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Fostering Resiliency During the COVID-19 Pandemic:

Mindfulness and Compassion Training

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Mindfulness Studies Program/Lesley University

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Abstract

The outbreak of COVID-19 has brought tremendous and abrupt challenges to various aspects of our daily lives, from school and work to interpersonal relationships. Given the high rates of stress and anxiety brought on by COVID-19, solutions to help ease uncertainty are warranted. This study is intended to provide support, from research on neuroscience, collected from scholarly peer reviewed journals, for the contention that compassion practice may be a potent strategy to reduce caregiver burnout and buffer the adverse mental health impacts of COVID-19 related threats. This study examines mindfulness and compassion, as well as attending to their interrelatedness, so that practitioners gain a deeper understanding into the application of these practices in order to cultivate greater resilience during COVID-19 and beyond.

Contents

Acknowledgements	ii
Abstract	iii
Table of Contents	iv
Introduction	1
Literature Review	3
Mindfulness	3
Compassion	8
Mindful Compassion	10
The Role of Compassion During COVID-19	12
Compassion Practice to Reduce Caregiver Burnout	12
The Role of Self-Compassion for Emotional Resiliency	17
Rational for Creative Project	19
Conclusion	21
References	23

Fostering Emotional Resiliency During the COVID Pandemic: Mindfulness and Compassion Training

Since the COVID-19 pandemic broke out in the early months of 2020, the world has been facing many new challenges. The expansive scale of this crisis and the impact it is having are naturally causing a lot of uncertainty, fear and anxiety across the globe. Add social isolation, disrupted family and work routines, cabin fever, and economic instability, and it is understandable that many people are suffering.

In fact, Nirmita et al. (2021) found that 4 in 10 adults in the U.S. reported experiencing symptoms of anxiety or depressive disorder related to the pandemic, which is up from one in ten adults who reported these symptoms from January to June 2019. An earlier poll from July 2020 also found that many adults reported difficulty sleeping (36%) or eating (32%), increases in alcohol consumption or substance use (12%), and exacerbating chronic conditions (12%), due to worry and stress over the coronavirus (Nirmita et al., 2021).

Given the high rates of isolation and anxiety, solutions to help ease uncertainty are warranted. Meditation and mindfulness are practices that can support teachers, students, professionals, patients, caregivers and the general public during times of crisis such as COVID-19. For example, Bhasin (2018, as cited in Knox, 2021) found that practicing mindfulness yields benefits against a variety of conditions, such as: anxiety, depression, and post-traumatic stress disorder. While there are many forms of meditation and mindfulness, evidence from research suggests that compassion practice in particular, is especially helpful in fostering greater resilience during the tumultuous conditions of COVID-19.

Indeed, Knox (2021) stated that self-compassion acts as a protective buffer that makes the threat of COVID-19 less likely to cause psychological distress. Additionally, Knox (2021) stated

individuals with greater self-compassion are more likely to recognize potential benefits from the circumstances of the pandemic, such as having more opportunity for growth, rest, and connection to immediate family. Previous studies have also confirmed that compassion training has been shown to directly positively impact well-being and may guard against caregiver burnout. (Seppala et al., 2017). The simplicity and practicality of compassion practice makes it accessible to anyone at any moment. Introducing compassion practice during this pandemic is a low-cost, beneficial method of providing support for emotional and mental health and, in a time like COVID-19, this is a needed resource.

Compassion training came about only in recent years, when research teams collaborated closely with experts of scriptures on metta from the Buddhist tradition for conceptual and practical guidance. The word metta comes from the ancient Pali language and it may be translated as “lovingkindness”. Though this is still a fledgling field, this collaborative effort has led to trainings and workshops focused on developing compassion or “lovingkindness” practices (Seppala et al., 2017).

Neff (2003) suggests a reciprocal relationship exists between mindfulness and compassion, in which they facilitate and reinforce each other. In this paper, I propose that two practices are foundational to fostering resilience during COVID-19: mindfulness and compassion. By examining mindfulness and compassion as independent qualities, as well as understanding their interrelatedness, practitioners will gain a deeper understanding into the practical application of these practices.

This paper examines (1) the relationship between mindfulness and compassion, (2) compassion as a strategy to reduce caregiver burnout and (3) the role of self-compassion for emotional resiliency. This paper is designed to deepen discussion on the ever-increasing body of

research which substantiates the following: that while mindfulness and compassion are conceptually distinct, they are also interrelated and serve to mutually enhance and reinforce one another. And that while there are many forms of meditation and mindfulness, evidence from research suggests that compassion practice, in particular, is especially helpful in preventing caregiver burnout and promotes resilience during the tumultuous conditions of the COVID pandemic. This paper concludes with a discussion of a series of podcasts I designed to make the teachings of mindfulness and compassion more accessible for individuals looking to deepen their knowledge and skills in this practice.

Literature Review

This literature review is intended to provide support, from research on neuroscience, that mindfulness and compassion are foundational to fostering resilience during COVID-19. To do so, I begin with a discussion on the unique features of mindfulness and compassion and then examine how they are interrelated and work to reinforce each other. Next, the literature review discusses compassion training as a strategy to reduce caregiver burnout. The literature review then discusses self-compassion as a practice to buffer the adverse mental health impacts of COVID-19 related threats.

Mindfulness

Buddhist philosophy developed more than 2,500 years ago as a response to the suffering that is sometimes experienced in the human condition. Along with the philosophy, techniques of mental training were developed to reduce suffering and cultivate qualities such as well-being, wisdom, equanimity and compassion. One of the attractions of Buddhism for many practitioners today is its empirical approach to improving health. Buddhism invites people to explore for themselves what makes them feel peaceful and act wisely (Huppert, 2017).

The essence of this mental training was simplified into a secular program by Jon Kabat-Zinn, a biomedical scientist from the University of Massachusetts Medical Centre, who founded the Mindfulness-based Stress Reduction Clinic in 1979. This program, known as Mindfulness-based Stress Reduction (MBSR), was initially developed to support the alleviation of pain and other medical conditions that were not responding to traditional treatment. While mindfulness training continues to expand within clinical settings, over the decades non-clinical applications have quickly found their way into a variety of fields such as: education, sports, counseling, and organizations (Huppert, 2017).

As Kabat-Zinn is considered the pioneering mindfulness and meditation teacher in the United States, his definition of mindfulness is commonly cited: “Mindfulness is the awareness that arises from paying attention, on purpose, in the present moment and non-judgmentally” (Santorelli et al., 2017, p. 12). Practitioners are taught to bring awareness to the present moment experience as it unfolds: to notice bodily sensations, thoughts and emotions, as well as people, objects and events in the immediate environment. Being mindful is the opposite of “mind wandering,” where the mind is busy ruminating on memories and immersed in thoughts or plans. In this state it is difficult for a person to be aware of what is going on around them or inside them, and the mind tends to react in habitual or impulsive ways. When the mind is distracted, it can be challenging to pause and reflect on the best way to respond, which can lead to a higher likelihood of engaging in hurtful behavior and diminish feelings of wellbeing (Huppert, 2017).

For example, a study from Killingsworth and Gilbert (2010) described how they developed a smartphone application that asked people throughout the day what they were doing at that particular moment and how happy they were. Based on a quarter of a million queries posed of about 5000 people from 83 different countries, they found that people spend most of the

day ruminating on their past or future, and not as aware of what is happening in the present moment. The study found that people reported feeling less happy during moments of mind wandering, but reported feeling happier during the moments when they were present, which shows that mindfulness fosters a greater sense of well-being.

Brown (2003) suggests that a high level of dispositional mindfulness is associated with greater wellbeing. Fortunately, mindfulness can be learned and strengthened. Mindfulness training most often takes the form of longer or shorter periods of meditation, where participants are invited to sit in a comfortable and upright posture and bring their attention to one type of experience, such as noticing bodily sensations, or noticing the flow of the breath. Furthermore, participants are invited to observe their experience with interest and curiosity, noticing larger sensations as well as more subtle ones, and noticing how the sensations change even during very short time periods (Huppert, 2017).

While trying to focus, individuals will inevitably notice their mind has wandered, but are encouraged to see this as a normal function of the mind and to gently bring the attention back to the focal point of the meditation (Kabat-Zinn, 2013). Huppert (2017) explains that the most basic form of attention training is the repeated practice of focusing, becoming distracted, noticing the distraction, and returning to the object of focus during meditation. Mindfulness training can also include focusing attention on experiences such as sounds, thoughts, or movement, and in each case the practice is really to notice the quality and changing nature of whatever one is experiencing and to bring the attention back to the object(s) of focus, despite repeated mind wandering.

Huppert (2017) states that mindfulness practice can lead to the development or strengthening of several basic cognitive, metacognitive and affective skills. These are:

- Awareness of moment-to-moment experience
- Attention to the chosen object of awareness
- Perceptual shift - stepping back from experience, participating as an “observer”
- Non-reactivity - responding to experience rather than reacting
- Emotion regulation – increasing cognitive flexibility

Kabat-Zinn (2013) further explains that the qualities of friendliness, curiosity, openness, and acceptance are necessary ingredients to bring to mindfulness practice, and it is in large part that mindfulness is infused with such qualities that leads to the mental health and wellbeing benefits of mindfulness training. Avoiding difficult or painful experiences is a common symptom in mental health problems. With mindfulness training, practitioners learn to bring curiosity to the negative or painful emotions and experiences as well as the positive ones; the accepting attitude taken towards all experiences assists practitioners in being able to tend to the moment as it is, instead of turning away. In fact, Germer (2009) has identified five stages in working with difficult emotions more skillfully using mindfulness: turning towards, noticing, allowing, tolerating, and finally befriending.

The quality of research in the field of mindfulness has been improving steadily over recent years, with more studies using randomized controlled trial (RCT) methodology, often with an active control group. Most of the research has been conducted either in a clinical or an educational context. For example, a recent review of research focused on methodologically rigorous RCTs has provided significant results across a variety of outcome measures. This review suggested that there are benefits for patients with mental health problems, specifically as it relates to depression, anxiety and substance abuse (Creswell, 2017).

Kuyken et al. (2016) also investigated individual patient data meta-analysis from randomized trials and found that patients with a history of recurrent depression were 31% less likely to have a relapse over a 60-week period while engaging in Mindfulness Based Cognitive Therapy compared to usual treatment and 21% less likely compared to an active treatment group (anti-depressant medication). Mindfulness training can create or strengthen neural pathways that are conducive to healthy behavior, while medication can only facilitate changes in neural firing but not alter the actual structure of neural pathways. There is evidence that mindfulness training may enhance specific cognitive and affective processes, such as sustained attention and working memory (Huppert, 2017).

As it has evolved, Western mindfulness practice has focused on meditation, which has been described as a “mind-body technique that refers to a broad variety of practices with the general goal of training the mind through regulation of attention and/or emotion to affect body functions, symptoms, and state of being” (Hilton et al., 2017, p. 453). Bowen et al, (2017) explained that mindfulness practitioners learn “gentle, nonjudgmental and curious exploration of experience, mindfulness . . . [in order] to approach challenging or aversive experiences . . . rather than reactively avoiding them” (p. 214). Over time, and with repeated practice, the individual may achieve “increasing awareness and allowing acceptance [and] gentle interoceptive exposure to these internal aversive phenomena” (Bowen et al., 2017, p. 214).

Research has also shown that mindfulness practice can enhance health outcomes for stress-related conditions, reduce pain symptoms, improve emotional regulation, assist with symptoms of anxiety and depression, reduce addictive behavior, improve attention skills, and cultivate states of well-being. Neuroscience research even demonstrates that structural brain changes occur in long-term meditators (Winston, 2019). In addition, a recent study found that

informal meditation practice provides many health benefits (Fredrickson et al., 2019). As demonstrated in this section, mindfulness has a number of medical benefits, and has been shown to support emotional and mental health, and, in a time like COVID-19, this is a needed resource. In the next section, I describe compassion practice and its connection to mindfulness.

Compassion

While mindfulness has been shown to produce many well-being benefits, it has long been recognized in Buddhist teaching that true well-being requires both mindfulness and compassion (Norris 2018). Compassion envelops caring attitudes and behaviors towards ourselves as well as others. In fact, Holden (2020) found that practicing compassion had a direct and positive impact on an individual's ability to engage in health-promoting behaviors. Self-compassion is the ability to extend the same kindness and care toward oneself that would normally be given to a loved one who is suffering. Compassion recognizes that suffering and imperfections are part of the shared human experience (Neff, 2003).

An important quality of compassion is characterized by feelings of warmth and concern for the other, as well as a strong motivation to help. This contrasts with empathy, which is *sharing* the feeling of another. Empathic responses can be observed early on in childhood, and appear to be hard-wired, having probably evolved in order for individuals to better understand another's experience. Klimecki et al. (2014) stated that though empathy may be a prerequisite for compassion, research has found that sharing someone's pain for too long can be distressing, resulting in withdrawal, avoidance and burnout (Klimecki, et al., 2014).

Compassion practices include various types of meditation, all with the intention of bringing a compassionate and kind presence to the chosen object of awareness. For example, during breath meditation the practitioner may connect to feelings of kindness, warmth and

understanding towards themselves on the in-breath, and then extend this same heartfelt intention to others on the out-breath (Neff, 2018). The Loving Kindness meditation (LKM) is one of the most commonly used formats to deepen the skill and practice of compassion towards self and others. Kabat Zinn (2005) explained that the LKM practice begins with an offering of love and kindness towards oneself, and then extends gradually to include other people, and finally to the whole world. According to Buddhist philosophy, the LKM evokes feelings which are already present within the human heart but may be deeply buried inside, and need a gentle invitation and some guidance to arouse. Kabat Zinn stated that while individuals may need training to unearth these feelings of loving-kindness, the heart nonetheless is boundless (Kabat-Zinn, 2005).

Loving kindness or *metta* in the Pali language is, as Kabat-Zinn explains, a meditation practice that has been around for thousands of years within the Buddhist tradition. In this meditation practice individuals are strengthening their awareness and sensitivity to qualities of the heart. This practice inclines the heart and mind in the direction of these qualities more frequently, even in difficult times. At these times, Kabat-Zinn (2005) explained, loving kindness evokes a softening towards overwhelmingly afflictive mind states, making it possible to approach the situation with an open heart, one that is non-judgmental and non-reactive.

When engaging the LKM, participants are invited to begin in a seated position. Attention is then directed toward the warm and tender feelings felt for a particular person (such as a partner, good friend or parent). These warm feelings are first offered to the one meditating along with these phrases:

May I/you be safe and protected.
May I/you be happy.
May I/you be healthy.
May I/you treat myself kindly and compassionately.
May I/you be free from suffering.
May I/you be peaceful.

Next, the feelings of loving kindness and phrases are directed to include someone special, a neutral person, an individual the meditator has difficulty with, friends, family, community, and finally to include all of humanity and world (Bankard, 2015). It is important to note that for some individuals the practice may be difficult, possibly because they are unable to feel love towards all these people. Teachers often emphasize that this meditation is just as beneficial when the *intention* of well-wishing is present (Huppert, 2017).

Evidence over the last decade has shown that individuals who are more compassionate tend to have greater motivation, better relationships, physical health, and less anxiety and depression (Neff, 2003). Because mindfulness and compassion have both shown to foster well-being, in the following section attention is given to how they are interrelated. This is important in order for individuals to gain a better understanding into the practical application of these practices as tools for well-being.

Mindful Self-Compassion

The most widely used self-compassion program, Mindful Self-Compassion (MSC), was founded by Kristin Neff and Christopher Germer. Neff is a pioneer in the field of self-compassion research, being the first person to operationally define and measure the construct. Together Neff and Germer teach MSC and lead intensives and workshops around the world. MSC recognizes that mindfulness is crucial to the ability to give oneself compassion. MSC is based on the 8-week structure of the standard MBSR program and includes both formal (sitting practice) and informal (during daily life) self-compassion practices. According to the authors, “the program makes it clear how judging oneself when things go wrong tends to exacerbate emotional pain, while self-compassion helps to alleviate that pain” (Neff & Germer, 2013, p. 31).

While mindfulness has been shown to produce many well-being benefits, it has long been recognized in the Buddhist teaching that true well-being requires both mindfulness and compassion (Neff & Germer, 2013). While mindfulness and compassion are conceptually distinct qualities and are experienced differently on a phenomenological level, they are also interrelated and serve to mutually enhance and reinforce one another. In fact, self-compassion is credited for creating the safety needed for one to be mindful, and mindfulness assists one in intentionally bringing care and compassion forward in the moment (Elwood, 2020, p.1).

Authentic self-compassion requires that individuals do not avoid or repress their painful feelings, in order to be able to acknowledge and feel compassion for their experience in the first place. Therefore, a compassionate attitude towards oneself requires the equilibrated mental perspective of mindfulness. Mindfulness brings a balanced state of awareness that does not fall prey to the extremes of over-identification and disassociation with experience, and encompasses clear seeing and acceptance of mental and emotional phenomena as it arises (Neff, 2003).

Martin (1997, as cited in Neff, 2003) wrote that mindfulness is “a situation in which the sense of self or self-esteem maintenance softens or disappears” (p. 292), therefore mindfulness allows for a non-judgmental, receptive mind state to occur, in which one’s thoughts and feelings are observed for what they are, not in terms of how they impact one’s self-concept. Mindfulness increases cognitive flexibility, yielding greater insight into one’s experience. When individuals are *not* being mindful of their painful thoughts and feelings, they are not accepting their experience as it is; this non-acceptance may manifest as the inability to bring it into conscious awareness (Neff, 2003). Additionally, Elwood (2020) has stated that “mindfulness does have a very important role in self-compassion because if we are not aware enough to notice when we are suffering, we can’t respond with compassion” (p.1).

Neff (2003) stated that mindfulness enhances the practice of self-compassion by (1) creating mental distance from one's negative experiences for feelings of self-kindness to arise, (2) fostering a non-judgmental, detached posture to lessen self-criticism and increase self-understanding, thus making it easier to practice self-kindness and (3) uprooting egocentrism, by taking a balanced perspective approach which promotes feelings of interconnectedness.

Conversely, self-compassion can serve to further increase mindfulness as Neff (2003) further explains that when individuals refrain from judging and criticizing themselves and instead experience self-acceptance, the negative impact of the emotional experience may be lessened, making it possible to maintain balanced awareness of one's thoughts and emotions - to neither run away from or get swept away by the feelings. Additionally, Neff (2003) describes feelings of interconnectedness help to serve as a reminder that all people suffer, putting one's experience into perspective, thereby reducing the risk of over-identifying with difficult thoughts and emotions.

The Role of Compassion During the COVID Pandemic

As discussed above, while mindfulness and compassion are conceptually distinct qualities, they are also interrelated and serve to mutually enhance and reinforce one another. The next section of the paper examines the research which has demonstrated, that while there are many forms of meditation and mindfulness, compassion practice, in particular, is especially helpful in preventing caregiver burnout and promotes resilience during the tumultuous conditions of COVID-19. With the rising rates of stress and mental health problems such as anxiety and depression, interventions are critical, making this topic especially relevant and important.

Compassion Practice To Reduce Caregiver Burnout

Research has shown that mindfulness enhances the practice and application of compassion, and within this context, it seems timely to review the literature on compassion and its applications to COVID-19 as it relates to caregivers and front-line direct response workers. Nance (2020) has stated that the pandemic demands an increase need for frontline and direct response workers to fulfill the medical, mental, and social needs of the families and communities impacted. Additionally, Nance (2020) stated that on a typical day, the expectations placed upon those within a caring profession is high, putting them at risk for burnout, and unfortunately COVID-19 is intensifying factors that may lead to burnout.

Caregiver burnout is an occupational hazard in caring professions such as, nursing, firefighting, social work, teaching, and policing. Caregiver burnout is the emotional distress or apathy resulting from the constant demands of caring for others, or from frequent exposure to suffering and trauma in others. It often afflicts healthcare professionals, but it can affect anyone who has to care for or about others (Nance, 2020).

Fortunately, Klimecki, et al. (2013) confirmed that compassion training can help individuals cope with other people's distress by establishing their own compassion skills. While empathy is important for understanding and feeling the emotions of others, when we share in the suffering of others too much, negative emotions increase causing empathic distress. Additionally, Klimecki et al. (2013) have stated that individuals are more prone to shut down or distance themselves, and experience burnout when empathic distress is activated. In contrast, cultivating compassion appears to offset the negative emotions triggered by empathy, promoting a greater sense of well-being.

Though scientists are beginning to understand that the traits of compassion and empathy are separate and unique traits, the neural mechanisms supporting the training of these emotions are not well understood. In order to better understand affective plasticity in adults, Klimecki et al. (2013) measured the functional neural and subjective responses of individuals witnessing distressing images, using an fMRI machine. Klimecki et al. (2013) explains that the device allowed scientists to see which brain areas were active in response to viewing the images. A socio-affective video task was used to display the images. For example, participants might witness an image of a person going through a natural disaster from a news clip or other distressing images.

After this initial task, researchers sent participants to a Loving-Kindness training. Participants were instructed on how to practice the Loving-Kindness meditation. As noted earlier, the LKM helps to develop compassion skills. Following the training, participants completed the video task again, while researchers used the fMRI machine to measure their brain activity once more (Klimecki, et al., 2013).

It is important to note that in this study, the participants did not have previous meditation training. Klimecki, et al. (2013) found that after completing compassion training, participants experienced significantly more positive emotion when viewing the distressing videos and were able to cope with distress better than they did before the training. This group also performed better than a control group that did not receive compassion training.

Klimecki, et al. (2013) concluded that individuals can increase their resilience and approach to stressful situations when more positive affect is present. It is fascinating to note that Klimecki, et al. (2013) further demonstrated that the positive emotional affect was simultaneously accompanied by a change in brain activation pattern: before the training,

participants showed activity in the “empathic” network associated with pain perception and unpleasantness; however, after the training, activity shifted to the “compassionate” network that has been associated with love, affiliation and the desire to alleviate suffering in others (Klimecki, et al., 2013). The results of this study confirm that compassion training brought fundamental changes in the ways the participant’s brains processed distressing events, thereby strengthening the parts that are concerned for the well-being of others and therefore, represent a compelling strategy for fostering resilience for those who find themselves in caregiving roles and at risk from burnout.

Furthermore, Klimecki, et al. (2013) study verified that compassion training reinforces participants’ ability to stay in touch with negative emotions, but from a calmer mindset. Training in compassion strengthens our connection to others during stressful situations, while minimizing feelings of distress and being overwhelmed. Our emotions are not static; neuroplasticity allows us to shape our own emotional reactions and alter the way we feel and respond to stressful situations (Klimecki, et al., 2013). Compassion training may act as a comforting balm for professionals and caregivers who are attempting to manage their own mental health and well-being in the midst of caring for individuals and families during COVID-19.

As discussed above, compassion training has been shown to directly positively impact well-being and may guard against caregiver burnout. Similarly, Weng, et al. (2013) found that after completing compassion training, participants were better able to regulate their emotions so that, rather than turning away from suffering, they approached with kindness and care, not only coping with other people’s distress better, but also having the intention to help. Weng, et al. (2013) compared participants undergoing compassion training to a control group that learned Cognitive Reappraisal. Cognitive Reappraisal is a technique where people learn how to

reorganize their thoughts in order to feel less negative. Both groups listened to a guided audio instruction on either the Loving-Kindness meditation or Cognitive Reappraisal based on the group they were placed in. The guided audio instructions were for 30 minutes each day for two weeks (Weng et al., 2013).

Next, Weng et al. (2013) tested whether participants would be willing to be more altruistic, even helping people they had never met, after training. Participants were asked to play a game in which they were given an opportunity to spend their own money to respond to someone in need (called the Redistribution Game). Weng et al. (2013) found participants trained in compassion were more likely to spend their own money helping someone than those who were trained in cognitive reappraisal. Furthermore, this study also measured brain responses using fMRI before and after the training. In the MRI scanner participants were shown images such as a child crying or a burn victim and were instructed to generate compassion towards people suffering using their new skills. The control group went through the same process but were instructed to recast their reactions to the images in a more positive light, as in reappraisal (Weng et al., 2013).

Weng et al. (2013) then measured how much brain activity had changed from the beginning to the end of the training and discovered that participants who were the most altruistic after compassion training, were seen to have higher neural activity in the inferior parietal cortex, even when viewing human suffering. This is a region of the brain associated with the care and concern of others. Weng et al. (2013) also showed that compassion training increased the activity in the dorsolateral prefrontal cortex and brain regions involved in positive emotions and emotion regulation. Participants also became more sensitive of other people's suffering, though this is usually more challenging.

Weng et al, (2013) found that after compassion meditation training, individuals who engaged with suffering while actively generating compassion showed decreased activation in regions of the brain associated with pain. Compassion, like physical skills, appears to be something that is not set permanently, but rather can be enhanced with intentional training and practice (Weng et al., 2013). This study suggests that as little as two weeks of compassion meditation training may reduce the distress a person feels when witnessing another's suffering. As discussed above, the findings from Klimecki et al. (2013) and Weng et al. (2013) have important implications for professionals and caregivers who routinely work with others who are suffering. Compassion training may be an excellent strategy in helping to prevent burnout for caregivers who have increased demands placed on them due to the current, ongoing challenges of the global pandemic.

The Role of Self-Compassion for Emotional Resiliency

One year after the World Health Organization declared the COVID-19 outbreak a pandemic, many individuals continue to struggle with the ongoing uncertainty, loss, and hardship. While many may be looking ahead to next year with a mix of anticipation and apprehension, self-compassion can be an essential resource for coping and wellbeing. In fact, evidence from the latest research found that self-compassion fosters emotional resilience during the ongoing challenging conditions of the COVID-19 pandemic (Knox, 2021).

For example, Knox (2021) reported that five recent studies from Hong Kong, Spain, Israel, Iran and Austria, all highlight the range of ways self-compassion can alleviate suffering as well as promote healing and interconnected well-being. For instance, during the peak of the COVID-19 outbreak in Hong Kong in Spring 2020, Lau et al. (2020) had 761 participants complete questionnaires on self-compassion, perceived threats, as well as perceived benefits and

psychological distress, using the 12-item Self-Compassion Scale Short Form, the Patient Health Questionnaire-4, and the 10-point Perceived Threats scale. Lau et al. (2020) demonstrated that self-compassion buffered the association between perceived threats of COVID-19 and psychological distress. Additionally, individuals with greater self-compassion were more likely to perceive potential benefits from the circumstances of the pandemic, such as: having more time for rest and relaxation, learning a new skill, gaining knowledge and finding meaningful connection (Lau et al., 2020).

Jimenez et al. (2020) has shown that self-compassion may act as a protective factor against psychological and social impacts of the COVID-19 pandemic. A cross-sectional study conducted in Spain, used an anonymous online survey in which 412 participants filled out the Depression, Anxiety and Stress Scale-2 and the Self-Compassion Scale-Short Form. Jimenez et al. (2020) found that individuals with higher levels of self-compassion reported lower levels of anxiety, depression, stress, emotional avoidance and intrusive thoughts. Additionally, self-compassion was related to better cohabitation during periods of confinement in their homes (Jimenez et al., 2020).

Self-compassion is also beneficial when addressing specific health concerns, such as pregnancy during a pandemic. Fear of childbirth could have consequences for women's mental health during the perinatal period. Fortunately, Taubman-Ben-Ari et al. (2020) found that pregnant women in Israel with greater self-compassion experienced less anxiety and fear around giving birth to their child during a health crisis. Despite factors such as social distancing and quarantine, the study found women who had a strong social support network had greater self-compassion and experienced less fear of childbirth (Taubman-Ben-Ari et al., 2020).

In addition to reducing stress and fear, Mohammadpour et al. (2020) demonstrated in a study from Iran, that self-compassion is associated with healthy preventative behavior.

Individuals in Iran who had greater self-compassion were also found to have reduced fears about COVID-19. Additionally, the people with the highest self-compassion were also more likely to engage in frequent handwashing, which is a behavior linked with lower risk of contracting the virus and increased probability of protecting others (Mohammadpour et al., 2020).

Schnepper et al. (2020) conducted a recent study in Austria and evaluated the effects of a 14-day self-compassion training within the context of COVID-19. In this study, 64 participants signed up who wanted to lose weight or change their eating behavior. Individuals were placed in either a waitlist control group or a two-week self-compassion intervention program, based on a smart phone application. Individuals in the self-compassion program learned skills of mindfulness, common humanity and self-kindness (Schnepper et al. (2020).

Schnepper et al. (2020) reported that participants in the intervention group made significant improvement in developing self-compassion compared to individuals in the control group who did not receive self-compassion training. In addition, Schnepper et al. (2020) found participants who learned self-compassion effectively reduced their perceived stress measure, as it relates to the COVID-19 pandemic. Remarkably, participants in the self-compassion intervention also decreased their habit of eating in response to stress and anxiety; thereby, positively effecting their emotional eating habits (Schnepper et al. (2020). The inability to deal with stress can exact a heavy toll on individuals, fortunately, the above study confirms compassion training cultivates resiliency, even through a smart phone application when face to face contact is not possible.

Rationale for Creative Project

As discussed above, research has demonstrated that mindfulness and compassion facilitate and reinforce each other. By understanding their interrelatedness, practitioners gain a deeper understanding into the practical application of these practices. Indeed, an increasing number of mindfulness programs are incorporating training in compassion. This combined approach acknowledges that well-being arises in part from the quality of one's relationship to the present moment, as well as the quality of relationship one has towards themselves and others.

The simplicity and practicality of compassion practice makes it accessible to anyone at any moment. Therefore, in response to this research, I have created *Mindful Cup with Jess*, a series of six recorded podcasts on compassion and emotional resiliency for COVID-19 and beyond: click [here](#) to access the podcasts in Spotify. The podcasts can also be accessed through Apple, Google Podcasts, Amazon Music, Podcast Addict and Podchaser). Below is the image of the podcast cover artwork for this series.



These six podcasts are available to anyone who is interested in deepening their understanding and practice of mindfulness and compassion. Three of the podcasts focus on didactic teaching and will discuss the following themes covered above in the literature review: (1) the relationship between mindfulness and compassion, (2) compassion as a strategy to reduce caregiver burnout and (3) the role of self-compassion for emotional resiliency.

- 1). ***The Dynamic Duo: Mindfulness and Compassion***- This talk provides an introduction to the benefits of mindfulness and compassion. Practicing mindful compassion fosters a state of warm, connected presence during difficult moments.
- 2). ***Compassion for Caregivers***- Caregiver burnout is at an all-time high due to the challenging conditions of COVID-19. This talk explores the practice of compassion to soothe and bring relief to the painful feelings experienced by caregivers, in order to guard against caregiver burnout during the current pandemic and beyond.
- 3). ***Self-Compassion for Emotional Resiliency***- Rather than continually judging and evaluating ourselves, self-compassion involves generating kindness toward ourselves as imperfect humans, and learning to be present with the inevitable struggles of life with greater ease. This talk explores self-compassion as a protective factor against the psychological and social impacts of COVID-19.

In addition to the above podcasts, I will also create three guided meditations on compassion practice:

- 4). ***Loving-Kindness Meditation***- This meditation helps to evoke feelings of love and kindness to ourselves and others, it can help to soften feelings of anger, judgment, and worry by helping practitioners to see the innate goodness within themselves and others.

It is not always easy to be kind, but thankfully, the practice of kindness can be cultivated and deepened, bringing a sense of inner peace.

5). *Nourishing Breath Meditation*- A supportive practice for grounding when feeling overwhelmed. This practice brings attention to the natural contraction/expansion rhythm of the breath. Practitioners rest in the gentle movement of their breath in a way that is calming and soothing.

6). *Motivating with Compassion Instead of Criticism*- In this practice we connect with the wise compassionate part of ourselves to naturally foster greater motivation, in order to reach our goals in life, instead of using our harsh inner critic.

Creating podcasts have made these teachings readily available. Listening to podcasts requires little preparation and for many platforms is completely free. Podcasting can be an intimate experience as community often forms around podcasts. Because podcasts can be very specific about their interests, listeners create meet-ups and discussion groups, in order to connect with others who are intrigued by the same topic (Wilson, 2019).

Currently, professionals and families are experiencing the biggest change of daily schedules and human habits – on a global scale – than we have seen in a long time because of COVID-19. More people are working from home and have additional time to listen to podcasts. In fact, recent data from Voxnex has shown global podcast listens have increased by 42% during COVID-19 (Amburgey, 2020).

In addition to having a flexible schedule while working from home, people are increasingly using podcasts as an outlet from the anxiety-inducing news right now. Escaping into a podcast about drama or comedy can allow listeners to disconnect from their normal 24/7 news cycle (Wright, 2020). Many families who have been cooped up together may be looking for a

healthy reprieve from each other; putting on their headphones and listening to a podcast can help them to do that, and for people who live alone, listening to podcasts may help them to feel less isolated and lonely (Wright, 2020).

Because of the ongoing challenges related to the pandemic, many people are reflecting on personal development and wellbeing. Podcasts like *Mindful Cup with Jess* offers listeners an opportunity to explore and engage practices that guard against the psychological and social impacts of COVID-19. Podcasting invites listeners to put their laptops and screens away, move out of work mode and offer themselves self-care.

Many people have been impacted by COVID-19, perhaps by anxiety about the invisible threat to their communities, loneliness from self-quarantine, economic hardship, or difficulties when they contract the virus or need to care for sick people. The teachings on compassion offered in the *Mindful Cup with Jess* podcast series, are a low-cost, beneficial method of providing support for emotional and mental health and, in a time like the COVID pandemic, this is a needed resource.

Conclusion

My findings in the literature review highlight the role of compassion practice as a protective buffer that makes the threat of COVID-19 less likely to cause psychological distress, as well as help to reduce caregiver burnout. Practicing mindful compassion opens up a wider perspective that includes accepting the imperfections of being human and sensing one's shared humanity with others. Additionally, this literature review has shown that individuals with greater self-compassion are more likely to recognize potential benefits from the circumstances of the pandemic, such as having more opportunity for growth, rest, and connection to immediate

family. Compassion practice is an effective strategy in cultivating resiliency during the tumultuous conditions of COVID-19.

References

- Amburgey, I. (2020). *COVID-19's impact on podcast listening*. Voxnest.
<https://blog.voxnest.com/coronavirus-impact-on-podcast-listening/>
- Bankard, J. (2015). Training emotion cultivates morality: How loving-kindness meditation hones compassion and increases prosocial behavior. *Religion Health, 54*, 2324-2343.
- Bowen, S., De Boer, D., & Bergman, A. L. (2017). The role of mindfulness as approach-based coping in the PTSD-substance abuse cycle. *Addictive Behaviors, 64*, 212-216.
- Creswell, J. D. (2017). Mindfulness interventions. *Annual Review of Psychology, 68*, 491-516.
- Elwood M. (2020). *Mindfulness vs. compassion*. Center for Mindful Self-Compassion.
<https://centerformsc.org/mindfulness-vs-compassion>
- Fredrickson, B. L., Arizmendi, C., Van Cappellen, P., Firestine, A. M., Brantley, M. M., Kim, S. L., Brantley, J., & Salzberg, S. (2019). Do contemplative moments matter? Effects of informal meditation on emotions and perceived social integration. *Mindfulness* 1-11.
- Germer, C.K., 2009. The mindful path to self-compassion: Freeing yourself from destructive thoughts and emotions. *Guilford Press*.
- Hilton, L., Hempel, S., Ewing, B., Apaydin, E., Xenakis, L., Newberry, S., Colaiaco, B., Maher, A., Shanman, R., Sorbero, M., & Maglione, M. (2017). Mindfulness meditation for chronic pain: systematic review and meta-analysis.
- Huppert, F. (2017). Living life well: The role of mindfulness and compassion.
<http://www.sydney-symposium.unsw.edu.au/2017/chapters/HuppertSSSP2017.pdf>

- Jiménez, Ó., Sánchez-Sánchez, L. C., & García-Montes, J. M. (2020). Psychological impact of COVID-19 confinement and its relationship with meditation. *International Journal of Environmental Research and Public Health*, 17(18), 3-14, 6642.
- Kabat-Zinn, J. (2005). *Coming to our senses: Healing ourselves and the world through mindfulness*. Hyperion.
- Kabat-Zinn, J. (2013.) *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain and illness*. New York, NY: Delacorte.
- Killingsworth, M., & Gilbert, D. (2010). A wandering mind is an unhappy mind. *Science*, 330. [http://www.danielgilbert.com/KILLINGSWORTH%20&%20GILBERT%20\(2010\).pdf](http://www.danielgilbert.com/KILLINGSWORTH%20&%20GILBERT%20(2010).pdf)
- Klimecki, O. M., Leiberg, S., Ricard, M., & Singer, T. (2013). *Differential pattern of functional brain plasticity after compassion and empathy training*. Oxford University Press, (9), 873-879.
- Knox, M. (2021). Preliminary research on the role of self-compassion during the covid pandemic. <https://centerformsc.org/self-compassion-research-covid/>
- Kuyken, W., Warren, F. C., Taylor, R. S., Whalley, B., Crane, C., Bondolfi, G., ... & Segal, Z. (2016). Efficacy of mindfulness-based cognitive therapy in prevention of depressive relapse: an individual patient data meta-analysis from randomized trials. *JAMA psychiatry*, 73(6), *565-574.

- Lau, B. H. P., Chan, C. L. W., & Ng, S. M. (2020). Self-compassion buffers the adverse mental health impacts of COVID-19-related threats: Results from a cross-sectional survey at the first peak of Hong Kong's outbreak. *Frontiers in Psychiatry, 11*, 1-8.
- Mohammadpour, M., Ghorbani, V., Khoramnia, S., Ahmadi, S. M., Ghvami, M., & Maleki, M. (2020). Anxiety, Self-Compassion, Gender Differences and COVID-19: Predicting Self-Care Behaviors and Fear of COVID-19 Based on Anxiety and Self-Compassion with an Emphasis on Gender Differences. *Iranian Journal of Psychiatry, 15*(3), 213-219.
- Nance, S. (2020). *Helping doesn't have to hurt: managing compassion fatigue in the midst of the COVID-19 pandemic*.
<https://www.publicsource.org/helping-doesnt-have-to-hurt-managing-compassion-fatigue-in-the-midst-of-the-covid-19-pandemic/>
- Neff, K. D. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity, 2*(2), 85-101.
- Neff, K. D., & Germer, C. K. (2013). A pilot study and randomized controlled trial of the mindful self-compassion program. *Journal of clinical psychology, 69*(1), 28-44.
- Neff, K.D. (2018). Breathing compassion in and out. Mindful.org
<https://www.mindful.org/breathing-compassion-in-and-out/>
- Nirmita, P., Kamal, R., Cox, C., Garfield, R., (2021). The implications of Covid-19 for mental health and substance use. <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>
- Santorelli, S. F. (2017). *Mindfulness-based stress reduction*.

Seppala, E. (2017). What is your phone doing to your relationships?

https://greatergood.berkeley.edu/article/item/what_is_your_phone_doing_to_your_relationships

Schnepper, R., Reichenberger, J., & Blechert, J. (2020). Being my own companion in times of social isolation—A 14-day mobile self-compassion intervention improves stress levels and eating behavior. *Frontiers in Psychology*, 1-7.

<https://www.frontiersin.org/articles/10.3389/fpsyg.2020.595806/full>

Taubman–Ben-Ari, O., Chasson, M., & Abu-Sharkia, S. (2020). Childbirth anxieties in the shadow of COVID-19: Self-compassion and social support among Jewish and Arab pregnant women in Israel. *Health & Social Care in the Community*, 1-11.

<https://pubmed.ncbi.nlm.nih.gov/33058395/>

Weng, H.Y., Fox, A.S., Shackman, A.J., Stodola, D.E., Caldwell, Z.K.J., Olson, M.C., Rogers, M.G., & Davidson, J.R. (2012). Compassion training alters altruism and neural responses to suffering. *Association for Psychological Science*, 24(7), 1171-1180.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3713090/>

Wilson, J. (2021). 7 Reasons why podcasts are dominating the media landscape.

<https://www.wework.com/ideas/worklife/seven-reasons-why-podcasts-are-dominating-the-media-landscape>

Winston, D. (2019). Contextualizing mindfulness: Foundations, practice guidance, and cultural implications. *Southwestern Law Review*, 48, 199.

Wright, J. (2020). Podcasting's opportunity amidst a global pandemic.

www.blog.simplecast.com

Santorelli, S., ed. (2014). Mindfulness-based stress reduction (MBSR): Standards of practice.

<http://umassmed.edu/cfm/stress-reduction/mbsr-standards-of-practice/>

Seppala, E., Simon-Thomas, E., Brown, S., Worline, M., Cameron, D., & Doty, J. (2017). *The Oxford handbook of compassion*. Oxford University Press.