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Cultivating empathy and compassion: Lived experiences of engagement with cognitively-based compassion training in the US

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Abstract

This qualitative study presents an analysis of data taken from 16 participants who were interviewed during and 1 year after they attended a course in Cognitively-Based Compassion Training (CBCT), a meditation course that seeks to help participants cultivate empathy and compassion. The study sought to examine what benefits, if any, participants in a CBCT course reported with regard to their understanding and practice of empathy and compassion; and secondly, if their statements in the interviews exhibited understandings and practices consonant with emotional, social, and cognitive resilience as identified in the existing literature, and consonant with empathy and compassion as defined in CBCT and in existing literature on compassion. The study found that participant interviews provided significant evidence of the development of skills identified in the literature as components of emotional, cognitive, and social resilience, and that participant descriptions and definitions of compassion closely matched those existing in the literature.

KEYWORDS
compassion, empathy, resilience, meditation, CBCT (Cognitively-Based Compassion Training)

[Correction added on April 5, 2024, after first online publication: The copyright line was changed.]

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INTRODUCTION

Recent years have seen a steady and marked increase in the amount of research and publications, both popular and academic, on the subjects of compassion and empathy, primarily in medicine, psychology, and the neurosciences (Decety & Ikes, 2011; Gilbert, 2020). Much of the focus has been on the association between compassion and health outcomes (Galante et al., 2014; Kirby et al., 2017; Zeng et al., 2015); the possibility of training compassion and empathy; and mechanisms and neural correlates of compassion and empathy (Bernhardt & Singer, 2012; Kral et al., 2018).

Compassion training (CT) refers to the intentional cultivation of states of compassion and self-compassion through contemplative practices such as meditation, reflection, journaling, and other techniques, typically taught through a psychoeducational course that lasts 6 to 10 weeks. A number of CT programs now exist, and over the last 15 years, scientific research on the effects of CT has grown. Meta-analyses suggest health benefits from CT, including decreased psychopathology and increased well-being (Galante et al., 2014; Kirby et al., 2017; Zeng et al., 2015). Individual studies have suggested that CT practitioners display greater emotion regulation and pro-sociality, and less anxiety, depression, and stress compared to controls (Galante et al., 2014; Kirby, 2017; Zeng et al., 2015); increased bioindicators of health, such as vagal tone improvements (Kok et al., 2013); reduced inflammatory and neuroendocrine responses to stress (Pace et al., 2009; Pace et al., 2013); decreased cortisol reactivity (Cosley et al., 2010); and elevated heart-rate variability associated with heart heath (Thayer et al., 2010).

Thus far, research has only tangentially addressed the relationship between CT and resilience, and many studies lack operational definitions of key constructs and theorization of underlying mechanisms (Shonin et al., 2015). Nevertheless, some studies suggest that compassion practices increase mental wellbeing and resilience to psychopathology (Kirby et al, 2017) and that participants show less negative affect, more positive emotions, and greater neurological resilience after experiences of suffering than non-meditators (Klimecki et al., 2013; Weng et al., 2013).

CT programs themselves theorize that emotion regulation skills create benefits (Jazaieri et al., 2013; Jazaieri et al., 2017) that can be linked to resilience (see Behrouian et al., 2021; Mestre et al., 2017). The Cognitively-Based Compassion Training (CBCT) program at Emory University, for example, explicitly includes resilience as one of the three primary outcomes of practice, alongside self-compassion and compassion for others (Ash et al., 2019). It has been suggested that cognitive forms of emotion regulation (e.g., cognitive reappraisals) may also increase psychological resilience (Mestre et al., 2017), since such strategies tend to increase after mindfulness meditations (Garland et al., 2015). Furthermore, it has been suggested that CT tends to increase positive emotions and decrease negative affect (Jazaieri et al., 2013; Jazaieri et al., 2017), as hedonic emotion regulation may cultivate emotional resilience. Since compassion is often held to be a eudaimonic state, and eudaimonic motives (e.g., altruism) are held by some to predict wellbeing (Barrett-Cheetham et al., 2016; Giuntoli et al., 2020), it is also possible that CT participants may also use eudaimonic forms of emotion regulation.

Alongside the much larger body of research on mindfulness, research on CT has contributed to the emergence of the field of contemplative science, a field largely shaped by the disciplines of psychology and neuroscience. From an anthropological perspective, there are certain limitations to exploring compassion and empathy primarily through the lens of individual health and neurobiology, and potential gains to be explored by taking a more social, qualitative, and less universalizing approach. Recently, a few anthropologists have taken up this task, exploring compassion, empathy and resilience on a community and social level, and looking at the role that social and cultural beliefs and practices around empathy and compassion may have on collective resilience and well-being (Lewis, 2020; Ozawa-de Silva & Ozawa-de Silva, 2022).

Moreover, a broader approach has the potential to contribute to methodological questions in the discipline. Increasingly, anthropologists are concerned not just with understanding and representing their interlocutors, but also the very processes of that understanding and representation, and the ethics and power relations thereof. To speak for and about others—especially when that speech comes in the form of writing that cannot be easily contested, backed by institutional authority—and to claim to understand and be able to represent the lives and worlds of others, is no longer something anthropology can, or

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should, take for granted. This is evident in continued efforts to decolonize anthropology and the teaching of anthropology; critical examinations of the ethics of anthropology and what might constitute an "anthropology of the good" (Robbins, 2013); and calls for developing "critical empathy" in anthropology, an approach to empathy that recognizes both its potential, and its potential limitations, particularly when seeking to understand social suffering and "afflictions of subjectivity," such as loneliness (Ozawa-de Silva, 2021).

Compassion and empathy are generally understood as processes involving the ability to understand and resonate with others' experiences, particularly experiences of suffering in the case of compassion. As such, they may hold particular importance for those anthropologists who seek to understand others' minds and worlds and the ethical questions and implications that arise from such an undertaking. Importantly, discussion of the uses and misuses of empathy has been initiated in psychological anthropology, notably in a special issue on empathy in this journal (Hollan & Throop, 2008), paving the way for more discussion and research on compassion and empathy and their methodological implications for an ethical anthropology. Yet whether empathy supports ethical relations with others, and how this might be employed within disciplines such as anthropology, remains an open question. For example, psychologist Paul Bloom has pointed out that empathy is innumerate and prone to bias, can lead to burnout, and by itself is a poor guarantee of ethical decision-making; he contrasts it with "rational compassion" (Bloom, 2017).

Much of the research on the cultivation of empathy and compassion has thus far been quantitative in nature. Qualitative research that attends to subjective experience, addresses the question of individual differences, and seeks to explore the mechanisms involved in the cultivation of compassion and empathy may prove useful in teasing out the questions raised above, including Bloom's. First, they may help to explain the mixed results found across studies on compassion meditation, whereby some of the most high quality studies show no effects of compassion training (Kaplan et al., 2022). Second, they may help in understanding the specific ways in which such practices may promote resilience, especially when it comes to addressing "afflictions of subjectivity" like loneliness. Third, they may be better suited to shed light on the relations between the components of compassion training (such as perspective-taking, affective empathy, and compassion), rather than treating the practices themselves as a "black box." Although important qualitative studies on compassion training are slowly beginning to emerge (Mascaro et al., 2022), this remains a relatively unexplored area in the literature. Lastly, research that focuses on participant experience may be helpful in addressing the claim by some that only "genuine" compassion is directly correlated with enhanced mental health outcomes (Catarino et al., 2014), whereas submissive forms of compassion (i.e., due to social fears and ulterior motives) are linked to anxiety, shame, depression, and stress. Pity, empathic distress, and compassion fatigue are often distinguished in the literature from compassion; relatively few studies, however, set out to disambiguate these states in participant experience.

The CBCT program

The present study examines the subjective experience of 16 participants 1 year after they attended a course in CBCT, a meditation protocol developed in 2004 that seeks to help participants cultivate both empathy and compassion. It examines how participants understood empathy and compassion following the course, and to what extent this corresponded with the definitions provided in the CBCT program and existing literature on compassion; what benefits (if any) they reported receiving from the intentional cultivation and practice of compassion; and to what extent their statements exhibited understandings and practices consonant with emotional, social, and cognitive resilience as identified in existing literature. Given the small sample size, the intention of this study was not to demonstrate efficacy of the CBCT program, but to look at the subjective experiences of participants and evaluate their internal consistency in an exploratory manner.

The CBCT program aims to help participants cultivate greater compassion and empathy for self and other through a series of modules that include the presentation of information, group discussion, guided meditation, and individual at-home practice. Central to the program is an exploration of what compassion is and how to facilitate its arising in an individual, not simply towards friends and family, but towards strangers and even possibly those who have caused one harm (Ash et al., 2019).

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Geshe Lobsang Tenzin Negi, a professor at Emory University and former Tibetan Buddhist monk, developed CBCT in 2004, with the aim of supporting undergraduate students and their mental health (Ozawa-de Silva et al., 2012). The program is partially derived from Tibetan Buddhist *lojong* and *lamrim* practices and adapted for secular use (Ash et al., 2019). Among meditation programs that focus specifically on compassion, CBCT is currently the program with the most published research studies on it. It has been used with diverse populations, including undergraduate and post-graduate students, military veterans, chaplains, nurses, elementary-school children, children in foster care, and incarcerated individuals, and it served as the basis for an international school program, SEE Learning (Social, Emotional, and Ethical Learning) that provides free resources to schools and educators to bring compassion training into K-12 and higher education (Borden, 2019).

In its basic form, a CBCT course typically lasts 8–10 weeks, including 1- to 2-h weekly didactic sessions, guided group meditations, and meditation recordings for at-home use (Ash et al., 2019). The course is also offered intensively over the course of two weekends. CBCT is based on a series of eight modules which are taught sequentially and which constitute, in the language of the program, two mutually reinforcing pathways: "(1) intrapersonal skills leading to greater resiliency, and (2) interpersonal skills leading to greater compassion" (Ash et al., 2019, 43).

Defining compassion

Unlike empathy, which has very wide range of definitions in use in the literature, definitions of compassion tend to overlap significantly, even across disciplines. One such commonly accepted definition is that compassion is "the feeling that arises in witnessing another's suffering," which "motivates a subsequent desire to help" (Goetz et al., 2010, 351). Gilbert (2010) adds that compassion requires viewing others non-judgmentally and tolerating distress in the face of suffering. The XIV Dalai Lama (2005), who has long promoted and influenced the scientific study of compassion, writes that "genuine compassion" requires wisdom and loving-kindness: "[O]ne must understand the nature of the suffering from which we wish to free others (this is wisdom), and one must experience deep intimacy and empathy with other sentient beings (this is loving-kindness)" (49). Strauss and colleagues (2016) highlight five components shared by most definitions of compassion in the literature: (a) the recognition of suffering; (b) an understanding that suffering is a shared human experience; (c) empathy for the suffering individual(s); (d) the ability to tolerate uncomfortable feelings aroused in response to suffering; and (e) the motivation to act or acting to alleviate suffering. In alignment with these definitions, the CBCT program defines compassion "the warmhearted wish to see others free from suffering" (Ash et al., 2019, 43).

The present study examined participants' definitions and experiences of compassion and compare these against the above standard definition of compassion. Only a few other studies have approached this question. In one study with a clinical population, kindness and action were central to participants' compassion conceptualizations (Pauley & McPherson, 2010). In a recent study, Mascaro et al. found that participation in a CBCT course resulted in an increase among participants in understanding compassion as a "malleable" skill that could be trained (Mascaro et al., 2022). Even less explored is the phenomenology of compassion in a general population and among compassion practitioners (Ozawa-de Silva, 2015). Until recently, it has remained unclear whether researchers' and participants' understandings of compassion differ or align, and it is unclear whether practitioners actually engage the cognitive strategies they learn in CT courses.

METHODS

The present study, which relies on self-reported experiences of undergoing compassion training, does not attempt to validate the preceding claims made in the literature about compassion or compassion training, but rather to approach the issue of CT phenomenologically by exploring the experiential components of compassion from interviews with CBCT participants. The objectives of the present study were: to provide in vivo examples and definitions of compassion and to compare these against definitions provided

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in CBCT and in CT literature; to explore if participants reported utilizing compassion practices in naturalistic settings, and if so, how they did so; to see if and how understandings of compassion changed over time; and to investigate if practitioners' statements showed signs of increased emotional, social and cognitive resilience as identified in the literature. "Resilience" in this study is informed by multiple disciplines, including clinical psychology, trauma-informed psychotherapy and post-disaster community work (Miller-Karas, 2015), nursing (Grabbe et al., 2021), and anthropology (Lewis, 2020; Ozawa-de Silva, 2021).

The interviews analyzed here were conducted by Chikako Ozawa-de Silva in 2014–2015. Thirty-nine follow-up, semi-structured interviews were conducted in three separate groups of participants 10–14 months after they completed CBCT training. McConnell then analyzed these interviews for the present study. The participant pool is from a two-weekend CBCT training taught by Lobsang Tenzin Negi, PhD, a professor at Emory University. The course was conducted at Drepung Loseling Monastery, a meditation center in Atlanta, Georgia. Qualitative saturation occurred when no new themes were found in the data (Saunders, Sim, & Jinks, 2018); as such, 16 of the 19 total participants were selected for analysis. Recruitment occurred on the first day of CBCT training. No financial incentives were offered for participation.

Sixteen individuals (10 women and 6 men) were randomly selected from a two-weekend CBCT training. This non-clinical sample ranges in age from 20 to 71 years and resides across the United States. Most participants were engaged in entrepreneurial work and vocations including healthcare, technical, and educational industries. Although participants were spiritually diverse, a high prevalence of participants self-identified as Jewish or Christian.

Transcribed interviews were entered into ATLAS.ti. and coded. Data was mined for meaning units relating to (a) lived experiences of compassion, (b) changes in understandings of compassion after CBCT, and (c) strategies associated with long-term cognitive, social, and emotional resilience. McConnell's (2020) previous research, which explores the phenomenology of compassion in women CBCT participants, informed coding of (a). This study expands that work in two significant ways: by including men and by focusing on cognitive and emotion regulation strategies associated with resilience.

Participants' responses to the question "Has your understanding of compassion changed after CBCT, and if so, how?" informed coding for (b). Resilience codes were found in response to questions about intrapersonal and interpersonal changes following CBCT. Following current literature, these were reduced to cognitive, emotional, and social resilience.

Interviews were analyzed and coded via thematic analysis (Nowell et al., 2017), and clustered into themes and subthemes related to the research questions. Post-hoc analyses discovered potential mediators of CBCT outcomes, as well as gender and religious differences. All emergent themes were presented using descriptive phenomenology, an approach that examines underexplored topics by describing lived experiences (Giorgi, 2009). Researchers completed CITI certification; Emory University and Sofia University provided IRB approvals; and pseudonyms were used to preserve participants' confidentiality.

RESULTS

The following results reflect participants' lived experiences approximately 1 year after completing CBCT. Six themes describe experiences of compassion, three themes reveal how understandings of compassion changed, and three themes relate to self-reported strategies associated with resilience.

The lived experience of compassion

Twenty-four meaning units were discovered in participants' responses to, "What is compassion to you?" These were clustered into six themes and 13 subthemes (see Table 1) that represent the phenomenology of compassion. The six themes include: a cognizance of suffering, an interpersonal connection with others, empathy, kindness, nonjudgment, and nonaggression.

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TABLE 1 Themes and subthemes pertaining to the lived experience of compassion.

Theme	Number of participants reporting theme	Frequency of theme	Subtheme
Cognizance of suffering	15	58	The awareness of suffering
			The aim to relieve suffering
An interpersonal connection	13	52	Efforts to connect
			Understanding others
			A sense of shared humanity
Empathy	13	51	Perspective-taking
			Emotional empathy
Kindness	12	48	Acts of kindness
			Wishing for others to be well
Nonjudgment	8	23	Viewing others without judgment
			Nonjudgmental interactions
Nonaggression	8	21	Non-aggression toward others
			Non-aggression toward oneself

Theme 1: Cognizance of suffering

Fifteen of 16 participants believed that compassion requires a cognizance of suffering.

The awareness of suffering

Max shares of others, "I see their suffering" and "I want them to feel joy, I don't want them to suffer." Kat similarly defines compassion as "showing love in someone else's suffering. It's recognizing that people have been harmed and extending love." Mary finds that personal experiences of suffering also enhance understandings of compassion:

> I was chronically ill with Lyme disease, and when I got better, there was a moment in time when I realized that I had suffered, and I was awash with that feeling, with that sorrow and soon after that, I understood the suffering of others. I felt real compassion for maybe the first time in my life.

The aim to relieve suffering

Participants aspired for others to be free from suffering and attempt to assist others in pain. Grace defines compassion as "a true wish and desire for others to be free from their suffering. To have happiness and be free from their suffering and the suffering that we put on ourselves." Alice additionally offers, "I think of compassion as the attempt to relieve the suffering of others," and, "other times it is to relieve their suffering literally." Ryan emphasizes that "you can always alleviate suffering in some way even if you can't fix the problem."

Theme 2: An interpersonal connection

Fourteen participants associated compassion with the ability to make interpersonal connections.

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Efforts to connect

Participants described efforts to connect or feel connections with others. According to Shawn's definition, "[C]ompassion is a relationship, it's a very strong relationship. A relationship that involves compassion is a genuine relationship." Alice explains, "[W]hat I look for in those experiences are ways that I can connect to those patients, who are obviously at a point of real despair in their lives." She continues:

> When you work to relieve the suffering of another, you form a connection. I think that those connections with other people, that is the meaning of our lives. I mean, I think that is the reason why we are here, to form those human connections. Not just those superficial kinds of connections, but the meaningful kind of connections, where you are really working to help another.

Understanding others

Participants cited attempts to better understand others and the context of their suffering. Anika describes this experience as "basically just understanding. Taking the big picture. I had a little bit of an understanding of where she was coming from." Alice defines compassion as "a feeling in the heart, a connection, an understanding of someone else's sorrow, and someone else's joy. You know, it's kind of like reaching out a hand and connecting with the hand of another in a place where we know each other."

A sense of shared humanity

Experiences of shared humanity, including sufferings and aspirations, frequently invoked compassion for participants. Sofia notes this quality of compassion is "just having patience and remembering that we're all going through something in life." Milo asserts, "[T]here's always lots more in common than the things that separate us. So, compassion for me is realizing that." Lily illustrates this connection:

> The basis of it has to be in equanimity and to understand that we are all wanting the same thing. We all have the same aspirations and the same struggles, and it has to be grounded in that first. The empathy comes out of that, I think. And then, compassion comes out of that, and you're wanting to actually relieve people of their suffering if you can.

Theme 3: Empathy

Eighty percent of participants' compassion definitions included empathy.

Perspective-taking

Empathic perspective-taking is the process of imagining being in the position of the suffering individual, which shifts participants' focus toward more compassionate perceptions of others. As Hanna notes, "[C]ompassion itself is putting yourself into someone else's shoes, seeing from that point of view." Milo similarly expresses that "compassion is just being open and being aware of the other person's feelings." Perspective-taking was also used to more effectively understand others. Ella attests, "I think there would have to be a certain degree of empathy or understanding where that person was coming from. That might not even be necessary, that might just be a mental part of it, but it helps me understand where they are coming from."

Emotional empathy

Anika describes emotional forms of empathy as "feeling for someone, how they feel." She emphasizes overlap between emotional empathy and perspective-taking: "I try to look into it and say, okay, how would I feel if I was put in that situation."

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Theme 4: Kindness

Twelve participants listed kindness as a component of compassion.

Acts of kindness

Participants reported expressing kind feelings and supportive behaviors toward others. In defining compassion, Ella notes, "[T]here's a kind part of it, like a kindness." Alice adds that "sometimes it's less about relieving their suffering but more like holding a door open for someone, an act of kindness to make someone happy." Kat describes kindness as "giving something lovely to someone who has been hurt," and Rose highlights the ability to "meet them where they're at and offer them help and support."

Wishing for others to be well

Participants frequently visualized aspirations for others to be free from suffering. Ella states, "[I]f I feel compassionate towards someone, I feel kind toward them. I want good for them, there's that wishing, visualizing that they are happy and peaceful." Milo discloses, "I know several people who are struggling with different problems and if I hold an image in my mind of those problems being gone, it really makes me want to help them."

Theme 5: Nonjudgment

Participants reported that nonjudgment facilitated their compassion toward a wide range of individuals.

Viewing others without judgment

Anika describes nonjudgment as "not judging [others], not whether they are right or wrong." Ella discloses, "I don't really think of compassion and judgment being in the same place. Even if I don't understand something, maybe giving them the benefit of something might be right for them."

Nonjudgmental interactions

Three participants reported this subtheme. As Sofia shares, "[C]ompassion is just interacting with people without any judgment because you wouldn't want to be judged."

Theme 6: Nonaggression

Many participants asserted that nonaggression was critical for compassion. This theme, especially prevalent among men, was often grounded in nonjudgment.

Nonaggression toward others

Participants described nonaggression as refraining from harming or feeling aggression toward others. According to Theo, "[F]or me it's the lack of aggression in conversation or feeling, it's more on the caring side, nurturing." Milo explains, "[A]ll they needed to do was simply act in a way that didn't permanently harm the other person. They could allow themselves to see the other person and vice-versa. See the good qualities as well as the bad qualities." Max elaborates further: "[H]ow could I hate them, how could I be upset with them, how could I not want what's best for them? That's what I want for myself."

Nonaggression toward oneself

Participants noted the need for self-compassion and nonaggression toward oneself. Grace defines self-compassion as "having an understanding of where your own suffering is and understanding the way your mind works first." Shawn highlights, "[I]f you can't see the ways that you're punishing yourself, you can't really see how you're punishing others." Sofia shares:

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TABLE 2 Themes and subthemes pertaining to how compassion conceptualizations changed after CBCT.

Theme	Number of participants reporting theme	Frequency of theme	Subthemes
Enhanced comprehension	16	150	A deeper understanding
			Guidance on how to practice compassion
Greater compassion	16	115	Felt compassion increased
			Targets of compassion expanded
Equanimity	14	44	The importance of equanimity
			The challenges of equanimity

Abbreviation: CBCT, Cognitively-Based Compassion Training.

> When I explain self-compassion because of everything I went through and everything I've learned, the way I explain it is that you can help people, but you don't have to hurt yourself. I only help people if they sincerely ask me for my help. And when I help them, I make sure I am healthy. Because if I'm not healthy, there's not much that I can do.

How understandings of compassion changed after CBCT

All participants reported that their understanding of compassion changed after CBCT. These changes are associated with 12 meaning units (see Table 2), including three primary forms of change: an enhanced comprehension of compassion, greater compassion, and equanimity.

Enhanced comprehension

The interviews of all participants (100%) exhibited an increased understanding of compassion after CBCT.

A deeper understanding

Following CBCT, participant reports suggest that they could more easily verbalize compassion, describe authentic instances of compassion that they had experienced, and differentiate non-compassion states (i.e., compassion fatigue and pity) from compassion. As Max summarizes, "CBCT helped me. It was a step for me towards increasing my natural compassion and the genuineness of my compassion," Sofia states, "I found a true path to compassion, a true understanding of compassion," and Hannah discloses, "I don't know that I really thought about it that much beforehand. Intellectually, I knew about it, but I never really put it into practice."

Guidance on how to practice compassion

Similarly, participants reported practicing compassion in their daily lives. Shawn notices that it "just allowed me to become more in touch with compassion as it impacts my everyday life," and Ryan notes, "I had more of a vague understanding of it prior to the course. Now I have more detailed ideas and I also understand how to cultivate it." Max describes, "[W]e have habits of not being compassionate and loving toward others. What CBCT teaches is it says, let's train ourselves to replace these bad habits of anger, greed, and jealously, and replace them with good habits of love and compassion."

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Greater compassion

All participants reported more compassion and more targets of compassion in their daily lives.

Felt compassion increased

Most participants reported feeling increased compassion toward others. Steve explains that "CBCT is kind of goal driven. You know what to do with your awareness and you become aware that the direction you want to go is toward compassion." Anika observes, "I've seen myself to be more compassionate since I've taken this course. I've always been that compassionate person, but I just now have better tools to be more compassionate." Kat and Ella describe:

> Any suffering that I was encountering, I realized that I began to take the approach of compassion. Even in a situation I couldn't show direct compassion on the person or the situation in which I was struggling, I would find a substitute. So, I would try to in some other way engage compassionately with the world.

> A lot of the meditation that we did, a lot of the things that he spoke about was about seeing strangers as your beloved because once they become your beloved, you care for that person. So, it's that kind of meditation, where you can raise people to that level. Then, you have more compassion for them.

Targets of compassion expanded

Many participants reported expanded forms of compassion that extended beyond loved ones to include strangers and adversaries. As Rose remarks, "I wouldn't have imagined that it could be as wide, that it could extend beyond immediate friends and family, and it absolutely can." Alice and Milo report similar experiences:

> I remember at CBCT, when we did the loving-kindness meditations, where you think of somebody close to you, family or friend, and you think about them compassionately. You wish for compassion for them and then you extend it to your acquaintances or a stranger, and then the enemy. CBCT was the first time I had done that.

> I can have a mental image of a person who changed categories. Then, I can experience my feelings toward the person shifting. So, I'm much more aware and probably more able to not react to positives or negatives when I first meet somebody. Ultimately, like the meditation says, everybody is after emerging from suffering and seeking happiness. So, we all have that in common.

Equanimity

Participants reported equanimity as a salient component of compassion that helped them feel more resilient during adversities.

The importance of equanimity

Several practitioners stated that compassion is rooted in or initiated by equanimity. Max reports that "the end goal of CBCT and the CT is to have equal love for all." Lily explains how her view of compassion changed: "I think my description would have been more like you were feeling sorry for someone. Maybe that kind of thing where you are almost crippled by it, and you don't know what to do. I didn't see it as first of all being based in equanimity, and it absolutely is." Milo outlines: I look at my own biases and

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TABLE 3 Themes and subthemes pertaining to compassion-based resilience.

Theme	Number of participants reporting theme	Frequency of theme	Subthemes
Cognitive abilities	16	356	The ability to pause mental activity
			Metacognition and objectivity
			Cognitive coping
Emotion regulation skills	16	294	Less emotional reactivity
			More acceptance
			Eudaimonic emotion regulation
			Distress tolerance during adversities
Social strengths	16	265	Tolerance toward others
			Conflict resolution
			Strengthened relationships
			Resilience at work

how they keep me from relating with other people, and then I look at equanimity and I understand how I automatically sort people into those three categories, but they're temporary. Then, I start to develop gratitude, and I think of the interdependence of everybody. And then, that helps me appreciate people.

The challenges of equanimity

Although they reported that equanimity increases compassion, many participants found equanimity challenging in practice. Hannah mentions that "the equanimity part could be the most challenging depending upon who it is. I mean family, friends, people like that it's easy, no problem, but the people that you may not like or may find very challenging in life, the equanimity part can be the most difficult." Ryan discloses:

> I understand how we all have the same goals. I've had mixed success, but I'm trying to relate to them all the same way. Of course, it's difficult for those people that you have difficulties with, but it's gotten easier the more I do it. It's very easy to do it for the people that I'm neutral about, but I guess it just takes practice.

Resilience strategies

Approximately 1 year after learning CBCT, the interviews of all participants (100%) included resilience strategies corresponding with 16 meaning units. These were reduced to three themes and 11 subthemes (see Table 3). The three main pillars involve cognitive abilities, emotion regulation skills, and social strengths.

Cognitive abilities

The reports of all participants exhibited use of the cognitive skills (i.e., cognitive reappraisal and humor) connected to resilience (Kuhlman et al., 2021), broken down as follows.

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The ability to pause mental activity

Most participants reported learning to pause and re-examine automatic thoughts and assumptions, which they claimed resulted in more insight, less rumination, and less impulsivity. As Lily reports, "[O]ne of the main changes for me was being able to take the pause. I think to pause a lot. Maybe before I would have said something that would have been destructive or hurtful, and I pause, and I can't say it." Alice adds, "I have been much better able to find that pause between the stimulus and the reaction. I am much better at controlling my impulsive reactions." According to Rose:

> It's a tool for growth, I try to be more mindful now. I try to slow my life down and just be more present, which has always been a problem for me because I always felt that everything had to be done quickly. I guess it taught me that it can be done on my time. It's interesting because if you give yourself that space and time, sometimes something will happen in between your response that will show you a different way of approaching the situation.

Metacognition and objectivity

Participants reported they were able to pause and observe automatic cognitions, enabling better control of maladaptive thought processes like rumination. Ryan describes metacognition as "observing thoughts and trying not to be too forceful, trying to reign them in and trying to just observe the mind without affecting it." Ella elaborates, "[I]t helped me to see, and I'll check myself and say that's not reality, even though I may feel something. In general, more objectivity, less judgement, less taking things personally, more understanding." Alice adds:

> It made me aware of ANTs, automatic negative thoughts. It made me aware about how often I will assume the worst of a situation. Somebody reacts in a certain way, and I assume it is personal. My husband said something, and I assume he is being critical. Now, I feel like I am much more likely to just pause for that brief period of time and check my interpretation. That has been life changing.

Cognitive coping

Many participants mentioned skills including cognitive reappraisals, cognitive restructuring, and self-monitoring strategies to cope with and transmute adverse experiences. As Milo discloses, "[I]t was very easy and natural for me to look inside, but it was difficult to face the things that came up sometimes. But I guess that's what was very encouraging about it was the idea that those things can actually be transformed." Kat explains:

> If there's pain in my mind, I try to acknowledge it. I try to think about the pain but not in a retributive way. Instead, I try think about how I can redirect my thoughts from the pain and the chaos into compassion. We have different responses that are more productive both for ourselves and for the situation that's hurting us than just pulling away and closing off, and that response is compassion. That, in fact, is so much more healing to us than closing down and pulling away. That's what I learned.

Emotion regulation skills

All participants (100%) reported experiencing enhanced affect regulation after CBCT, a skill commonly linked to resilience in the literature (Behrouian et al., 2020; Mestre et al., 2017).

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Less emotional reactivity

Most participants stated they experienced less emotional reactivity after CBCT. This includes less intense affective responses to noxious stimuli, less emotional exhaustion, and greater impulse control. Alice notices, "I pay a lot of attention to my emotions and have more control over my reactions." Ella states, "[W]ith things that have come up that have been challenging, it helped me to slow down and stop, and sit on things, maybe. To try not to react but just clearly communicate or listen." Ryan states:

> I'm much more aware of my own emotions changing from moment to moment. And I understand that I can watch them; I don't have to react to them. And because I'm aware of that in myself, I understand that the same thing is going on in other people. So, I feel like I'm much more able to give them a chance if they do something that annoys me.

More acceptance

Participants reported using acceptance strategies to regulate negative emotions after hardships. According to Rose, "[B]y being more in-tuned with my own emotions, I can understand the reason for other peoples' emotional responses, which are not always positive. It just makes me more accepting." She continues, "I guess I'm just more accepting of letting life show me the way, rather than feeling that I have to force my way through life." As Shawn explains, "[I]f you can't accept the way you live your life, you can be punishing yourself unnecessarily and then, how can you stop yourself from punishing other people?"

Eudaimonic emotion regulation

Participants reported hedonic emotion regulation, which has been associated with more positive emotions and less negative affect. More frequently, they utilized eudaimonic forms of emotion regulation; for example, using eudaimonic motives to convert negative emotions into prosocial states and beneficial learning experiences.

Milo and Sofia illustrate this:

> It teaches you, first of all, you have to take care of yourself with meditation and then expand it to others. What I liked about it was that it can apply to anyone pretty much. If you follow the modules, anyone can become better, can have more control of the mind, and center themselves. I feel much more stable in that practice. I feel like before it may have been more by chance and that now, it's by design, and it's more under my own control. So, I'm aware of how feelings come up like anger, if it's unjustified or is going to hurt people later, I'm aware now that I can transform that.

Distress tolerance during adversities

A high percentage of participants reported experiencing enhanced distress tolerance during daily-life stressors, interpersonal conflicts, marital separations, chronic illnesses, and fatalities of loved ones. Theo and Sofia state:

> There was the death of my son. I think it was three years ago. You don't let it go, but at the same time you kind of manage it. It seems to be the best thing I've been able to get out of the CBCT class on that. I'm able to manage my emotions better since my son's death.

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> Last year I had a lot of changes in my life. It forced me to go through the meditations and it became very helpful for me, very beneficial. First, I had to apply compassion for myself for going through the situation that I was going through. Then, apply compassion. I didn't let it hurt me.

Social strengths

Following CBCT, all participants reports included mention of at least one of following social strengths purported to buffer mental health and boost resilience (Li et al., 2021).

Tolerance toward others

Participants reported a greater tolerance toward others. They reported that by regulating negative thoughts and emotions amidst interpersonal challenges, they were able to foster more positive, adaptive, and fulfilling social interactions.

As Kat states, "I think that I'm probably more tolerant of people's weaknesses, more tolerant of people, recognizing the ways that they've been hurt." Max observes, "I'm more patient with other people when they do things that I normally would want to react to. I care more about their wellbeing than I did beforehand." He continues, "I wanted at first to feel anger and hate toward those people who screwed me over, whatever. But that night in meditation, each person I thought of them, and I was just like, I want what's best for you."

Conflict resolution

Participants said they regularly used compassion practices for conflict resolution. According to Ryan, "I just focus better when they're talking and really listen and try to approach whatever the problem or question from a compassionate standpoint." Steve shares, "I think about it when I'm talking with other people about their problems or if I'm having problems myself. If I'm not too caught up in it, I can stop and more likely regain control, self- control of the situation." Mary notes how she resolved a conflict with an adversary:

> It was all just really from extending it and acknowledging this man is difficult to me. In that time where there was no threat to me, I didn't have to handle anything, but just in the silence of my own thinking, to extend compassion to him. Then to find the difference when I met him out in the street.

Strengthened relationships

Participants reported that compassion training improved relationships, particularly spousal, parenting, and adversarial relationships. As Max mentions, "[M]y relationship with my brother and my dad got a lot better because I stopped trying to expect things from them." Ryan remarks, "I feel like my relationships with my friends have deepened. I'm better able to understand them." Anika expounds that "it made it clear to me how you can really increase the harmony, increase the chances that you will connect with that person better by understanding their perspective." Alice states:

> I would say that since I did CBCT and because of meditation, I am a lot more self-aware. I think I pay a lot of attention to my emotions and have more control over my reactions. I've been much better able to find that pause between the stimulus and the reaction. I am much better at controlling my impulsive reactions into something good for my relationship. My husband is starting to meditate too, as a result of me doing it. I think both of our relationships are stronger as a result of that for sure.

Resilience at work

Participants reported employing compassion practices at work, which they believed strengthened workplace relationships and reduced vocational stressors. Rose states that "it helps me in meetings. You know if I have a meeting that provokes anxiety, I know how to calm myself." Ryan shares:

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TABLE 4 Themes pertaining to potential mediators of CBCT.

Theme	Number of participants reporting theme	Frequency of theme	Subthemes
Extraneous factors	9	47	Other religious practices
			Community influences
			Innate compassion
Practice fidelity	8	40	Outcomes mediated by practice fidelity
			Challenges with practice consistency
Group meditation	8	14	Group meditations enhanced outcomes

Abbreviation: CBCT, Cognitively-Based Compassion Training.

> I see a lot of people that are at the end of life. I had one particular patient who did not want to accept the prognosis, and I had to call upon the deepest compassion. He was angry and blaming, and this type of thing. I was able to talk with him and I had empathy, and I think it was beneficial. The outcome was very good, and he was able to accept the prognosis. In a way, his anger went away, and it ended up being good for everybody involved.

Individual differences

Exploratory analyses uncovered gender differences, spiritual themes, and potential mediators of CBCT. These findings are beyond the scope of this study but are mentioned here as they may warrant further examination.

Gender differences

Although there were no significant differences across men and women in resilience outcomes, there were gender disparities in compassion conceptualizations; specifically, nonaggression was more prevalent and salient among men.

Spiritual findings

Participants were spiritually diverse, and religious participants reported enhancements in their spiritual practices after CBCT. The majority of participants come from Judeo-Christian religious backgrounds, and Christian participants reported that CBCT was compatible with their Christian beliefs.

Potential mediators of CBCT

Twelve participants highlighted potential mediators of CBCT, including (a) extraneous factors, (b) practice fidelity (i.e., the amount of time the participants dedicated to compassion practices), and (c) group meditation (see Table 4).

DISCUSSION

Lived components of compassion

When participants defined the lived experience of compassion, six core components arose:

1. A cognizance of suffering, such as an awareness of suffering or an aim to relieve suffering.
2. An interpersonal connection with others, which involves attempts to understand and connect with others, and a sense of shared humanity.

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3. Empathy that spans cognitive perspective-taking and affective experiences.
4. Kindness, which includes acts of kindness and wishing others' to be well.
5. Nonjudgment, such as nonjudgmental interactions with and views of others.
6. Nonaggression, including nonaggression toward others and oneself, and self- compassion.

Consistent with scientific definitions (Gilbert, 2010; Strauss et al., 2016), participants listed in their compassion experiences the recognition of suffering, the motivation to prevent suffering, a sense of shared humanity, empathy, and nonjudgment. Moreover, practitioners reported two new components: kindness and nonaggression, the latter of which may be particularly pertinent for men.

Contemplative traditions assert that *ahimsa* or nonaggression is compulsory for developing compassion (Trungpa, 2014). Biometric measures of compassion inductions support this assertion: studies find that compassion downregulates the fight-or-flight response and upregulates the parasympathetic nervous system (Stellar et al., 2015), dampening aggression and priming the body for pro-sociality. Although arguably implicit in current definitions, scholars may consider including nonaggression and kindness explicitly in future definitions of compassion.

Changes in experiences of compassion after CBCT

Similar to the findings in Mascaro et al.'s (2022) qualitative study of CBCT participants, this study suggests that participants' understanding of compassion did change after CBCT, and that they believed they were able to have more experiences of compassion and experience that compassion towards a wider range of individuals. Their statements also reflected a widespread belief among them in the role of equanimity in facilitating compassion, in alignment with the *Lojong* tradition from which CBCT was adapted (Lama & Kamalashila, 2019; Trungpa, 2014). Despite calls for further study (Desbordes et al., 2015), researchers have only recently posit that equanimity may be associated with wellbeing in meditation practitioners (Eberth et al., 2019).

Compassion-based resilience

Participants reported signs of resilience in three interconnected domains: cognitive abilities, emotion regulation skills, and social strengths. Participants reported learning to pause and re-examine automatic cognitions and related ruminations, suggesting the possibility of enhanced metacognition or self-awareness and an ability to regulate negative thoughts and employ adaptive cognitive strategies, including coping skills during significant challenges. In their own words, participants reported strategies of cognitive reappraisal, cognitive restructuring, and self-monitoring.

Emotion regulation is the second most prevalent outcome participants report, a range of which help practitioners achieve emotional resilience. They reported being less emotionally reactive toward adverse stimuli, a skill predicated on the ability to cognitively pause and utilize metacognition. Participants reported experiencing less emotional reactivity, and said they were able to dissipate negative emotions, generate calm, and gain insight on the challenges they encounter.

Participants also reported using acceptance strategies and eudaimonic forms of emotion regulation to regulate negative emotions and generate healing experiences after stressful life events. They claimed these emotion regulation skills enabled them to experience greater distress tolerance, even after traumatic experiences.

Studies show that high emotional reactivity can have deleterious effects on mental and physical health, especially during stressors (Bounoua & Sadeh, 2021; Shapero et al., 2019). Conversely, emotion regulation skills and low emotional reactivity can significantly improve wellbeing and predict resilience to psychopathology (Kraiss et al., 2020; Mestre et al., 2017). Moreover, acceptance as an emotion regulation strategy is believed to be a robust predictor of mental health (Kotou et al., 2018), and eudaimonic motives are associated with several variables of wellbeing (Giuntoli et al., 2020).

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Psychosocial strengths may have fostered resilience in CBCT participants also, including increased tolerance toward others, improved conflict resolution skills, strengthened relationships, and applied compassion practices that buffer vocational and social stressors. Participants reported that compassion practices strengthened a broad spectrum of interpersonal relationships.

In conclusion, this study contributes to the still relatively small qualitative literature on experiences of compassion training. It shows a high level of convergence among participants regarding understandings of compassion and the reported uses of strategies of emotion regulation associated with resilience. Regarding the relationship between empathy and compassion, participants responses largely suggest that, in their experience, empathy was widely experienced as part of the process of cultivating compassion; affective empathy overlapped significantly with cognitive empathy (perspective-taking); and empathy did not conflict with or undermine the cultivation of compassion. Moreover, their responses suggest that empathy, rather than contributing to burnout, supported resilience in various forms, which may suggest that the deployment of affective empathy, if combined with other elements in compassion training, may not lead to the negative results feared by Bloom (Bloom, 2017). This research remains very preliminary, however, and further qualitative and anthropological research on compassion training is needed to address cross-cultural issues in understandings of compassion and the experiences of participants in compassion training programs. Moreover, as suggested at the beginning of this article, further research is needed to explore what role intentional training in compassion and empathy might have in helping individuals, including researchers, understand others' perspectives and worlds, and how this might inform research, particularly in the fields of anthropology and psychology.

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REFERENCES

Ash, Marcia, Timothy Harrison, Melissa Pinto, Ralph DiClemente, and Lobsang Tenzin Negi. 2019. "A Model for Cognitively-Based Compassion Training." *Social Theory and Health* 19: 43–67.

Barrett-Cheetham, Elizabeth, Lisa Williams, and Timothy Bednall. 2016. "A Differentiated Approach to the Link Between Positive Emotion, Motivation, and Eudaimonic Well-Being." *The Journal of Positive Psychology* 11(6): 595–608.

Behrouian, Maryam, Tahereh Ramezani, Mahlagha Dehghan, Abdoreza Sabahi, and Batool Ebrahimnejad Zarandi. 2020. "The Effect of Emotion Regulation Training on Stress, Anxiety, and Depression in Family Caregivers of Patients with Schizophrenia: A Randomized Controlled Trial." *Community Mental Health Journal* 56: 1095–102.

Behrouian, Maryam, Tahereh Ramezani, Mahlagha Dehghan, Abdoreza Sabahi, and Batool Zarandi. 2021. "The Effect of the Emotion Regulation Training on the Resilience of Caregivers of Patients with Schizophrenia: A Parallel Randomized Controlled Trial." *BMC Psychology* 9(1): 39.

Bernhardt, Boris C., and Tania Singer. 2012. "The Neural Basis of Empathy." *Annual Review of Neuroscience* 35: 1–23.

Bloom, Paul. 2017. *Against empathy: The case for rational compassion*. Random House.

Borden, Lynne. 2019. "Social, Emotional, and Ethical Learning: A Curriculum that Educates the Heart and Mind." *Journal of Youth Development* 14(3): 217–21.

Bounoua, Nadia, and Naomi Sadeh. 2021. "A Longitudinal Investigation of the Impact of Emotional Reactivity and COVID-19 Stress Exposure on Substance Use During the Pandemic." *Journal of Affective Disorders Reports* 6: 100284.

Catarino, Francisca, Paul Gilbert, Kristen Mcewan, and Rita Balao. 2014. "Compassion Motivations: Distinguishing Submissive Compassion from Genuine Compassion and its Association with Shame, Submissive Behavior, Depression, Anxiety, and Stress." *Journal of Social and Clinical Psychology* 33(5): 399–412.

Cosley, Brandon, Shannon McCoy, Laura Saslow, and Elissa Epel. 2010. "Is Compassion for Others Stress Buffering? Consequences of Compassion and Social Support for Physiological Reactivity to Stress." *Journal of Experimental Psychology* 46: 816–23.

Decety, Jean, and William Ickes, eds. 2011. *The Social Neuroscience of Empathy*. Cambridge, MA: MIT Press.

Desbordes, Gaëlle, Tim Gard, Elizabeth Hoge, Britta Hölzel, Catherine Kerr, Sara Lazar, Andrew Olendzki, and David Vago. 2015. "Moving Beyond Mindfulness: Defining Equanimity as an Outcome Measure in Meditation and Contemplative Research." *Mindfulness* 6(2): 356–72.

Eberth, Juliane, Peter Sedlmeier, and Thomas Schäfer. 2019. "PROMISE: A Model of Insight and Equanimity as the Key Effects of Mindfulness Meditation." *Frontiers in psychology* 10: 2389.

Galante, Julieta, Ignacio Galante, Marie-Jet Bekkers, and John Gallacher. 2014. "Effect of Kindness-Based Meditation on Health and Well-Being: A Systematic Review and Meta-Analysis." *Journal of Consulting and Clinical Psychology* 82(6): 1101–14.

15481352, 2024, 2, Downloaded from https://anthrosource.onlinelibrary.wiley.com/doi/10.1111/etho.12424 by Readcube (Labtiva Inc.), Wiley Online Library on [10/08/2026]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

Garland, Eric, Adam Hanley, Norman Farb, and Brett Froeliger. 2015. "State Mindfulness During Meditation Predicts Enhanced Cognitive Reappraisal." *Mindfulness* 6(2): 234–42.

Gilbert, Paul. 2010. *The Compassionate Mind*. Oakland, CA: New Harbinger.

Gilbert, Paul. 2020. "Compassion: From its Evolution to a Psychotherapy." *Frontiers in Psychology* 11: 3123.

Giorgi, Amedeo. 2009. *The Descriptive Phenomenological Method in Psychology: A Modified Husserlian Approach*. Pittsburgh, PA: Duquesne University Press.

Giuntoli, Laura, Federica Condini, Francesco Ceccarini, Veronika Huta, and Giulio Vidotto. 2020. "The Different Roles of Hedonic and Eudaimonic Motives for Activities in Predicting Functioning and Well-Being Experiences." *Journal of Happiness Studies* 22: 1657–71.

Goetz, Jennifer, Dacher Keltner, and Emiliana Simon-Thomas. 2010. "Compassion: An Evolutionary Analysis and Empirical Review." *Psychological Bulletin* 136: 351–74.

Grabbe, Linda, Melinda K. Higgins, Marianne Baird, and Katherine M. Pfeiffer. 2021. "Impact of a Resiliency Training to Support the Mental Well-Being of Front-Line Workers: Brief Report of a Quasi-Experimental Study of the Community Resiliency Model." *Medical Care* 59 (7): 616.

Hollan, Douglas, and Jason Throop. 2008. "Whatever Happened to Empathy? Introduction." *Ethos* 36(4): 385–401.

Jazaieri, Hooria, Kelly McGonigal, Thuptn Jinpa, James Doty, James Gross, and Philippe Golden. 2013. "A Randomized Controlled Trial of Compassion Cultivation Training: Effects on Mindfulness, Affect, and Emotion Regulation." *Motivation and Emotion* 38: 23–35.

Jazaieri, Hooria, Kelly McGonigal, Ihno Lee, Thupten Jinp., James Doty, James Gross, and Philippe Goldin. 2017. "Altering the Trajectory of Affect and Affect Regulation: The Impact of Compassion Training." *Mindfulness*. 9(1): 283–93.

Kaplan, Deanna M., Matthias R. Mehl, Thaddeus W.W. Pace, Lobsang Tenzin Negi, Brendan Ozawa-de Silva, Brooke D. Lavelle, Teri Sivilli, et al. 2022. "Implications of a "Null" Randomized Controlled Trial of Mindfulness and Compassion Interventions in Healthy Adults." *Mindfulness* 13(5): 1–17.

Kirby, James N., Cassandra L. Tellegen, and Stanley R. Steindl. 2017. "A Meta-Analysis of Compassion-Based Interventions: Current State of Knowledge and Future Directions." *Behavior Therapy* 48(6): 778–92.

Klimecki, Olga, Susanne Leiberg, Clauss Lamm, and Tania Singer. 2013. "Functional Neural Plasticity and Associated Changes in Positive Affect after Compassion Training." *Cerebral Cortex* 23(7): 1552–61.

Kok, Bethany, Kimberly Coffey, Michael Cohn, Lahnna Catalino, Tanya Vacharkulksemsuk, Sara Algoe, Mary Brantley, and Barbara Fredrickson. 2013. "How Positive Emotions Build Physical Health: Perceived Positive Social Connections Account for the Upward Spiral Between Positive Emotions and Vagal Tone." *Psychological Science* 24: 1123–32.

Kotou, Ilios, Christopher Leys, and Pierre Fossion. 2018. "Acceptance Alone is a Better Predictor of Psychopathology and Wellbeing than Emotional Competence, Emotion Regulation and Mindfulness." *Journal of Affective Disorders* 226: 142–45.

Kral, Tammi R.A., Diane E. Stodola, Rasmus M. Birn, Jeanette A. Mumford, Enrique Solis, Lisa Flook, Elena G. Patsenko, Craig G. Anderson, Constance Steinkuehler, and Richard J. Davidson. 2018. "Neural Correlates of Video Game Empathy Training in Adolescents: A Randomized Trial." *NPJ Science of Learning* 3(1): 13.

Kuhlman, Kate, Kelci Straka, Zahra Mousavi, Mai-Lan Tran, and Emma Rodgers. 2021. "Predictors of Adolescent Resilience During the COVID-19 Pandemic: Cognitive Reappraisal and Humor." *Journal of Adolescent Health* 69(5): 729–36.

Lama, Dalai. 2005. *Essence of the Heart Sutra*. Somerville, MA: Wisdom.

Lama, Dalai, and Kamalashila. 2019. *Stages of Meditation: The Buddhist Classic on Training the Mind*. Boulder, CO: Shambala.

Lewis, Sara E. 2020. *Spacious minds: Trauma and resilience in Tibetan Buddhism*. Cornell University Press.

Li, Fugui, Sihui Luo, Weiqi Mu, Yanmei Li, Liyuan Ye, Xueying Zheng, Bing Xu et al. 2021. "Effects of Sources of Social Support and Resilience on the Mental Health of Different Age Groups During the COVID-19 Pandemic." *BMC psychiatry* 21: 1–14.

Mascaro, Jennifer, James Rilling, Lobsang Tenzin Negi, and Charles Raison. 2013. "Compassion Meditation Enhances Empathic Accuracy and Related Neural Activity." *Social Cognitive and Affective Neuroscience* 8(1): 48–55.

Mascaro, Jennifer S., Marianne P. Florian, Marcia J. Ash, Patricia K. Palmer, Anuja Sharma, Deanna M. Kaplan, Roman Palitsky, George Grant, and Charles L. Raison. 2022. "Learning Compassion and Meditation: A Mixed-Methods Analysis of the Experience of Novice Meditators." *Frontiers in Psychology* 13: 805718.

McConnell, Sara. 2020. *How Compassion Affects Lives: A Qualitative Study on the Experience of Compassion and the Long-Term Outcomes after Compassion Training in a Sample of Women*. Diss. Sofia University.

Mestre, José M., Juan M. Núñez-Lozano, Rocío Gómez-Molinero, Antonio Zayas, and Rocio Guil. 2017. "Emotion Regulation Ability and Resilience in a Sample of Adolescents from a Suburban Area." *Frontiers in Psychology* 8: 1980.

Miller-Karas, Elaine. 2015. *Building Resilience to Trauma: The Trauma and Community Resiliency Models*. London: Routledge.

Nowell, Lorelli, Jill Norris, Deborah White, and Nancy Moules. 2017. "Thematic Analysis: Striving to Meet the Trustworthiness Criteria." *The International Journal of Qualitative Methods* 16: 1–13.

Ozawa-de Silva, Brendan. 2015. "*Becoming the wish-fulfilling tree: Compassion and the transformation of ethical subjectivity in the Lojong tradition of Tibetan Buddhism*." Doctoral dissertation, Emory University.

Ozawa-de Silva, Brendan, Brooke Dodson-Lavelle, Charles Raison and Lobsang Tenzin Negi. 2012. "Compassion and Ethics: Scientific and Practical Approaches to the Cultivation of Compassion as a Foundation for Ethical Subjectivity and Well-Being." *Journal of Healthcare, Science, and the Humanities* 2(1): 145–61.

Ozawa-de Silva, Chikako. 2021. *The Anatomy of Loneliness: Suicide, Social Connection, and the Search for Relational Meaning in Contemporary Japan*. Berkeley, CA: University of California Press.

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Ozawa-de Silva, Brendan and Chikako Ozawa-de Silva. 2022. "Contemplative Practice/Sacred Spaces/Cultural Resilience." *International Handbook of Practical Theology*. Berlin: De Gruyter. 289.

Pace, Thaddeus, Lobsang Tenzin Negi, Daniel Adame, Steven Cole, Teresa Sivilli, Timothy Brown, and Charles Raison. 2009. "Effect of Compassion Meditation on Neuroendocrine, Innate Immune and Behavioral Responses to Psychosocial Stress." *Psychoneuroendocrinology* 34: 87–98.

Pace, Thaddeus, Lobsang Tenzin Negi, Brooke Dodson-Lavelle, Brendan Ozawa-de Silva, Sheethal Reddy, Steven Cole, Andrea Danese, Linda Craighead, and Charles Raison. 2013. "Engagement with Cognitively-Based Compassion Training is Associated with Reduced Salivary C-Reactive Protein from Before to After Training in Foster Care Program Adolescents." *Psychoneuroendocrinology* 38(2): 294–99.

Pauley, Gerald, and Susan McPherson. 2010. "The Experience and Meaning of Compassion and Self-Compassion for Individuals with Depression or Anxiety." *Psychology and Psychotherapy: Theory, Research and Practice* 83: 129–43.

Robbins, Joel. 2013. "Beyond the suffering subject: toward an anthropology of the good." *Journal of the Royal Anthropological Institute* 19, no. 3: 447–62.

Saunders, Benjamin, Julius Sim, Tom Kingstone, Shula Baker, Jackie Waterfield, Bernadette Bartlam, Heather Burroughs, and Clare Jinks. 2018. "Saturation in Qualitative Research: Exploring its Conceptualization and Operationalization." *Quality & Quantity* 52: 1893–907.

Shapero, Benjamin, Amy Farabaugh, Olga Terechina, Stephanie DeCross, Joey Cheung, and Daphne Holt. 2019. "Understanding the Effects of Emotional Reactivity on Depression and Suicidal Thoughts and Behaviors: Moderating Effects of Childhood Adversity and Resilience." *Journal of Affective Disorders* 245: 419–27.

Shonin, Edo, William Van Gordon, Angelo Compare, Masood Zangeneh, and Mark Griffiths. 2015. "Buddhist-Derived Loving-Kindness and Compassion Meditation for the Treatment of Psychopathology: A Systematic Review." *Mindfulness* 6(5): 1161–80.

Stellar, Jennifer, Adam Cohen, Christopher Oveis, and Dacher Keltner. 2015. "Affective and Physiological Responses to the Suffering of Others: Compassion and Vagal Activity." *Journal of Personality & Social Psychology* 108(4): 572–85.

Strauss, Clara, Billie Taylor, Jenny Gu, Willem Kuyken, Ruth Baer, Fergal Jones, and Kate Cavanaugh. 2016. "What is Compassion and How Can We Measure It? A Review of Definitions and Measures." *Clinical Psychology Review* 47: 15–27.

Thayer, Julian, Shelby Yamamotto, and Joss Brosschott. 2010. "The Relationship of Autonomic Imbalance, Heart-Rate Variability and Cardiovascular Disease Risk Factors." *International Journal of Cardiology* 141(2): 122–31.

Trungpa, Chogyam. 2014. *The Bodhisattva Path of Wisdom and Compassion*. Boulder, CO: Shambala.

Weng, Helen, Andrew Fox, Alexander Shackman, Diane Stodola, Jessica Caldwell, Mathew Olson, Gregory Rogers, and Richard Davidson, 2013. "Compassion Training Alters Altruism and Neural Responses to Suffering." *Psychological Science* 24(7): 1171–80.

Zeng, Xianglong, Cleo Chiu, Rong Wang, Tian Oei, and Freedom Leung. 2015. "The Effect of Loving-Kindness Meditation on Positive Emotions: A Meta-Analytic Review." *Frontiers in Psychology* 6:1693.

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