time in her private life and the compassion training helped her to cope with that difficulty. She thinks she otherwise would have been in a much worse state of mind. Considering the circumstances having an equal score on selfcompassion was to her a positive result.

Participants:

- e) This was a first exploration of how compassion training affects people's daily life, but I didn't define the research objects strictly. This limits the generalizing of the conclusions and makes it impossible to create a control group.

Description of the program and the meditation practices

- f) To do research on a new concept and design of a compassion training requires also an extensive description of the program and its practices. There isn't a researched curriculum yet like the MBSR/MBCT.

When many practices are used it is not possible to see the link between certain practices and their results. Another problem is that participants have less opportunity to make these practices their own. This time the problem was solved by offering after the compassion training a meditation course to deepen the practices in compassion (nine participants signed up for this).

Since most of these problems became clear after finishing the study and couldn't be addressed anymore, it is more interesting to look at what changes I would make the next time, based on this learning.

3. Changes I would make given the opportunity to do this study again.

Imagining to research the compassion training the next time, the research question has to be more clearly defined beforehand as well as the research objects. If I would work with a group of participants with a certain vulnerability like depression or eating disorders, I could use specific questionnaires that are developed to measure the impact of treatment in relationship to the given vulnerability (for example Kuyken et al (2010) used for his research the established Hamilton Rating Scale for Depression)

Since compassion training affects participants relationship with oneself and others, it is interesting to measure these two components. The SCS and the SOFI are suitable questionnaires to measure selfcompassion and compassion for others. Interestingly the SOFI also measures negative qualities

towards oneself and others. This offers the possibility to check if negative emotions diminish with cultivating compassion as Buddhist psychology assumes. I probably would also develop a questionnaire about which practices are supportive in cultivating (self)compassion and how much one trains these practices on a weekly basis. I am also interested if the participants mindfulness practice (a criterium needed to participate) changes in relation to the compassion training. One could use the Mindful Attention Awareness Scale (MAAS) questionnaire that mainly measures attentive awareness. And also one has to critically limit the amount of questionnaires since this can be too demanding of participants.

A combination of quantitative and qualitative research has enriched the results of this study and would be favourable to keep for a next time. Interview questions have to be limited and accurate in relation to the research question. A real constraint with interviews is that it is time consuming to process its results. It demands realistic planning and a restriction of the amount of interviews that can be done.

The used resources in the design of the program appear to be appropriate and effective, but can be more simplified and elaborated upon. In this respect it might be better to limit the number of different compassion exercises and revisit these practices a few times during the training. This enables participants to make these practices their own. Another option is to include an extra practice session like the silence day in the MBSR training. Both the background and actual structure of the formal and informal meditation practices of the compassion training need to be well described in the research design for measuring effect.

4. How my thinking about research has developed

Conducting this mini-investigation has introduced me into a new discipline of practice in science. To measure the results of a compassion training is all about testing reality, which is different from assuming what participants have, or have not, developed through the training. Collecting data and information from participants about their experiences, takes the researcher out of a constructed reality (how you think it is) into the reality-as-it-is. Within mindfulness practices this curious-reality-testing-attitude is encouraged to explore one's own inner landscape moment by moment. In doing research this same attitude is transferred to explore the outer landscape as it is. From Buddhist teachers I have learned to question my own assumptions and to examine present reality in a rigorous way. This means not taking anything for granted, but really dealing with any topic in your insight meditation in a complete and thorough way, leaving no room for inconsistencies. I recognize this same kind of rigour in Western science. Buddhism only comes from a first-person evidence, while Western science is used to the neutral anonymous third-person evidence.

There is a tendency within me to quickly move on once I have completed a project or training. This mini-study invited me to really pause and reflect upon the compassion training from different perspectives. It has been a rewarding learning process, which deepened my understanding and insight into delivering the compassion training and in doing research as well. The process of looking back and digesting what one has done also reveals naturally what can be next steps to take if one wants to build on this research experience.

5. The impact of small scale research upon my job and in my professional context.

Small scale, participant research as I have done with the compassion training has a positive impact on my job as designer and facilitator of the training. It fuels my engagement with the subject and it encourages to openly examine in relationship with the participants what are the so called driving and restraining forces in cultivating compassion. Since it is presented as a secular training in

compassion (you don't need to come from a certain religion or belief) conducting research helps to create an open culture within the group-as-a-whole where disagreement and differences are discriminated, valued and integrated at its best.

Especially for a new concept like compassion training, it helps to use Western scientific measures to suggest promising results.

Actual impact of the here studied compassion training on the professional field is that the concept of Buro Nevejan has been adopted as a professional follow-up training for therapists who have completed a MBCT training at the RINO in Amsterdam, a well known educational institute for psychologists and psychotherapists in the Netherlands (accreditation is acknowledged for the compassion training). The compassion training anticipates the real need for further training in the professional field of mindfulness.

6. Future research in this area and the reasons why it might be of benefit.

Kuyken et al (2010) argue that acceptance and selfcompassion are important mediators for well-being and this study supports this view. Future research needs to focus on attitudinal aspects of awareness in mindfulness practice.

Surprisingly the interpersonal effect of both mindfulness and compassion training is hardly researched in the current professional field, yet it clearly affects people's relationships as this study indicates as well. Therefore it is recommended that more research is developed on how mindfulness and compassion practices affect relationships in daily life.

Future research needs to not limit itself to clinical client groups with specific vulnerabilities, but extends itself beyond that. Compassion training is not only beneficial for unbalanced people. This study indicates that Buro Nevejan's compassion training for non-clinical participants contributes to participants well-being in their daily lives.

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Appendices

Appendix 1: Graphs figure 1 and 2

Figure 1

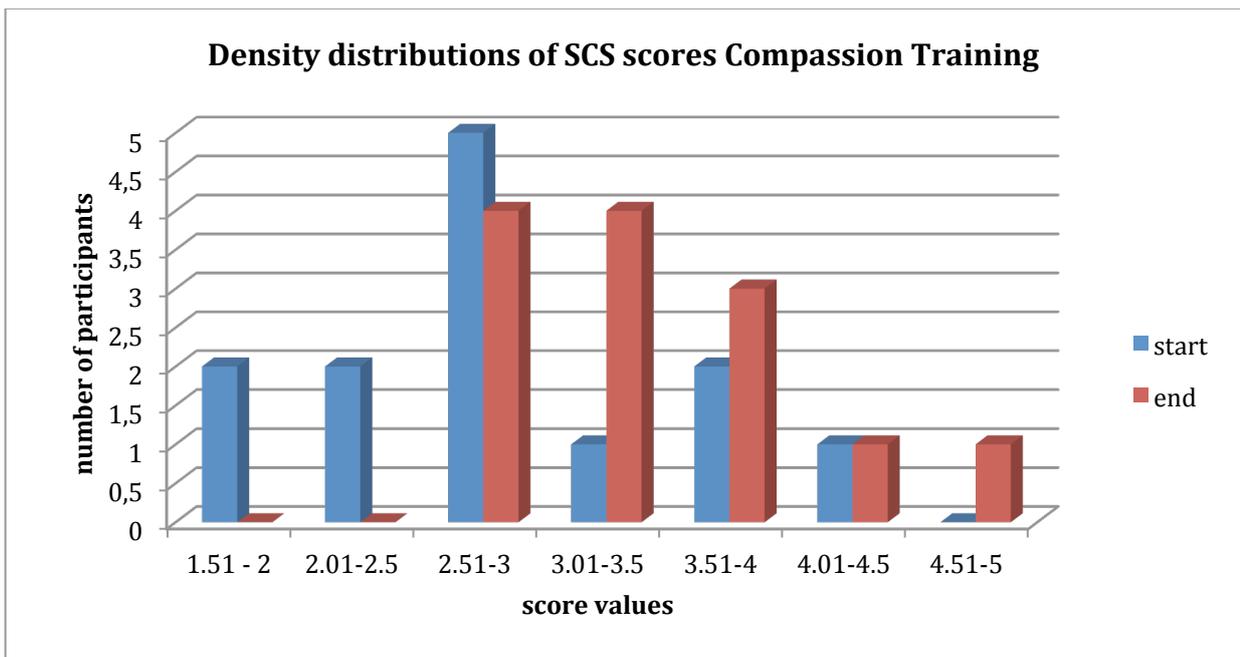
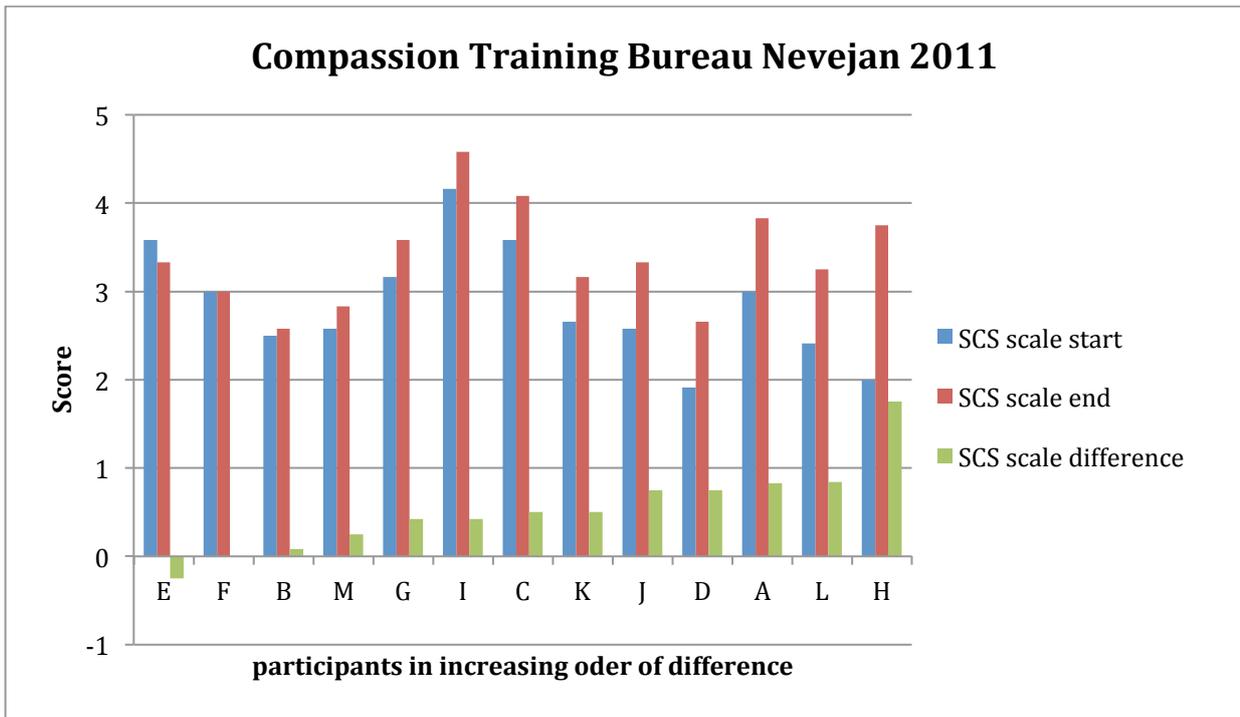
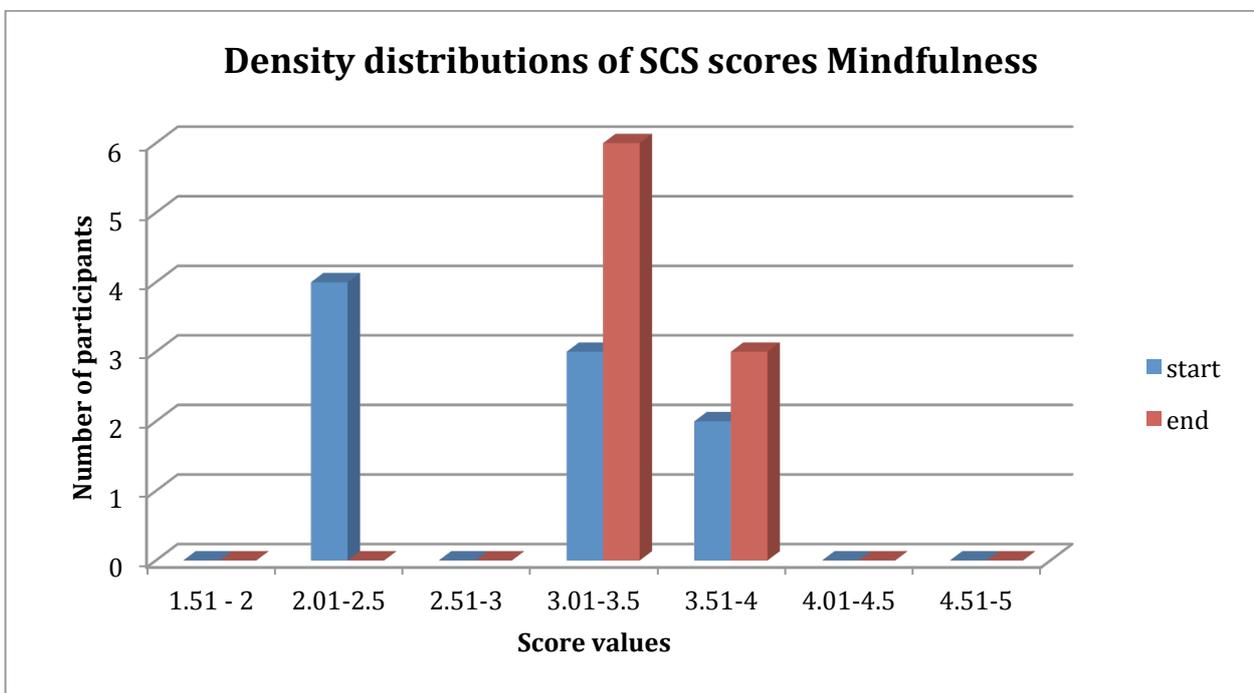
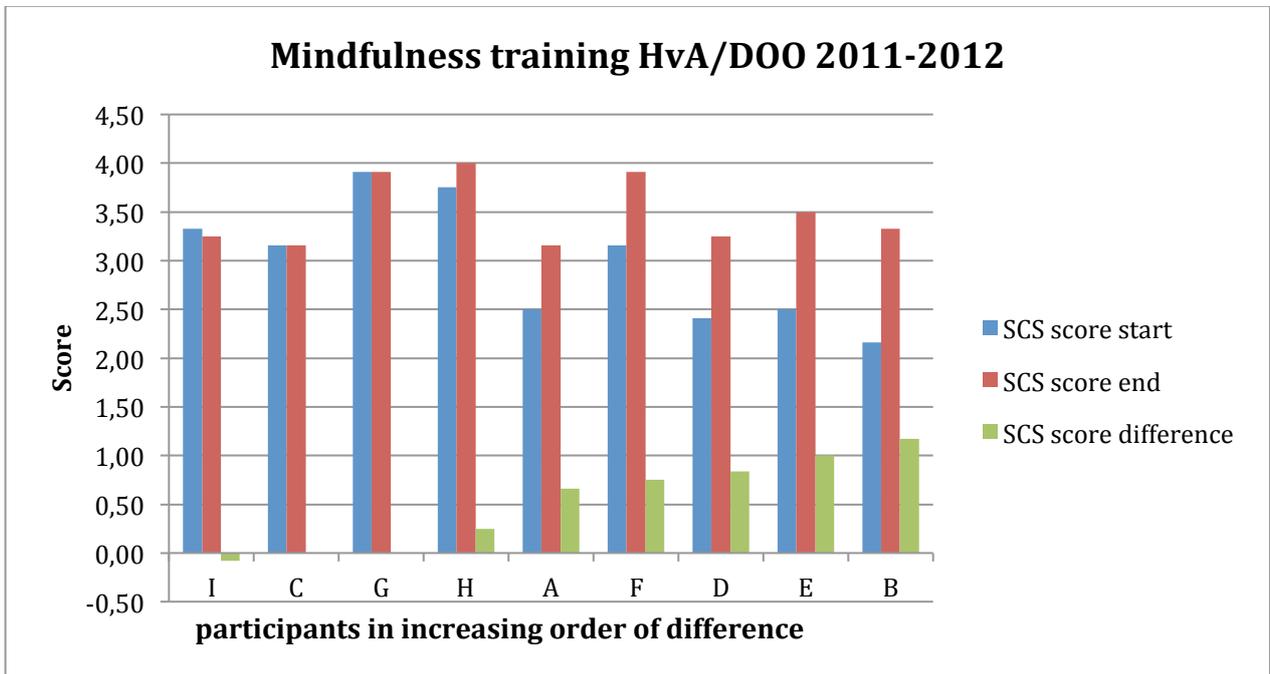


Figure 2



Appendix 2: Interviews question one

The question below was part of an intake-form that people filled in at home before the start of the compassion training.

Can you give a concrete example of what (self)compassion means to you?

Participant D

‘When I asked a pregnant colleague how she was doing I noticed she had a hard time. When I asked her if she was emotional she had to cry. She told me she only just got together with her current partner and the pregnancy was not planned. Because she had to take antibiotics her contraceptive didn’t work and she became pregnant. I expressed to her that I can imagine she feels sad and that she also feels guilty about this to her baby. I told her that I know this feeling, because I (indeed in a different situation) am dealing with the same kind of guilt feeling towards my own daughter. Remarkable was that I got a lot of understanding for this colleague and I truly think and feel that it is reasonable that she isn’t happy with her pregnancy (even though you ‘ought to be’ happy about it). This kind of understanding I don’t have for myself unfortunately.’

Participant E

‘Last weekend I had a conflict with my partner that was pretty intense. This had to do with a blind spot in both our history, that sometimes stands in between us. At first I have a lot of resistance to see that it is my own blind spot, with all the defensive behaviour that comes along with it. Finally I could see that it was about me, and that it was important to make a step from this insight towards my partner. Then I could actually listen to him, and open up to his view and take on the subject, and connect with my own pain of it. In so doing we experienced a deep feeling of intimacy and mutual understanding.’

Participant H

‘Recently my father took me out for dinner to talk a bit together, but my father doesn’t ask anything. He doesn’t engage with the things I share with him and he tells anecdotes about people and situations that have no meaning to me. Self-compassion then means that I acknowledge that I find this annoying. When I do this it enables me to reflect on what I expect from my father and if it is realistic to expect that, and reflect on the role I have or could have. It is about the choices that I make in relating to my father. Do I want it to be different? And if so, what does that ask from me (what do I have to do then myself)? Self-compassion thus means to me to be more aware of the choices I have.’

How would you describe what (self)compassion is from your present position after completing the eight-week compassion training?

Participant D

‘Not being too demanding of myself, understanding that I am not a super woman but just a human being, really the arrogance..... (laughter). And that it is allowed to have difficult moments sometimes, they are just there, life is not always easy. And compassion for others; I am a people’s person, they can always rely on me, I can feel empathy for them, though not for everyone.’

Example difficulty with one person earlier in interview; ‘I can have a lot of compassion with others, but I can’t wish for everyone’s happiness in the world. I don’t know if I want to. I can wish all good things for people I love and friends, but I can’t do that for everyone. Maybe it could help me to realize they are also human beings with good and bad sides, but the person I have in mind has done

such bad things to me that it is hard to forget. I can have real feelings of revenge. To know that others have sometimes the same feeling as I have, what I experienced in the training, makes me realize I am also just a human being and that this is also part of life.'

An eye-opener during the training was for me to realize that everyone suffers in some kind of way. It reminds me of my wise grandmother that used to say that everyone sooner or later will experience difficulty in life. I have heard this many times in life, but I didn't actually realize what it means. It is part of life.

Participant E

'Compassion for myself is kind-heartedness and acceptance of everything that is there. Acceptance of myself, of every aspect of myself that I am experiencing moment by moment. And compassion for others has also to do with this, it has a bit different words though; letting go of judgments and to be more open to others, empathy for the other, acceptance of the other...to see it is a being of flesh and blood. Remembering some simple texts you mentioned during the training that are so true; 'everybody wants to be happy...'. I try to let go my own harshness and judgements I have and to have more acceptance.'

Participant H

'Being less harsh on myself I think...yes, being less harsh towards myself and others. Realizing also that everyone wants to be seen and valued, that was the powerful thing for me.....now I look at people with this understanding and it makes it more easy for me to connect with others.'

Appendix 3: Interviews question two

What practices in the compassion training you find supporting in the development of compassion for self and others?

Participant D

'For me it is about realizing that sometimes one has periods in life that are more difficult. And that it is allowed then to support yourself by for example giving myself a kind hug or asking someone else to stroke my back. That is what helps me most. I say to myself 'come one K., you had so many difficult times, you can handle this one too, it is hard at the moment and you are allowed to be sad.....'. And to ask friends for help.

The compassionate self visualization was too emotional for me at the moment so I decided not to do this exercise as a kind gesture to myself. I didn't do much of the homework practices. But when I wake up in the morning I take time to feel my body and how I am, that is my moment of the day, or in the supermarket being aware of how I stand in line and feeling the pressure of the bag on my shoulder... or I feel I am stressed and then going back to my breathing (informal mindfulness practices)

Writing a compassionate letter to myself, from the perspective of the kind friend, made me cry. I find this a beautiful exercise.'

Participant E

The morning meditation where I sense into what is here right now in the body, what feelings and thoughts are there. This is the mindfulness aspect. Then taking more time to be with what is here right now and staying with it instead of suppressing it. Before the compassion training I used to suppress more in my meditation. I am also more focussing on my intention for the day in my

meditation, what would I like to wish for the day like being more in touch with myself and others, to be more gentle and kind, to be more focussed and work from the being mode.

Since quite some time I meditate before I start with the coaching sessions with clients, but now I realize even more how important this is. It helps me to ground myself and to be more attuned to both myself and the client during our meeting.

The self-compassion mantra is helpful to stay with the suffering or difficulty and sometimes it dissolves. True self-compassion to me is that the experience as it is in the moment is allowed to exist, then I can stay present with it, I can look at it instead of identifying with the feeling, resting in the awareness and being with what is happening.

Another exercise I do is attuning to my heart, then visualizing myself and others, allowing kind wishes to come up for us, and making loving kindness wishes in general to all beings. But this still needs more practice (metta practice). In public transport I do this practice on the spot. Then I feel more connected to all those people where I used to close down and withdraw into myself.

Participant H

The self-compassion mantra, to take a pause and reflect on how I am right now, is a powerful exercise to me. This practice also helps to recognise when others are having a difficult time. If someone gets very angry or irritated to wonder what is happening...not falling straight away into judging or rejecting this person, but applying the mantra also for him or her.

For quite a few practices I need more time to make them my own and integrate them in my life, for example the RAIN exercise. It is helpful to repeat practices in the training. To keep a journal works well for me though I didn't do it a lot. With the inquiry on what you are grateful for I realized that I get much more than I think I get, I suddenly could see what others do for me or give to me, the connection we have.....

The practices with imagery were more difficult for me, I often got images I didn't want to have or I could not keep track with where we were in the imagery, though I know I have no problem with visual attunement. With the imagery of the 'safe place' I blocked immediately when you said that this place welcomes you and rejoices in you being there. I never had that feeling in my life and it is something for me to think about. Or with the inquiry exercise in pairs where you share what you feel inside I had to close my eyes to feel safe and then I got real sad. I realized that in the family I grew up in you could never feel what you were feeling. It was good to discover I can share it now. I learn from these experiences that trigger something from the past and it takes time to digest it.

Appendix 4: Interviews question three

In what way has the compassion training impacted on your daily life?

Participant D

What is remarkable is that I had a stress situation during the weekend, and that I really felt anxiety, ...then my brains go back to the training and I try to feel how I sit, noticing my breathing, and I try not to get carried away by it. That really worked because it calmed me down. This can help me in situations where I lose control, to get the control back you could say. With difficult moments I have learned not to panic, I can stay more calm. It is like surfing in between the high waves of emotions that sometimes come up.

Participant E

Through the training I have become quicker aware when I am being harsh on myself and defensive. I have learned how to stay with those experiences and how it softens or disappears. Both in

meditation and in daily life I am more aware of what is happening in the moment. Because I am very happy at the moment in my life I feel that this contributes also to being less harsh or critical towards myself and to put things into perspective.

I am also more conscious about how I relate to my heart. Although I am quite communicative and interested in other people, there is also a part of me that holds back and is more cautious. I realize that I am more cautious than I thought I was. Through the training I could feel my heart opening up more than I usually do. That is why I have a desire to keep training myself in this.

Another example; 'After the compassion training one morning, I felt the enormous richness of the training during the whole afternoon. There was a strong feeling of happiness within me and a spontaneity in relating to others from my heart. As if my heart was already reacting before I knew it, like my heart had a life of its own, very spontaneous in reaching out and my rational mind was left out of it. This was an extraordinary experience. And when I feel my heart closes down a bit I go back to this experience and use it as an inspiration to open up again. I notice I am less cautious in starting a conversation with people I encounter in the building where I work. Or when I am walking on the street and feel a bit closed or tensed I can now support myself by reminding myself there is no threat and that I can relax.

Participant H

I am more open to others, I feel more there needs....

Example; A colleague of mine was standing at the other end of a very large room at my work. She just got the results of her examination on cancer recently. She was standing there with tears in her eyes, she had good news. In that moment I got up from my chair, walked over to her and gave her a cuddle. This is very unusual for me since I am not comfortable with touching people physically. I thought. 'wow I have done this, how did that happen?' I had just followed my feeling. And my colleague was happy with that spontaneous gesture I made.

I notice I share sometimes more easily my feelings or perceptions with others, but I am also frightened when they share more of themselves with me or would like to do that. Then I don't know what to do, do I have the courage...? It was helpful that we explored during the training how to be more open in communicating with one another, how that feels and what it implies, and the different sides to it.

Participants share examples of how they are more aware in daily life how they are feeling like noticing one is anxious or quicker aware of how one is harsh on oneself. The practices help them to stay present with it, to soften, to put things into perspective and not to get carried away by it; '*With difficult moments I have learned not to panic, I can stay more calm.*'(participant D) or '*when I am walking on the street and feel a bit closed or tensed I can now support myself by reminding myself there is no threat and that I can relax.*'(participant E)

Through the training two participants notice they are more open to others, feeling more spontaneous in reaching out with their heart; '*A colleague of mine was standing at the other end of a very large room at my work. She just got the results of her examination on cancer recently. She was standing there with tears in her eyes, she had good news. In that moment I got up from my chair, walked over to her and gave her a cuddle. This is very unusual for me since I am not comfortable with touching people physically*' (participant H). Or '*I notice I am less cautious in starting a conversation with people I encounter in the building where I work.*'(participant E)

Appendix 5: SCS-SF questionnaire

To Whom it May Concern:

Please feel free to use the Self-Compassion Scale – Short Form in your research (12 items instead of 26 items). The short scale has a near perfect correlation with the long scale when examining total scores. We do not recommend using the short form if you are interested in subscale scores, since they're less reliable with the short form. You can e-mail me with any questions you may have. I would also ask that you please e-mail me about any results you obtain with the scale, and would appreciate it if you send me a copy of any article published using the scale. The appropriate reference is listed below.

Best wishes,

Kristin Neff, Ph. D.

e-mail: kristin.neff@mail.utexas.edu

Reference:

Raes, F., Pommier, E., Neff, K. D., & Van Gucht, D. (in press). Construction and factorial validation of a short form of the Self-Compassion Scale. Clinical Psychology & Psychotherapy.

Coding Key:

Self-Kindness Items: 2, 6

Self-Judgment Items: 11, 12

Common Humanity Items: 5, 10

Isolation Items: 4, 8

Mindfulness Items: 3, 7

Over-identified Items: 1, 9

Subscale scores are computed by calculating the mean of subscale item responses. To compute a total self-compassion score, reverse score the negative subscale items - self-judgment, isolation, and over-identification (i.e., 1 = 5, 2 = 4, 3 = 3, 4 = 2, 5 = 1) - then compute a total mean.

HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TIMES

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

*Almost
never*
1

2

3

4

*Almost
always*
5

- _____ 1. When I fail at something important to me I become consumed by feelings of inadequacy.
- _____ 2. I try to be understanding and patient towards those aspects of my personality I don't like.
- _____ 3. When something painful happens I try to take a balanced view of the situation.
- _____ 4. When I'm feeling down, I tend to feel like most other people are probably happier than I am.
- _____ 5. I try to see my failings as part of the human condition.
- _____ 6. When I'm going through a very hard time, I give myself the caring and tenderness I need.
- _____ 7. When something upsets me I try to keep my emotions in balance.
- _____ 8. When I fail at something that's important to me, I tend to feel alone in my failure
- _____ 9. When I'm feeling down I tend to obsess and fixate on everything that's wrong.
- _____ 10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.
- _____ 11. I'm disapproving and judgmental about my own flaws and inadequacies.
- _____ 12. I'm intolerant and impatient towards those aspects of my personality I don't like.