Spring 2019

# When the Whole World Tips: The Buddhist Teaching of Equanimity for Parents

Celia Landman
*Lesley University*, fromcelia@me.com

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December 2018

Advisors: Dr. Melissa Jean and Dr. Nancy Waring

Abstract

Parents witnessing suffering in their children activate the shared pain circuitry of empathy which may lead to "empathetic distress" (Singer & Klimecki, 2014, p. 875) precipitating hopelessness and despair. These common emotions in parents dealing with children's illness or injury are the greatest predictors of depression (Abramson, Seligman, & Teasdale, 1978; Gilbert, 1992; Wilner & Goldstein, 2001). The author offers the Buddhist teachings of equanimity as an antidote to parental helplessness and despair. Equanimity engages compassion which activates the neural network of affiliation, love, reward, and positive affect (Anālayo, 2015; Desbordes et al., 2015; Feldman, 2017; Hanh, 1998; Klimecki, Leiberg, Lamm, & Singer, 2012; Kilmecki, Leiber, Ricard, & Singer, 2013; Olendzki, 2010; Rothberg, 2010; Salzberg, 1995; Singer & Klimenki, 2014). The components of equanimity include compassion, wisdom, and unfailing love (Anālayo, 2015; Desbordes et al., 2015; Feldman, 2017; Hanh, 1998; Olendzki, 2010; Rothberg, 2010; Salzberg, 1995). The addition of compassion, the intention to actively relieve suffering, helps maintain emotional sovereignty and protects from the common occurrence of burnout due to despair and hopelessness (Desbordes et al., 2015; Feldman, 2017; Hanh, 1998; Klimecki, Leiberg, Lamm, & Singer, 2012; Kilmecki, Leiber, Ricard, & Singer, 2013; Olendzki, 2010; Romm, 2007; Singer & Klimenki, 2014). This ancient Buddhist practice supports the restoration of intention and desire to effect change and offers a radically different approach to caring for both child and parent.

*Keywords:* equanimity, parental distress, despair, agency, compassion, protection, burnout.

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## Rationale Paper

This paper offers supporting evidence demonstrating the contribution of equanimity to the wellbeing of parents facing difficulty with their children. It is my hope that these findings establish a concrete rationale for the development of equanimity as a mental health protection for parents. Parents encountering health or emotional crises in their children often become despairing and experience overwhelm and depression due to feeling powerless to create change during a painful interlude. The Buddhist practice of equanimity encourages the non-preferential acceptance of what is, discouraging falling into despair or panic. Equanimity allows for a compassionate response to the suffering of another without the emotional blending that often permeates a child/parent relationship thereby protecting from helplessness and depression.

The use of equanimity to support parents is the direct connection to my creative thesis which includes the first three chapters of a manuscript written in an easily understandable style and offering Buddhist teachings on balance, wisdom, and grounding practices for parents in understandable moments of fear and uncertainty when life holds unpredictable outcomes for their children.

## Equanimity and Buddhist Wisdom for Parents

In the first part of this paper, I will address the conditions that create emotional pain in parents witnessing their children in difficulty. I will include findings from neuroscience research that demonstrate the automatic empathetic distress in parents witnessing their children in pain which may lead to helplessness, despair, and depression in the face of their children's suffering. The *Pain in Parenting* section includes the subtopics of *Empathy, the Emotional Connector; Helplessness and Despair as Predictors of Depression* and *Parental Response to Children in Distress.*

The second portion of this paper titled *Cultivating the Practice of Equanimity* will introduce the Buddhist origins and the essential practices of meditation and mindfulness as the foundation for cultivating equanimity, the definition of equanimity, and an overview of practices to develop the compassion and wisdom inherent in equanimity. This latter segment contains the subtopics, *Mindfulness and Meditation* and *The Buddhist Teachings of Equanimity*.

## Pain in Parenting

The Pain in Parenting section includes research from psychological and neurological studies that demonstrate how emotions and specifically pain is transmitted from child to parent and returns to the child. Supporting studies demonstrate the automatic response of empathetic pain, witnessing a loved one in distress, and the natural occurrence of emotional blending. I will also discuss theories linking helplessness and despair with depression and the loss of confidence in one's ability to parent. Part of this discussion is an exploration of intention and agency (the belief that one's actions and intentions matter). I have included summaries of qualitative interviews with parents in crisis documenting the lack of agency which engenders helplessness and despair. The section demonstrates how agency, cultivated through support, education, and normalizing experience, contributes to the feelings of competence and confidence in parents.

### Empathy, the Emotional Connector

This section discusses the need for empathy and the difficulty of maintaining emotional independence witnessing the suffering of a loved one. The sub-section of *The difference between empathy and compassion* includes results of brain scan imagery to demonstrate the automatic pain response inherent in empathy and associated distressing feelings. This state is contrasted with the neural state of compassion which activates the affiliation and reward circuitry in the brain, leading

to gladness and satisfaction in one's wishes for the end of suffering when perceiving pain in another.

To begin to understand the use of equanimity, it is critical to understand the emotions of empathy and compassion and how they relate to the experience of competency or helplessness in parenting. Empathy is an involuntary response which transmits emotions, both pleasant and unpleasant, and is an essential ingredient in human development. Empathy is the ability to comprehend, and to an extent feel, what another is experiencing, both happiness and sadness (Singer & Klimecki, 2014). Sharing the happiness or suffering of another, one may resonate with the painful or pleasant feelings but does not lose the understanding and autonomy of a separate self (2014). To establish secure attachment and children who are confident they are cared for, children need to "feel felt" (Siegel, 2010, p. 167) which calls for an empathetic understanding from the parent. Empathy is the human emotive roadmap that allows civilizations to live collectively and cooperatively and makes understanding possible.

The problematic side of empathy occurs when there is an inability to separate from another and one falls into fear, distress, and despair witnessing another's pain. Parents can easily become mired in this shared suffering and become despondent or panicked. The loss of emotional separation is termed, "emotional contagion," (Simons et al., 2016, p. 240), where one person takes on the emotional state of another. In moments of happiness, this may not be problematic, but for caregivers, parents, and medical professionals, witnessing the pain or distress in others may create susceptibility to taking on their suffering (2014). The heightened emotional stress experienced in empathetic contagion makes one vulnerable to exhaustion and ultimately leads to burnout and depression (Singer & Klimecki, 2014; Yin-Ling Tsui, Hoi-Yan Chan & Fong Tin, 2016).

The primary reason parents lose their emotional balance is through the blending of the parent with a suffering child leading to "empathetic distress" (Singer & Klimecki, 2014, p. 875) which creates strong discomfort in the observer and the urge to escape from the emotion in order to guard oneself from suffering (Simons et al., 2016; Wilner & Goldstein, 2001). A 2004 study published in the journal *Science* shared empathy research from neuroscientists regarding the activation of pain regions in subjects who witness pain in others. Empathy is defined as an "automatic" (Singer, Seymour, O'Doherty, Kaube, Dolan, & Frith, 2004, p. 1158) response, signifying that it occurs without effort but may be regulated with attention. Just the awareness that a painful episode might occur in a loved one had the potential to activate the pain circuit and empathy response (Singer et al., 2004). This involuntary effect of empathy explains how pain is transmitted between parent and child (Simons et al., 2016).

Parents witnessing suffering in their children are likely to experience the shared pain circuitry of emotional enmeshment which may induce shifts in functional connectivity in the brain (Simons et al., 2016, p. 240). This heightened empathetic response can create neural changes that parallel post-traumatic stress disorder (PTSD) symptoms and increased activation in the "anterior insula and amygdala," (Simons et al., p. 544), the locus of the fear response. The experience of chronic pain in a beloved child can lead to feelings of "guilt and failure," (Simons et al., 2016, p. 545), especially in the case of controlling and protective parents (Daly, 2005; Spiers, 2010). The experience of helplessness and failure is closely tied to the belief that pain is wrong (Simons et al., 2016).

Researchers are looking at the corresponding changes that occur in the parents of children in chronic pain as *"brain modulating"* (Simons et al., 2016, p. 537, italics original) producing negatively construed neural network changes and subsequent behavior modification in parents.

Simons et al. (2016) explain a pattern of "reciprocal" (p. 538) transmission documented in the children of Holocaust survivors who exhibit strikingly similar levels of trauma as their parents who experienced the trauma firsthand. The reverse transmission is evident in the psychologically negative effects of parenting a child with a significant health condition (Daly, 2005; Deater-Deckard, 2004; Simons et al., 2016).

The inability of the parent to remove the pain of the child leads to frustration and the seeking of additional treatments and interventions, which may prove disappointing and further fuel the cycle of control and frustration (Simons et al., 2016). Parents who try to cope with external threats experience an ongoing circulation of the stress effect on the body and mind fed by negative evaluations of the child's wellbeing, events, or their own responses (Deater-Deckard, 2004). To "disengage negative circles of interaction" (Simons et al., 2016, p. 546) parents of children with chronic health conditions are educated about the impact of parental empathetic response and taught to accept and manage their own pain response to avoid attempting to control and eradicate the pain in their child. In some treatments, the parent is the principal subject trained to interrupt the cycle of responsive empathy and shared pain (2016).

**The difference between empathy and compassion**. Although the two states are often thought to be interchangeable, empathy and compassion are very different and recent neuroimaging displays physiological differences between the two. Studies from compassion researchers Klimencki, Leiberg, Ricard, and Singer (2013) utilized functional magnetic resonance imaging (fMRI) to track one group of subjects trained in empathy and one group trained in compassion as they watched video recordings showing people in everyday situations and in distress. The empathy trained group were taught to feel the sadness and suffering of another while the compassion group trained in metta, or loving kindness meditation. This is a

Buddhist practice in which the meditator actively inclines their mind towards the release from suffering for another. This practice encourages an open-hearted wish for happiness, wellbeing, and freedom from pain.

The results of the fMRI displayed that after training in empathy, subjects viewing high emotion videos of people in distress activated shared pain circuits and increased negative affect or emotional pain, sadness, and discomfort (Klimecki et al., 2013). This contrasts with the results from the compassion training which showed activation in the areas of the brain associated with rewards, affiliation, and "maternal and romantic love" (Klimecki et al., 2013, p. 878). Researchers also found that compassion training reversed the negative feelings and brought the subjects back to their baseline levels.

A prior study with neuroscientists Klimenki, Leiberg, Lamm and Singer (2012) tracked the pain resonance in two groups witnessing videos of people in pain, pre and post training in a memory technique or compassion meditation. Both groups trained for six hours. The compassion trained group reported positive feelings, such as "a feeling of happiness that arises" (p. 1559) and displayed a heightened empathy response compared to the memory cohort. The compassion trained group reported feelings of reward, affiliation, and love, but these positive emotions did not remove the sadness and negative affect (Klimenki, et al., 2012, p. 1559). Meaning that subjects felt the pain of those who were suffering, but also felt the happiness of actively assisting in the intention to remove suffering.

This short-term compassion training demonstrated brain plasticity in the compassion group compared to the memory group with an increase in the brain regions associated with "positive valuations as well as love" (Klimenki et al., 2012, p. 1559). There is a clear distinction between the state of compassion leading to increased positive affect and agency and empathetic

engagement which has the potential to engender helplessness and overwhelm and can lead to depression and despondency (Gilbert, 1992; Klimenki et al., 2013; Klimenki et al., 2012; Wilner & Goldstein, 2001)

Compassion is defined by neuroscientists Tania Singer and Olga Klimecki (2014) as "feeling *for* and not feeling *with* the other" (p. 875, italics original). In compassion, one does not rouse the identical emotional activation as when one experiences empathy. Compassion is characterized as an "[o]ther-related emotion," (p. 875), where the emphasis is the desire to help relieve the pain of another, as opposed to blending with their emotional state of pain and adopting it. Characteristics of compassion include a positive "feeling of warmth…love," (p. 875) or "concern," (p. 875) and a motivation to remove the condition of suffering. Compassion is a component of equanimity that prevents despair or inertia (Anālayo, 2010; Desbordes et al., 2015; Feldman, 2017; Hanh, 1989).

Singer and Klimecki's (2014) research further reveals the differences in neural activation in the states of empathy and compassion. The fMRI results of those who trained in compassion activated a different network than the one for empathy and pain. The empathetic response stimulates a "shared neuronal network," (p. 876) and utilizes the "anterior insula and anterior middle cingulate cortex" (p. 877) which leads to negative affect and increased stress in personal pain and in witnessing the pain of others. Compassion training activated the "ventral striatum" (p. 878) and "medial orbitofrontal cortex" (p. 878) and elicited more positive feelings of wellness and concern for others as opposed to empathy training or memory training. Compassionate intervention has significant use in offsetting the paralyzing depression and helplessness many parents experience when faced with severe pain and suffering in their children.

A 2008 study where expert and novice meditators engaged in Tibetan compassion meditation while listening to recordings of happy (baby laughing) and stressful (adult in distress) human sounds, displayed fMRI results indicating "regions previously associated with empathic processes were modulated by voluntary regulation of one's emotional responses via the generation of compassion" (Lutz, Brefczynski, Johnstone, & Davis, 2008, p. 4) in both novice and experts. The expert meditators displayed greater reactions in the circuitry that detects emotional changes in others, and the amygdala, suggesting that experienced meditators are more sensitive and responsive to the suffering of others than novices (Lutz et al., 2008). The findings from self-reporting are consistent with the theory that increased compassion creates greater altruism and the desire to help than the activation of the shared pain circuitry in empathy (Lutz et al., 2008).

**Helplessness and Despair as Predictors of Depression**

Researchers have found that it is not stress, but despair and helplessness that lead to depression (Gilbert, 1992; Wilner & Goldstein, 2001). This finding is supported by the theory of learned helplessness. Researchers found that subjects confronted with universal situations beyond their control, as demonstrated by animals who could not escape from an electric shock, or in the human example, receiving a terminal diagnosis for their child, both animal and human subjects had the same response to these overwhelming, uncontrollable situations and became helpless and passive, leading to despair and depression (Abramson, Seligman & Teasdale, 1978). The more global and uncontrollable the event, the less personal power and ability to change the situation contributed directly to the level of depression, while depressed subjects tended to view events as more overwhelming and less manageable than non-depressed subjects (Abramson et al., 1978). The widely accepted learned helplessness theory of depression posits that while

stressful events may create opportunities for stress and depression, it is one's view of personal competency and ability that is a better indicator of emotional affect in stressful events (Abramson et al., 1978; Gilbert, 1992; Wilner & Goldstein, 2001).

The study of depression is profoundly complex and encompasses life conditioning, genetic makeup, and situational experience, however, research demonstrates that parental depression is tied to the belief that the parent is incapable of meeting the challenges of parenting in a specific situation (Abramson et al., 1978; Gilbert, 1992; Wilner & Goldstein, 2001). The sense of being in control of one's own actions includes the experience of those actions creating an effect or being significant. The ability to determine one's own actions and their consequence is also called agency. A definition comes from neuroscientists working to understand the neurobiology of agency as, "[t]he experience of agency, i.e., the registration that I am the initiator of my actions, is a basic and constant underpinning of our interaction with the world: whenever we grasp, type, or walk, we register the resulting sensory consequences as caused by ourselves." (Synofzik, Vosgerau & Voss, 2013, p. 1). The belief that one's actions are ineffective and pointless, as in the examples of learned helplessness, engenders susceptibility to despair and defeat which directly contribute to depression (Abramson et al., 1978; Gilbert, 1992; Wilner & Goldstein, 2001).

Numerous researchers regard the perception of agency and choice as predictors of stress and depression (Gilbert, 1992; Wilner & Goldstein, 2001). Parents of children with special needs and developmental delays have an increased stress load and are vulnerable to depression. This is a result of the perception of "defeat and entrapment," (Wilner & Goldstein, 2001, p. 474) whereby parents experience frustration and despair, believing they are not capable of effecting change in their children's situation. They lose hope and the willingness to continue attempts to

make positive changes and lose the ability to experience pleasure or happiness (Wilner & Goldstein, 2001).

Although stress in popular culture is often linked to depression, evolutionary psychologist Paul Gilbert (1992) has developed a theory of depression based on the creation of social order which views depression as a result of defeat. This finding linking the loss of agency with helplessness and depression is the basis for understanding why implementing equanimity, which contains the element of intentional kindness and sustained compassionate action, can protect against depression and despair.

Psychologists Paul Wilner and Richard Goldstein (2001) conducted a quantitative analysis of how depression relates to the belief of helplessness and defeat in mothers of special needs children. Wilner and Goldstein (2001) surveyed 76 mothers of children in special education with disorders from epilepsy to hyperactivity to spina bifida. Results demonstrated that the demands of living with a high-needs child created increased stress compared to the general stress of parenting a healthy child (2001). Research demonstrated that stress alone was not a predictor of depression, but the heightened presence of defeat and entrapment led directly to depression (2001).

Results from a meta-analysis of 109 studies of parental stress among caregivers of children with chronic illness across 12 countries demonstrated that parents who felt inadequate and helpless to manage their child's treatment and believed their child was defenseless had a relatively higher rating of parental stress and "disease related parental stress" (Cousina & Hazen, 2012, p. 14). Researchers found those parents who felt more responsibility for the treatments and outcomes of interventions and had pessimistic outlooks exhibited higher levels of stress (2012). Cousina and Hazen (2012) hypothesized that parents may "feel particularly helpless when their

child is in pain" (p. 22), which may explain their increased stress in witnessing episodes of intense pain in children, especially those with arthritis and sickle cell disease.

This meta-analysis called attention to the dearth of interventions and coping strategies available for every day and disease-related parental stress (Cousina & Hazen, 2012). Researchers noted one study that displayed the use of emotional avoidance as a coping method that provided short-term relief but ultimately led to greater stress and emotional problems over time (2012). Cousina and Hazen (2012) included the need for specific coping methods for parental stress and pointed out the scarcity of interventions to help parents who witness their child's pain or health crisis. These findings demonstrate the link between the perception of agency and choice as critical for maintaining wellbeing, with the highest indicator of depression being helplessness and defeat (Abramson, Seligman, & Teasdale, 1978; Chan et al., 2014; Cousina and Hazen, 2012; Gilbert, 1992; Wilner & Goldstein, 2001).

**Parental Response to Children in Distress**

This section describes some of the conditions that create distress in parents faced with illness or injury in their children and the possible emotional effects of caring for an unwell child. The sub-section, *Social stigmas,* discusses societal blaming and shaming parents encounter with mentally ill children or children who are socially disruptive. The *Anxious parents, anxious children* sub-section includes data that confirms the emotional states of parents directly influence the emotional states and wellbeing of children. The *Normalizing experience and training creates confidence* sub-section demonstrates the effect of a healthcare curriculum that provided support to mothers of hospitalized children.

Distress occurs when parents view the needs of their child as exceeding their ability to meet the demands (Spiers, 2010; Wilner & Goldstein, 2001). A 2014 Dutch study of parents of

chronically ill children surveyed 566 mothers and 123 fathers to determine the levels of anxiety and depression relating to gender role and compared the results cross-sectionally against a control group of parents with healthy children (van Oers et al., 2014). The researchers collected data from parents of children with 14 discrete pediatric illnesses ranging from juvenile arthritis to kidney failure (2014). Inadequate resources, such as poor housing and financial difficulty, correlated with higher levels of parental stress and distress regardless of the health of the child (Patiño-Fernandez et al., 2008; van Oers et al., 2014).

Results demonstrated that parents of ill children exhibited higher levels of depression and anxiety in general than those with healthy children (van Oers et al., 2014). The study found that 31.8% of mothers of ill children described "clinically significant anxiety" (p. 1999), and nearly one-fourth of the mothers exhibited "clinically significant levels for depression" (p. 1999). The fathers of ill children displayed slightly higher depression scores than those in the control group, but not higher levels of anxiety (2014). Fathers reported more distress than mothers in response to invasive tests such as bone marrow sampling (2014). Utilizing a large population, this study showed consistent findings of depression and anxiety in parents caring for children with diverse illnesses. There was no difference in scores based on the specific illness and presentation in the child (2014). It is noteworthy that gender plays such a significant role in levels of anxiety and depression and that mothers are more vulnerable to developing clinical depression and anxiety when caring for children with long-term health problems. This finding indicates that mothers and especially single mothers require more support for anxiety, emotional balance, and basic assistance in caring for chronically ill children.

Traumatic stress symptoms are a normal and appropriate response to severe illness or injury in one's child (Patiño-Fernandez et al., 2008). Researchers studied the parents of 138

children recently diagnosed with cancer and found symptoms of acute stress (SAS) which may lead to acute stress disorder (ASD), or PTSD (Patiño-Fernandez et al., 2008). Patiño-Fernandez et al., (2008) found that most parents recover from these symptoms; however, those who tend to be anxious before diagnosis or incident are at heightened risk for sustained PTSD symptoms. Researchers recommend increased parental support from mental health professionals in pediatric oncology and emergency medicine (2008). Findings support a need for greater care for parents in moments of crisis in their child's health, especially for those parents who are characteristically prone to anxiety and fearful ruminations.

**Social stigmas.** The social stigma and embarrassment associated with parenting a child with mental health dysregulation can deter any efforts to find treatment or support (Daly, 2005; Francis, 2010; Spiers, 2010). The shame and societal blame for being the mother of a suicidal teen are so profound that family members did not want to discuss it or speak to others about it (Daly, 2005). Nursing professor Peggy Daly's 2005 phenomenological study of six mothers of suicidal adolescents found six unifying characteristics of experience: "failure as a good mother, the ultimate rejection, feeling alone…, helplessness and powerlessness…, cautious parenting, and keeping an emotional distance" (p. 22). Daly's (2005) research revealed that isolation and a sense of failure increased with time, along with feelings of powerlessness and helplessness. The women interviewed blamed their parenting for their daughters' suicidal behavior (2005). Mothers experiencing doubt, ineffectiveness, despair, and helplessness were extremely cautious and fearful when interacting with their children (Daly, 2005; Spiers, 2010).

Mothers of suicidal children exhibited hyper-vigilance about the safety of their children and distrusted their children's ability to care for themselves (Daly, 2005; Spiers, 2010). Recurrent suicide attempts in adult daughters with borderline personality disorder (BPD)

diagnosis led mothers to emotionally distance themselves from their children, as manifested by not speaking to them after suicide attempts or being fearful of visiting them in intensive care units following suicide attempts (Spiers, 2010). Daly (2005) noted that this is a self-preservation strategy for mothers to keep an emotional distance in case there were further attempts, especially with the fear that one would be successful. Some parents experienced suicide attempts as embarrassing and shameful, while many experienced feelings of incompetence and failure (Daly, 2005; Spiers, 2010).

Parents of adult children with BPD characterized by suicidal ideation and multiple suicide attempts experienced exhaustion, depression, and hopelessness after years of dealing with this difficult-to-treat disorder (Spiers, 2010). Parents discussed their disappointment that their lives will never be ‘“normal” (p. 118) and spoke of their “helplessness and powerlessness” (p. 118). Mothers of suicidal adolescents grieved the futures they wished for their children, the impact on family life, and the time spent in fear and regret (Daly, 2005). Several mothers voiced the wish that they had not given birth to these children who were in so much distress, as the pain in the household was unbearable (2005).

Daly (2005) concluded noting the “magnitude and complexity of the emotional stress” (p. 28) for a mother living with a suicidal adolescent has been miscalculated and needs recognition and attention from health professionals (Daly, 2005; Spiers, 2010). The wellbeing and emotional stability of mothers of suicidal adolescents play an important part in the wellbeing of their children as noted by Simons et al. (2016). The experience of profound isolation, shame, and helplessness leads to despair and depression and creates a shared emotional valence of pain between the child and mother.

Sociology professor Ara Francis (2012) studied parents of children with "invisible disabilities" (p. 927) that led to social judgment and negative stigma. Parents were held responsible for their child's physical, emotional, and developmental dysregulation and were perceived as being bad parents (2012, p. 927). Francis (2012) noted the gender differences in dealing with a child with difficulties. While there is "courtesy stigma" (p. 932), the stigma of close association with a person with mental or physical dysfunction surrounding both fathers and mothers, mothers are far more likely to be blamed and shamed for their child's difficulty and disability (2012). Mothers' roles as caretakers were expected and discounted, while fathers were praised and rewarded for their role in parenting a child with developmental or psychological dysfunction (2012). While this study focused on middle-class parents, Francis included findings of increased social stigma and blame for low-income mothers and people of color, demonstrating that the perception of responsibility for a child's wellness is directly tied to hierarchy in a white, male-dominated culture. These findings reveal a greater need for parental support for women and people of color with high-needs children.

**Anxious parents, anxious children.** Increased parental stress is an indicator of less able parenting, which may manifest in emotional and behavioral dysfunction in children (Cousina & Hazen, 2012; Deater-Deckard, 2004; Evenson & Simon, 2005; Sergrin, Givertz, Swaitkowski & Montgomery, 2013). The more capable and equanimous a parent is amid discomfort, the greater the likelihood for emotional wellbeing for the parent, the child, and their relationship (Cousina & Hazen, 2012; Deater-Deckard, 2004; Sergrin et al., 2013). The level of parental stress and depression directly influences the development of the child's emotional competency, influences the behavior of the child, and can lead to the withdrawal of warmth and supportive caretaking (Deater-Deckard, 2004; Eisenberg, et al., 2003; Fabes, Leonard, Kupanoff, & Martin, 2001).

Parents with difficulty regulating their own emotions have children with more emotional difficulty, depression, anger, and aggression which exacerbates parental stress (Daly, 2005; Deater-Deckard, 2004; Spiers, 2010).

This reciprocal relationship is described as "*bi-directional"* (Deater-Deckard, 2004. p. 8, italics original), whereby the parents' emotional state conditions the emotional wellbeing of the child and the child's emotional state conditions the emotional wellbeing and capability of the parents (Simons et al., 2016; Singer & Klimeck, 2014; van Oers et al., 2014). There is a correlation between parents who express more positive and supportive responses to their children's emotions and their children's own emotional wellness and competency (Eisenberg et al., 2003).

Eisenberg et al. (2003) found that mothers who expressed positive emotions had children who were better able to regulate their own emotions and have self-mastery of internal and external problems over time. Conversely, distressing and negative response from parents increases the child's inadaptability and social difficulty (Fabes et al., 2001). An earlier study demonstrated that parents who seek to suppress or punish children, especially daughters, for negative emotions, have children who are more emotionally volatile and distressed (2001).

A study of young adult college students and their parents found that overparenting, managing children's difficulties and emotions, anxious parenting, and helicopter parenting created avoidant behavior in children (Francis, 2012; Segrin, Givertz, Swaitkowski, & Montgomery, 2013). Well-intentioned parents who attempted to shield their children from discomfort routinely criticized their actions questioned their decision making and demonstrated intrusive and non-age appropriate behavior (Segrin et al., 2013). "Intrusive involvement"

(Hudson, et al., p. 304) is characterized as creating conditions that negate the child's emotional autonomy and not allowing children to utilize their own adaptive regulation.

Results of an empirical 2008 study compared the reactions of parents with non-anxious and anxious children demonstrated that mothers of children with anxiety diagnoses displayed significantly heightened intrusive involvement when their children were experiencing anger or anxiety (Hudson et al., 2008). Both mothers and fathers of anxious children displayed less warmth during their children's expression of negative mood and they exhibited minimizing and dismissive behaviors (2008). Children of critical, anxious, and interfering parents reported difficulty in communicating with their parents and others and did not trust that their emotions and actions would be accepted (Segrin et al., 2013). Hudson et al., (2008) questioned whether heightened intrusive involvement stemmed from a response to the child's distress or from the parents' distress and their inability to tolerate difficult emotions in their child. Researchers Segrin et al., (2013) stated that the motivation of intrusive parenting stems from goodwill and the desire to save one's child from suffering.

Child anxiety researchers Aschenbrand and Kendal (2012) hypothesized that this intrusive parenting and "rescuing behavior" (p. 233) may originate not from goodwill, but from parents' inability to tolerate distress in themselves and their children and distrust of the children's ability to tolerate discomfort. To test this theory, Aschenbrand and Kendal measured parental speed of intervention and levels of anxiety in 124 parents of anxious and non-anxious children in response to an audio skit. Listening to a recording of a child in distress, parents of anxious children reported more anxiety and quicker intervention times than parents of non-anxious children (2012). The findings of this study confirm the hypothesis that parents with less emotional regulation and capacity encouraged avoidant and controlling behavior in their children

and demonstrate a correlation between parents' modeling of anxiety, control, avoidance, and children's anxiety levels (Aschenbrand & Kendal; Hudson et al., 2008).

In cases of persistent pain and the resulting empathetic response in parents, children observed their parents' emotional reaction to their own pain. Through this "observational learning," (Simons et al., 2016, p. 543) children became increasingly fearful and stressed when witnessing their caregiver in distress and experienced heightened physical pain. Substantial evidence links extended parental distance with a child's loss of ability and increased suffering, which may lead to greater upset and helplessness in the parent and fuel the cycle of shared distress (2016). This chronic activation of the pain circuity is termed a "Feed-Forward-Failure" (p. 542) loop by Simons et al.

Parents witnessing their child's pain, who experience high levels of personal distress exacerbated by fear, are incapable of responding with full cogent decision-making abilities and may become defensive or clutch at treatment options and react with panic to the experience of their own and the child's suffering (Simons et al., 2016). In extreme cases where the phenomenon of hypervigilance and catastrophizing becomes chronic, parents may be susceptible to vulnerable child syndrome (VCS) (Hensley, Chang & Stevenson, n.d.). This disorder is characterized by an increased fear of vulnerability and illness in one's child, based on real or imagined medical conditions and creates recurrent states of panic and anxiety in parents (Aschenbrand & Kendal, 2012; Hensley, et al., n.d.; Hudson, Comer, & Kendall, 2018; Simons et al., 2016).

Hudson et al. (2008) encouraged further research in the treatment of anxious children that included developing parental capacity to accept and tolerate discomfort in their children, to prevent stunting children's emotional competence. Auschenbrand and Kendal (2012) also

recommended including parents in the treatment of childhood anxiety to create an environment that encourages coping strategies, self-reliance, and independence. Paradoxically, intervening and managing a child's emotions leads to reduced ability for the child to realize coping strategies, experience self-mastery and agency, and increases fear and anxiety in children (Aschenbrand & Kendal, 2012; Hudson et al., 2008; Segrin et al., 2013; Simons et al., 2016). The catalyst of anxious and intrusive parenting may originate from the parents' inability to tolerate their own discomfort and the desire to control and minimize any negative emotions for their child (Auschenbrand & Kendal; Daly, 2003; Deater-Deckard, 2004; Hudson et al; Simons et al., 2016). The motivation to keep children from suffering and the intensive parenting style further demonstrated the interconnected nature of parent-child emotional wellness and sets a case for the application of equanimity that understands the unavoidable nature of suffering in all living beings (Dalai, 2001; Olendzki, 2010).

**Normalizing experience and training creates confidence**. Parents of children who experience severe health crises and admission to the intensive care unit have a heightened susceptibility to PTSD (Melnyk et al., 2004). A 2004 study illustrates that parents who have their emergency experience normalized and receive training in compassionate care for their children increase their own emotional wellbeing and the health outcomes for their children (Melnyk et al.). Melnyk et al.'s (2004) randomized controlled study examined the effects of a three-phase intervention program that offered support and information to mothers of children hospitalized in a pediatric intensive care unit (PICU). Participants in the COPE program experienced significantly less stress during the hospitalization, less negative mood, depression, and fewer symptoms of PTSD afterward compared to a control group who did not receive interventions (2004).

COPE mothers had a greater understanding of expected reactions in their children and greater levels of confidence about their ability to care for their children (Melnyk et al., 2004). A year after their children were discharged, these mothers reported less hyperactivity in their children and more adaptive behavior (2004). Remarkably, 25.9% of children whose mothers did not receive this training displayed clinically significant behavioral problems, compared to only 2.3% of the group of mothers who received the COPE training (2004). The COPE training created competency and the sense of agency in mothers of children admitted to the PICU. The development of these qualities returned the sense of confidence and capability which guards against helplessness and despair.

## Cultivating the Practice of Equanimity

This portion of the paper is devoted to exploring the antidote to parental distress, the cultivation of equanimity. This section includes data supporting the contributions of meditation and mindfulness for emotional regulation and resilience in the face of discomfort. There is discussion of the significance of equanimity, data that supports greater emotional balance for those who practice meditation (a key ingredient of equanimity) and its place in the Buddhist canon along with an outline of the core practices of equanimity.

### Mindfulness and Meditation

This section introduces the foundational practices for developing equanimity and provides definitions and examples of mindfulness and meditation. The *Mindful parenting as a foundational training* sub-section discusses the basic practice of mindfulness for parents, highlighting the use of stopping, calming, and regaining center before acting. This sub-section also includes the findings of a small study of parents practicing mindfulness and the effects of their practice upon their children's compliance. The *Meditation supports resilience* sub-section

includes fMRI results of brain scans during meditation and gives evidence that meditation helps support the necessary calm and discernment for creating equanimity.

Mindfulness, a fundamental component of the Buddhist tradition, is gaining wide public acceptance and trust as a method to reduce stress and promote wellbeing. Mindfulness may be described as a "*process* of maintaining the object of attention" (Desbordes et al., 2015, p. 358, italics original) free from distraction. In Pali, the language of the Buddhist scriptures, mindfulness is *sati*, meaning a recollection of a single-minded focus on a specific object without interruption (Desbordes et al., 2015, p. 358; Rothberg, 2006). Qualities of mindfulness include attending to exterior and interior sensations, phenomena, thoughts, and memories with nonjudgmental curiosity and acceptance (Anālayo, 2015; Desbordes et al., 2015; J. Kabat-Zinn & M. Kabat-Zinn, 2012; Hanh, 1989). Desbordes et al., (2015) highlight mindfulness as the capacity to be *"consciously aware"* (p. 361, italics original) of all internal and external phenomena.

Mindful awareness without judgment of what is arising in the body and environment is a basic component of equanimity and provides training in acceptance which supports a wise and compassionate presence for all parents regardless of their parenting demands. Bringing non-judgmental awareness and acceptance to one's life supports parenting with equanimity in all circumstances, however, is especially advantageous to include mindfulness training before there is an emergency as a way to lay the foundation of non-preferential acceptance and steadiness in the event of crisis.

A 2004 meta-study of Mindfulness Based Stress Reduction (MBSR) examined studies documenting the effects of an eight-week participatory class and daily 45-minute individual meditation practices, yoga, or everyday non-judgmental awareness upon a variety of ailments

including anxiety, depression, pain, obesity, cancer diagnosis, binge eating disorder, and psychiatric disorders. Researchers found that although most studies were disqualified for conflating areas of inquiry, 20 studies did meet scientific design criteria. Analysts examined data for evidence of physical and emotional wellbeing and found suggestions that “mindfulness training might enhance general features of coping with distress and disability in everyday life, as well as under more extraordinary conditions of serious disorder or stress" (Grossman, Niemann, Schmidt, Walach, 2004, p. 39). Although many studies were without a control group, researchers found that regardless of including a control group, mindfulness training indicated improvement in physical and emotional wellbeing and may help a diverse group of people (Grossman et al., 2004).

**Mindful parenting as a foundational training.** Myla Kabat-Zinn and mindfulness expert, Jon Kabat-Zinn (2012) described mindful parenting as the application of paying attention from moment to moment, non-judgmentally with awareness of conditioning and tacit beliefs in relation to parenting (2012). Mindful awareness allows parents to step aside from prescribed methods of parenting and respond to the uniqueness of each child’s own path and temperament (2012).

Jon Kabat-Zinn (2012) teaches parents to focus on the breath to bring awareness back into the present and access the body’s wisdom, intuition, and emotional intelligence. Kabat-Zinn recommends beginning breath awareness when life is not especially stressful and there is relative ease. After there is a basis of calm and non-judgmental acceptance of shifting bodily sensations, emotions, and external conditions, practitioners can bring mindful practices to difficult experiences in parenting. Practices include pausing, breathing, becoming aware of the feelings and muscle tension in the body, and seeing from the point of view of the child (2012). This

method utilizes both top-down interventions where there is a conscious decision to adjust the cognitive process and disengage from a previously engrained thought pattern, and bottom-up processing that relies on the proprioception of the body and grounds itself in present moment sensations and their experience.

A small but noteworthy study regarding shared transformation resulting from mindfulness practice comes from Singh, N., et al. (2010). This longitudinal study followed three women from pre to post training in meditation and mindfulness. After mindfulness training, the women reported fewer incidents of opposition from children due to parental changes in thinking, speech, and behavior including an attitude of acceptance and non-reactivity. During training, participants reported an early "sense of calmness" (p. 173) and partners and children of the subjects noted positive changes in mood and agreeability (2010). The limitations of this study include the small sample size of three participants and the questionable method of assessing positive change in the parent/child relationship, using compliance without relevant interviews with the children. The implementation of the Mindfulness Based Intervention (MBI) was not standardized and was developed from several methodologies and meditative traditions, including Theravada meditation of bare awareness and the Zen practice of everyday mindfulness.

**Meditation supports resilience.** Meditation is a component of the Buddhist path and Mindfulness training. Although there is a range of meditative traditions available, the unifying intention is "learning to bring [the] mind to rest on one point" (Hai, 2015, p. 46). Meditative training is linked to cognitive changes in processing emotional stimuli and supports the integration of mindful awareness and non-reactivity leading to equanimity and balance (Desbordes et al., 2015; Desbores et al., 2012).

Comparing the neural functions of experienced and novice meditators during open awareness meditative exercises, neuroscientists noted experienced meditators reported less discomfort, but not less severity of painful stimuli than novice meditators (Desbordes et al., 2015). Using experienced Vipassana meditators in neuroimaging studies, researchers identified diminished discomfort accompanying pain stimulation, increased activity in the "sensory areas (the posterior insula/secondary somatosensory cortex)," (Desbordes et al., 2015, p. 370) and reduced conductivity in the area responsible for executive control, the "lateral prefrontal cortex" (p. 370). This response implies a lessening in "cognitive control of the pain, rather than a decrease in the pain sensation" (p. 370). Subsequent studies found that the decoupling of the prefrontal cortex (PFC) and executive processing function with the somatosensory cortex and pain awareness may correlate with the meditators' capacity to experience pain in a non-reactive, non-judgmental state (p. 370).

Mindfulness meditation or focusing the mind on non-reactive open awareness may enhance equanimity and may also be the reason for less amygdala reactivity in experienced meditators who viewed emotional pictures while in a meditative state (Desbordes et al., 2015). Unlike novice meditators who exhibited increased activation in the PFC to control and lessen amygdala activity, experienced meditators showed no increase in the executive function of the brain and are hypothesized to have an altered emotional response that does not necessitate suppression and control to calm reactivity (2015). This study illustrates that lessening control and accepting one's emotions paradoxically leads to less reactivity and pain (2015). This non-judgmental acceptance demonstrates an increased ability to abide discomfort.

Experienced meditators also exhibited a faster return to non-reactivity and decreased amygdala and attentional regulating neural region activity after exposure to negative stimulation,

self-criticism, or pain and threat signals than non-meditators (Desbordes et al., 2015). These findings point to lasting shifts in the functional connectivity of experienced meditators and indicate more mental resilience, less reactivity and more balance and equanimity in the meditative and non-meditative states (Desbordes et al., 2015).

Neuroscience researchers Desbores, et al., (2012) conducted a study to determine the effect of compassion training and Mindful Attention Training (MAT) on the amygdala response to emotional stimuli in resting states and found that both groups had less right amygdala activation to positive images and all emotional stimuli after eight weeks of meditation training. The group that trained in Tibetan compassion practice cultivated mettā , an open-hearted love for all beings and equanimity towards all beings, compassion towards self and all beings. Data from this group displayed "a trend increase in right amygdala response to negative images, which significantly correlated with a decrease in depression score" (2012, p. 1). Findings suggest that meditation can bring about lasting neural changes that translate into greater wellbeing and emotional stability even when not engaging in meditation (2012).

**The Buddhist Teaching of Equanimity**

This segment introduces the concept of equanimity and its historical derivation from the Buddhist tradition. The *Equanimity Practices for Emotional Regulation* section details the importance of the concept of impermanence for the understanding of equanimity and cites psychological evidence that demonstrates the use of equanimity to enhance "cognitive flexibility" (Desbordes et al., 2015, p. 13) and the ability to regain emotional balance.

In the Buddhist scriptures, equanimity appears as the last in the list of the ten perfections or *paramis* (Pali), *paramitas* (Sanskrit). These are characteristics of integrity and ethical beauty which practitioners hone to perfection over many lifetimes (Anonymous, 2013). The position of

equanimity is significant, calling attention to the development of balance and equipoise as the last and highest attainment in the hierarchy of perfections. The list of *paramis* includes: "generosity (*dāna*), virtue (*sīla*), renunciation (*nekkhamma*), discernment (*paññā*), energy/persistence (*viriya*), patience/forbearance (*khanti*), truthfulness (*sacca*), determination (*adhiṭṭhāna*), good will (*mettā*), and equanimity (*upekkhā*)" (Anonymous, 2013).

Equanimity is also the last in the list of the awakening factors leading to enlightenment. The progression of liberation consists of "1. Mindfulness (*sati*) 2. Keen investigation of the dhamma (*dhammavicaya*) 3. Energy (*viriya*) 4. Rapture or happiness (*piti*) 5. Calm (*passaddhi*) 6. Concentration (*samadhi*) 7. Equanimity (*upekkha*)" (Thera, 1960). This enlightenment factor of equanimity (*upekkha*) is available in the third and fourth level of *jhana*, a state of intensive meditative concentration (C. Hartranft, personal communication, September 19, 2018; Thanissaro, 1996). This manifestation of equanimity includes an unshakable steadiness of mind necessary for the realization of wisdom and insight and is closely allied to full and complete awakening or nirvana. Equanimity as an awakening factor is a supramundane mind state, the result of intensive and diligent practice and includes all of the other stages of awakening (C. Hartranft, personal communication, September 19, 2018; Thanissaro, 1996; Thera, 1960).

A more readily available form of equanimity is described in the *brahmavihāras* or highest abodes (Analayo, 2015; Feldman, 2017). The *brahmavihāras* are a grouping of four divine emotions the Buddha urged his followers to cultivate towards all beings. They are *mettā* [kindness], *karunā* [compassion], *muditā* [sympathetic joy], and *uppekhā* [equanimity] (Analayo, 2015; Feldman, 2017). Equanimity in this setting is described as "the Queen or King of the brahmavihāras," (Masters, 2015) as it provides the stability to allow the other *brahmavihāras* of love, compassion, and joy to develop. Equanimity both contributes to the other *brahmavihāras*

and relies on these qualities to co-create the unbiased heart that is suffused with love and yet remains unattached to things being a certain way (Anālayo, 2015; Desbordes et al., 2015; Feldman, 2017; Fronsdal & Pandita, 2005; Masters, 2015, 2018).

In the original Pali language, the word *uppekhā* contains the combination of the prefix "gazing upon" (Desbordes et al., 2015, p. 358) without disturbance followed by "eye" or "see" (Desbordes et al., 2015; Hanh, 1989). In the modern application of Buddhist derived mindfulness, equanimity contains the aspects of calm, neutrality, solidity, and balance despite changing conditions (Anālayo, 2015; Desbordes et al., 2015; Hanh, 1989). It is the ability to stay balanced despite the uncontrollable vicissitudes of life including pleasure and pain, gain and loss, praise and blame, fame and disrepute (Anālayo, 2015; Feldman, 2017; Masters, 2015, 2018; Rothberg, 2009). This sort of even-mindedness is an advanced practice and disengages the practitioner from the innate evolutionary survival strategy of grasping towards what is pleasant and pain-free and retreating from what is painful or unwanted (Desbordes et al., 2015, Olendzki, 2010).

The Buddhist understanding of equanimity contains an open-heartedness that is not selfish and reactive or dependent upon circumstance. Zen master Thich Nhat Hanh (1989) lists equanimity as an essential ingredient of true love. Hanh defines equanimity as "nondiscrimination" (p. 161), a love that does not exclude any being. Equanimity maintains an unwavering wish for all beings to be at ease, while not falling into despair when those conditions are not met (Anālayo, 2015; Desbordes et al., 2015; Feldman, 2017; Rothberg, 2009).

Equanimity is often called non-attachment to outcome or "detachment" in Buddhist literature (Desbordes et al., 2015, p. 361). The word detachment is incorrectly associated with the English meaning of indifference or apathy (Anālayo, 2015; Rothberg, 2009). Equanimity

does not mean an exorcism of emotions; instead, there is the willingness and capacity to accept all emotional states, both pleasant and unpleasant, with solidity and kindness (Anālayo, 2015; Desbordes et al., 2015, Feldman, 2017; Hanh, 1997). Emotions are neither repressed, judged, or clung to (Desbordes et al., 2015). Instead, with practice one is able to "simply let the emotions pass through without reacting to them" (p. 5).

An example of equanimity is the willingness to be present with grief, fear, and anxiety in oneself and others. This compassionate response to the suffering of another is termed "anukampa," (Feldman, 2017, p. 64) the Pali word for a heart which trembles with the suffering of another. Resisting sorrowfulness removes a felt sense of empathy. Empathy when paired with mindful acceptance and non-reactivity, creates an embodied shift towards compassionate action and the desire to remove suffering instead of falling into empathetic distress. Empathy, the ability to understand sorrow, is a necessary phase in the evolution of equanimity (Feldman, 2017, p. 64). The Buddhist understanding of equanimity accepts and allows all emotional states without discriminating, reacting, or suppression (Desbordes et al., 2015; Feldman, 2017; Hanh, 1998; Olendzki, 2010). Desbordes et al. (2015) write that mourning and grief are necessary as "a healthy response of adjustment" (p. 6) and these emotions should be acknowledged and honored without sustaining them as a fixed state.

The late Buddhist monk and teacher Sayadaw U Pandita (2005) clarified the meaning of equanimity as a wide spacious capacity to meet all unfolding conditions:

> Equanimity is not insensitivity, indifference, or apathy. It is simply nonpreferential. Under its influence, one does not push aside the things one dislikes or grasp at the things one prefers. The mind rests in an attitude of balance and acceptance of things as they are. (Fronsdal & Pandita, 2005, para.13)

The Buddhist concept of equanimity can facilitate long-lasting intentional action under adverse conditions without engendering despair or helplessness since the action is founded on the intention to provide love and compassionate presence regardless of a particular result (Feldman, 2017; Hanh, 1997; Rothberg, 2009).

**Equanimity practices for emotional regulation.** Desbores at al., (2015) states that equanimity is an emotion regulation practice that diverges from existing strategies of cognitive or behavioral modification in that equanimity does not require "effortful control" (p. 12) indicating that mature equanimity has the capacity to become a trait as opposed to a temporary state. Utilizing the basis of mindful non-reactive observation, parents may decouple from automatic reactivity, sense and respond to emotional states without blending and maintain emotional independence (Desbordes et al., 2015; J. Kabat-Zinn & M. Kabat-Zinn, 2012). In equanimity, the practitioner does not move away from the cause of negative stimulation, but, with the support of mindfulness, investigates with curiosity and openness, without exceeding the capacity to stay balanced (Desbordes et al., 2015; J. Kabat-Zinn & M. Kabat-Zinn, 2012; Masters, 2018).

Unlike coping methods that reframe the understanding of external events, equanimity and mindfulness rest upon the understanding that thoughts and emotions are impermanent, constantly shifting, and not representative of true reality (Chan et al., 2014; Desbordes et al., 2015; Olendzki, 2010). This understanding of impermanence leads to heightened awareness and comfort with the changing landscape of emotional, physical, and mental sensations, and the willingness to tolerate all fluctuating mind states without distancing and numbing (Desbordes at al., 2015; Fronsdal & Pandita, 2005).

Equanimity is linked to "cognitive flexibility," (Desbordes et al., 2015, p. 13) a principal element in the ability to manage stress and discomfort. In stressful or disturbing events emotional responses and reactions are considered normal (2015). Equanimity promotes a faster return to balance rather than numbing, or pathological disinterest (2015). It is the conclusion of Desbordes at al. (2015) that equanimity contains the most effective and important ingredients for wellbeing and the practice of equanimity should be explored as a method for improved ability to thrive in difficulty (p. 365).

**Developing equanimity.** A fundamental way of developing awareness of the incessant reactivity and power of emotions and thoughts is to observe the constant wanting and not wanting that result from situations or thoughts (Desbordes et al., 2015). After this mindful awareness is established, a practitioner can develop non-judgmental, compassionate acceptance of the emotional response and the desiring mind that constantly moves towards comfort and pleasure and away from pain (Desbordes et al., 2015; Feldman, 2017; Rothberg, 2010). Through meditation, the practitioner trains the mind to still, becoming absorbed in "*shamatha*," (Desbordes et al., 2015, p. 7, italics original) calm concentration. The practitioner can develop the ability to discern mind states without moving from the foundation of mental concentration.

Cultivating this type of one-pointed concentration and awareness of the ability to place the mind where the practitioner chooses can give freedom from the automatic responses and conditioned habits (2015). The Dalai Lama tells practitioners that practicing observing emotions and thought without reacting gives benefits; "You will not fall into extreme states of mind: you will not get over-excited or depressed" (Dalai, 2001, p. 162). Reflecting on the basic sameness of the human experience, that all beings, just like myself, desire to be free from pain and suffering,

is a basic way to develop non-preferential acceptance of others (Dalai, 2001; Desbordes et al., 2015).

Kamala Masters, an Insight meditation teacher, and mother of four leads retreats on cultivating equanimity. Masters (2018) teaches that equanimity practice in Buddhism takes the self as the recipient, unlike the practice of loving kindness or compassion which focuses on sending goodwill towards another. In equanimity, one examines relationships and worldly conditions attending to one's own emotional response to the situation or person (2018). The basic equanimity practice consists of holding thoughts of understanding and non-judgment while utilizing three types of individuals classified as the friend, the enemy, and the neutral person (Desbordes et al., 2015, p. 9; Masters).

Masters describes the opposite of equanimity as "reactivity" (Masters, 2015, 2018) and encourages acceptance of all emotional states and situations using the phrase, "this is how it is right now" (2018). This phrase serves as a reminder that all situations, things, and beings are impermanent and changeable. Accepting one's emotions and mind-states and knowing that everything will change despite the desire for personal control acts as an anchor to return to balance and equipoise (Masters, 2015, 2018). This training, when cultivated, helps release reactivity and the narrow subjective categories of like and dislike (Desbordes et al., 2015; Hanh, 1989; Masters, 2015, 2018). A foundation of mindful awareness of one's emotional responses as they unfold from moment to moment is a critical step towards developing present moment awareness necessary for equanimity.

## Discussion

When parents are faced with children who are in distress through physical or mental suffering there is a natural tendency to try to control the situation, the outcome, and their own

response to the suffering of a loved one (Cousina & Hazen, 2012; Francis, 2012). While there are some support interventions available for parents of children with physical ailments—such as the COPE program—due to social stigma and shame, parents of children with mental health diagnoses and suicidal ideation—especially stigmatized mothers and people of color who bear more societal blame—may not seek help and support for themselves (Francis, 2012).

This paper contains many instances of parents who doubt their abilities to parent, become overwhelmed and feel trapped and helpless in the face of their children's continued pain (Melnyk et al., 2004; Simons et al., 2016; Spiers, 2010). The lack of agency and doubt in their effectiveness can lead to depression, emotional distancing, and maladaptive coping methods (Gilbert, 1992; Wilner & Goldstein, 2001). Generations of studies on parent/child emotional conditioning illustrate that the mental state of the parent directly influences the emotional wellbeing and resilience of the child (Eisenberg et al., 2003; Melnyk et al., 2004; N. Singh et al., 2010). In short, the more ability a parent has to retain a calm, balanced, and loving mind state, the better able the child will be to heal or cope (Fabes et al., Hudson et al., 2008; J. Kabat-Zinn & M. Kabat-Zinn, 2012; Melnyk et al., 2004; Simons et al., 2016).

The practice of equanimity derived from the Buddhist wisdom tradition is an alternate way to bring balance, open-hearted acceptance, agency, and fortitude into the midst of the emotional turmoil that results from parenting a child in distress. Practicing equanimity calms the mind to clearly see the reflexive advancing and retreating of emotions and thoughts and disengages the habit of rumination, speculation, and catastrophizing (Desbordes et al., 2015). Equanimity requires a grounding in mindful awareness of internal and external events in an observational, nonjudgmental capacity and includes the intention of kindness, compassion, and joy (Anālayo, 2015; Desbordes et al., 2015; Feldman, 2017; Hanh, 1998; Olendzki, 2010;

Rothberg, 2010; Salzberg, 1995). These positive aspirations impart volition and purpose which protect against hopelessness and subsequent defeat and depression (Abramson et al., 1978; Gilbert, 1992; Wilner & Goldstein, 2001). The energizing quality of compassionate intention is the essential ingredient for returning emotional autonomy to parents who face difficulties beyond their power to control. Equanimity is linked to the ability to regain emotional balance and center after alarming events (Desbordes et al., 2015; Masters, 2015, 2018; Romm, 2007).

## Conclusion and Future Use

Equanimity creates the seemingly paradoxical conditions of empathetic engagement and deep caring, working to create positive change while maintaining self-compassion and wellbeing despite external circumstances (Hanh, 1989; Masters, 2018). This balance of loving and allowing, non-resistance, and clear seeing enables parents to care for their children and themselves with compassion and act with balance and wisdom. These qualities impart agency and relieve the helplessness and despair that accompanies overwhelm and self-doubt.

I offer this paper as supporting evidence to launch a manuscript that deals with the Buddhist understanding and cultivation of equanimity as an antidote to parental distress. It is my hope that offering a different approach to parental self-sacrifice or emotional entanglement, will give emotional freedom and strength to parents. It is my wish that this project will be accessible, easily readable, and offer some comfort and support for those who are struggling with a child in crises or whose lives are filled with shame and are held in contempt because of the social unacceptability of having a child with disabilities or psychiatric illness. This difficulty is compounded for single mothers and especially women of color who are held to more demanding social standards than their white counterparts. This project is created as a resource for people of color and single mothers who may not have access to sanghas of affinity or live in areas where

this teaching is not accessible. The use of equanimity may give back the power of emotional self-regulation and balance to those who need it most.

References

Abramson, L. Y., Seligman, M. E., & Teasdale, J. D. (1978). Learned helplessness in humans: Critique and reformulation. *Journal of Abnormal Psychology, (4),*359.

Anālayo. (2015). *Compassion and emptiness in early buddhist meditation.* Cambridge, UK: Windhorse.

Anonymous. (2013). A glossary of Pali and Buddhist terms. *Access to Insight (BCBS Edition).*

Aschenbrand, S. G., & Kendall, P. C. (2012). The effect of perceived child anxiety status on parental latency to intervene with anxious and nonanxious youth. *Journal of Consulting and Clinical Psychology, (80)*2, 232-238.

Chan, C. H., Chan, T. H., Leung, P. P., Brenner, M. J., Wong, V. P., Leung, E. K., ... & Chan, C. L. (2014). Rethinking well-being in terms of affliction and equanimity: Development of a holistic well-being Scale. *Journal of Ethnic and Cultural Diversity in Social Work, 23*(3-4), 289-308.

Cousino, M. K., & Hazen, R. A. (2013). Parenting stress among caregivers of children with chronic illness: A systematic review. *Journal of Pediatric Psychology, 38*(8), 809-828.

Dalai, L. (2001). *An open heart: Practicing compassion in everyday life*. New York, NY: Little, Brown, and Company.

Daly, P. (2005). Mothers living with suicidal adolescents: A phenomenological study of their experience. *Journal of Psychosocial Nursing, 43*(3), 22-28.

Deater-Deckard, K. (2004). *Parenting stress.* New Haven & London: Yale University Press.

Desbordes, G., Gard, T., Hoge, E. A., Hölzel, B. K., Kerr, C., Lazar, S. W., ... & Vago, D. R. (2015). Moving beyond mindfulness: Defining equanimity as an outcome measure in meditation and contemplative research. *Mindfulness, 6*(2), 356–372.

Desbordes, G., Negi, L. T., Pace, T. W., Wallace, B. A., Raison, C. L., & Schwartz, E. L. (2012). Effects of mindful-attention and compassion meditation training on amygdala response to emotional stimuli in an ordinary, non-meditative state. *Frontiers in Human Neuroscience, 6 (*292), 1-15.

Eisenberg, N., Valiente, C., Morris, A. S., Fabes, R. A., Cumberland, A., Reiser, M., … & Losoya, S. (2003). Longitudinal relations among parental emotional expressivity, children's regulation, and quality of socioemotional functioning. *Developmental Psychology, 39*(1), 3-19.

Evenson, R. J., & Simon, R., W. (2005). Clarifying the relationship between parenthood and depression. *Journal of Health and Social Behavior, 46*(4), 341–358.

Fabes, R. A., Leonard, S. A., Kupanoff, K., & Martin, C. L. (2001). Parental coping with children's negative emotions: Relations with children's emotional and social responding. *Child Development, 72*(3), 907-920.

Feldman, C. (2017). *Boundless heart: The Buddhist path of kindness, compassion, joy and equanimity.* Boulder, CO: Shambala.

Francis, A. (2012) Stigma in an era of medicalisation and anxious parenting: How proximity and culpability shape middle-class parents' experiences of disgrace. *Sociology of Health & Illness, (36)*4, 927–942.

Fronsdal, G., & Pandita, S.U. (2005). A perfect balance: Cultivating equanimity with Gil Fronsdal and Sayadaw U Pandita. *Tricycle.*

Gilbert, P. (1992). *Depression: The evolution of helplessness.* Hove, UK: Erlham.

Grossman, P., Niemann, L., Schmidt, S., & Walach, H. (2004). Mindfulness-based stress

reduction and health benefits: A meta-analysis. *Journal of Psychosomatic Research, 57*(1), 35-43.

Hai, B. P. (2015). *Nothing to it: Ten ways to be at home with yourself.* Parallax: Berkeley.

Hanh, T. N. (1998). *The heart of the Buddha's teachings: Transforming suffering into peace, joy, and liberation.* New York, NY: Broadway.

Hensley, A., Chang, P., & Stevenson, T. (n.d.). Vulnerable child syndrome PDF. *Stanford University Neonatal Documents*.

Hudson, J. L., Comer, J. S., & Kendall, P. C. (2008). Parental responses to positive and negative emotions in anxious and nonanxious children. *Journal of Clinical Child and Adolescent Psychology,* 37(2), 303–313.

Lutz, A., Brefczynski-Lewis, J., Johnstone, T., & Davidson, R. J. (2008). Regulation of the neural circuitry of emotion by compassion meditation: Effects of meditative expertise. *PLoS ONE, 3*(3), 1-10.

Kabat-Zinn, J., & Kabat-Zinn, M. (2012). Parenting with the experts Podcast. *The Healing Power of Mindful Parenting.*

Klimecki, O. M., Leiberg, S., Lamm, C., & Singer, T. (2012). Functional neural plasticity and associated changes in positive affect after compassion training. *Cerebral Cortex, 23*(7), 1552-1561.

Klimecki, O. M., Leiberg, S., Ricard, M., & Singer, T. (2013). Differential pattern of functional brain plasticity after compassion and empathy training. *Social Cognitive and Affective Neuroscience, 9*(6), 873-879.

Masters, K. (2018, May 16). 1st day of equanimity instructions: Developing equanimity for neutral person and benefactor. *Dharmaseed Podcast.*

Masters, K. (2015, January 25). Understanding equanimity: Day 3. *Dharmaseed Podcast*.

Melnyk, B. M., Alpert-Gillis, L., Feinstein, N. F., Crean, H. F., Johnson, J., Fairbanks, E., ... & Corbo-Richert, B. (2004). Creating opportunities for parental empowerment: Program effects on the mental health/coping outcomes of critically ill young children and their mothers. *Pediatrics, 113*(6), 597-607.

Olendzki, A. (2010). *Unlimiting mind: The radically experiential psychology of Buddhism.* Somerville, MA: Wisdom.

Patiño-Fernández, A. M., Pai, A. L. H., Alderfer, M., Hwang, W. T., Reilly, A., & Kazak, A. E. (2008). Acute stress in parents of children newly diagnosed with cancer. *Pediatric Blood Cancer, 50*(2), 289–292.

Romm, J. (2007). Teaching empathy, learning about equanimity. *Archives of Women's Mental Health, 10*(3), 91-92.

Rothberg, D. (2006). *The engaged spiritual life: A Buddhist approach to transforming ourselves.* Boston, MA: Beacon.

Salzberg, S. (1995). Loving kindness: The revolutionary art of happiness. Boston, MA: Shambala.

Singh, N. N., Lancioni, G.E., Winton, A. S. W., Singh, J., Singh, A. N., Adkins, A. D., & Wahler, R. G. (2010). Training in mindful caregiving transfers to parent-child interactions. *Journal of Child Family Studies, 19*(2), 167-174.

Segrin, C., Swaitkowski, P., Givertz, M., & Montgomery, N. (2015). Overparenting is associated with child problems and a critical family environment. *Journal Child and Family Studies, 24*(2), 470-479.

Siegel, D. (2010). *Mindsight*: *The new science of personal transformation.* New York, NY: Bantam.

Simons, L., Goubert, L., Vervoort, T., & Borsook, D. (2016). Circles of engagement: Childhood pain and parent brain. *Neuroscience Biobehavioral Review*, *68*, 537–546.

Singer, T., & Klimecki, O. M. (2014). Empathy and compassion. *Current Biology*, *24*(18), 875-878.

Singer, T., Seymour, B., O'Doherty, J., Kaube, H., Dolan, R. J., & Frith, C. D. (2004). Empathy for pain involves the affective but not sensory components of pain. *Science, 303*(20), 1157-1162.

Spiers, L. (2010). *Self-harm and attempted suicide in daughters with borderline personality disorder: An interpretive phenomenological study exploring the experience of parents.* (Doctoral dissertation). Retrieved from Lincoln Repository. (18944)

Synofzik, M., Vosgerau, G., and Voss, M. (2013). The experience of agency: an interplay between prediction and postdiction. *Frontiers in Psychology, 4*(127), 1-8.

Thanissaro, B. (1996). *The wings of awakening: An anthology from the Pali canon*. Barre, MA: Dhamma Dana Publications.

Thera, P. (1960). *The seven factors of enlightenment, satta bojjhanga*. Kandy, Sri Lanka: Buddhist Publication Society

van Oers, H. A., Haverman, L., Limperg, P. F., van Dijk-Lokkart, E. M., Maurice-Stam, H., & Grootenhuis, M. A. (2014). Anxiety and depression in mothers and fathers of a chronically ill child. *Maternal and Child Health Journal, 18*(8), 1993-2002.

Wilner, P., & Goldstein, R. C. (2001). Mediation of depression by perception of defeat and entrapment in high-stress mothers. *British Journal of Medical Psychology, 74*(4), 473-485.

Yin-Ling Tsui, E., Hoi-Yan Chan, C., & Fong Tin, A. (2016). Beyond professional competence: Effect of equanimity on the professional quality of life among health-care professionals working in perinatal bereavement support. *Illness, Crisis, & Loss, 24*(2), 88-102.

# When the Whole World Tips: The Buddhist Teaching of Equanimity for Parents

Celia Landman

December 2018

Advisors: Dr. Melissa Jean and Dr. Nancy Waring

## Foreword

My story as a mother is made from my children's experiences. In the words of my root teacher, Thich Nhat Hanh, we co-create each other and our relationship. They create me as a mother and I create them as children. I am not separate from them. When I started thinking of writing this book, I asked my daughter for permission to share her story. Much of the time I don't talk about her struggles with depression, anxiety, suicidal ideation, and attempt because it creates a mark on the child. Children with depression and self-harm histories are seen as different. They become unreliable and watched for any signs of shifting into that gray area of pain.

The stigmas surrounding mental health conditions are alive and thriving. In a country where according to the National Institute of Mental Health (NIMH) in 2016, suicide was the second leading cause of death for young people starting at age ten, there is a lot to talk about (National Institute of Mental Health, 2018). And in all facets of care, there is a need for parents to stay balanced in the midst of struggle, heartbreak, and pain.

This book addresses the fundamental struggle of loving someone more deeply than our own selves and yet being powerless to keep them from pain. The ancient practice of equanimity, which I call loving and allowing, can give us a way to come home to our ability to love without losing ourselves in suffering. In this paradoxical place of balance, we create a spaciousness in our hearts to include everything on this journey and embrace both our feelings of brokenness and our willingness to continue to try.

All phases of parenting have an aspect of understanding where our edge stops and where the child's begins, what is ours to care for and what we cannot control. We can heal the edges of the pain and work towards the marrow of our being with the firm intention to

sustain our love, for ourselves and for our children, in the event of a splinter all the way to the unthinkable and unwanted. We have the ability to stretch our own compassion and wisdom, to become large enough to hold it all, even what we don't want. My hope is that this writing can accompany those on the path towards staying present with themselves, not abandoning and learning how to be as wide as the sky, big enough to hold everything.

## Introduction

> Right Mindfulness is like a mother. When her child is sweet, she loves him, and when her child is crying, she still loves him. Everything that takes place in our body and our mind needs to be looked after equally. We don't fight. We say hello to our feeling so we can get to know each other better. Then, the next time that feeling arises, we will be able to greet it even more calmly (Hanh, 1998, p. 172).

I am from a culture that has a mythology about parenthood. Part of this myth is based on the taboo of speaking the truth about the unrealistic and paradoxical expectations for parents. In the West, we do not have the emotional safety or containers to speak about the pain of parenting children when there is difficulty. Children are one of our most vulnerable populations deserving of protection and care. Generations of psychological studies have demonstrated that the emotional wellbeing of children is directly influenced by their parents' or caretakers' emotional wellbeing. This information is used culturally to shame and blame parents when their children do not comply with social standards. Parents are held accountable for their children's performance and conditions from depression to anxiety, poor school performance, drug addictions, Attention Deficit Disorder (ADD), promiscuity, to health and immune systems.

This blame can add to the burden of caring for a child in difficulty and create a culture of unwillingness where parents are too ashamed and judged to seek support and help. In our societies, we do not have a safe place for the conversation surrounding the many emotions that parenting a child in distress can bring up. It is acceptable to speak about fear, love, and helplessness, but dangerous to speak about the rage that may come from countless frustrations, the dissatisfaction of losing freedom and autonomy caring for an ill or compromised child, the

disappointment of not getting the healthy, happy child that was wanted and expected, and for some, encountering a pain so intense they may regret becoming a parent.

Parents can only express what society is capable of hearing without perceiving incompetence or threat. It is my hope that this book can open a conversation about the legitimacy of all the feelings involved in parenting. That is the first step in transforming these painful emotions—allowing them to be seen with understanding, fearlessly acknowledging the truth of what our lives are like, and the compassion and wisdom to know that these fierce and painful feelings are not who we really are.

In 2005 researchers analyzed data collected from over 13,000 adults in the late 1980s, by the National Survey of Families and Households. Their results found that parents consistently had more depression than equally situated non-parents. Parents with small children had the highest levels of depression, but the researchers found that there was "*no* type of parent that reports less depression than nonparents" (Evenson & Simon, 2005). Although this is one study with data from almost four decades ago, I wonder how much is different in the realm of parenting? We know, either from being parented or being a parent ourselves that it is hard work. Some days, months, and years are beyond hard and can feel unbearable.

This book is not only for those moments when the ground is gone beneath us. Hopefully, this book finds its way to you when you are in a relatively calm and peaceful stage when there are time and space to begin the work of reclaiming your own balance. If you are reading this as a life-raft when the sea of pain is swallowing you, it is my hope that you can find your footing again, regain your sovereignty, and know that there is strong earth beneath you—always.

In the following chapters, I will describe the qualities and rationale for equanimity from both a parental and Buddhist perspective, drawing from the three limbs of Buddhism and

including early Buddhist texts from the Theravada—the wisdom of the elders—the gentleness of Vietnamese Zen, and compassion of Tibetan Vajrayana. I will offer heart practices designed to uncover the qualities of solidity, compassion, patience, wisdom, and strength already in you because you are the only one who can find your center when the whole world tips.

## Chapter One: Call it Suffering

All experience is preceded by mind

Led by mind,

Made by mind.

Speak or act with a corrupted mind,

And suffering follows

As the wagon wheel follows the hoof of the ox.

All experience is preceded by mind,

Led by mind,

Made by mind.

Speak or act with a peaceful mind,

And happiness follows,

Like a never-departing shadow.

~Dhammapada verses one and two. (Bhodipaksa, trans., 2013).

Equanimity was not something I thought about as a parent. I had heard about it as part of the Buddhist teachings and knew it was a good thing, but not necessarily applicable to me and my life. I thought about it as giving up my choice and accepting everything without bias, becoming a sort of pack animal that could hold all of life's detritus without complaint. This was a very incomplete understanding of this quality of mind. I've learned that equanimity does not mean piling on the burdens with stoic endurance but releasing the heaviness of control and the frustration of wanting things to be different.

**My Story**

I am a mother to two children. They were both conceived in a doctor's office with the help of fertility drugs, hormone injections, and months and years of persistence, disappointment, and patience. My first child struggled to be born for two days with the umbilical cord wrapped around her head. Labor stopped and started as each contraction cut off her oxygen supply. On the second day of labor with a ruptured amniotic sac, I spiked a maternal fever indicating that the baby was at risk for sepsis. The baby's heart rate was elevated and irregular. My doctor performed a caesarian section and I saw a silent baby with an unhappy face whisked off to the Neonatal Intensive Care Unit (NICU).

My daughter looked small and grim in the NICU; her eyes moved around the bright room, not resting on me. As I sat with her for the first time—perhaps it was in the stiffness in her body or the searching movement of her eyes—I knew with certainty that this child would have suffering in her life. Only recently did I learn that babies experiencing traumatic births can exhibit PTSD symptoms (Chamberlain, 1989; Emerson, 1998). The best practice includes constant warm human presence to offset the fear response (Chamberlain, 1989). Under the bright light of the NICU, alone in her incubator with her arm strapped to a small board and an IV delivering antibiotics into her tiny vein, she had little reassuring human touch on her skin, no calming ever-present mother to minimize the ordeal of her life-threatening birth. Except for the intermittent visits from myself and family, she was left alone with her own traumatic stress symptoms—an insurmountable burden for a newborn.

My son was also a C-section, born with pneumonia and hardly any amniotic fluid, but he was a big, sturdy baby. When I held him in the NICU there was a softness in his body. He was a calm baby who made eye contact and during his eight days in the NICU he smiled, a real smile.

He had a full head of black hair with a small patch of silver on the side. He was a favorite of the nurses who spiked his hair into a mohawk and dressed him in the cutest onesies they could find. From my first meeting, I knew that he had traveled this path before and he would have ease and friendship in his life.

These two beings have been my teachers for over twenty years. My NICU impressions of them have been unfailingly accurate. My son has a calm, sweet demeanor, abundant friendships and is very laid back—sometimes too much so. The early trauma from my daughter's birth and her individual temperament continue to unfold, manifesting in fearfulness, anxiety, and difficulty socially. Both of my children need me in different ways and both have made me stretch and grow in ways I would rather have not.

On November 11th, 2014, Thich Nhat Hanh, the greatest teacher of love I have encountered in this lifetime, had a cerebral hemorrhage and stroke. I wept when I learned how serious his condition was and felt waves of gratitude and love for having encountered his teachings. Part of me was drifting a little out to sea, not knowing if Thây (Vietnamese for teacher) would recover. A week after Thây's stroke, I was at the last soccer game of the season for my son's team. I don't recall the score, but in the last play of the game, a teammate kicked the ball at close range to my son. He was hit in the right orbital socket and temple and blacked out. "Yeah, it's a concussion," the trainer told me as we looked at James' dilated pupils. I noticed his skin was red and raised in hives and his body was shaking from shock. "He'll be fine in three days."

That night, James' head hurt beyond his ability to stay calm and we ended up in the ER getting an MRI that told us there was no brain bleed, no chance of stroke. "Give it time; let him rest" and he would recover. But three days came and went without improvement, then a week,

then two. He was not getting better and his head hurt continually. He couldn't tolerate lights and he had nystagmus, one eye that moved independently of the other. We began with the specialists and therapy, taking him to vestibular therapy for his neck and eyes, physical therapy to help him reconnect with his body, vision therapy with eye exercises and concussion assessment and cognitive testing. We visited a pediatric neurologist who put him on anti-nausea and migraine drugs which did not relieve his symptoms.

Luckily, I could put my projects on hold and drive him all over CT to appointments and hound him to do his exercises. He couldn't read or look at screens. He was behind in his school work and after a few weeks, I didn't know how he would catch up. After a month, I wondered if he would repeat the grade. What was most difficult were the friends who didn't visit. The kids who were too busy to stop over or call and the loneliness I saw in my son as he became more and more isolated.

That same fall, my daughter, Bella, began her sophomore year of high school. She had begged us to attend a boarding high school. Despite my apprehensions, my husband and I supported her choice and hoped it would give her more social confidence to be away from home and living with a group of kids. Towards the end of freshman year, Bella began to complain that she was depressed. We had her see the school counselor, whom she disliked. We took her to two other counselors hoping she would talk to them. By the end of freshman year, she had become more and more withdrawn. She ate Ramen noodles alone in her dorm and refused to go to the cafeteria. She was not participating in the school life and shut herself in her room and watched Netflix when she wasn't in class.

We hoped sophomore year would be different as she was adamant about attending this particular school. After the first month, Bella told me with hesitation that she was depressed and

starting to fantasize about killing herself as a way to end the pain of not belonging. My spouse and I set up an intervention with the counseling staff at the school. Despite her resistance and stubbornness Bella agreed to be assessed for depression. The psychologist who tested her told us that her scores were in the 98th percentile for depression and she was "one of the most depressed students" he had ever seen. These were not the high scores and superlatives a parent dreams of. Bella was stubborn and did not want to seek help and refused to talk during therapy sessions.

We decided that home and parental supervision would be a way to combat Bella's isolation and get her the treatment she needed. In October of 2014, we pulled her out of school, took her home and within the week she was attending another high school. She came mid-semester and had no friends at the new school. Bella's social phobia made meeting people difficult and she raged at us for taking her out of the school where she thought she should belong but had been so unhappy. Every day was a struggle to get her to school. She sobbed when she came home and blamed us for her loneliness. She was inconsolable. I was desperately trying to get her an appointment with a psychiatrist, but the wait was a month or longer for appointments. Finally, she began seeing a doctor, received medication and I had some hope that she would improve.

A week after starting medication, she began to make threats that she was going to kill herself and told me she was stock-piling pills. I searched her room and couldn't find anything. We hid the Tylenol and Advil. Now she looked at us with hatred and anger and didn't cry anymore but openly screamed about how much she hated her life and that it would always be like this. My stomach hurt all the time. I was caught in an unwinnable situation of trying to help someone who doesn't want help. I felt powerless and constantly worried. Waking up in the morning there was the immovable heaviness of dread. Before I opened my bedroom door, I

would steady myself in case this was the morning I found her overdosed or dead. That was how I began each day.

It was early December around dinnertime and Bella was lying on the couch in the family room. “I took sleeping pills,” she said in a quiet voice, “I’m starting to feel weird.” I put her into my car and as we got closer to the hospital I began to wail and cry, not holding back my terror and anguish. I practiced slow walking meditation in the hospital, using my breath and my steps to stay present and not go too far into the future. She hadn’t taken enough medicine to do real harm, but enough to scare her and me. My daughter was 16 and I could exercise my parental authority and commit her to the adolescent psychological unit, which I did. For the first time, I felt that I was not alone. There was help in the hospital. “Go home and get some rest,” the on-duty nurse told me. “She’s in the safest place.”

It was true. She was in a room with a surveillance camera and only a bed, while two older women were shouting and held in beds with restraints in adjacent rooms. “Don’t leave me!” Bella screamed as I walked out of the small holding area and drove home, knowing that she could not hurt herself in this place. But understanding that this was the continuation of her life, knowing that our lives were connected, and this was my path as well.

That month my husband stopped working. We split childcare duties and divided my son’s therapy appointments. We would drive to the hospital to visit Bella who would stare at us and blame us for committing her. She was angry and “one of the most resistant,” according to the hospital psychiatrist. She wasn’t making progress and refused to cooperate. My son was not improving, and the pediatric neurologist couldn’t explain why his eyes didn’t track together and his head still hurt. Each day felt like a punishment and something to get over. I wanted to make time speed up, to find a moment in the future when both were healthy or adults and able to care

for themselves. I had no ease or rest. I was exhausted and unable to sleep. My life was one long stretch of worry.

When I was alone in the car, I would use the time to cry and let myself mourn the life that I wanted. I couldn't tell other parents about what was happening with my daughter because I didn't want her to end up with the label of suicidal, depressed, or unstable and have that follow her for the rest of her high school life and beyond. I had an overwhelming secret and more pain that I could hold. What saved me was my practice. Each day I would sit and calm my body and mind in meditation. I would look at my feelings and understand that this was suffering, and that suffering is part of life. I used my breath to anchor myself when I thought I would be pulled into the sea of despair. Knowing that nothing stays the same, the teaching of impermanence, helped me see that even though things look dark and unchanging, there is constant change. The one place I could go to share my experience was the sangha, the community of mindfulness practitioners I had known for a decade where I found acceptance and understanding without attempts to fix my daughter or solve this unsolvable situation.

Things got better. On the psych ward, my daughter got to know a twelve-year-old boy who was hospitalized after his third suicide attempt. She met other kids with multiple suicide attempts, those who couldn't stop cutting themselves, and those who were sexually and physically abused or neglected. Her awareness of the impersonal nature of suffering grew. She began to see that she wasn't alone in feeling pain and no matter how good your life looks on the outside, no one gets out for free. I believe this understanding saved her life.

When the acute crisis phase ebbed, and both kids were back in school, I took a trip I've always wanted to make. I went for two weeks to Plum Village, a Buddhist meditation center in France. I knew this would be a good place for me to fall apart supported by kind monastics who

know how to be with those who are suffering. In Plum Village, I spent time alone doing slow walking and reflecting. And I waited for the suffering that I hadn't dealt with to emerge. And I waited…and I waited…but the grief and despair I was anticipating never came. Where were all the unfelt feelings, the relentless fear, and dread? It took days for me to realize that there was no residue leftover. I had stayed with what was arising, had been present for myself and there was no cache of pain hiding beneath the rug for me to deal with. There was a sobriety and a deeper understanding of pain and suffering, but I was not sad. What I did notice was a gentle determination and consistency in my practice and a willingness to see beauty as I returned to the rhythm of a less stressful existence.

Today, almost four years later, James is fully recovered, and Bella still struggles with her difficulties that peak and fall depending on events and circumstances. And I have learned about the supporting power of equanimity as a way of bringing peace and understanding to my relationship with my children. In equanimity, I can offer loving and allowing—both for myself and my children. Equanimity has helped me release my futile efforts to control and manage the lives and outcomes of my children and the strength to accompany myself when the path is frightening. In the constantly shifting demands in the business of being a parent, equanimity offers us the stability to keep loving our children, to care for our own emotional wellbeing, and keep us from falling into despair when we can't change what is happening.

**The Unavoidability of Dukkha**

The Buddhist world has a different understanding of suffering than the mainstream Western world. In the secular world, we are encouraged to believe that modern science and human advancements are so mighty that we are entitled to a life free from pain and suffering is not a natural state. We are promised a life of abundant health, youth, and happiness if we do the

things we ought. And if we know what to do, suffering and pain are avoidable. But no one gives us that elusive rulebook to wipe out suffering permanently and if only we knew the code, we would all be able to live our lives beautifully free from sadness and grief. If there is a sickness that lingers or a depression that resists treatment, not only is it wrong but somehow it is our fault. If we were holy enough and evolved enough, we wouldn't be in pain and if we were doing things right, the ones we are caring for wouldn't be in pain either. There is an unspoken verdict that when you suffer, and those you love suffer, you have failed.

In Buddhism, suffering is viewed as the necessary grit that polishes the rough shell smooth and if understood, our suffering can lead us to great freedom. Suffering is seen as a teacher, something that is inherent in our lives and provides the opportunity to learn the ennobling way of power and strength. Getting familiar with suffering is the way to understand how to end suffering. My caveat is that this is in no way an invitation to relish suffering or to feel guilt or shame when we do not like suffering. All teachings can be used to help and support us, or to do violence and punish. It does not mean we are bad practitioners when we react with fear and anger to our own suffering and the suffering in our children.

Much violence is done to ourselves and our relationships in the name of being a good Buddhist practitioner when we use our practice to tamp down our emotions and place the yoke of good and bad upon our experience. One teacher I know received a letter from a senior Buddhist nun shortly after her breast cancer diagnosis, telling her that this experience was a wonderful opportunity for liberation. My father would say that this response, "smells of incense." It may come from a well-intentioned place, but it blocks emotional connection with the person who is going through the difficulty. No one welcomes cancer, even if you are a Dharma teacher. Steamrolling over the suffering to get to the bright side, or the insight just beyond the pain,

disavows empathy, the place where two hearts and minds resonate with each other and the one in difficulty feels met.

This unwillingness to look at our pain is called *spiritual by-pass,* a term which means we aren't willing to fully recognize or take responsibility for our suffering. This avoidance takes many forms. We can rationalize and use intellectual understandings that package and pretty-up our feelings but stay a safe distance from the raw wilderness of pain. We may use the popular phrase, "just let it go," as a prybar to expel our anguish and fear before we have taken the time and care to tend to those parts of ourselves. We can spiritualize and tell ourselves that what happened yesterday is in the past and we are living in the present to avoid the pain of looking at something we do not have the power to change, or we may use spiritual by-pass to avoid making amends to someone we hurt.

Being a holy person is not about being perfect. To my knowledge, ensuring a life forever safe from mistake or conflict has not proved to be a successful strategy for enlightenment. Holiness recognizes our own undimmable birthright of goodness. Holiness is about being fully responsible for our own thoughts, feelings, words, and deeds and as Mother Theresa said, remembering we belong to each other.

As we will examine, empathy holds a crucial place in recognizing the suffering in ourselves and others. We will discuss how we can find this empathic connection with our children, without losing our footing and falling into the pit of despair and shared pain. Understanding that there is suffering AND that there is a way out is the basic message of Buddhism. Accepting the reality of suffering is not a hair shirt we put on but a way to understand how to handle suffering. Just knowing what causes suffering we know how to release from suffering. The same way a child learns when they put their finger into an electrical socket there is

a shock and pain; knowing *not* to put our finger into an electrical socket is a way to avoid pain. When we learn what nourishes our suffering, we can stop feeding it.

**The Four Noble Truths**

The Four Noble Truths are the foundation for the Buddha's teachings compiled in the vast writings of the Pali canon. The Buddha taught that just as the massive elephant's footprint can contain all the smaller animal footprints, the Four Noble Truths contain all the virtue and wisdom of the *dhamma,* the path of practice (Thanissaro trans., 2013c). The first truth is *dukkha-sacca*, the truth of suffering (Masters, 2015a). This is the realistic understanding of our vulnerability and that life contains suffering and that suffering should be understood. A common misperception is that life *is* suffering. Although we all know that being born into these fleshly forms, we are subject to old age, sickness and death, constant change, and the uncontrollable conditions that seem to threaten our existence daily, there is much that is not suffering—and the idea of understanding suffering differs greatly from the heaviness of a life made of it. There is joy, happiness, and the beautiful. These things are to be enjoyed, but just like suffering, they are not the whole of our lives.

The word for the awareness of suffering in the Pali language of the Buddhist scriptures is *dukkha*. The literal translation is the prefix *du*, which means bad and the word *kha* which means the hub of a wheel (Fronsdal, n.d.). We've all had that annoying experience of the wonky wheel of the grocery cart—the subtle unsatisfactoriness, or downright unwieldiness caused by this small shift in geometry that creates such an unhappy shopping experience. The precision of the Pali language offers the range of dukkha flavors from our dissatisfaction to life-threatening terror. All are contained in this word, the hangnail, and the tsunami. The Buddha taught, "Birth is dukkha, aging is dukkha, death is dukkha; sorrow, lamentation, pain, grief, & despair are

dukkha; association with the unbeloved is dukkha; separation from the loved is dukkha; not getting what is wanted is dukkha. In short, the five clinging-aggregates are dukkha" (Thanissaro, trans. 2013b). The underlying truth of this inherent dissatisfaction is found in all the moments of imperfection when we want things to be different.

Dukkha is divided into three general categories. (Insight Meditation Center.org, n.d.). The first is the suffering of physical or psychological pain, (*dukkha–dukkhata*) (Hanh, 1998, p. 19; Masters, 2015a). The second, the suffering of constant maintenance of this assemblage we call a body and all objects (*sankhara-dukkhata*) and there is the suffering of constant change (*viparinama-dukkhata*) knowing that happiness and ease will not stay forever (Masters, 2015a). Buddhist nun Pema Chodron (1997) sums up these different states of dukkha, “The very first noble truth of the Buddha points out that suffering is inevitable for human beings as long as we believe that things last—that they don’t disintegrate, that they can be counted on to satisfy our hunger for security” (p. 11).

Dukkha includes everything that is comprised of assembled things which have no inherent independent identity and cannot exist without lots of support in their creation and sustenance—which is everything we see, touch, and are. A modern list of the range of dukkha from the Buddhist Publication Society includes both parenthood and childlessness and hope and hopelessness as states that cause stress or dukkha (Story, 1983). We can see that the designation of unsatisfactoriness is based on our conditions, history, personal situation, and mind-state. Although we cannot control our physical intersection with pain, we can change the way we push back from psychological suffering and the belief that suffering and pain are wrong.

Even though we may dislike what is happening and clearly see the pain of the situation—on a very basic level, this suffering is part of the unfolding of natural consequences. There’s an

understanding that *it's ok to suffer. Suffering happens. All beings suffer.* When we are in the middle of suffering the truth of dukkha and the unavoidable nature of suffering can help us stop fighting against what is part of the natural course of events. It can help take the sting out of suffering to realize that each person on this planet will encounter pain and suffering in their lifetime—it is not personal and there are no quotas on suffering.

In the Upajjhatthana Sutta, the Buddha recommended that both women and men, lay and ordained should reflect upon five truths. These are facts that we will encounter living in these bodies and loving other living beings. Reflecting upon these truths is not designed to create pain and bring us despair, but to wake us up to the inescapable transience and impermanence of life. Meditation teacher Joseph Goldstein (2010) tells us, "anything can happen at any time" (p. 280). When we can lightly touch the truth of our mortality and the uncontrollable changes in others, we can gradually open to accepting what it means to be human, to love and to know that we are all impermanent.

These reminders are useful for helping us to recognize what we have right now and to celebrate the love and connections available to us in the present moment. These reminders are not meant to depress us thinking of the inescapable separation and loss that awaits us but to softly shine a light on what is often a tender place, too fearful to look at. When we learn to stay with the universality of these truths, we see that change and separation are not just for us and our beloved, but for everyone who takes birth. Aging, sickness, and death are not personal. I had Thich Nhat Hanh's translation of these truths taped to my bathroom mirror for years and read it each time I brushed my teeth. I called it the Five Daily Remembrances:

The Buddha's Five Remembrances

I am of the nature to grow old. There is no way to escape growing old.

I am of the nature to have ill health. There is no way to escape ill health.

I am of the nature to die. There is no way to escape death.

All that is dear to me and everyone I love are the nature to change.

There is no way to escape being separated from them.

My actions are my only true belongings. I cannot escape the consequences of my actions.

My actions are the ground upon which I stand. (Hanh, 1998, pp. 123-124)

Every time I read these words, I am reminded to tell the people I love how they enrich my life and not wait because I do not know the future. I am also reminded that the one possession I do have, is my intentional action. That is how I can make a difference. I can show up and care deeply about myself and others. Reading these reminders can help us return to our heart's desire to embody compassion. You may like to keep these words nearby, so you can read them daily and remember to cherish the ones you have with you right now.

When we disavow another person's suffering, we do not honor their path. As painful and unwanted as it is, this is their journey and their teaching—and ours as well. It is often not in our power to take away. When we are in the moment of witnessing suffering in someone we love, we don't know the outcome, what will happen from this experience and what will be lost or gained. It does not mean we welcome it, or seek to prolong it, but we know it has causes and roots, some of which we may never see. Mother of four and meditation teacher Kamala Masters (2015b) tells us to "trust that events are unfolding according to their natural order." This awareness of the reasons for suffering, even when we cannot see or trace them, can help us release some of the tension around the injustice of suffering.

Zen master Thich Nhat Hanh (2014) has given entire retreats about the goodness of suffering which creates the beautiful qualities of compassion, wisdom, and kindness in ourselves.

Many people have heard his saying, “No mud, no lotus” (p.1). In his dharma talks, he often tells us the same way the most beautiful lotuses grow in the deepest mud, we also need our suffering to transform our unwholesome qualities into the most beautiful flowers. If we never suffered, we would not understand the pain of another and have compassion for what that feels like. In the practice of equanimity, we learn to stand with solidity and strength when we encounter suffering and stop running from what we perceive as unpleasant, undeserved, and frightening. We have confidence that we know what to do with suffering and no longer are overwhelmed and despairing.

At our most primitive, we have much in common with simple life forms. Even single-celled organisms will move towards nourishment and away from what harms them. We are born into these vulnerable bodies into what can be a harsh environment where the winter temperature can kill us. In the summer, the blazing sun and heat can kill us. The greed and exploitation of humans created an environment wherein some regions drinking the water can kill us. The food we eat can give us diabetes, heart conditions, obesity, and kill us. The jobs we take on cause stress and hypertension that can kill us.

The world can feel like one big threatening ball of danger creating well-reasoned fear and vigilance. Every living thing is born wanting to be safe. Buddhist teacher and psychotherapist Akincino Marc Weber (2014) tells us that the basis for happiness begins with what does not kill us. This is the ingredient for happiness at its most rudimentary, finding conditions that maintain our lives. Our biological design is to be vigilant and protect from what endangers us or those in our group.

It is this search for safety and ease in an unpredictable world which leads to the second Noble Truth, that there are reasons for suffering. Thich Nhat Hanh (1998) describes these as the

"nutriments" (p. 44) of suffering and writes, "The Buddha advised us to identify the kinds of nutriments that have been feeding our pain and simply to stop ingesting them" (p. 44). Just as all living things need food to continue, how are we creating and feeding our suffering?

The Buddha taught that the origin of suffering comes from within ourselves and shows up as painful mental states called the *kilesas* (defilements) (Bhodi, 1998, p. 8). These are classically: ignorance/delusion or confusion, greed or desire, hatred/aversion or anger, and violence (Bhodi, 1998). Buddhist scholar and monk Bhikkhu Bhodi (1998) writes that it is the root of ignorance (*avijja*, Pali; *avidya*, Sanskrit) that creates the mental confusion or blindness leading to hatred and greed (p. 8). Ignorance is not pathological evil or badness. Ignorance is the mistaken view of separation and the duality of the self and other. At the bottom of this belief is a misunderstanding of our impermanent and interconnected role on this planet. Seeing ourselves as an independent, fixed, small self creates the often unconscious consent to participate in the strategies of hatred, violence, greed, and privilege in the mistaken belief that getting more for myself and my group will keep us safe.

A facet of this delusion of separateness is the constant wanting of experiences, people, and things to be pleasant and advantageous for ourselves. In Pali and Sanskrit, this is *tanha* (thirst, craving, or hunger) (Goldstein, 2010, p. 214). This is the unquenchable thirst of desire and craving for something sweeter and better for us and pushing away what is bitter and painful. This is part of the inheritance of the human condition and the delusion that we are not supposed to suffer. This misunderstanding is reinforced societally. If we are suffering, something is very wrong, and we are taught from an early age that happiness is a reward and suffering is a punishment.

In our consumer culture, we are trained to supplant our difficult emotions through consumption. When we feel afraid or agitated, we eat or drink something to take the edge off. If we are sad, we buy new things, so we can distract ourselves. We may exercise, gamble, play video games, get high, watch TV, self-harm, or have sex so we don't have to be alone with our feelings. Practicing these avoidant strategies for decades we get very good at abandoning ourselves. We become disconnected from ourselves and distrust that we are capable of meeting ourselves and the conditions of our lives.

Developing trust takes time. It is earned through continual diligence and the willingness to stay present with ourselves, no matter what. The ability to return home to ourselves is nurtured each time we turn towards our suffering with compassion and curiosity. If we have a long history of retreating from our distress, we may not have the ability to stay with ourselves. We may need to practice feeling safe in our bodies beginning with one or two breaths, gently extending the territory of our capacity over time. Practicing stopping and pausing, we are training ourselves to support and comfort ourselves. We do not want to rush or force anything before its maturity. We are learning to trust that we will be able to support ourselves when we need it.

Inherently humans have a powerful threat detection system that protects us. Our limbic, emotional center is a marvelous interconnected system that has done an admirable job of keeping the species alive and populating the world. The downside of our constant vigilance is the often exhausting state of arousal and worry which makes us raw and sensitive. As this simulation increases, we can become more and more tense, fearful, and anxious. When we give ourselves conscious *permission* to experience safety and solidity despite external conditions, we help calm the nervous-system and break the continuous grip of fear and reactivity.

The Buddha directed his followers to “be islands unto yourselves. Be your own refuge” (O’Connell Walsh, 2013). This refuge is the place of solidity and strength that we all possess, and which may be obscured by worry and doubt. Entering into a meditation practice can greatly help with training the body to experience the feeling of safety, even in the midst of chaos and uncertainty.

We cannot be centered and balanced if we are afraid. As you read this, take a moment to simply notice the amount of tension of relaxation in the body. Ask yourself, do I feel safe right now? Those of us who are single parents and called upon to perform the heroics of providing for our children and giving emotional support can easily feel more vigilance and fear. If we are a person of color experiencing the implicit bias of the white-dominated Western culture, it may not be safe for us to let down our guard if we are in a black or brown skinned body and perceived as a threat.

Notice if there’s anything that is blocking your ability to feel safe. For some of us, a way to stay safe was to develop protections at an early age. These early defenses served us well as children, but as adults, we may have outgrown the need for these strategies. It may be helpful to update the parts of ourselves that feel afraid and unsafe. We can show our younger selves that we are grown and have survived despite difficulties. We can thank our guardians of protection and vigilance, our fear and our uncertainty which kept us safe as children and invite them to rest in our acceptance and understanding as we get to know what safety feels like.

**Invitation to Experience Physical Safety**

This simple practice of three breaths and consciously relaxing the body/mind throughout the day let the body and mind know we are present for ourselves. I call this, *not abandoning.* It is easy to get pulled into fear and speculation when our children are in pain and lose our center.

When the mind moves into fear and speculation, the body comes along. We may not realize how much tension and worry we are holding in the body. Consciously relaxing the body can help us become aware when we are in contraction. It's impossible to feel safe and solid in a body that is fearful and contracted. Actively practicing relaxation and acceptance has the power to re-establish presence for ourselves.

Use the practice of three conscious breaths throughout the day to discover what touching safety and giving self-compassion feels like. In just three breaths we can practice stopping, calming, and healing. You can practice this every hour, every half hour, or fifteen minutes. Use the Mindfulness Bell or Insight Timer app. and set the timers throughout the day to give permission to stop and enjoy the experience of safety in the midst of what may not feel safe. If it feels correct for you, close the eyes, or lower them when you practice this.

With the first inhale we recognize that we are connected to a body. With the first exhale, to the best of your ability, release any tension held in the body. Allow the shoulders to move towards the earth. Allow the jaw to release and encourage a small smile (this helps give the physiological message of safety to the brain). With the second inhale notice what's in the mind, as you exhale let the mind know you understand the worry or the thoughts. You can say a silent, "of course," to the worrying mind. With the third inhale recognize that the body and mind are both present in this moment. With the exhale say a silent, "here, now," to recognize that there is a place beyond the busyness or pain, a solid place inside you can return to whenever you like. When we touch into this place of wholeness and dependability, we can be our own islands and refuge.

If you doubt that you have the habit of retreating from suffering, try noticing the hedonistic feeling tones, or *vedana* (Weber, 2018). These are the categories of pleasant,

unpleasant, and neither pleasant nor unpleasant—these are visceral reactions and you don't need time or thought to discern the pleasing from the painful. They are instantaneous and what the bodily senses find attractive, repulsive, or too quiet to take note of. There is *vedana* present when we wrinkle the nose at the sour smell of spoiled milk or lean into the scent of a lilac. *Vedana* is the natural movement towards what is pleasant and away from what is painful. Meditation teacher Joseph Goldstein (2010) writes "that almost all movements are an attempt to alleviate some kind of pain or discomfort" (p. 57). If we pay attention, how much are we leaning away from the unpleasant or the idea that something will be unpleasant?

This does not mean that everything is wonderful and that we should unquestioningly embrace what is happening in and around us. We practice this awareness to see behind our automatic responses and break the hold of the reactivity that jerks us from one emotion to another. When we pause and look with calm eyes, we can recognize the truth of our reality. Many people use the word acceptance. The word "accept" in common usage has a tinge of passivity to it, but acceptance is linked to possibilities.

Acceptance is the first step to understanding, compassion, and wise action. If my leg is hurt, I must accept the truth of this in order to go to the doctor for an X-ray to get treatment. I must accept the scientific evidence of climate change if I am going to act wisely to take action to care for the planet. Accepting what is, does not mean we stop there and are powerless to effect change; we can move on to take steps to remove the cause of our pain. Just as we change our behavior when we see it causes suffering, we can stop doing what causes us to suffer. Thus understanding suffering and what is causing us to suffer naturally leads to a shift and that creates the third Noble Truth, the understanding that there is a way out.

This way out is shown in the fourth Noble Truth, the system of living that the Buddha describes in the Eightfold Path. This is the ennobling way of living that can protect and relieve suffering. It contains all the elements for living in accord with the natural order and creating protections for our own safety and happiness and the safety and happiness of those around us. We know that what we do affects others and living with integrity directly affects the lives of those we interact with. The eight facets of the Buddhist life path include right view, right intention, right speech, right action, right livelihood, right effort, right mindfulness, and right concentration (Bhodi, 1998, p. 10). Thich Nhat Hanh (1998) points out that all are contained in one and one is contained in all (p. 43). When we practice right speech, speech that included kindness, appropriate timing, considers usefulness, and comes from a loving and true desire for connection, the speaker is living in accord with all the other path factors and is protecting themselves and the people they are interacting with from harm. When we practice one path factor, we practice all.

**Recognizing and Allowing our own Emotions**

With our children, we first must recognize not only their difficulties but be willing to courageously look at our own emotional landscape. Many of us—especially if we are women—were taught to put our emotions, needs, and wellbeing far behind the needs of our children and others. We create more suffering for ourselves and others when we attempt to outstrip our capacity and power through our difficult emotions. Akincino Mark Weber (2015) reminds us that, “just because your needs are overwhelming, doesn’t mean my needs do not exist.” We may not acknowledge in crises that we have needs, but we do, *especially* in a crisis. This suppression does violence to ourselves. Feelings are natural ways the body and mind call for our attention and care. Feelings want to be understood. The radical permission to include all parts of

ourselves, our fear, happiness, and anger and terror is a part of equanimity. Accepting what is arising in ourselves without condemnation or censure is the work of healing into wholeness and returning to love and care for our authentic selves.

One of the most difficult moments in my own experience was the recognition of how much burden and resentment I felt toward my child. There was so much distress in our lives that if she did take her life, I imagined that at least the intensity of that pain would end. This thought led me to another level of suffering, feeling guilt and shame around my inability to bear it all without complaint. I wondered where was that maternal unconditional love I was supposed to have? The thought that my child's suicide would provide relief was chilling and something I dared say out loud to only one friend who could hear it without judgment. What I recognize in that situation was that I had exceeded my capacity to be with suffering.

Many years ago I had a spiritual director whose child committed suicide as an adult in his late 20's. When she spoke about it, there was an ease and acceptance which at the time I found baffling. She said his life, as abbreviated as it was, was "complete." Why wasn't she more distraught and grief-stricken? She explained that he battled bipolar illness. His life and hers had been loaded with suffering from his uncontrollable psychosis which often turned violent. She had dealt with her own frustration, despair, and anger until she released her son from her expectations and desires. She exhibited a deep understanding that her son's life was his. He had suffered enough and although she loved him and missed him, she accepted his action in a way I had never encountered before.

I saw the same level of understanding in a co-practitioner, a mother with a drug-addicted son. Her heart broke over and over as he came through a succession of rehab visits, got clean, then began to use again. She struggled with anger and blame and tried everything to save him.

Her final decision to love and accept him, just as he was without any hope he would ever change, allowed her to move closer to him and give him support even when his addiction ended his life.

We all can handle so much, and we make our jobs so much harder when we fight against what is. We all have very good reasons for feeling as we do. We don't need to add blame and shame on top of pain. In the Dart Sutta, the Buddha talks about the practitioner who feels the real pain of being hit by a dart and doesn't add blame and worry to and feels only the pain of this one dart. This is contrasted with someone who has not trained in acceptance and "[h]aving been touched by that painful feeling, he resists (and resents) it. Then in him who so resists (and resents) that painful feeling, an underlying tendency of resistance against that painful feeling comes to underlie (his mind)" (Thera, trans. 2010). This person who heaps regret, anger, worry, and resentment upon the already painful situation is like a person who has been hit with a second dart of judgment. The pain of a child in distress is our first dart, how do we add the second?

My Dharma teacher, Joanne Friday, uses the Buddha's example of a teaspoon of salt added to a cup of water which makes the water undrinkable and the example of a teaspoon of salt added to a lake which is undetectable. She says, "some days I am a river, some days I am a teacup." If we can honestly look at our capacity at the moment, we can see what we are needed to care for our own needs. Are we needing kindness or some understanding? Are we lost in pain and reactivity? Can we stop and consider what support we would like, to be in community, a wish for ease, or the need to mourn our unfulfilled dreams and visions? No part of us, no emotion or thought is too terrible, or huge for us to look at with kind eyes and hold with gentleness.

**Invitation to Experience Emotional Safety**

Find a private place where the body and mind can relax. If it feels right, close the eyes, or lower them. Breathe and cultivate a feeling of safety. Consciously invite ease into the body. Allow the shoulders to soften, the heart-space to feel open and safe. Drop into your centered place of stillness where you can access your spacious and balanced true nature. Invite the emotions relating to your child's conditions into this safe space. Greet them by name; hello sadness, despair, blame, anger, rage, shame, frustration, exhaustion, anxiety, tenderness, or love.

Remember that emotions are information. The pleasant ones inform us that our needs are being met and the painful let us know something needs attention. As they come to you let them know that they can appear without punishment or blame. Tell each one, *I understand you, It's ok. There's a good reason you are here.* Notice how the emotions manifest in the body. Does the stomach tighten, the jaw, or chest? Is there a taste in the mouth? What color is the emotion? Is it localized or moving throughout the body? How are the forearms and the hands? What temperature is the emotion? Let the life of the emotions move through the body. Do they stay the same or change?

Be with the sensations in the body without going into the story that you know so well. What are the emotions that appear along with the sensations and thoughts? What are the emotions longing for from you? Let the feelings of the sensations and emotions guide you to the answer without narrating the story that engendered the emotion. How can you be a support for these feelings without making them contingent upon external fixes? Allow yourself to be wide enough and strong enough to show up for all of your emotions regardless of the conditions that you cannot control. Your ability to be present *is* within your control.

If the emotion blends with you and overwhelms you—you may become afraid that grief or pain will swallow you and the emotion may feel too big to stay with. In this case, just

acknowledge it for one or two breaths without becoming lost in it. Let the emotion know that you are a safe place for it and promise to return to the emotion. Come back to the feeling for one or two breaths over the course of a week. Notice if there is any shift in your ability to be with the emotion. Ask, can I stay for three or four breaths?

You can also ask the emotion if it will agree to step back and not flood you. Listen to hear if the emotion will agree to this. When the emotion separates from you, it allows you to look from your still place of center with the capacity to understand without getting swept away and blending with the feeling. Check in with your own willingness to be curious and accompany the emotion. Recognize any resistance and feelings of protection. Ask if those feelings of fear, doubt, or defense would be willing to let you get to know the deeper feeling. Thank your defenses for taking such good care of you and let them know they are valuable and will not be dismissed or pushed through. There may be lots of feelings and shifting attitudes surrounding and guarding deeper feelings. Work gently at your own rate taking the time to recognize and appreciate each emotion with equal care, gradually developing a safe space for all your feelings of body and mind.

## Chapter Two: Empathy and Compassion

"[T]hat one who is himself sinking in the mud should pull out another who is sinking in the mud is impossible; that one who is not himself sinking in the mud should pull out another who is sinking….is possible" (Naoamoli & Bhodi, trans., 1995).

### Understanding Emotional Empathy, The Shared Pain Circuitry

Empathy is the human cognitive ability to feel what someone else is feeling. There are many different definitions of empathy and emotional flavors ranging from sympathy to pity, to compassion. The word empathy defined by influential psychologist Carl Rogers (1975) includes the "as if" (p. 2) understanding or another's emotional state while not losing the sense of emotional independence. Psychology differentiates between three types of empathy: "cognitive empathy" (Goleman, 2008, para. 5) is the ability to discern the feelings of another and apply perspective taking to their situation. "Compassionate empathy" (Goleman, 2008, para. 12) includes the desire to comfort or alleviate the understood suffering of another, and "emotional empathy" (Goleman, 2008, para. 8) which is aligned with the automatic transmission of pain. Emotional empathy is what contemplative neuroscience calls feeling someone else's feelings. In this chapter, we will be examining the emotional empathy response, the involuntary shared pain circuitry which leads to emotional blending and parental suffering.

Empathy is an involuntary response which transmits emotions, both pleasant and unpleasant, and is an essential ingredient in human development. To establish secure attachment and children who are confident they are cared for, children need to "feel felt" (Siegel, 2011, p. 167) which calls for an empathetic understanding from the parent. Empathy is the shared human emotive roadmap that allows us to live collectively and cooperatively and makes understanding possible. Imagine the difficulty we would encounter if we had no access to the emotional

experience of another. The problematic side of empathy occurs when we are unable to separate from another and find ourselves falling into fear, distress, and despair witnessing their pain. We become mired in this shared suffering and find ourselves pulled under. The loss of emotional separation is termed, “emotional contagion” (Simons et al., 2016, p. 240) where one person takes on the emotional state of another.

We have all experienced our own physical and psychological pain, but for many parents, the greatest pain is witnessing our children in distress and being unable to relieve it. Maria, a mother whose son survived meningitis told me, “The darkest moment in my life, is seeing [my son in] his darkest moment. I can’t do anything. When he was a baby, I could hold him,” her voice shakes. “I would like to carry the cross for you, but I can’t. Not with you, but I want to do it for you, but I can’t. The darkest moment of a mother is seeing their kids suffer. I don’t think there’s a pain in the world worse than that. Your hands are tied. It’s so terrible.”

In 2004, neuroscientists found that even the suggestion of a painful episode in a loved one had the potential to activate the pain circuit and empathy response (Singer et al., 2004). Prolonged exposure to others’ suffering for caretakers, parents, and medical professionals may lead to “empathetic distress” (Singer & Klimecki, 2014, p. 875), a leading cause of exhaustion and burnout. This frequent intensified empathetic response can bring about neurological changes equivalent to PTSD symptoms and increase activation in the fear response region of the brain (Simons et al., 2016, p. 540).

In an episode of distress and helplessness, the belief that we are not capable to meet the needs of our child and the situation creates pain in ourselves. Researchers have found that it is not stress, but despair and helplessness that lead to depression (Gilbert, 1992; Wilner & Goldstein, 2001). This finding is supported by the theory of learned helplessness. Results

demonstrated that when confronted with universal situations beyond their control, as in the case of animals who could not escape from an electric shock, or in the human example, receiving a terminal diagnosis for their child, both animals and humans had the same response to these overwhelming, uncontrollable situations. They became helpless and passive and sunk into depression and inaction (Abramson, Seligman, & Teasdale, 1978). Researchers found, the more global and uncontrollable the event, the less personal power and ability to change the situation contributed directly to the level of depression, and depressed subjects also tended to view events as more overwhelming and less manageable than non-depressed subjects (Abramson, Seligman, & Teasdale, 1978, p. 67).

The study of depression is profoundly complex and encompasses our life conditioning, genetic makeup, and situational experience. For our purposes, we will focus on what we do have control over, namely how we see ourselves as capable or incapable of meeting the challenges of parenting in difficulty. The ability to act and to feel that what we do matters, is termed agency. A definition from neuroscientists working to understand the connectivity and brain functions of the state of agency describe, “[t]he experience of agency, [as] the registration that I am the initiator of my actions, is a basic and constant underpinning of our interaction with the world: whenever we grasp, type, or walk, we register the resulting sensory consequences as caused by ourselves" (Synofzik, Vosgerau, & Voss, 2013, p. 1). Agency can also be termed free will or acting with autonomy. When we believe our actions are ineffective and pointless, as in the examples of learned helplessness, we are susceptible to despair and defeat which contribute to depression (Gilbert, 1992; Synofzik, Vosgerau, & Voss, 2013: Wilner & Goldstein, 2001).

When we find ourselves emotionally blended with our children and all of our happiness resides with the hope that they will be well and happy, we give away our power and pin our

wellbeing to something that we have no control over. We do not have the ability to cure disease in another, to change their thoughts and beliefs. Although we can do everything in our power to create conditions that support our children, ultimately, they and we are the recipients of eons of genetics, conditions, and events that we only partially glimpse. When we spend our time trying to control what is beyond our jurisdiction, we create a hell realm and can easily burn out trying to outsmart the environment, genetics, and the events on the world's stage. Efforts to control the minds and bodies of others will likely lead to frustration and an added layer of struggle and pain to an already difficult situation.

**Carol's Story**

It is part of our evolutionary strategy to care for and protect our offspring at all costs. Carol's story demonstrates the difficulty of this natural desire when it's met with the reality of parental limitations. Carol's daughter Alicia was born with the umbilical cord wrapped twice around her neck. She had an Apgar score of one or two and was in the NICU for 10 days. For Carol, the birth was traumatic, "I literally almost died having her…. I was bleeding out for 12 hours in the hospital, bleeding internally, before they figured out that I had almost no platelets left." She was in the Intensive Care Unit for 10 days.

From the beginning, Carol remembers Alicia needing extra help. "She had asthma the first two years and we were up all night giving her Albuterol. It was hard. I was very sick. We had to wake her up every four hours and I was working full time. I only worked one year and then I said, I can't do this anymore." Carol's daughter was strong-willed "and not particularly affectionate. That was hard for me because I had this vision of this daughter who was all warm and fuzzy with me and she just wasn't having that. She was very independent.

We went along status quo. She was always a little hard, and then we hit 9th grade." Carol takes a deep breath, "I always say if I have to relieve that year again, I don't think I could survive it." Alicia was bullied by a boy in her grade who sent profanity-laced sexually threatening texts and physically intimidated her. The school tried to intervene, but other kids were caught in the inquiry. Alicia's friends abandoned her and sided with the boy who was harassing her.

> She was an emotional basket case for that whole second half of the year and I was actually afraid that she would hurt herself. I think the worst part was that one night she was sitting screaming in my living room, pulling her hair out and I came very close to calling 911. It was hugely traumatic for us.

Carol felt the full force of having a child who is depressed and emotionally volatile. She was constantly scared that Alicia would hurt herself and was exhausted from constant vigilance.

> I felt totally inadequate when this first started. I was in a state of panic. I think my husband was in a state of panic. I would just go to work and shut the door on my lunch break and just cry. It was awful—the stress. And I did not cope with it well at all…I was looking at what would next year look like and the year after that and the year after that. When in fact it got better. Not great, but it got better the next year.

Carol acknowledges that she felt totally unbalanced and had no confidence in her ability to meet her daughter's needs. She attributed this to her own parenting and lack of trust in her own mother.

> I have a lot of self-doubt. And I think that goes back to the fact that my own mother was a terrible mom. So, I feel that I never had a good role model and I feel like women who have that good nurturing mom when they have kids they have a big leg up on the rest of us. They know what to do. They've seen it their whole lives…What do you do when you

> skin your knee? I mean just simple things sometimes, when you haven't had that role model, it's just harder. And the funny thing is, I didn't have a mom at all and my husband didn't have a dad, because his dad passed away when he was five. So between the two of us, we had no idea what we were doing.

Alicia is now 22, diagnosed with ADD and anxiety. She has a processing disorder which makes integrating new information difficult. At the time I write this, she had recently started a new job. After a few weeks, she was called into a meeting to explain why she worked so slowly. The stigma of shame and difference surrounding what are termed, invisible disabilities, such as ADD and psychological disorders is very strong and Alicia would not disclose her diagnosis. She called her mother in a panic that she would be fired. Alicia has called her mother in tears four or five times in the last six weeks. "She's always in trauma. She will very rarely call me when she's happy. When I see her number on my phone, I have an immediate sense of dread. What happened now? It's awful and I've even said to her, 'Can you call me when you have a good day sometimes?'"

Carol recognizes that she is emotionally blended with her child and that when Alicia is in distress it throws her into a state of discomfort, sometimes severely. For Carol, this constant emotional reactivity creates distrust, fear, and the impulse to protect herself. She longs for some rest, trust, and ease in her relationship with her daughter.

> I was not separate from her. I am on her path with her and I still am. And I struggle with it. When she calls me and she's like this, I can't sleep. I think of her every minute of the day. I constantly text her. And it's really not that different from 9$^{th}$ grade. I know she has more coping skills than she used to. She went away to school. She graduated on time from a good school, so I have to intellectually tell myself that she did that. But

> emotionally, I don't trust her to know what to do. I try not to show that to her that I don't trust her.

In Carol's situation, we can hear that the lack of empathetic and compassionate connection with her own mother fueled doubts in her own capabilities as an effective parent. This distrust also transmits to her daughter, whom she doubts knows how to care for her own emotions. Carol wishes for an easier relationship with her mother and her daughter. She feels cold and inauthentic when she tries to be emotionally autonomous and doesn't know how to maintain her own emotional boundaries while staying connected with her daughter. This place of balance where we have the capacity to listen to both our needs and the needs of our child without being pulled into the vortex of another's pain comes with understanding the effects of compassion versus the type of empathy which joins in the suffering and feels "*with* the other" (Singer & Klimenki, 2014, p. 875).

**Compassion Means Action**

Although the two states are often thought to be interchangeable, empathy and compassion are very different and recent neuroimaging displays some of the physiological differences that manifest in those mental states. The basis for compassion is loving kindness [*mettā,* Pali*; maître,* Sanskrit]. When this loving kindness turns its attention to suffering the response is compassion, the open-hearted wish to relieve the suffering of another.

Studies from compassion researchers Tania Singer and Olga Klimenki (2014) use functional magnetic resonance imaging (fMRI) to track one group of subjects first trained in empathy and subsequently trained in compassion as they watched videos recordings showing people in distress. The empathy training encouraged participants to feel and join with the sadness and suffering of another while the compassion training introduced mettā or loving kindness

meditation. This is a Buddhist based practice where the practitioner actively inclines their mind towards the release from suffering for another. This practice encourages an open-hearted wish for happiness, wellbeing, and freedom from pain.

The results of these fMRI's displayed that there is an activation of the pain circuitry during empathy practice coupled with negative affect, or emotional pain, sadness, and discomfort. This contrasts with the results from the compassion training which showed activation in the areas of the brain associated with reward and pleasure. In an earlier study where one group trained in memory tasks and one in compassion, the compassion trained group reported positive feelings, such as "a feeling of happiness that arises" (Klimenki et al., 2012, p. 1559) when sending the intention for healing and wellbeing while viewing videos of others in distress. Researchers found that the heightened compassion created feelings of reward, affiliation, and love, but did not remove the sadness and negative affect, meaning that subjects felt the pain of those who were suffering, but also felt the happiness of actively assisting in the intention to remove suffering (Klimecki et al., 2012, p. 1559). This is a very important distinction, especially as we see that helplessness and overwhelm can lead to depression and despondency (Gilbert, 1992; Wilner & Goldstein, 2001).

A 2013 study further detailed the changes in the brain (plasticity) after short-term empathy and compassion training. Neuroscientists Klimecki, Leiberg, Ricard, and Singer (2013) found that after training in empathy, subjects viewing high emotion videos of people in distress activated shared pain circuits and increased negative affect. When the subjects received subsequent compassion training using loving kindness practice, fMRIs showed an activation in areas associated with rewards, affiliation, and is associated with "maternal and romantic love" (p. 878). Researchers also found that compassion training reversed the negative feelings and brought

the subjects back to their baseline levels. They state that even short-term compassion training had the ability to remove empathetic blending and distress at the pain of another. These results are examples of what can happen when we understand and resonate with the pain of another AND take action to alleviate pain—even if the action is a thought.

Compassion in the Buddhist sense has the element of action. Thich Nhat Hanh said that compassion is a verb. It is a relationship we engage in and a way of being. Compassion needs the basis of cognitive empathy, the shared understanding of pain, but moves into the desire to release the other from pain. Our compassion is made from our action. Compassion, *karuna* in Pali, is the wish to relieve suffering. This is created when the open heart meets another or the self, in pain. In the Buddhist commentaries, compassion is described as a mother who will do anything for her child (Weber, 2017). She will go against the wishes of the child, give the bitter medicine that will help them. There is nothing she won't do or sacrifice to help her child. Her loving intention to ease the pain of her child takes form in action.

The Buddhist word for action is kamma (Pali) and karma (Sanskrit). At the root of karma is intention. When we apply the use of intention to be present and relieve pain in the other and ourselves, we engage with agency, our free will and intention to act. In Buddhism all actions, no matter how small have consequence. Knowing that our intention creates compassion we can proceed to develop compassion which can rescue us from the pain of empathetic distress.

Longitudinal studies have demonstrated that over time, parents with greater emotional balance and non-reactivity have children who also are better able to regulate their own emotions (Eisenberg et al., 2003; Fabes et al., 2001; Hudson, Comer, & Kendall, 2008; Simons et al., 2016; Singer & Klimenki, 2014; van Oers et al., 2002). Parents who feel confident in their abilities to parent and maintain agency—the belief that their actions have purpose and meaning

have greater ability to be with difficulties. When as parents, we are caught in fear and anxiety, we transmit these emotions to our children. Children can discern non-verbal emotional transmission through "observational learning" (Simons et al., 2016, p. 548) and increase their own fear, distress, and create increased physical pain. This shared cycle of pain, distress, and suffering can continue to play out between parent and child, leading both into the quicksand of despair and hopelessness. There is an extensive amount of research that links a child's emotional wellbeing with their parents own emotional state (Eisenberg et al., 2003; Fabes et al., 2001; Hudson, Comer, & Kendall, 2008; Simons et al., 2016; Singer & Klimenki, 2014; van Oers et al., 2002).

When we feel we are capable to meet the demands of the situation and have our experience met with understanding and care, we feel connected and supported. This can give us the confidence to act with purpose and agency. When we believe our actions and emotions matter and are of value, that conviction directly affects the emotional life of everyone around us. Our quality of mind and our presence does not stay put inside ourselves. We are transmitting our happiness or unhappiness all the time.

Thich Nhat Hanh (2009) writes from the perspective of Vietnamese refugees fleeing the country in unseaworthy boats after the war with America:

> It's like when a boat is crossing the ocean. If the boat encounters a storm and everyone onboard panics, then the boat will capsize. But, if there is one person in the boat who remains calm, that person can inspire others to stay calm. Then there is hope for the whole boat load of people. Who is the person who can stay calm in the situation of distress? In Mahayana Buddhism the answer is 'you.' (p. 117)

Understanding the power and importance of our emotional life is crucial for maintaining our balance and happiness. And yes, happiness is possible, even when so much is wrong, out of our control, and unwanted. Cultivating equanimity, the practice of loving and allowing, takes patience, time, and a commitment to showing up for ourselves, no matter what is happening. The intention to be a loving compassionate presence includes ourselves. When we act from compassion, we do not burn out because we are paying attention to our capacity. We do not overburden someone we love, and that someone is us. Compassion means firstly removing suffering from our own hearts and minds, so we can do it for others.

**Mettā, Loving Kindness, The Path to Compassion**

Both loving kindness [mettā] and compassion [*karuna*] are included in the four beautiful heart qualities called the brahmavihāras. The brahmavihāras are also translated as the *immeasurables* and signify the highest realms of the heart and mind, a place where there is no enmity (Weber, 2017). The word brahma in Pali refers to the God, Brahma, who is without hatred and totally loving and vihāra means the dwelling places. These qualities embody the highest and best dwelling places of the heart/mind. The brahmavihāras are described beautifully by Akincino Marc Weber as "universal forms of empathy" (2017). This type of empathy is an openhearted accompaniment which differs from empathetic distress or emotional contagion.

These forms of empathy allow the heart to resonate with another being and fully understand their suffering without being swallowed in it. Weber adds that there is "nothing particularly Buddhist about them," (Weber, 2017) as they are four mind states that support universal harmonious and peaceful relationships. They are loving kindness or universal friendliness [*mettā/maître*], compassion or the wish to relieve suffering [*karuna*], (sympathetic or appreciative) joy [*mudita*] and equanimity or balance [*uppeka*] (Feldman, 2017).

These abodes reveal the natural goodness of humanity, removing any obstacles to the vast, fearlessly loving hearts we all possess. Kindness, compassion, joy, and equanimity are ours from birth. We are holy and fearlessly compassionate beings at our essence, with hearts and minds unclouded by anxiety when liberated from fear and judgment. When we practice mettā, we reconnect with our openhearted non-discriminatory friendliness towards all beings including ourselves and create conditions for boundless love. When our love encounters suffering it naturally turns into compassion, or the desire and intention to remove pain. This love, when encountering the good fortune of others, beauty, or noting the goodness in ourselves turns naturally to an experience of joy and finally when love encounters wisdom and understanding it becomes an unshakeable stability grounded in the knowledge that we have the ability to meet all situations with unyielding friendliness, grace, and the courage to not abandon ourselves (Weber, 2017).

In mettā practice, we do not need to actively feel anything except open to the wish for friendliness and ease. In cultivating equanimity or balance, we start by uncovering our brave loving heart. This can be done through a cognitive approach where the practitioner sends wishes for the well-being of oneself, our beloved ones, a neutral person, a difficult person and eventually the entire cosmos. This practice develops our ability for both concentration and renunciation. Concentration grows as we focus the mind on a series of phrases and renunciation is activated when we anchor the mind in loving kindness; we give up the inclination to wander into judgment, speculation, or aversion. Joanne Friday points out that the time we spend practicing mettā actively keeps our mind in a wholesome place and avoids the mind-states of hatred and fear.

The Buddha instructed his disciples in the goodness of loving kindness practice and described it as a protection to ward off fear. He detailed eleven benefits for those who practice metta. Practitioners are loved by humans and non-humans. They sleep easily and have good dreams. They are safe from assaults by fire, poison, and weapons and the heavenly deities look over them. Their minds are concentrated and they have bright radiant complexions. And their minds will be clear at the time of death (Thanissaro, trans., 2013a).

While I cannot vouch for all these benefits personally, especially in regard to the efficacy of a heavenly bodyguard, I do know that when I practice mettā, it shifts my view from one of a small, rather helpless being, to joining with something greater than myself, connecting with the force of love. Instead of defending and protecting myself from attack or discord, when I open my heart to others and wish them freedom from suffering, I connect with them and they become known. Including them in my prayer for wellbeing transform them from strangers to people who belong to me. The most interesting effect is that *I become harmless* to them. This engenders a feeling of safety and the arising of openness and kindness that blossoms into a natural friendliness.

The Buddha encouraged his followers to radiate boundless love towards all beings and uproot hatred in their hearts. While he did not give a specific methodology, a later commentary, the *Vissudimagga: The Path of Purification*, by the fifth-century Buddhist scholar Buddhaghosa, gave detailed instructions on impersonal loving kindness using the repetition of phrases (Nayanamoli, trans., 2010). This is the way mettā is often taught today.

We can bring to mind a person, a beloved pet, anything that engenders the feeling of love and warmth. Classically, we begin by generating loving kindness for ourselves and move towards a beloved benefactor, a friend, a stranger, someone who is challenging, and ultimately

towards the entire world. We can also access this heart space by cultivating a feeling of love based on an emotional connection independent of phrases as the Buddha is recorded as originally teaching, a radiation of friendliness to all beings near and far.

In Western culture where there is the practice of self-hatred and cultural conditioning in unworthiness, it may be difficult to begin with the self. It may be helpful to imagine yourself as an infant or recognize your innocence and gentleness looking at your own childhood photo. It is often an easier entry to loving kindness, to begin with someone we find loveable, a pet, a kind teacher, someone who we have fondness for and who cares for us in return. If your child is your beloved but thinking of them brings up feelings of grief or anxiety, for this exercise I would recommend using an image and relationship that involves less complicated emotions. You may like to think about someone on the world stage you admire but have no negative emotional attachment to. As this practice is about cultivating the energy of loving kindness and having it manifest in the world, traditionally this practice is done with living beings so they can receive the benefit of your energetic transmission (Feldman, 2017).

**Invitation to Practice Loving Kindness**

Begin by sitting in a comfortable position with a straight back, the shoulders are relaxed while keeping the heart space open and soft. Allow the belly to soften and release any clenching or tightness in the stomach. Let the belly be the size it wants to be. If it feels helpful, close your eyes. Take a few centering breaths and experience what it feels like to pause and invite stillness. On your exhales, cultivate the intention to release tension and soften the body, inviting a feeling of safety and harmlessness towards all beings. When you have dropped inward and found your place of stillness and center, call to mind someone you find easy to love. This could be an inspirational person, an animal, or a beloved friend or relative. Bring them to mind in detail, the

way they walk, the shape of their body and their expression. See them smiling and delighted to be in your presence. There may be a feeling of love or warmth, but it is perfectly fine if there is no overt feeling. This practice is to cultivate the willingness or intention to feel friendliness.

Begin by wishing them safety and protection from accidents, then wish them to know kindness today, that they have happiness and touch joy, and that they are peaceful in the face of changing conditions. Invoke these intentions three times and give space for any feelings to arise. Repeat these intentions for yourself, for a person you do not know well and don't have an opinion about, and for an irritating person. It may feel forced and unnatural to wish good things to one who is making life feel difficult and you may want to add, *just like me,* to the end of the phrases. It may be difficult to stretch to include this person, especially if there is fresh irritation or hurt. Even in the face of difficulty we can wish *may you know kindness, just like me.* Lastly, send these wishes for happiness out towards the whole world, encircling the globe in your capacity for caring and kindness.

Feel free to find your own phrases that are most alive for you. Traditional phrases include, *May I (you, she/he/they, all beings) be happy. May I (you, she/he/they, all beings) be free from suffering and the roots of suffering.*

*May all beings be free from danger, or… May I be happy.*

*May all beings be free from mental suffering, or …. May I be peaceful.*

*May all beings be free from physical suffering, or … May I be healthy.*

*May all beings have ease of well-being, or … May I be at ease (*Salzberg, 2013).

Thich Nhat Hanh offers this mettā meditation:

May I [you, she/he/they, all beings] be peaceful and light in my body and in my mind.

May I [you, she/he/they, all beings] be safe and free from accidents.

> May I [you, she/he/they, all beings] be free from anger, unwholesome states of mind, fear and worries.
>
> May I [you, she/he/they, all beings] know how to look at myself with the eyes of understanding and compassion.
>
> May I [you, she/he/they, all beings] be able to recognize and touch the seeds of joy and happiness in myself.
>
> May I [you, she/he/they, all beings] learn how to nourish myself with joy each day.
>
> May I [you, she/he/they, all beings] be able to live fresh, solid and free.
>
> May I [you, she/he/they, all beings] not fall into the state of indifference or be caught in the extremes of attachment or aversion (Hanh, 2010).

For some of us, words do not access our hearts and we may just want to stay with the feeling that arises contemplating a person we love. Allow this feeling of care and openness to permeate the mind and body. Does it have a color, a taste? Where is love in the body? Stay present with this feeling alive in you. Direct it towards yourself, to the best of your ability, towards a neutral person, a somewhat difficult person, and finally all beings.

Do your best to practice mettā for yourself at three intervals during the day. This could be on your commute to work, waiting in a checkout line, or while your coffee is brewing. The practice of remembering ourselves in mettā practice can help retrain our discriminative judgment that forgets, we too are deserving of love and care as much as anyone. When we actively remember to include ourselves in our circle of compassion and love, we can reverse the habit of abandonment and restore freshness to our minds and hearts as we learn to trust in our own strength and friendship and find our way back to balance.

## Chapter Three: Karma and Intention

The word karma (Sanskrit; kamma, Pali) in common usage has come to mean a sort of secret reckoning tool akin to an omnipresent Santa Claus who knows if you are naughty or nice and rewards you accordingly. This is a distortion of the meaning of karma as the Buddha taught it. Karma means action (Olendzki, 2010, p. 145). It includes the triple karma of our thoughts, speech, and bodily actions, inherent in the motivation of the action, the enactment, and the result. There is a term, *kamma-phala*, which means karmic fruits (Hahn, 2006, p. 44). This is the result of the repetition of an action—including our habits of thought. Karma shows up in how we are conditioned to respond to situations and in the present moment. One way to see karma is to notice the present we create from our past, our biases, our training, and our internal voices.

The recent understanding of neuroplasticity seen in fMRI results displays an increase in brain mass and connectivity with repeated usage. These findings resonate with what the Buddha is recorded as saying 2,600 years ago, “Whatever a person frequently thinks and ponders upon, that will become the inclination of his mind” (Olendzki, 2010, p. 29). The fruit of this karmic conditioning unfolds in each thought, word, and deed we perform right now. Each action contains a seed of intention which creates a feeling in the body/mind. Acting from fear or protection we experience distrust and aversion. Acting from the wish to help someone feel better, we experience a sense of connection and usefulness. This is the karmic fruit that we experience right now—no need to wait until we are born into a future lifetime. Karma shows up in these exquisitely perceptive bodies and minds with each thought, word, and act.

The foundation of karma is intention. The Buddha said that intention creates the foundation for the wholesome or unwholesome inheritance of our actions. Peace activist and Buddhist educator Donald Rothberg (2006) gives us his interpretation of the Buddha’s words

highlighting this connection, “Intention, I tell you, is kamma. Having intended, one performs an action through body, speech, or mind” (p. 60). The Pali word *cetana* signifies a volitional or intentional action and demonstrates that which is within our jurisdiction of control, such as our own motivation.

Buddhist scholar and monk Thanissaro Bhikkhu calls attention to the Western saying that the road to hell is paved with good intentions but in Buddhism, the road *out of hell* is paved with good intention. Intention or *cetana* is linked to the inescapable inheritance of our actions. In his translation of the Five Remembrances or Five Reflections, Thich Nhat Hanh (1998) writes that “My actions are my only true belongings. My actions are the ground on which I stand” (p. 124). Most of us, unless we are in a high political office, cannot deny that we have performed the actions that create our life. Buddhism values the intention behind the action more than the outcome.

You may have heard the phrase, “non-attachment to outcome.” This is something that is heard often in Buddhist circles and is counterculture, especially in a result and profit-oriented, capitalistic society where the proceeds wash away the sins of the methods. Getting our way and the best results are what most of us think of as success. We don’t always consider the intentional steps in the process and that they are of greater value than the end product. If we are dealing with a condition in another person, an illness, or mind-state, we know logically that we do not control the body or mind of another. Yet, on some level, especially when this is a person we are close to, we believe that if we try hard enough, research enough, do the exact right thing that no-one else has done, we can cure this, fix the situation, and take away the pain of another. But another person’s path unfolds in accordance with the natural laws. This does not mean it is welcome or right. It means that the vast interrelated history of life has brought forth this condition.

Our karma may include inherited genes from our ancestors that make us susceptible to diabetes, or depression. Our karma may include the environment we grew up in where we learned to practice anger and became an expert at getting angry. Whatever we are doing, thinking, experiencing, comes from somewhere. We have mysterious thoughts that bubble up and seem uncontrollable, but even these have a basis in our history. I have never had a spontaneous thought about bull-fighting in my life, but if I grew up in Spain and had relatives who were matadors, that may be part of my mental landscape. My spontaneous thoughts are rooted in my positionality as a cisgendered white woman, a mother, raised in New England, and student of the Buddha.

The idea of non-attachment to outcome places emphasis on what I can control—my motivation, energy, and commitment in my thoughts, speech, or actions. If my reason for helping my child comes from my dread and fear, my inability to be with their suffering and intolerance, that has a very different flavor than wanting to take away their suffering because I resonate with their pain, and because of love. Acting from compassion also honors the path of another. One of the equanimity phrases I say often to remind me that my experience is not the experience of another is *May I accept that she/he/they need to learn in their own way*. Meditation teacher Kamala Masters, (2015b) who leads retreats on equanimity, sums this up as *All beings have their own path*.

When we act out of fear and panic, we acknowledge that this moment is intolerable, and we are not equipped to deal with this situation. We lose our capacity for wisdom and our trust in our ability to handle what is unfolding. Acting with wholesome intention includes love which supports the desire to remove suffering—that is the meaning of compassion. Coming from this place, through the path of compassionate empathy and understanding the suffering of another,

we act with the intention to relieve pain. This desire creates a solidity and non-personal resolve to be present. Acting with love and compassion imparts a profound purpose to our actions and we learn that sitting with another, sharing their pain, not abandoning them or ourselves is a way to have purpose and escape the fear and weakness that accompanies non-acceptance.

**Maria's Story, Compassion Through Love**

Sometimes we cannot make things change. It's a hard lesson of acceptance when we are confronted with situations where we can't take away our child's pain, no matter how hard we try. In Maria's story, we see her intention to be love created an unfailing compassionate presence that sustained her throughout unrelenting difficulty.

Maria called me four years ago to teach her son Jack some mindfulness practices for calming. Jack was 19 years old and had just been discharged from a psychiatric hospital. He was diagnosed with bipolar disorder and so heavily medicated that he couldn't chew solid food. Still, he paced the floor and wouldn't sleep for days. Maria was adopted and never knew her biological father. She was tormented by the questions, "Why? Where did this come from?" No one in her maternal family, or in her husband's family had bipolar disorder; how could this happen? There were no answers to the origins of these problems and Maria's life felt out of control.

The doctors tried to find a balance to regulate Jack's manic state, but the medication dosage was so high that he couldn't speak and drooled. His body shook, and he slurred his words. He wasn't the curious and bright teenager his family knew. Jack had to withdraw from college. As the months went by, Jack developed other symptoms and was diagnosed with type one diabetes. This added more medication and difficulty onto his already heavy load of prescriptions and therapies. With his bipolar in a manageable place, he was angry. He didn't

accept that he had diabetes or bi-polar. “I was so afraid that he would hurt himself. He was so angry. He just wanted to be a normal kid and it was so hard.” Maria called the police when Jack went missing for two days and left his insulin pump at home. “He would eat milkshakes and ice cream, everything that was bad for him. He didn’t believe that he was diabetic. His sugars would be 500 or 600. He wanted to hurt us. I was angry and scared and didn’t know what to do.”

After Jack experienced the consequences of not using his medication, he began to regulate his blood sugars and take his insulin. He managed his blood sugar levels and finished his second semester at college, but afterward, he had another manic episode. “He thought he was Batman. He would wear a cape and jump on things. He walked around and talked to people. He was very intrusive. Someone might hurt him.”

Maria couldn’t keep her son safe or protect him from the chemical changes in his neurobiology that altered his way of relating to the world. Jack was again admitted to the psychiatric ward. This time it was harder to regulate his medication. He was in the hospital for weeks. After his release, he returned to college to begin his sophomore year.

“He texted me that he didn’t feel good and I said it was probably the flu,” Maria remembers ruefully. He didn’t answer his phone and the next day, she called the health service at the college in fear he was in a diabetic coma. The clinic doctor found Jack unconscious in his room. “I got a call from the ER at Providence Hospital that Jack had meningococcal meningitis and if I wanted to see him alive, I had to get there in two hours. I was in a panic. I just went and when I saw him, his face was so huge and discolored, he looked like a monster. I couldn’t believe it.” Jack was in the ICU for nine weeks. He was in the hospital for almost six months. The bacterial infection from meningitis caused necrosis. “He looked like he was burnt from the

waist down. The day the doctor told me they had to amputate his great toe to save his foot. It was so bad." Maria can hardly get the words out.

Jack underwent seven surgeries in the hospital, six skin grafts, and an amputation. After he recovered, he needed further surgery for the hammer toes and foot drop that were a result of the nerve damage and amputation. He is a young man who won't swim or wear short sleeves or shorts because of the profound scarring on this body.

Maria and her husband kept a vigil at the hospital in the next state two hours away for over five months. They took turns visiting so that one of them was with their son every day.

> Something was giving me the strength. Love is so powerful, it makes you keep going. I was looking back and say how did I do that? It was because he needed me, that motivated me. And I needed him to. I have to be there. I have to be next to him. I knew my presence would make a difference. I remember when I would tell him I have to go back to work.

Maria's voice breaks, "He would say, 'don't go mom. I feel safe when you're here.' We didn't do anything, just sitting there. It was our presence with him. My husband too." She is crying as she says "Just be there, love him, just hold his hand. That's all."

As I write this, three years after his illness, Jack is scheduled for surgery on his good foot and if unsuccessful, he faces a possible toe amputation. Throughout this whole experience, Maria holds onto her intention to love without expectation. Our intention is what gives us agency, knowing that our actions matter and that our emotional state has a profound effect on our children. Our intention to be a compassionate presence even when we cannot change the situation can help us stay with our desire to care and ease suffering for our children and ourselves.

**The Invitation to Practice Intention Setting**

Intention setting can be a note we write to ourselves daily. This simple practice can help us stay afloat and give us back a sense of control over what we do have jurisdiction over, our desire to relieve suffering. Please try some of these phrases. In my experience, there is a somatic connection, the unlocking of a stuck place in the body, when we find the intention that resonates with our true purpose. I practiced with the intention to offer caring to myself in all moments. This reminder created a deep shift in my experience from one that was full of thorns, to moments of soft happiness recognizing my capability to bring compassion to even the painful, the disappointing, embarrassing, all the moments that I didn't want. I experienced the joy of competency—knowing I could care for whatever arose, leaving nothing out.

The wording of your intention is important. We feel the connection with words in the body, perhaps in a release of tension in the belly, or a feeling of solidity and grounding. Allow your body to guide you when you try out these phrases.

If possible, sit or stand silently. Allow the body to become still. Notice the contact points, the pressure of the feet on the floor, the weight of the body supported by the chair, your hands in your lap or against your sides. Remember that you are also this body. Notice the rise and fall of the chest and belly as the body breathes. Stay with the movement of the breath wherever it feels most alive, either at the nostrils, or the belly. Allow the breath to be as it is without trying to control or manipulate it. You may like to say silently, *this is how my breath is right now*. Stay with the movement of the breath through inhalations and exhalations. Then try out the following phrases. Take your time. Attend to any signals in the body and mind.

*May I meet all moments with kindness and love. May I not abandon myself. May I be there for myself. May I love and accept myself no matter what. May I be at ease with the*

*changing conditions. May I remember my strength. May I be solid as a mountain. May I be open, balanced, and peaceful*.

My favorites include: *May I care for me and for you. I love you. I am here for me. I am here for you. Let me respond with kindness and compassion at each moment*. *I care*.

Notice which phrases support you in this moment. If none feel just right, please make your own. Sometimes we need to make a new phrase every day, or every hour to reflect our circumstances. When you find a phrase that aligns with your highest intention, return to this support often as a guiding star that keeps you from losing your way.

I will be continuing this writing in the following direction:

**Chapter Four: The Eight Worldly Winds**

Two Sides of the Coin, all lives contain happiness and pain.

Being with it. Showing up for all moments

Forgiveness Practice: Releasing the Impossible. Forgiving ourselves for what we do not know and cannot prevent. Forgiving others. Releasing the burden of creating a pain-free life for our children

**Chapter Five: Permission to Experience Equanimity**

Invitation to Practice Awareness of Shared Reality. “Just like me, you who are born will get sick, be happy, suffer, and ultimately die.”

Tonglen, the practice of giving and receiving in a shared reality

Equanimity and Opening to it All. Being calm in the midst of another’s suffering.

Borrowed Equanimity. Resourcing, visualizing support from our wise traditions. Using the support of those we trust and admire, Moses, Jesus, Mary, Mohammad, The Buddha, Bodhisattvas, our teachers.

**Chapter Six: Impermanence, Noticing the Changing World**

Patience, The Unpopular Virtue

Thaddeus's story

Invitation to Practice Awareness of Impermanence: Even though things look solid and unchanging, I know that events and bodies are changing all the time. Reflection on self from baby to adult, reflection on child's development, from baby to present. Think of body and mind development. Changes in likes and dislikes, etc.

**Chapter Seven: Meditation to Nourish our Stability**

The Power of Mindfulness and Taking Care of the Present Moment.

Visualizations: Mountain, Sky, Calm Water, Earth

Knowing when to open our grasp: Letting go of controlling what is not ours to control

Louisa's Story: Trusting in the lawful unfolding of the cosmos.

Taking back our power-discovering a wellbeing independent of external conditions.

**Chapter Eight: Practices to Sustain Us**

Getting outside, giving our worries to the sky and Earth.

Finding Sangha, Practicing in Community

Cultivating Joy in the Midst of Suffering. Looking for the beautiful in nature, in ourselves, in mind-states.

Celebrating the goodness in ourselves and others. Celebration journal and/or gratitude buddy to nourish our ability to feel gratitude, connection, support, and love. Additional Resources for support: Nonviolent Communication (NVC),

Internal Family Systems (IFS), Sangha Resources, Retreat Centers

# References

Abramson, L. Y., Seligman, M. E., & Teasdale, J. D. (1978). Learned helplessness in humans: Critique and reformulation. *Journal of Abnormal Psychology, (4),* 359.

Bhodi, B. (1998). *The noble eightfold path: Way to the end of suffering*. Kandy, Sri Lanka: Buddhist Publication Society.

Bhodipaksa, trans. (2014, fall). Dhammapada verse I & II. *Tricycle Online Magazine*.

Chamberlain, D., B. (1989). Babies remember pain. *Pre-and Perinatal Psychology Journal, 3*(4), 297-310.

Chödrön, P. (1997). *When Things Fall Apart: Heart Advice for Difficult Times.* Boston: Shambala.

Dhamma lists (n.d.). *Insight Meditation Center.org (PDF).*

Eisenberg, N., Valiente, C., Morris, A. S., Fabes, R. A., Cumberland, A., Reiser, M., … & Losoya, S. (2003). Longitudinal relations among parental emotional expressivity, children's regulation, and quality of socioemotional functioning. *Developmental Psychology, 39*(1), 3-19.

Emerson, William R. (1998). Birth trauma: The psychological effects of obstetrical interventions. *Journal of Prenatal & Perinatal Psychology & Health, 13*(1), 11–44.

Evenson, R., J., & Simon, R., W. (2005). Clarifying the relationship between parenthood and depression. *Journal of Health and Social Behavior, 46*(4), 341–358.

Fabes, R. A., Leonard, S. A., Kupanoff, K., & Martin, C. L. (2001). Parental coping with children’s negative emotions: Relations with children’s emotional and social responding. *Child Development, 72*(3), 907-920.

Feldman, C. (2017). *Boundless heart: The Buddhist path of kindness, compassion, joy and*

*equanimity.* Boulder, CO: Shambala.

Fronsdal, G. (n.d.). The matter at hand. *Insight Meditation Society.org, online book.*

Gilbert, P. (1992). *Depression: The evolution of helplessness.* Hove, UK: Erlham.

Goldstein, J. (2010). *Mindfulness: A practical guide to awakening*. Boulder, CO: Sounds True.

Goleman, D. (2008, March 1). Hot to help: When can empathy move us to action? *Greater Good Magazine*. Science Center at UC Berkeley.

Hanh, T., N. (1998). *The heart of the Buddha's teaching: Transforming suffering into peace, joy, and liberation.* New York: Broadway.

Hanh, T., N. (2005). *Going home: Jesus and Buddha as brothers*. Berkeley: Parallax Press.

Hanh. T., N. (2006). *Understanding our mind: 50 verses on Buddhist psychology.* Berkeley, CA: Parallax Press.

Hanh, T., N. (2009). *Answers from the heart: Practical responses to life's burning questions,* Berkeley, CA: Parallax.

Hanh, T., N. (2010, January 1). Dharma talks, mettā meditation. *TNHAUDIO Website*.

Hahn, T., N. (2014). *No mud, no lotus: The art of transforming suffering*. Berkeley: Parallax Press.

Hudson, J. L., Comer, J. S., & Kendall, P. C. (2008). Parental responses to positive and negative emotions in anxious and nonanxious children. *Journal of Clinical Child and Adolescent Psychology*, 37(2), 303–313.

Klimecki, O. M., Leiberg, S., Lamm, C., & Singer, T. (2012). Functional neural plasticity and associated changes in positive affect after compassion training. *Cerebral Cortex, 23*(7), 1552-1561.

Klimecki, O. M., Leiberg, S., Ricard, M., & Singer, T. (2013). Differential pattern of functional brain plasticity after compassion and empathy training. *Social Cognitive and Affective Neuroscience, 9*(6), 873-879.

Masters, K. (2015a, January 24). Four Noble Truths, Day 2. *Dharmaseed Podcast*.

Masters, K. (2015b, January 25). Understanding equanimity: Day 3. *Dharmaseed Podcast*.

Masters, K. (2018, May 16). 1st day of equanimity instructions: Developing equanimity for neutral person and benefactor. *Dharmaseed Podcast.*

Naoamoli, B. & Bhodi, B. trans. (1995). Sallekha Sutta (MN 8.16). *Middle Length Discourses of the Buddha*. Somerville, MA: Wisdom.

Nyanamoli H. trans. (2010). The path of purification: Visuddhimaga by Buddhaghosa Himi. *Access to Insight (Kandy: Buddhist Publication Society).*

Nyanaponika, T. (2013, November 30). The four sublime states: Contemplations on love, compassion, sympathetic joy and equanimity. *Access to Insight (BCBS Edition)*.

Olendzki, A. (2010). *Unlimiting Mind*: *The Radical Experimental Psychology of Buddhism*. Somerville, MA: Wisdom.

Rogers, C. R. (1975). Empathic: An unappreciated way of being. *The Counseling Psychologist, 5*(2), 2-10.

Rothberg, D. (2006). *The engaged spiritual life: A Buddhist approach to transforming ourselves.* Boston, MA: Beacon.

Salzberg, S. (2013, October 10). Mettā : The Song of the Heart (Teachings and Reflections by Shelly Graf). *Common Ground Meditation Center Website.*

Siegel, D. (2010). *Mindsight*: *The new science of personal transformation.* New York, NY: Bantam.

Simons, L., Goubert, L., Vervoort, T., & Borsook, D. (2016). Circles of engagement: Childhood pain and parent brain. *Neuroscience Biobehavioral Review, 68,* 537–546.

Singer, T., & Klimecki, O. M. (2014). Empathy and compassion. *Current Biology, 24*(18), 875-878.

Singer, T., Seymour, B., O'Doherty, J., Kaube, H., Dolan, R. J., & Frith, C. D. (2004). Empathy for pain involves the affective but not sensory components of pain. *Science, 303*(20), 1157-1162.

Story, F. (1983). *Suffering, vol. II of the three basic facts of existence.* (Kandy: Buddhist Publication Society). Retrieved from *Access to Insight (BCBS Edition,* 2005*).*

Synofzik, M., Vosgerau, G., & Voss, M. (2013). The experience of agency: An interplay between prediction and postdiction. *Frontiers in Psychology, 4*(127), 1-8.

Thera, N., trans. (2010, June 13). Sallatha sutta: The dart (SN 36.6). *Access to Insight (BCBS Edition).*

Thanissaro, B. trans. (2011, March 8). The road to nirvana is paved with skillful intentions. *Access to Insight (BCBS Edition).*

Thanissaro, B. trans. (2013a, July 23). Mettā (Mettānisamsa) sutta: Good will, (AN 11.16). *Access to Insight (BCBS Edition).*

Thanissaro, B. trans. (2013b, November 30). Dhammacakkappavattana sutta: Setting the wheel of dhamma in motion, (SN 56.11). *Access to Insight (BCBS Edition).*

Thanissaro, B. trans. (2013c, November 30). Maha-hatthipadopama sutta: The great elephant footprint simile (MN 28). *Access to Insight (BCBS Edition).*

van Oers, H. A., Haverman, L., Limperg, P. F., van Dijk-Lokkart, E. M., Maurice-Stam, H., & Grootenhuis, M. A. (2014). Anxiety and depression in mothers and fathers of a chronically ill child. *Maternal and Child Health Journal, 18*(8), 1993-2002.

Walshe, M., O. trans. (2013, September 30). Attadiipaa sutta: An island to oneself (SN 22.43). *Access to Insight (BCBS Edition)*.

Weber, A., M. (2014, July 14). Setting to sea in the leaky boat of self (upadana). *Dharmaseed Podcast*.

Weber, A., M. (2015, July 7). Brahmavihāras: At the heart of human experience. *Dharmaseed Podcast*.

Weber A., M. (2017, July 3). Brahmavihāras, as practices for the relational world. *Dharmaseed Podcast.*

Weber, A., M. (2018). Hedonic hotspots, hedonic potholes: Vedanā revisited. *Contemporary Buddhism, 19*(1), 7-30.

Wilner, P., & Goldstein, R. C. (2001). Mediation of depression by perception of defeat and entrapment in high-stress mothers. *British Journal of Medical Psychology, 74*(4), 473-485.