

Cushion and Couch

Fall 2020



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From the Editor

Cushion and Couch is IMP's quarterly e-journal, featuring articles, interviews and book reviews written by and for members of our community. If you would like to contribute pieces or offer feedback, please reach out by [e-mail](#).

Alex Gokce, MSW
Editor, *Cushion and Couch*

President's Column

by Inna Khazan

Dear IMP members,

To say that this year has been full of unexpected surprises is an understatement of the century. When I became president of the IMP board of directors in early 2020, we had a solid plan for IMP growth and development. As you might imagine, that plan has had to change dramatically.

Over the last few months, IMP board has been working on reaffirming ongoing initiatives, and establishing and implementing new goals for IMP in this strange new world. Our two main priorities are:

1. Continuing to work on diversity and inclusion at IMP, currently focusing on self-education and greater self-awareness for the board members.
2. Pivoting to all-online programming at IMP. We have started a series of video conversations on the topic of mindfulness in clinical practice, with new videos posted on the website. Please visit <https://meditationandpsychotherapy.org/conversation-series/>. We have new live online trainings and new video content in the works. Please stay tuned.

I am honored and humbled to be leading IMP in these difficult times. I welcome your thoughts on how IMP can be most helpful to its members, what kind of programming you are looking for, and how the board can best support its members. We are planning a meet-and-greet event with the board members in the new year to discuss all this. In the meantime, don't hesitate to get in touch at inna.khazan@gmail.com.

Warmly,

Inna Khazan, PhD, BCB
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New brain imaging study shows self-compassion training alters neural responses to chronic pain

A recently published study examined the effects of self-compassion training among people with chronic pain. The study found that self-compassion changes the way the brain processes pain and self-criticism, and suggests that self-compassion skills can improve patients' mental and physical wellbeing.

Chris Germer, faculty at Harvard Medical School, along with Dr. Susan Pollak, designed and co-taught the intervention. Two articles were published on this research, which can be accessed [here](#).

As many as 1 in 5 adults currently suffer from chronic low back pain, making it one of the most debilitating health problems worldwide. Chronic pain not only interferes with daily activities, it can also affect patients' mental wellbeing, for example by increasing self-criticism. Long-term opioid treatments for chronic pain are questionable, and there is growing interest in alternative, non-pharmacologic approaches, such as mindfulness. Mindfulness interventions often include teachings of self-compassion, the skill of being kind towards oneself during moments of pain. Self-compassion appears a valuable skill to cope with pain and increase wellbeing for patients with chronic pain, but current research is limited.

"From a theoretical and neurobiological perspective, self-compassion seemed very promising for patients with chronic pain, but there was barely any research on self-compassion trainings and related brain changes in patients with chronic pain," says Jacqueline Lutz, PhD, former postdoctoral fellow at Cambridge Health Alliance (CHA), who spearheaded the innovative research study through a collaboration between research teams at the MGH Martinos Center for Biomedical Imaging and the Cambridge Health Alliance Center for Mindfulness and Compassion.

The researchers set out to explore the effects of a brief self-compassion training among twenty patients with chronic low back pain.

"We were surprised to find that only two-weeks of self-compassion training reduced back pain and pain-related disability. Participants also reported more self-compassion and body awareness," says Michael Berry, co-lead author, former research technician, and PhD student in Clinical Psychology.

Germer, also the co-founder of the Mindful Self-Compassion program, shares some real-life impact of the training:

"Self-compassion seemed to alleviate the stigma of chronic pain and many participants felt better about themselves even when their pain level didn't change. Others reported that they experienced less pain and self-compassion allowed them to focus on other aspects of their lives."

But how did self-compassion change brain activations during pain (which was induced using a pressure cuff around participant's calf), and during self-criticism?

Using functional magnetic imaging (fMRI), the researchers found that when patients used their newly trained self-compassion skills, their brain reacted differently to pressure pain.

The right temporo-parietal junction (TPJ), which processes the salience of pain, was less active and this was associated with less clinical pain. Other brain areas, including the dorsolateral prefrontal cortex (dlPFC), showed increased activation after training, pointing to a specific neural signature of processing pain during self-compassion.

"If self-compassion training can beneficially change the way that pain is processed by the brain, it could significantly impact quality of life for chronic pain patients, who we know from prior brain imaging research have altered neural circuitry for integrating pain into conscious awareness." says Vitaly Napadow, PhD, an international expert on the neuroscience of pain and the director of the Center for Integrative Pain Neuro Imaging at the MGH Martinos Center for Biomedical Imaging and an associate professor at Harvard Medical School.

Self-compassion training also changed the way participant's brains processed self-critical situations in the brain scanner.

Areas involved in regulating emotions, including the dlPFC, which after 2 weeks of training, reacted more strongly during periods of self-criticism, suggesting that participants were better able deal with their self-criticism using self-compassion skills.

Zev Schuman-Olivier, MD, an addiction psychiatrist at Harvard Medical School and director of CHA Center for Mindfulness and Compassion explains, "Self-criticism, stigma, and shame can impact our brain and body and accentuate chronic pain. This study helps us understand that even just two weeks of self-compassion training can impact the way we relate to ourselves and our brain data suggests that this healing process of becoming kinder to ourselves likely starts by activating regions involved in emotion regulation."

The team warns that this study did not include a control group, and that longer self-compassion training might show even more impact. They hope the study shines a light on self-compassion as a remedy for patients with chronic pain and will spur further research into its potential.

As challenging as it may be for some people suffering from chronic pain, the skill of "being kind to oneself," could really be a simple but much needed addition to current chronic pain management.

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Tantrums in Meditation and Psychotherapy

by Edward R. Ryan

We are all familiar with tantrums in children. A typical example would be a child wanting to go out to ride his bike at ten o'clock at night. His father says it's too late, but the child says he has seen other kids out riding their bikes at this hour. The father explains this may be true, but it's too late—and offers that the child can go out tomorrow morning. But the child insists and starts to shout and cry. The father says he understands, and is sorry, but that's the way it is. The child throws himself onto the floor and begins yelling, "I hate you! I hate you! You're the worst father! I wish I lived down the street at Johnny's—he has a good father! You're terrible! You're so mean! I hate you!" The father remains silent through this tirade. The child continues carrying on like this, and eventually the father says the child should go to his room and cool off. The child stomps to his room, slams the door shut, and one can hear things being kicked and thrown around in there for a few minutes. After about ten minutes, the child comes out, is calm, and asks if anyone has seen his crayons. Life goes on. The child has learned that there is an authority greater than himself to whom he is subject, he did not get his way, he had an opportunity to sound off about not getting his way, he had to accept that his way was only one way within a constellation of other interests, and that he could adjust to that reality and move on. He also learned that though his father was understanding, he did not yield to the child's tantrum, he did not take the child's verbal attack seriously, and while he was empathic with the child's desire and frustration, he was not sympathetic, he did not feel sorry for the child.

Tantrums continue throughout one's life because there are regularly situations in which we do not get our own way. We have our ideas about the way the world should be—according to us—and it turns out the world is not that way. We may not throw ourselves on the floor, but we do create a story, even if only in our own minds, about the world being unjust, the other person being wrong and bad, and us being a victim, deserving of something so much better—the way things should be (according to us!)

Several years ago, I was sitting in on a dharma talk at IMS given by the excellent Burmese teacher, U Pandita, who was visiting IMS for a monthlong retreat. It was night three of the retreat and the meditation hall was full to overflowing. Many of the retreatants were well-known American meditation teachers and experienced yogis. In addition, there were several IMS staff members sitting in to hear this venerable teacher. He spoke in Burmese and what he said was translated by a younger monk: "The Sayadaw says: When you come for interviews, please do not tell him your personal stories. He is not interested in your personal stories. He is only interested in your report of the experience of the inbreath coming in and the outbreath going out. Thank you." There was a palpable gasp and a look of shock among the retreatants. Later, I learned that many retreatants were angry and disappointed.

This story seems to capture the essence of the core of meditation, doesn't it? U Pandita is pointing the way toward the awareness of ultimate reality, and the yogi is demanding

that it is his way that is the reality. "Not to tell my personal story? But it's about me! You're not interested in me!"

In my own meditation practice, I have encountered this challenge again and again. Once on a longer retreat I had the experience of my body turning to light, or better put, I became pure light. "Oh," I thought, "How wonderful! How exalted! How special!" Later in the day when I met with my teacher, and proudly told her of my exalted state, she asked whether I was paying attention to the experience. I didn't say anything out loud, like the retreatants with U Pandita, but I thought, "Paying attention? What? What kind of a response is that? What about me and my being special?"

On another occasion, on a lovingkindness retreat, after a few days of repeating the lovingkindness phrases over and over, I began to think they were insipid and that the whole idea was stupid. I wondered why I was wasting my time sitting and walking with this bunch of idiots and repeating the stupid phrases over and over. I went to a group interview and the other members all were reporting their experiences, which I thought were stupid. I remained silent but our meditation teacher asked about my experience and I told all of them what I thought. The others stared at me. Later in the day, I got a note from my teacher offering to meet. I went to the meeting and though I liked and appreciated him, I honestly told him what I was thinking and feeling. He smiled and said: "Dark night of the soul, eh?," which I also thought was stupid. So I said that if there was something to be known, some awareness to be had, well, what the hell is it?" He laughed and said, "OK, bring in the awareness!" I left the meeting thinking I would leave the retreat the next day. But that night I had a truly frightening dream. The next day I saw my teacher and told him, and he said: "Yes, when we are doing lovingkindness meditation, we are opening our hearts, dropping deeper and deeper into our hearts, and so we discover everything that's there."

But what about those personal stories? Psychotherapy is the place for them. But how are they experienced and how are they told? In psychotherapy we see tantrums all the time. As a person explores her mind, heart, and soul, she discovers aspects of herself of which she was not fully aware. Based on our interpretations of our experiences growing up, often at home with our parents and siblings, we develop our personal stories of ourselves, others, and the way things are. This is the world according to us. Many times, in those stories, the others—let's say, our parents and siblings—do not have lives of their own. They are simply characters in our own stories. So it well may be that we develop tantrums about the way our lives went, and we may well imagine that our lives would have been much better if we had had other parents and siblings—like the child who thinks the father down the street would let him go out riding his bike at ten o'clock at night. When we tell others our story, we expect them to agree with us. Usually one's friends do. But then we tell our therapists, and we expect that he will agree too. We want to be felt sorry for, just as if that child who couldn't go out riding his bike told his therapist, and the therapist felt sorry for him and hypothesized that the parent was wrong. This kind of sympathy is often referred to as empathy in psychotherapeutic circles. The person coming for the therapy is seen as a victim and the therapist regards himself as good and kindly, maybe even a benevolent surrogate parent. But this is not empathy. An empathic response in the therapist begins with compassion—realizing how she has acted this way in her life too, has had tantrums because the world,

including others, are not the way she says they should be. And then it involves allowing ourselves to know deep down what the person is going through. One doesn't feel sorry for, or sympathize—which are distancing responses. Rather one joins with the person in the experience of our shared human situation — we all have our personal stories and then there is the greater reality. So we have tantrums, and if we are able, we come to accept that greater reality and find our humble place within it.

Edward Ryan, PhD, is an Associate Clinical Professor in the Yale Psychiatry Department, a training and supervising psychologist in the Yale Long-Term Care Clinic, and a clinician in private practice in New Haven, Connecticut. Dr. Ryan has practiced insight meditation for thirty years, and has served on the Board of Directors of the Insight Meditation Society, in Barre, Massachusetts. With his wife, the poet Sylvia Forges-Ryan, he published [Take A Deep Breath: The Haiku Way to Inner Peace](#).

Five Strategies for Coping with Anxiety During the Pandemic

by Beth Kurland

Practical tips to try when you are anxious.

I've been up in the middle of the night a lot lately. It's given me the opportunity to work with my own anxiety and reflect on some of the things that can be most helpful at a time like this, with so many people struggling in personal and collective ways during this pandemic. I've been reflecting on the research about what we know about managing [stress](#) and coping with adversity. I've observed my own, and others' ways of coping and what seems to be most helpful. Here are five coping strategies I would put on the top of my list.

1. Stay connected—in real-time and in your mind.

Social connection and social support are foundational to our well-being. When we connect with others there is often a natural calming of the [nervous system](#) that we experience. Both feeling cared for, and caring about others, can help to release chemicals into our body which are soothing and calming. Thankfully, our technology can be of help in keeping us connected during this pandemic. Ask yourself who might you connect with today. When you are not able to connect with someone in the moment, know that even just calling up memories of caring moments in your mind, can be a helpful strategy for cultivating positive emotions and calming in the body.

Try this: When I wake up feeling [anxious](#) in the middle of the night, I have found it helpful to imagine myself surrounded by the people in my life who love and care about me, and whom I love and care about. Call to mind a person you care about. Picture their face, their voice, a loving word or gesture they might offer you. Imagine being in their presence, as if you could feel their care and support right now. Let those feelings of care sink in and soothe any parts of you that might feel anxious.

2. Come back to your senses.

Our five senses help to anchor us in the here and now. When we are anxious, we are often residing in the uncertain future. When we can bring ourselves back to the present moment and engage our senses directly, this can often help to calm the mind and body. For example, doing walking [meditation](#) and focusing on the sensations of the feet as they hit the ground can be—well, grounding. Pausing and listening to sounds around us can direct our minds to being here in this moment. Activities that engage the senses, for example, exercising, drawing, or painting, cooking, listening to music, knitting, gardening, doing a puzzle, to name a few, can be helpful for many people during times of heightened anxiety. Even if the present moment is difficult, we can work with what is here. It is when our minds reside in the uncertain future, trying to solve problems that can't be solved, that we experience even greater unease.

Try this: Make a list of what engages your senses and brings you into the present moment. Think about things that might take more time (such as an aromatic bath) as well as things that you could do on the fly (putting your hand on your heart and taking three breaths). Use this list often when you find yourself feeling anxious.

3. Identify what is within your sphere of influence and put your energy there.

Anxiety naturally mobilizes the body's fight or flight response and increases activation of our sympathetic nervous system. This, in combination with the tendency of our mind to ruminate on things we can't control, can leave us in a state of overwhelm or helplessness. We feel over-aroused and we have nervous energy. It can be helpful to identify where and how we can channel that energy into something active that we have some personal agency over, and that we care about. Be clear and intentional about what you can do today that you can influence, that feels nourishing or helpful for you.

Try this: Identify things within your sphere of influence including: daily ways you can take care of yourself (from making your bed to going for a walk to preparing a healthy meal or listening to an inspirational podcast); how you might make a small but positive difference in someone's life today; what you can tend to—your family, a garden, a project; what specific actions steps can you take today that might be positive for your health, your family, your house, your community or your future?

4. Shift from threat to challenge wherever possible.

No question, the current circumstances we are facing are posing very real threats for so many people. But, when anxiety strikes, check in and ask yourself if there is an imminent danger right here in this very moment. For many people, the sense of threat and danger lies in the "what if" brain, not the "what is here right now" brain. Name the challenges that are *actually here* right now, and then make a list of resources that you have to meet these challenges. These resources could be both inner ones (e.g., courage, patience, ability to think outside the box to find creative solutions, commitment to what you care about, perseverance, self-compassion) and outer resources—the circles of supports you have within your family and friends, your community, the healthcare system, and other outside organizations and structures (e.g., workplace, religious communities, supportive agencies, mental health professionals).

Try this: Think about a time in the past when you faced adversity and ask yourself what most helped you get through that. What insights did you gain about your ability to handle challenges, and what strengths did you draw upon at that time that might help you now as you face new challenges?

5. Connect to your deepest values.

Identify what values are most important to you during this time. Who do you most want to be in the face of [fear](#) and uncertainty? How can you show up today in a way that

might reflect those values? You don't have to get rid of fear or anxiety, but as you turn up the volume on what you care most about, what is most important to you, this can help dial down the intensity on the anxiety. For instance, I have found that when I spend time on meaningful endeavors (such as writing this blog), my anxiety doesn't tend to take front and center stage.

Originally published on [PsychCentral's World of Psychology Blog](#).

Beth Kurland, PhD, is a clinical psychologist, Tedx speaker and author of three award winning books: [Dancing on the Tightrope: Transcending the Habits of Your Mind & Awakening to Your Fullest Life](#); [The Transformative Power of Ten Minutes: An Eight Week Guide to Reducing Stress and Cultivating Well-Being](#); and [Gifts of the Rain Puddle: Poems, Meditations and Reflections for the Mindful Soul](#). Beth is passionate about teaching mindfulness-informed practices and mind-body strategies to help people cultivate whole person health and well-being. She has been providing evidence-based practices to people across the lifespan for over 25 years and has a psychology practice in Norwood MA. Visit <https://BethKurland.com> to enjoy her free meditations or find her free meditations on Insight Timer.

About the Institute for Meditation and Psychotherapy

The Institute for Meditation and Psychotherapy (IMP) is a non-profit organization dedicated to the education and training of mental health professionals in the integration of mindfulness meditation and psychotherapy.

The vision of IMP is practice-based, and all teaching faculty have extensive personal and professional experience in the practice of mindfulness meditation or other mindfulness practices. Most educational programs offer CE credit for psychologists, social workers, licensed mental health counselors, licensed marital and family therapists, and nurses. Secondary activities of IMP include psychological consultation to meditation centers, clinical supervision, psychotherapy referrals, and networking for interested clinicians.

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