COMPASSION BACKGROUND AND MODEL: DO NOT REPRINT OR REPRODUCE-for DC Compassion Registrants Only JOAN HALIFAX, PHD

Compassion considered to be:

- the capacity to attend to the experience of others
- to feel concern for others
- to sense what will serve others
- potentially to be able to be of service

Six Edge States:

- 1. **Pathological Altruism:** Causing physical and/or psychological harm to oneself by placing needs of others above oneself
- 2. Burnout/vital exhaustion: Cumulative work demands and stress
- 3. **Vicarious trauma**: Dysfunction from prolonged exposure to others' pain/suffering
- 4. **Moral distress:** Anger provoked by a real or perceived violation of an ethical standard such as fairness, respect, beneficence.
- 5. **Horizontal (and vertical) hostility (bullying):** Behavior that controls, devalues, disrespects, diminishes another peer or group
- 6. Structural violence: Systemic discrimination

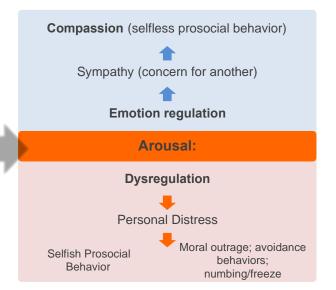
Second: arousal is necessary, as is emotion regulation A modified version of Nancy Eisenberg's model



Event

(e) Motive

- Empathy (Emotional attunement)
- Perspective Taking* (Cognitive attunement)
- Memory (Personal experience)
- * Perspective taking: seeing the viewpoints of another; theory of mind; mind reading



A.B.I.D.E. = Compassion



- A Attention and Affect
- B → Balance
- Intention and Insight
- D → Discernment
- E Embodiment and Principled Enactive

Engagement → Equanimity/Eudaemonia

Abide: to live with, to accept, to have trust in

Founded in 2000 by Zen nun Beth Goldring, Brahmavihara Cambodia is a Buddhist chaplaincy program working with Cambodian AIDS, tuberculosis, cancer and other patients too poor to access traditional spiritual resources.



Three interdependent training axes of principled compassion



Training Axes:

A/A AXIS: Attentional and Affective Domains

I/I AXIS: Cognitive Domain: Intention and Insight

E/E AXIS: Somatic Domain: Embodiment and Engagement



Maitri Hospice, San Francisco

Halifax J; A heuristic model of enactive compassion; Curr Opin Support Palliat Care 2012; 6 (2): 228-235.

A/A Axis (Attentional and Affective Domains) \rightarrow Balance



Training in:

Attention

- attentional stability through grounding \rightarrow to recog. suffering
- interoceptivity: visceral awareness → empathy

Attention and affect bias each other

Affect

- prosociality: positive regard for others, kindness
- empathy: affective attunement/resonance with suffering



I/I Axis (Cognitive Domain of intention and insight) → Discernment



Intention

- ethical perspective priming intention
- moral ground: moral imperative, moral sensitivity → moral character

Insight

- role of **metacognition** → pliancy
- self-awareness (inc. memory) \rightarrow insight for down-regulation
- perspective taking (cognitive attunement) & self/other distinction
- insight into impermanence, interconnectedness, happiness
- no attachment to outcome



E/E Axis (Somatic Domain) \rightarrow ethike (principled action) \rightarrow equanimity/eudaemonia



Embodied

- grounded (equanimous)
- viscerally attuned (\rightarrow empathy)

Engaged

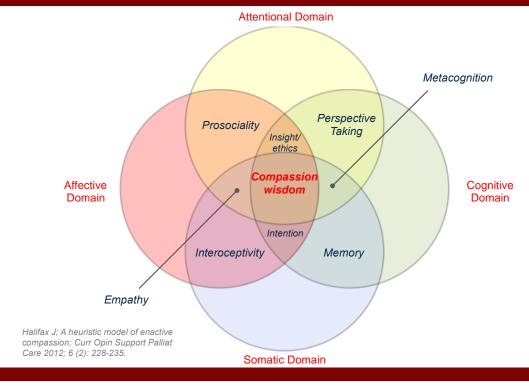
• readiness to act \rightarrow **potential ethical action** \rightarrow eudaemonia



Sitting with a patient with breast cancer

A.B.I.D.E. Model: Emergent process of enactive principled compassion





G.R.A.C.E. process of compassion-based interactions



- 1. Gathering attention: Attentional Domain: grounding, focus, balance
- 2. Recalling intention: Affective/Cognitive Domains: motivation
- 3. Attuning to self/other: Attentional/Affective/Cognitive/Somatic Domains: recognizing biases; developing resonance
- 4. Considering: Cognitive Domain: what will serve?: insight/discernment
- 5. Engaging: Somatic Domain: ethical enacting, ending



Grace: offering benevolence and kindness with dignity

Pasang Sherpa seeing a patient in Upaya's Nomads Clinic