

Awakening the Compass of Compassion: An Evolutionary Journey

By

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Abstract

Compassion is medicine for suffering. By cultivating compassion for self and others we are becoming champions of compassionate change within the violent, divided, unjust world we call home. Promising community development initiatives have been influenced by the teachings of historical figures and events as well as being guided by the principals and practices of compassion informed methodologies. The healing powers of compassion combined with the wisdom of community development provide communities with opportunities to decrease suffering, increase psychosocial integration, as well as develop compassionate cultures of hope and possibility. An exploration of existing literature and programs strengthen the interrelationship between compassion and community development, as well as contribute to the knowledge of the practical strategies identified in individual, family, and community settings. This thesis proposes a newly developed model called the Compass of Compassion focused on improving the plethora of community-identified struggles. Further investigation regarding compassion-informed practices is needed within the community-based initiatives along with the educational, societal, economic and political realms. Indeed, compassion has the potential of creating lasting and desirable change if we use the principals and practices of the Compass of Compassion combined with programs such as Integrating Compassionate Action Now (ICAN) into all parts of our globalized world.

Dedication

To those who were there and continue to be there for me in my times of suffering - your compassion has inspired me.

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Compassion, Community, Development, Disaster, Suffering, Compass, Integrating, Action

Chapter 1: Introduction

Compassion is a simple, yet complex phenomenon. In today's world of fear, destruction, and violence we need a sustainable, effective solution more than ever. Compassion initiatives have the potential to create global changes (Charter for Compassion, 2017) yet require a more comprehensive framework for clinicians, therapists, and human services professionals to work from. Research currently exists within compassion focused therapies (Gilbert, 2009), however, this research is complementary by exploring the interrelationship between compassion and community development. By combining historical wisdom, traditional teachings, disaster response methodologies along with scientific expertise in the fields of interpersonal neurobiology, affective neuroscience, and positive psychology, we touch on very core components of this relationship. Through a deep and thorough investigation of the literature we learn that we have the potential to make global changes by tapping into compassion for ourselves and others. This compassion-informed approach guides us with the intention of creating greater opportunities to enhance community development thereby preventing, slowing, or mitigating the many disasters that plague communities.

The Cambridge English Dictionary (2017) defines disaster as an event that results in "great harm, damage, or death, or serious difficulty" (p.1). These kinds of events are regularly on the news, streaming on social-media feeds, and represent a sad reality of the violence, terror, and sheer carnage our world has experienced. Individually and as a country we barely keep afloat. We may feel that sinking, inescapable feeling of hopelessness that can cripples lives. We familiarize ourselves with the art of treading water in an effort to continue living, grasping for whatever brings us solace from the suffering in our world. We may find ourselves alone in a whirlpool of fear, destruction, hurt and pray that we will be taken away to free ourselves from

the collapsing cages that confine us. Those of us who float only do so only temporarily. The inevitable current of life will always wear us down, torment us mentally, and lead us into darkness. Together we have tied anchors to others, watched them sink, and only then consider doing something differently. How do we float? Together we float. Through compassion we float.

The benefits of compassion are vast and far-reaching. Compassion has multiple definitions, however, the Latin root form of the word compassion means “to suffer together” (Lilius, Kanov, Dutton, Worline, Maitlis, 2011, p.5). Recent definitions include an affective and behavioural component and suggest that “compassion is the feeling that arises in witnessing another's suffering and that motivates a subsequent desire to help” (Goetz, Keltner, Simon-Thomas, 2010, p. 2, for similar definitions, see Lazarus, 1991; Nussbaum, 1996, 2001; Table 1). Compassion is at the core of most religious traditions (International Campaign for Tibet, 2003, p. 2) that have different descriptions of the ‘Golden Rule’, that is, ‘one should treat others as one would like others to treat oneself’. Understanding this law of reciprocity is critically important recently in this age of globalization as we are becoming increasingly skilled at avoiding, dismissing or refusing to acknowledge the impact of our behaviours on others, the environment, or otherwise. In cultures who boast inclusively, interconnection and oneness there should be no hidden agendas, division, or the cultivation of an ‘us vs. them’ attitude. Compassion is that uncomfortably binding force that unites us, for better for worse, and is imperative for strengthening, empowering, and building community capacity. Woven throughout this document are heart-wrenching yet inspirational narratives of historical situations of how compassion and community coalesce to keep our world thriving, flourishing, and keeping afloat.

Communities have many similarities and differences. Roland Warren (1978) writes in *The Community in America* that in over 90 definitions of community, two-thirds involve social interaction, common connections, and location. Development often refers to making and “implementing socially responsible decisions, the probable consequence of which is an increase in life chances of some people without a decrease in life chances of others” (Oberle, Stowers, Darby, 2014, p. 61). These definitions combined suggest that our social interactions, common connections, and location have the potential to reduce suffering and improve lives. Many Buddhist scholars suggest that we are all connected by our shared suffering and propose that all things are interrelated (Moffitt, 2008). Social interactions about our shared suffering occur in a variety of forms every day, however, taking action to reduce suffering is less prevalent. What if our communities focused more on decreasing our shared suffering and improving our holistic wellness at the location we call home? A little compassion can go a long way.

It is my firmly held belief that compassionate communities working together provide us with the greatest potential to overcome the most toxic, raging disasters of today and of future generations. International research on compassion also alludes to this notion with recent movements highlighting the value of obtaining compassionate communities designation (Charter for Compassion International, 2017). International movements have the potential to make real, lasting change therefore finding a way to complement such initiatives is a worthwhile endeavour. The intention of this thesis is three fold: (1) To recognize what historical influences have contributed to our understanding of compassionate action; (2) To explore a range of compassionate action methodologies; and (3) To propose practical strategies at the individual, family, and community level using a compassion-informed approach.

Methodology

A manuscript style thesis provides researchers with an opportunity to explore areas of interest outside the realm of a traditional thesis. Manuscript style thesis has a modified structure that yields creative expression and supports research through innovative measures. It allows for students with the opportunity to submit research that facilitates publication through preparing and presenting information on a specific topic of interest. Manuscript theses are a reputable resource and guiding framework that is clinically supported and scientifically validated through evidence-based journal articles (Dejong, Moser, & Hall, 2005). The conclusion of their article titled *The Manuscript Option Dissertation: Multiple Perspectives (2005)* states that “the manuscript dissertation is clearly a win-win situations from every angle ... [while] the ultimate benefit is the rapid dissemination of new knowledge to healthcare professionals for application to practice” (p. 10-11). The practical component encourages action while being supported by a solid foundation of research to substantiate the undertaking. A chapter overview highlights some of the most salient points and rationale for undertaking this research.

Chapter Overview

Chapter 2 discusses historical influences of compassionate figures and world-renowned events that impacted many. Teachings from prominent figures such as: Martin Luther King, Nelson Mandela, Mahatma Gandhi, and the Dalai Lama help guide us with their wisdom and knowledge for effective response to disasters like the events of 9/11 or Columbine shootings. History informs us of the inherent qualities of compassion and adaptive qualities in response to adversity. Some of the most salient topics will be highlighted while alluding to how this informs community development initiatives through compassionate means.

Chapter 3 provides a comprehensive exploration of the rationale for exploring this topic and provides evidenced based research about the importance of a compassion-informed

approach. A plethora of challenges exist within communities and compassion is an internal resource available within all of us yet is largely under-valued. Through exploration of compassion we further understand that compassion for self and others helps mitigate some of the struggles we face individually, within our families, and within our communities.

Chapter 4 explores alternative methodologies and their efficacy in building community capacity. The work of Karen Armstrong in developing a *Charter of Compassion* is an invaluable resource with international accolades. Socially Engaged Buddhism embodies the true essence of compassion and is a useful heuristic to consider with compassionate actions. An Asset Based Community Development Approach developed by Mike Green, Henry Moore & John O'Brien (2006) along with a web-based Community Toolbox developed by the Centre for Community Health in Development at The University of Kansas (2017) provides resources, information, and support in developing community-based initiatives. Traditional wisdom in the field of interconnectedness is throughout many indigenous populations and offer additional teachings to address multi-systemic issues.

Chapter 5 reviews therapeutic orientations derived from systemic and family therapy methodologies. These practices guide us toward practical strategies to consider in the development of compassion and community development initiatives. A compassion-informed approach utilizes information throughout chapters 1 through 4 and encourages action from the micro to macro level. By considering what we can do individually, as a family or as a community we have the potential to make global changes.

We will look a model of compassion titled the *Compass of Compassion* in chapter 6. The development of the model is based on four commitments I have made throughout my journey of life thus far. Examination about the development, structure, and configuration of the model will

also be discussed and how it has influenced a compassionate initiative known as Integrating Compassionate Action Now (ICAN).

Chapter 7 concludes the manuscript thesis with a comprehensive analysis and reflection of salient themes, limitations of the research, contributions to the field, future directions, and hope for the future.

Personal Investment

The amount of suffering in our world is incomprehensible. My heart yearns for solace from the destructive, wretched atrocities that people are experiencing. Making a small shift towards a sustainable solution to local and global issues is a mighty task, yet remains a priority of mine. On numerous occasions I am approached by drug-users, beggars on the street, people down on their luck for assistance and I find myself struggling as I don't have any real solutions. In situations like this I don't think I am alone when I speak about feeling ashamed when I am unable to offer anything useful. I endeavour to find a way to help that is meaningful and transformative. Everyday people within our families and community also struggle in numerous ways and finding creative and sustainable solutions is another way I am personally invested. The lifestyles of the rich and the famous also point to suffering in those who seem to have it all, however, struggle in similar ways. This thesis is committed to exploring solutions to those suffering – the rich, the poor and everyone in between.

Levels of Compassion

Compassion is recognized globally. While large, grandiose gestures help immensely, small, simple acts of kindness are full of potential and are vastly important. Counsellors, therapists, and human services professionals are often in a position to foster compassionate development through cultivation of a positive working alliance. The therapeutic rapport

provides clients with the opportunity to reflect upon compassion for themselves as well as others. By exploration of different levels of compassion clients gain a deeper understanding of how self-compassion and compassion for others can aid in reducing suffering, improve lives, and create healthier communities around them.

Other ‘community as method’ approach has been explored in smaller scale initiatives such as therapeutic communities (National Institute on Drug abuse, 2015), however, integration of all levels of community have greater potential for more sustainable change. If you want to change a system, understand the system, work together with the system, advocate for injustices, be persistent, and use as much adaptive communication and compassionate understanding as one can muster. Our problems were created together and must be solved together, there is no other alternative.

Conclusion

The need for change is among us. Crisis, disaster, and adversity have been happening for years and are still happening. Finding real solutions is the mission for many and the only way to create sustainability individually, in families, within a community, and globally. We are all interconnected through our compassionate nature and it is essential to take intentional, mindful action to prevent or alleviate this hurt. Remembering the wisdom of South African philosophy of Ubuntuism (Lutz, 2014) reminds us “that we are truly human only in community with other persons” (p. 1) and is a unifying element that represents the bridge between people of all racial, ethnic, cultural and socio-economic backgrounds. When we viscerally feel our common humanity we know that we are all suffering and have similar interests in living a full, well-lived life. As suggested many religious institutions have shared values of love, compassion, and goodwill and are a reminder of our collective interest towards a sustainable, more wholesome

future. From the homeless person on the street or the person living luxury lifestyles, to the poor and devastated countries to the 'land of the free', we are in crisis mode. Crisis has been described as a dangerous opportunity (Kaufman, Edwards, Mirsky, & Avgar, 2011) and illuminates an impetus for change in times of great struggle. Let the chapters that follow lead us through crisis and find ourselves towards an opportunity for our lives and for our future generations.

Chapter 2: History

Philosophers have stated that history repeats itself (Rowe, Ziegelstein, & Jones, 2010) and learning from the past is an imperative to future growth, empowerment, and resilience. In any country or continent there is adversity and triumph, fear and courage, suffering and compassion, hurt and healing. Some of the most historic examples include: colonization, the apartheid, holocaust as well as the many wars that have been fought across the globe. The research described below represent some of the most heinous disasters known to the earth, however, does not devalue, diminish or reduce the amount of suffering experienced by disasters all over the world. Below is a history of compassion, an overview of disaster response, two case examples of disasters that have occurred and the compassionate responses to these disasters.

History of Compassion

Research on compassion has grown exponentially in recent years. The Centre for Compassion and Altruism Research and Education (CCARE) among other research complement with science what historians, philosophers, and other historical figures such as: Mahatma Gandhi, the Dalai Lama, Nelson Mandela and Martin Luther King have intuitively known for years – the value of compassion. Many of our predecessors left a permanent imprint on the cultural fabric of our world and have contributed to a more accepting, non-violent world in similar, yet different ways. Our cultural kaleidoscope of acceptance, non-violent, benevolent action towards others has dramatically shifted throughout India, Tibet, China, Africa, the USA among others as a result of the compassionate, altruistic nature of those listed above. The historical roots of their legacy of non-violent action towards others are based on the disasters of their time.

Compassion has a rich and profound history. Historical writings suggest that compassion has been accepted as well as rejected (Sznajder, 1998) and serve different purposes. Some argue that compassion “carries the danger of overwhelming us with emotions” (p. 132), while others “considered ‘natural compassion’ descriptive of human nature as well as normative” (as cited in Hume 1751; Smith 1759 p. 125). This discrepancy has been a focal point of discussion among historical figures, such as: Hannah Arendt, Benjamin Nelson, Michel Foucault as well as ancient philosophers like Aristotle and Plato. In Paul Gilbert’s (2009) book *The Compassionate Mind*, he discusses the evolution of compassion and how it is an innate quality inherent within humans and animals. The wisdom and rich experiences of these individuals contributed to some of the responses to community disasters that Lama, Mandela, Gandhi, and King addressed in different ways.

Dalai Lama

His Holiness The Dalai Lama is considered by many to be the antithesis of anger, violence, hatred and conflict. Although the invasion of the Chinese on Tibet incapacitated people in many ways as well as put the 14th Dalai Lama and others at imminent risk, His Holiness is notably known for responding with kindness, compassion, and concern for others. He exudes the very essence of the compassionate nature of mankind. Despite his life being threatened on numerous occasions, living in exile, losing friends and family he vehemently responds with non-violent courses of action. He is often quoted stating that "the purpose of life is to be happy" and is described throughout his book *The Art of Happiness: A Handbook for Living* (2009). He also asserts that cultivating a mindful attitude for the happiness of others contributes to our own sense of wellness (Gyatzo, n,d). This concern for others is crucially important in community development in making opportunities for people to act compassionately

towards what is meaningful to them. Lama's teachings are well recorded throughout history and are influenced by Buddha and teachings from Buddhism.

Buddhism can be described as a combination of a religion, a philosophy, and a science (Tola & Dragonetti, 2007). The essence of Buddhism belief system is comprised of four noble truths, that is: (1) suffering is inevitable, (2) we suffer because we cling, (3) the remedy for eliminating clinging and achieving enlightenment is letting go, (4) an eightfold path can aid with this process (Moffitt, 2008). Within North America we cling to being bigger, better, faster, stronger. We cling to power and money acquisition. We cling to wanting things to be different. We are creating our own suffering. Having compassion for our fellow brothers and sisters encourages us to recognize that we are not alone in our suffering. By the cultivation of Buddhist concepts we have the potential to learn ways to reduce the suffering for ourselves, and indeed, for all beings.

Nelson Mandela

Nelson Mandela is most widely known for ending the apartheid in South Africa, advocating for human rights across the globe, and bringing peace to a racially divided country. He spent nearly three decades in prison and arose to be the first black president in South Africa who "realized the value and importance of maintaining unity in his community" and "will remain a reliable source of love and encouragement, particularly for the ones laden by social predicaments" (Maanga, 2013, p. 99). The social predicaments described share several commonalities with some of the disasters facing our world today, some of these include: assisting and empowering the poor, improving working and living conditions, supplying social services, protecting the vulnerable, sympathizing with the condemned and the marginalized, moral integrity and ethical uprightness, positive attitude on political and racial pluralism, pan-

African commitment and international involvement, and standing for independent judiciary and rule of law (Maanga, 2013). Although these social predicaments are momentous tasks for any community, the compassionate attitude that Mandela had towards these areas inevitably contributed to the positive community changes. Finding peace of mind with those who wronged him throughout his journey makes his legacy even more profound. Mandela had much respect, compassion and understanding for those who clearly oppose him despite the distress he experienced.

Apartheid in Afrikaans means “separateness” (Brown, 2004) and is reminiscent of the growing dislocation facing our world today. We are increasingly separating ourselves from one another and it is creating unnecessary division within our world. One influence throughout Africa was the concept of Ubuntu and appears to be in direct contrast to the apartheid and other forms of division. Ubuntu is an amalgamation of interdependence, inclusivity, intersubjectivity and is “best understood as a social philosophy based on principles of care and community, harmony and hospitality, respect and responsiveness that expresses the fundamental interconnectedness of human existence” (Bolden, 2014, p. 1). The wisdom and teaching of Nelson Mandela provide current communities with a useful framework of unity, togetherness, and interdependent collaboration. The elements of compassion and community development are interwoven throughout this traditional concept that emphasizes the importance of togetherness in communities.

Mahatmas Gandhi

Mahatmas Gandhi made tremendous changes throughout the world, some of which include being

A pioneer in leading eight militant struggles during the course of that time: against racism, against colonialism, against the caste system, for popular democratic

participation, against economic exploitation, against the degradation of women, against religious and ethnic supremacy, and on behalf of nonviolent methods for social and political transformations (King, 1999, p.4)

One of the most recognized influences by Gandhi is the development of the Satyagraha theory, that is, “the force which is born of truth and love or non-violence” (Fischer, 1950, p. 304). There are many facets involved within the Satyagraha theory, however, some of the most salient include: (1) purificatory, penitential devices, (2) forms of non-cooperation, (3) methods of civil disobedience, and (4) constructive programme (n,d, p.141). Additional rules are included throughout Bharti’s (2015) article titled *Mahatma Gandhi and Satyagraha* and expand on the principles and practices of Satyagraha. Through every fibre of his being he embraced Satyagrahian concepts and took compassionate action to empower others, for equality, for justice and to promote love and non-violence. These kind of concepts are useful considerations when it comes to utilizing compassion in a community development initiatives as they are non-violent in nature and create opportunities for change. According to Gandhi's methods, non-violence in specifically bringing justice to racial inequality consists of 5 points: (1) not a method for cowards; (2) Cultivating friendship and understanding over hurting or humiliating the other; (3) direct towards forces of evil rather than the person who is caught in those forces; (4) avoiding external physical violence but also internal violence of the spirit; and (5) the universe is on the side of justice (King, 1957, p. 120-122). Gandhi was a pioneer of compassionate action, community development, and had immeasurable influence on the legacy of Martin Luther King. Martin Luther King

Throughout Martin Luther King's journey the underlying philosophy of non-violence was present throughout his goal to end racial segregation and discrimination. King’s dedication to

Christianity and empowering others to embrace Christian values is well recorded throughout history. His most seminal speeches "I have a dream" as well as "I've been to the mountaintop" are infused with love, compassion, and hope for unity among those from culturally diverse backgrounds. The violent, hostile encounters between whites and black were recognized throughout history as a response to political protests such as: the Montgomery bus boycott, Selma to Montgomery Marches, the Poor Peoples Campaign, and the eventual assassination of King. Finding ways to infuse compassion into these kind of community development initiatives is no easy task, however, King was able to do this as well as advocate for social justice. Despite the conflict and hostility that was inherent within these protests King preached non-violent action, racial justice, collaboration, and peace among people from all racial, class, economic, and social backgrounds.

Spirituality

Despite the religious, philosophical, and spiritual nature of those above, spirituality in general is vitally important for numerous reasons. In his book *The Globalization of Addiction* (2008) Bruce Alexander highlights the importance of spirituality in reducing the effects of dislocation, more specifically, improving ones psychosocial integration. Psychosocial integration refers to the lack of connection within our inward and outward identity (Alexander, 2008). Among all the different definitions of spirituality there appears to be a consensus that "all people are spiritual beings" (Leonard & Carlson, n,d, p. 10) yet is a very individual experience. The International Charter for Compassion highlights spirituality, community building, integrating compassionate action among other elements into strengthening community capacity. The effective use of our individual spiritual assets "can lead to more effective community building and community life in general" (Berkowitz, 2017, para. 5), therefore an individual

assessment prior to any community-based program is essential to best utilize local resources. Often times during disasters people often seek spiritual guidance yet do not identify themselves as a spiritual person.

Disaster Response

Disasters are inevitable. Being human means that suffering exists and we are vulnerable beings in a sea of destruction. We respond in dramatically different ways depending on a multiplicity of factors involving environmental and our genetic make-up (Moore, 2013). Some look for spiritual guidance during these times while others find themselves numbing out through drug, alcohol, food or other problematic behaviours. Still, the internal strength of some rises and creates an opportunity to reduce the suffering of others. In times of disaster, individuals may feel alone, isolated, scared, and lost at sea without the support of their family. As a family we can weather the storm more effectively yet our sails can be altered by the inevitable changing winds of our community. As a community we have greater opportunities to recognize when someone has abandoned ship, if a family is sinking, when adversity strikes, and can compassionately collaborate for the greater good of our fellow brothers and sisters.

Often collaboration happens at the community, state, national and international levels with good intentions and a desire to reduce suffering and effectively respond to the disaster. Procedural and policy changes have occurred as a result of disasters yet more is needed. Researchers in disaster response conclude that “improving our understanding of disasters requires a multidisciplinary approach of scientists from a diverse spectrum of social, behavioral, physical, and health sciences” (Miller, Yeskey, Garantziotis, Arnesen, Bennett, O’Fallon, Thompson, Reinlib, Masten, Remington, Love, Ramsey, Rosselli, Galluzzo, Lee, Kwok, &

Hughes, 2016, p. 10 as cited in, McNutt, 2015). This interdisciplinary, collaborative approach to working with disasters of all kinds is readily encouraged and is relatively commonplace.

The relentless presence of disasters of all kinds can be mitigated by the strategic use of historical wisdom as evidenced by the accounts above. Some may feel they are victims living within the cage of life in a disasterized world, indeed community-based approaches infused with compassion and collaborative action have proven effective by historical figures and discussed among prominent philosophers. Described below are two significant events that have shaped the lives of many, contributed to the wisdom of compassion and community development, as well as changes across the globe.

Columbine Shooting

The prevalence of shootings in schools, night clubs, concerts, and public areas is increasing in frequency within the media and throughout social media. One of the most prominent shootings in American history teaches us much about compassion, community development, prevention and idea's to prevent future shootings from happening.

Unprecedented adversity struck on April 20, 1999 at Columbine Highschool in Jefferson County within the state of Colorado. The highschool shooting killed 12 students, 1 teacher, injured several others, however, the ripple effects to families and communities grew much larger (Muschert & Larkin, 2016). The level of hurt and misery Dylan Klebold and Eric Harris was experiencing is unfathomable and led to devastating outcomes. The crimes they committed left a permanent mark in history, created systemic changes on several levels, and led to dramatic changes for future generations. One of the most prominent aspects following this event was finding something to blame for the loss that had been experienced.

Blame

After Columbine the need to blame reverberated throughout the world. People became outraged about mental health, security, law suits, gun laws, among several areas in an effort to soothe their anxieties and search for justice. Dylan's mother Sue Klebold addresses some of these key areas in her many interviews. During her heartfelt TEDtalk interview she shares her journey of mothering a mass murderer (Klebold, 2017). She spoke about mental health, suicide, the agony that Dylan was experiencing and to remember love and compassion for those among us who are suffering. By integrating compassion and community development into these areas we can ensure that voices get heard, that people feel they are not alone, that their level of hurt and pain is acknowledged, as well as creating a platform of hope for communities.

What purpose does blame have? Elliot Aronson who wrote *Nobody Left to Hate: Teaching Compassion After Columbine* (2000) suggests that

The need to blame is understandable. But if we truly want to address the problem, if we truly want to prevent future tragedies of this kind, then it is vital to make a clear distinction between two kinds of blaming: 1) The blaming that is aimed at finding the cause of the disaster so that we might come up with a workable intervention; 2) The blaming that is mere condemnation. (p 2.)

By having a clear demarcation of what blame is and isn't we can collaborate on the most effective method in preventing future atrocities from happening. While finding a reasonable intervention it is important to consider the ramifications of the chosen actions. For example, Aronson (2000) described a principals response to the disaster as asking children to "report any kids who are dressing strangely, behaving weirdly, appear to be loners, or out of it" (p. 4). This response inevitably exacerbated the issue for vulnerable students, however, was a seemingly rational response to identify potential threats and reduce any kind of law suits or legal action that

may occur if something did happen. By this action we are further isolating, ostracizing, and creating dichotomies towards populations who do not fit the societal norm. The cultural attitude within a society tremendously influences this Us. Vs. Them dichotomy, therefore, finding solutions filled with compassion into this community is contributing to health, wellness, and optimal child development.

Us. Vs. Them dichotomy

The feelings of isolation, rejection, coupled with taunting and criticism is a recipe for disaster. Dylan and Eric were troubled, disturbed children, however, they were not born that way. Research alludes to the combination of nature and nurture in the development of who we are (Moore, 2013). The social composition of our culture promotes individualism, competition (Alexander, 2008), and puts a wedge between our desire for connection and our ability to attain it. Research is consistently showing the importance of connection and lack of it being related to several emotional, mental, and behavioural challenges (Hari, 2015). Researchers state that some of this disconnection between others may stem from social comparison, ego-defensive aggression, and narcissism that has to several difficulties; this may involve individuals behaving in ways where they put others down in attempt to gain an above average persona (Neff, 2013). The dilemma is more than the taunting and criticism, it is about creating a compassionate, caring culture that is holistically balanced. This kind of atmosphere in school settings has been developed in memory of one of the shooters victims – Rachel Joy Scott.

Rachel's challenge

Rachel Scott was the first victim in the Columbine shootings. Her father Darrell Scott created Rachel's challenge as a way of honouring his daughter's legacy and cultivating compassionate change (Marzano, 2014). Six weeks prior to the shootings she wrote a Code of

Ethics for her English class and serves as a foundation for Rachel's challenge (Scott, n,d; Goshen Central School District, 2010). Rachel's challenge served as a catalyst for change within the social milieu of educational institutions and has a mission of making schools safer, more connected, and full of compassion and kindness. One of the leading researchers in education, Dr. Marzano described Rachel's Challenge as "the most powerful intervention [he] has seen in 40 years of working in education" (Rachel's Challenge Website, 2017). In recent years educational atmospheres have started developing the *Compassionate Schools Project* (Wolpov, Johnson, Hertel & Kincaid, 2016) and did not mention Rachel's legacy, however, it is likely she had a role to play in this development. Another compassion-based program developed by the Public Health Association of British Columbia aimed at preventing violence by the use of compassion also has demonstrated positive outcomes (Hancock, 2017).

In any presentation, public demonstration, advocacy movement or disaster the media often informs the public of events as they unfold, however, often news can be misinterpreted, misconstrued, fabricated or confuse opinion with facts. Despite the inherent biases in media reporting, the news is a valuable source of information if properly shared. The following paragraph highlights some of the salient areas of media reporting as it pertains to Columbine.

Media reporting

Social media inundated newspapers, articles, and journal feeds after Columbine. Research on mass shooting indicates that "simplistic explanations are easier for the media to report, as well as easier for the public to accept" (Knoll & Annas, 2016, p. 83). It is hard to face the cold, hard facts that the social ecology of our communities may have affected the course and development of Dylan's and Eric's fate. Stigma, shame, and humiliation of those experiencing difficulties such as mental illness have the potential to exacerbate their symptoms. When articles

are written or words are spoken after an event such as Columbine, great care needs to be taken as to not compound the issue in surrounding communities. Finding ways to broadcast compassionate action among community members is one way to help others feel more connected and may serve as a preventative measure from future harmful actions. Knoll and Annas (2016) go on to say that “another salient concern is whether the powerful social influence of today’s media and internet technology plays a significant role” (p.91) in mass shootings, indeed in disasters of all kinds.

Information on social media spreads at the click of a button. It is extraordinary how a seemingly innocent text, tweet, like or post can be so hurtful, make or break someones day, or worse. When derogatory, obscene, or belittling remarks are made it takes acts of courage to speak up against those intentionally or unintentionally harming others. Researchers in violence prevention often discuss the ‘bystander effect’ where an individual “intervenes or takes action in response to the observed situation” (Powell, 2014, p. 2). In terms of media reporting we need to take responsibility for when we see inappropriate, defamatory comments that promote suffering and to actively in engage in compassionate behaviours that promote healing, acceptance, or understanding.

Despite what we have learned from Columbine, mass shootings at a variety of locations continue to occur. The key message here is on prevention. By cultivating of compassion for self and others we are decreasing the likelihood of future shootings from happening. This type of preventative strategy could also be utilized with one of the most world renowned situations to occur to the United States of America. Although this event happened nearly two decades ago the ramifications are still lingering and are a source of tension among people from different cultural backgrounds.

9/11 Attack

The world stood in fear as the events of the 9/11 attack unfolded. This one day dramatically changed the lives of thousands and contributed to substantial changes across the globe. Some of the most prominent research articles discuss interfaith collaboration as well as remembering universal values of compassion, respect, and love for one another (Granoff, 2004) to prevent future atrocities from happening. Spiritual leaders from different backgrounds have spoken about the attack and how responding with non-violence will help to stop the perpetual cycle of violence between nations. Below are key themes that have arisen from the research regarding the tragic events of September 11, 2001.

Interfaith Collaboration

The al-Qaeda terrorist attack on the World Trade Centre and Pentagon is the response to a complex, multifaceted issue. Specific details are beyond the scope of the paper, however, general details about response need to be highlighted.

Two years after the 9/11 attack His Holiness the Dalai Lama spoke at the Washington National Cathedral about his understanding of the tragedy. He clearly stressed that to prevent future harm the “promotion of compassion, forgiveness and contentment, self-discipline ... are most important matters of preventive measures”. He goes on to say that “the various different religious traditions, in spite of different philosophy, different traditions, all have the same message -- message of love, compassion, forgiveness, tolerance, contentment, and self-discipline. (International Campaign for Tibet, 2003, p. 2). Granoff (2004) has also supported this message and shares that many faith’s have similar basic ethical principles. However, the author suggests that many have “exclusivist arrogance of those who use religion to acquire power over others that is the problem” (p. 156). This us vs. them dichotomy of power acquisition often

perpetuates difficulties between people in the same religion, separates countries, creates division, and often is a factor in events such as the 9/11 attack. The cultural kaleidoscope within some communities is become more diverse and finding ways to increase inclusivity, acceptance, and general understanding of the other is vitally important to creating compassionate communities. Feelings of pain, suffering, and hurt are experienced by all and paradoxically are a unifying factor that has the potential to bring people closer together.

Shared Suffering

We all experience suffering and is part of our shared humanity. Weingarten (2003) emphasizes the legacy of violence in our history and that “our job as caring individuals is to acknowledge losses, to support mourning and grief, to humanize the enemy, and to witness individual and collective pain with as much heartfelt compassion” as possible (p. 11). It saddens many to think about the hurt, violence, and pain that occurs between human beings. We all experience many forms of suffering yet we make artificial divisions between people that create more suffering. Walking down the street in Vancouver B.C. one will see an abundance of cultural diversity as well as cultural division. For example, the First Nations community in the infamous downtown east side has an overwhelming population that often occupies park benches, street corners, and store fronts. All too often people make sweeping statements that belittle, degrade, and insult our indigenous population and then wonder why they can’t just “get over it”. This kind of behaviour creates division. When we intentionally avoid or dismiss others, we create division. When we exclude, isolate, or prohibit others, we create division and disconnection. With ongoing division we have created a monster with the indigenous population among other populations. By cultivating the growth of compassionate communities the degree and velocity of these statements may begin to wane thereby creating a more accepting,

wholesome atmosphere. Despite our shared suffering, the events of 9/11 have both brought people together and torn people apart and are an important consideration in disasters of all kinds.

Division / Joining

The disaster relief efforts took a substantial amount of inter-dependent, co-ordinated efforts to mitigate the effects of the attack. People who would have never met each other crossed paths for a mutually determined reason. Individuals, families, and communities united together and shared their compassionate nature with one another, however, rifts and tension between other groups also occurred. For example, people from Islam were automatically stereotyped as violent, terrorist-like, enemies. More fear was created, security enhanced and further violent acts regarding the acquisition of power, among other measures, exacerbated the cycle of violence. How might the attitudes and behaviour of our political parties and government filter down to everyday people? What might a more compassionate socio-political culture do to contribute to the health and wellness of communities? What if more compassion and understanding were woven into discussion prior to such heinous acts? Reporting and social media streams have an important role to play in joining, division, and how the community responds and understands the issues at hand.

Media Reporting

Chinese proverbs imply that “the tongue is like a sharp knife, it kills without drawing blood” (Kaplan, Ingram, & Mincemayer, 2001, p. 17). Media reporters have the capacity to harm or to heal depending on the language used. Generally, we have become so blasé with our language and unintentionally harm others. When statements are spoken that insult, denigrate, or ostracize whole groups of people, religions, or ways of being, we are wrong. When we stereotype someone because of their appearance or skin-colour, we are wrong. The literature

written throughout this section highlights several important areas and about the events of 9/11 and the outcome has created cantankerous chaos between individuals, communities, and entire nations. A large amount of inter-cultural, inter-religious collaboration has also occurred between various nations, however, seems to rarely reach the news or social media. Making it an ethical imperative to create news that outlines healthy, respectful communication between different faiths may contribute to more respect and understanding between those within and outside of different communities. Compassionate community development initiatives consisting of members of various faiths may be the foundation that can slowly improve this division. This is a small step in highlighting the compassionate nature that is at the foundation of all faiths.

Again prevention is key here. How might the events of gone differently if more compassion was infused into everyday life? If you act compassionately today who knows what how it will effect tomorrow. This is something for all to ponder.

Chapter Summary

The historical figures and events throughout this chapter provide hope and guidance for today and for future generations. The collective wisdom inherent within these narratives suggest that integrating compassionate action now is a global imperative. Much wisdom and transformative learning outcomes has occurred as a result of the experiences witnessed and experienced by many. Researchers in transformational learning indicate that opportunities to change occur when a 'disorienting dilemma' is experienced leading to psychological, convictional, and behavioural alterations (Roberts, 2006). The disasters experienced by Mandela, Lama, King, and Gandhi along with 9/11 attacks and columbine could be referred to as a disorienting dilemma leading to a perspective transformation of others needing more changes within our world, most specifically the cultivation of compassion for self and others within the

context of their communities. The rationale for undertaking this research as well as the importance of compassion are outlined in the following chapter and expresses that yes, disasters are still occurring, and yes, compassion is needed.

Chapter 3: Rationale / Importance

Communities function optimally with collaboration and interdependent awareness among its members. In recent years families have become more independent, less connected within their neighbourhoods, and struggle to find support in times of need. Some members in society are becoming disheartened, apathetic, or cruel towards others and to the community in general about a multitude of challenges they face. Alexander (2008) described a theory of dislocation and provides insight into the nature of systemic problems communities face. To many it is clear that a disaster has already happened and is unfolding in front of us. The theory provides a framework and is a useful heuristic for understanding problems and finding solutions to complex interpersonal problems that are imperative to restoring hope, vision, and empowerment for the future. By understanding the condition of the challenges our community face, the relevant statistics, our social-connectedness, and violence, many agree that immediate action is imperative to improving global health and wellness, one community at a time.

Community Challenges

We don't have to look far to find suffering. It is within us, in our families, our communities, and in all cultures across the globe. Many countries struggle with community health problems such as: homelessness, poverty, mental health, addiction, suicide, violence, division among groups, amidst many other barriers to ones health and wellness. Alexander (2008) attributes much of these challenges to dislocation and suggests that finding creative solutions will contribute to improving the future among these areas. Cultures across the globe experience tremendous grief, anguish and crushing pain that reverberates throughout their entire core. Getting basic needs met is a daily marathon for some with an effort to continue living, clinging to their unattainable hopes or dreams. Many live each day wondering if today is the day

they will jump in front of a car, drown themselves in the ocean, overdose on drugs, or hang themselves with a rope. This represents a sad reality for some as their hopes for happiness slowly fade into darkness. This kind of action dramatically impacts communities and can create a culture of hopelessness, agony, and despair among several other socio-economic complications that can be passed down intergenerationally. Many influences contribute to such events and it is important to highlight some salient areas to provide a very real, yet very sad rationale for undertaking research of this nature.

Statistics

Realistically statistics don't need to be displayed to communities as most are keenly aware that change needs to happen, however, are necessary and helpful for a number of reasons. Quantifying data helps re-affirm, re-establish and re-organize current policies and practice to more appropriately serve its local members. Numbers often show the public the areas that need the most support, however, qualitative interviews get a more comprehensive picture of the demands of a community. Exploration of local and global statistics makes some feel uneasy and uncomfortable within their communities. However, Karen Armstrong, most notably known for her TEDTalk leading to the development of the Charter of Compassion writes:

A compassionate city is an uncomfortable city! A city that is uncomfortable when anyone is homeless or hungry. Uncomfortable if every child isn't loved and given rich opportunities to grow and thrive. Uncomfortable when as a community we don't treat our neighbours as we would wish to be treated (Charter for Compassion, 2017).

Feeling our discomfort can be a catalyst for change within our own lives or in the lives of others. Feeling uncomfortable is not pleasant and is often avoided yet how long can we turn a blind eye to our current realities before they reach state-of-emergency levels? We are too late.

In her book *Creating Sanctuary: Towards the Evolution of Sane Societies*, Bloom (1997) shares the quantified literature on violence to children, violence to women, violence to men, violence at school, violence at work, guns, substance abuse, pornography, media violence, prisons, economics, and unfathomable numbers pertinent to everybody (p. 195-208). As a trauma-organized society we need to take responsibility for what we have created. That is, a world full of greed, hatred, and delusion that is destroying our world. A multiplicity of theories, strategies, and well-to-do responses by reputable organizations has taken upon the momentous task to improve our current crisis yet it seems reaching a healthy balance is unobtainable. Alexander (2008) passionately asserts that an increase in psychosocial integration is needed to improve our current state of affairs and restore this healthy balance.

Social connectedness

Experiences from our evolutionary heritage illuminate the necessity of togetherness. In the animal kingdom those who maintain close connections with each other live longer as well as benefit from increased security and safety. Gilbert (2008) highlights how our reptilian brain is similar to that of animals and is designed for survival and reproduction. In the animal world, penguins huddle together to preserve body heat during frigid temperatures, wolves bond together to locate and obtain food, bees work together to maintain homeostasis within the hive, among several animals who depend on and collaborate with one another.

Historically humans also behave in similar adaptive ways to maintain social connections with others, for example, traditional aboriginal communities engaged in behaviour in the best interests of the community. In fact, contemporary research specialists, such as Dr. Gabor Mate, identify the traditional “hunter-gatherer” or “tribal” environments” to be the optimal child rearing environment (Mazumder, 2014, para. 5-6). There are many reasons for this, however,

such environments are community-focused, more socially connected, and mutually supportive. Remembering that our reptilian brain or ‘old brain’ came before our thinking, planning, organizing ‘new brain’ is imperative as the old brain is designed to meet our 7 primary-process emotions, which we will discover throughout the affective neuroscience component.

Modern day families are drastically different than the traditional family unit, however, it seems that more community inclusion has traditional methodologies would benefit modern day families in all cultures. Psychosocial integration within ones family unit dramatically facilitates growth as well as adaptive functioning and is required within extended families, neighbourhoods, and communities to further create lasting change. By engaging in increased psychosocial integration we can help reduce the amount of violence that is all around us in nearly every community.

Universal Violence

We all experience violence in one way or another. Violence is a “universal scourge that tears at the fabric of communities and threatens the life, health and happiness of us all” (World Health Organization, 2002, p. 1). There is a growing need in our globalized world to find ways to mitigate violence at the individual, family, and community level to reduce the suffering in our world. Some have suggested that calming the violent thoughts within ones mind can reduce emotional dysregulation (Scoglio, Rudat, Garvert, Jarmolowski, Jackson, & Herman, 2015?) while others suggest that having compassion for others increases a sense of tranquility within ones mind (Gyatzo, n,d). I would also suggest that creating an atmosphere and space where compassion for self and compassion for others is the central theme is critical in improving the areas identified above. In an interview with His Holiness the Dalai Lama he asserts that non-

violence is compassion in action and to be mindful of our intention when interacting with others (The Aurora Forum at the Heyns Lecture, 2005).

Whether we are calming our own mind or having compassion for others it seems as if it is imperative to do something to help eliminate acts of racism, segregation, and division among groups as it is becoming more and more pronounced. Many influences have contributed to this kind of thinking, some of which include: our free market society and the development of an ‘us vs. them’ culture. Understandably the rationale for this research is imperative in addressing the complex interpersonal, intercultural, interconnected issues that plague societies in all corners of the world. We now look towards the importance of compassion as a possible step in weathering the multiple storms that are among us.

Importance of Compassion

Authentic, real compassion touches the hearts of many, transforms lives, and is all around us. Public accounts of compassion are often portrayed in the media and throughout social media, however, small acts of compassion are experienced by many yet go largely unrecognized. Compassion is contagious and we experience a plethora of benefits while engaging in such action, some of which include: it makes us happy, makes us attractive, uplifts everyone around us, it boosts our health and longevity, and its good for the environment (Seppala, 2012; Seppala 2013). These benefits are far-reaching and have the potential to improve the violent, chaotic world in which we live. Research on areas such as self-compassion, compassion for others, and the neurobiology of compassion underscores the importance of compassion for individuals, families, and communities.

Self-compassion

In her TEDx video *The Space Between Self-Esteem and Self Compassion* (2013) Kristin Neff highlights the value of self-compassion and illustrates her rationale why we would want to engage in self-compassion. Benefits of self-compassion include: healthy motivation, reducing perfectionism, promoting greater life-responsibility, improving interpersonal relationships, healthy lifestyle choices, and normalization of experiences. Benefits of self-compassion are being found in several areas, some of which include: less psychopathology, mental well-being, “facilitating resilience by moderating people reactions to negative events” (Germer & Neff, 2013, p. 2), social connectedness (Seppala, Rossomando & Doty, 2013), among other areas. By fostering self-compassion within individuals we create greater potential for a contagion effect of compassion spreading across whomever the individual interacts with.

There have been a multitude of programs that recognize the potential of compassion programs and are being directed at increasing self-compassion with promising outcomes, some of these programs include: Mindful Self-Compassion (MSC) and Compassionate Cultivation Training (CCT). A review of the Mindful Self Compassion training concludes that it “is effective at increasing self-compassion, mindfulness, compassion for others, and other aspects of wellbeing. Moreover, the benefits of MSC appear to be enduring, lasting at least 1 year after completion of the program” (Neff & Germer, 2012, p.13). The conclusion of Compassion Cultivation Training states that it “is a promising intervention that is adaptable to diverse cultural contexts, and that there are important benefits of compassion training at the individual and relational level, positively influencing the participants social contexts” (Brito, 2014, p. 68). Both outcomes of the program suggest that increasing self-compassion promote compassionate action towards others. Why are these programs important in compassion and community development? Group leaders in an initiative could strengthen their compassionate wisdom by taking such

courses or by utilizing some of the information within these courses to further develop the intention of the compassion community initiative. The Dalai Lama suggests that by having compassion for others one is increasing their own wellbeing (Gyatzo, n,d)

Compassion for others

Compassion is that surging internal force that arises when you hear about war-torn countries, epidemics, disasters, homicide, suicide, and you close your eyes, stop reading, or change the channel in order to avoid the suffering. Most of us just stand idly, frozen, stuck, leave the heavy-lifting to others, and compassionately observe, yet this is not enough. The compassion within each of us is needed more than ever and action is imperative. Throughout many public talks and his writings His Holiness the Dalai Lama discusses how compassion for others promotes inner-strength, self-confidence, cultivates a calmer mind, happiness, and is important in considering the growth and development of humans in community (Gyatzo, n,d; Gyatzo, n,d). He is often quoted in arguing that if anger and hatred had primarily controlled the world the population would have declined. However, our population is growing indicating that “love and compassion predominate the world” (Gyatzo, n,d, para. 4). A final concluding thought within an article states that “the key to a happier and more successful world is the growth of compassion” (Gyatzo, n,d, para. 7). Indeed, this is a primary focal point of this thesis and compassionate action throughout the world.

The many historical acts of compassion and ancient wisdom have provided guideposts to address some of the disastrous socio-economic problems facing our world today. In recent years, science and research have supported some of the traditional knowledge and compassionate wisdom through neuroimaging, controlled studies, and empirically validated tools. Further

exploration of our modern science has the potential to influence the disasters of our time to decrease the pain, hurt, and suffering experienced by many.

Neurobiology of compassion

Research indicates that we are neuro-biologically wired to be helpful, to be kind and compassionate towards one another. Scientists at the Max Planck Institute have found that infants automatically engage in helpful behavior (Warneken & Tomasello, 2006) and additional research have concluded that adults are also automatically driven to help others (Lilliston-Gammon, 2013, p.9). Research asserts that “the difference between children and adults is that adults will often stop themselves because they worry that others think they are self-interested” (Seppala, 2012). Much of the knowledge and philosophical underpinnings of compassion have come to fruition as a result of a combination of modern science as well as historical events, some of which were described in Chapter 2. There are many critical components of compassion imperative in the field of health, human and social sciences that culminates into what can be referred to as compassion focused therapy (Gilbert, 2009), or similarly, a compassion-informed approach (Stefanakis, 2017; Stefanakis, 2017, personal communications). Gilbert’s (2009) model includes three important, interrelated systems, that is: (1) incentive, resource focused, (2) threat focused, and (3) soothing and contentment system. His book discusses the evolution of our emotions and how cultivating compassion helps balance out our incentive and threat focused systems. Some additional areas to consider with community development using a compassion-informed approach include: (1) interpersonal neurobiology, (2) affective neuroscience and (3) positive psychology.

Interpersonal Neurobiology. The core of interpersonal neurobiology is a consilience between numerous independent disciplines and “embraces everything from our deepest relational

connections with one another to the synaptic connections we have within our extended nervous systems” (Siegal, 2012, p. 3). Siegal (2012) goes on to state that an overly simplistic way of describing interpersonal neurobiology is that our relational connections shape our neural connections. Therefore, whether we are relating to someone in a compassionate, loving way or are relating to others in violent ways we are contributing to synaptic pruning and shaping our neurobiology. Developing a ‘compassion group’ therefore would be strengthening our neural pathways to be more compassionate. This further relates to a fundamental truth of the Dalai Lama, he often speaks about having compassion for others contributes to happiness for both the giver and receiver (Gyatzo, n,d). By doing so we are altering our synaptic connections, grooving in our neural pathways, and shaping our neurobiology to be happier and more compassionate.

A summary of brain science indicates that numerous brain structures are involved with interpersonal neurobiology that is shaped by historical and present attachments (Davis, 2009). Our primary attachments play a pivotal role throughout the lifespan (Tronick, 2007). However, research on neuroplasticity (Demarin, Morovic, & Bene, 2014) encourages us to consider how attachment relationships with others (i.e psychotherapists, supporters, important figures) can shift maladaptive brain development into more integrated, more wholesome states (Siegal, 2012). Therefore, a compassionate group may aid in altering brain structures to be more compassionate and considerate to ourselves and others. The structures associated with the brain are experience-dependent (Davis, 2009). This means that the environmental ecology that surrounds these structures has the potential to hurt or to heal these structures depending on circumstance. By understanding our socio-cultural experiences along with the neuro-psychological research, we have a better understanding of how some qualities or attributes develop and persist. If we experience compassion, love, and connection we are likely to be more compassionate, loving,

and connected. Conversely, if we experience hurt, abandonment, or tension, we are more susceptible hurt, to feel more isolated, and to be more tense. Fostering qualities in our children that we are desirous for them to have is a primary task for parents from many cultures and can be influenced intergenerationally. The field of epigenetics discusses how genes are expressed, or turned on or off, by the environment.

We all have certain DNA structures that make each of us unique. We also have certain vulnerabilities and opportunities within our DNA structure that is expressed differently depending on our experiences (Alberts, Bray, Hopkin, Johnson, Lewis, Raff, Roberts & Walter, 2013). For example, we may have a predisposition for mental health disorders that comes to fruition after the use of illicit drugs. Our experience of using drugs may alter gene expression therefore contributing to a mental health challenge. When it comes to interpersonal neurobiology, our interactions between our DNA, social experiences and our neurobiology has the potential to make changes, for better or for worse. This exemplifies the importance of cultivating healthy, adaptive, pro-social environments to provide us the best opportunities to grow individually, within our families, and among communities.

Affective Neuroscience. Modern brain science has contributed to our understanding of our evolutionary heritage and the complexity of our most primitive mental functions (i.e emotions) as well as our higher functions (i.e. cognition). Affective neuroscience asserts that emotional processes influence action. So it follows that “once we understand the affective tools for living and learning that exist at the primary-process levels, we will better understand how higher mental processes operate (Panksepp, Asma, Curran, Gabriel, & Grief, 2010, p. 10). Research on affective neuroscience illuminates seven primary-process emotions within both animals and humans, these include: seeking, rage, fear, lust, care, grief, play (Panksepp, 2010, p. 537). The

care component of our ancestral emotions most closely identifies with the maternal nurturance system among other systems and has been viewed in similar ways by other researchers. For example, Mercadillo & Diaz (2013) state that “compassion can be considered a prototypical moral emotion” (p. 95) and is reminiscent of a mother caring for her child. The seeking component of these emotions represents the dopamine reward system, helps “acquire all resources needed for survival” (p. 537), and lack of it contributing to psychopathology (Panksepp, 2010). There is much intersection between affective neuroscience and the many facets of compassion pertaining to the primary-process emotions.

The seeking and care component are closely related to the expression and experience of compassion. Firstly, these primary-process emotions are considered universal and serve as a useful heuristic when considering individual, familial, or community treatment programming. Secondly, the dopamine rush inherent within compassionate action in these areas may serve as a natural high that has the potential to be contagious. Lastly, for the majority of the population we have similar structures within the brain and the potential for growth via neuroplasticity. Although Panksepp (2010) highlights the value of these primary-process emotions, others state that compassion is derived from a complex “interplay of naturally and culturally evolved factors” (Mercadillo & Diaz, 2013, p. 95).

Affective neuroscience is greatly impacted by the presence of culturally significant factors. Discussed within the interpersonal neurobiology section is how our synaptic connections are shaped by relational experiences, however, a cultural-neuroscience approach informs us that relationships and their cultural milieu also influences us (Kitoyama, 2010). The family that we grow up in along with the societal and community influences all impact the culture in how our brain develops. Cultural groups throughout the globe are impacted differently

by the social ecology of their surroundings. The emphasis within each cultural group may impact the primary-process emotions differently as well as the expression of them by members within that community. Communities that place a greater emphasis on understanding our seeking and care systems may be more philanthropic, altruistic, and demonstrate greater compassionate action. Additional research is needed within this area of affective neuroscience to validate this assumption and is valuable information to consider, however, other areas have contemplated this. Positive psychology is focused on a similar area and offers much wisdom and alternative insight into the nature of its research.

Positive Psychology. The evolution of positive psychological approaches has been infused throughout recent literature and provides a "scientific study of optimal human functioning [that] aims to discover and promote the factors that allow individuals and communities to thrive" (Seligman, 2000). Other researchers suggest that positive psychology is the opposite of the disease model and the "aim of positive psychology is to begin to catalyze a change in the focus of psychology from preoccupation only with repairing the worst things in life to also building positive qualities" (Seligman & Csikszantmihalyi, 2000, p.5). Emotions have played important roles throughout our history and express themselves differently depending on circumstance. It is naive to say that certain emotions are 'positive' while others are 'negative' as they have served different purposes in our evolutionary heritage. By avoiding, hiding from, or dismissing certain emotions we are doing a disservice to ourselves as we are trying to escape the emotions that will inevitably arise throughout life. By cultivating emotions that serve prosocial, adaptive thoughts, behaviours and actions we are engaging in what has come to be known as positive psychology. Boniwell (2006) further explains that positive affective experience contributes to: positive emotions broadening our thought-action repertoires, positive emotions

undo negative emotions, positive emotions enhance resilience, positive emotions build psychological repertoire, and positive emotions can trigger an upward developmental spiral. Positive Psychology has been considered by ancient Greek philosophers like Socrates, Plato, Aristotle and has developed into consisting of 3 main components, that is the (1) subjective level, (2) individual level, and (3) group level (Hefferon & Boniwell, 2011, p.3). Each of these levels mutually influence one another and our wellbeing is often related to a complex interplay between these three. When studying our positive experiences, characteristics, and/or communities we need to consider them individually as well as collectively. How does one influence the other? What similarities or differences do they have? How might we affect change? How might we structure a compassionate program or group? Similar questions to these may be useful in a practical setting in working with others using a positive psychology framework.

The future of positive psychology has a promising future. By fostering a positive psychological attitude, focusing on what is going well, and shifting our focus from “what is wrong with you” to “what has happened to you” the opportunities for change are vast. Prominent researchers in the field “predict that positive psychology in this new century will allow psychologists to understand and build those factors that allow individuals, communities, and societies to flourish” (Seligman & Csikszentmihalyi, 2000, p. 13).

The time is now to foster tangible change using practical strategies guided by a compassion-informed approach to prevent, intervene, and respond to disasters of all kinds.

Time for Action

The disasters of our time are growing immensely. Mental health diagnosis, alcohol or drug use, homelessness, poverty, violence, and many more challenges seriously affect communities at epidemic proportions. Statistics show that what we have been doing is not

working. The lack of social connectedness with one another and the artificial divisions that have been created among groups is leading to increased violence, stigma, judgement, and tension.

The many facets of compassion-informed approaches provides neurobiological, neuroscientific, psychological foundations in which to tackle the momentous task of improving the collective climate of communities by the integration of compassionate action. Current or past programs throughout the world may be keenly aware of the disasters among us thus providing motivation to act on the development of programs based on compassion to reduce suffering. Below are several examples that focus on the challenges communities face and suggestions they utilized to help mitigate them.

Chapter 4: Other programs

Several strategies have been and are currently being implemented to increase compassion in a number of areas. Some of the most prominent programs and their respective philosophical underpinning are described here that provide influence to the practical strategies outlined in chapter 5. By exploring what research is finding about how compassion and community development overlap we can learn additional strategies about how to utilize a compassion-informed approach within communities.

The award-winning TEDtalk by Karen Armstrong that led to the charter for compassion created a movement of compassion throughout the world. The charter for compassion has been signed by several countries across the world fostering change within individuals, families, and their communities. The main tenets of the charter will be discussed and offer a positive direction for future discussion.

Socially Engaged Buddhism is based on the principals and practices of Buddhism with the intention of applying traditional wisdom and knowledge to areas of social, political, environmental, economic suffering and injustice. Some of the key areas described within the approach will be highlighted for future consideration.

Fostering positive growth through an Asset Based Community Development (Green, Moore & O'Brien, 2006) lens has also highlighted the natural strengths of community members in compassionately responding to whatever trials and tribulations that arise. The book discusses the importance of mobilizing assets within a community and strongly emphasizes that “almost everyone has gifts to give, contributions to make – if only they are asked and given the opportunity” to do so (p. 28). In times of disaster the intrinsic gifts that we have to share are invaluable to creating a sense of hope, encouragement and strength in community members.

Another community development approach titled *The Community Toolbox* developed by the University of Kansas Centre for Community Health and Development (2017) also provides similar albeit different community development strategies in fostering wellness in communities. The many facets of the toolbox incorporate literature from numerous disciplines and areas of interest to many communities.

The importance of traditional wisdom must not be under valued. Traditional teachings offer today's dislocated societies a way to lead to a healthier, happier, more sustainable future. Throughout North America, Africa, Australia and New Zealand many indigenous populations make a concerted effort to maintain their heritage and traditional ways of being. Literature on these North American Indigenous populations will be discussed and how traditional teachings may influence the disasters of our time.

Charter for Compassion

The Charter for Compassion is one of the newest developments of compassion in today's society (Charter for Compassion, 2017) and has contributed to a more compassionate world. Although the charter has grown immensely an earlier version (2009) captures the true essence of compassion,

The principle of compassion lies at the heart of all religious, ethical and spiritual traditions, calling us always to treat all others as we wish to be treated ourselves.

Compassion impels us to work tirelessly to alleviate the suffering of our fellow creatures, to dethrone ourselves from the centre of our world and put another there, and to honour the inviolable sanctity of every single human being, treating everybody, without exception, with absolute justice, equity and respect.

It is also necessary in both public and private life to refrain consistently and empathically from inflicting pain. To act or speak violently out of spite, chauvinism, or self-interest, to impoverish, exploit or deny basic rights to anybody, and to incite hatred by denigrating others—even our enemies—is a denial of our common humanity. We acknowledge that we have failed to live compassionately and that some have even increased the sum of human misery in the name of religion.

We therefore call upon all men and women ~ to restore compassion to the centre of morality and religion ~ to return to the ancient principle that any interpretation of scripture that breeds violence, hatred or disdain is illegitimate ~to ensure that youth are given accurate and respectful information about other traditions, religions and cultures ~ to encourage a positive appreciation of cultural and religious diversity ~ to cultivate an informed empathy with the suffering of all human beings—even those regarded as enemies.

We urgently need to make compassion a clear, luminous and dynamic force in our polarized world. Rooted in a principled determination to transcend selfishness, compassion can break down political, dogmatic, ideological and religious boundaries.

Born of our deep interdependence, compassion is essential to human relationships and to a fulfilled humanity. It is the path to enlightenment, and indispensable to the creation of a just economy and a peaceful global community.

It is clearly laid out here the value of compassion and the necessity to integrate compassionate action now into all levels of our globalized world. Additional resources on compassion are found throughout the charter for compassion (2017) website and you will find: the infamous TEDtalk by Karen Armstrong, recent annual reports, information related to the charter, global goals of

compassion, partners, information about how to obtain a compassionate city designation, and much more. The website serves as a solid foundation to come back to at any time when we need a compassionate boost along with reading one of her books that offers a roadmap for increasing compassion in communities.

After her TEDtalk, Armstrong (2015) also wrote a facilitator's manual titled, *Twelve Steps to a Compassionate Life*, which provides a comprehensive explanation of each step along with stories and cartoons for discussion. The steps are as follows: (1) Learn about compassion, (2) Look at your own world, (3) Compassion for self, (4) Empathy, (5) Mindfulness, (6) Action, (7) How little we know, (8) How should we speak to one another? (9) Concern for everybody, (10) Acquire knowledge, (11) Recognition, and (12) Love your enemies. The facilitator's manual has been used as a 12-step group, at retreats, weekend workshops, ad-hoc meetings and serves as a useful heuristic when working with others. Exploration of each area identified here has the potential to cultivate great changes to the suffering that so many of us have become familiar with. The steps offered within this manual are useful considerations of developing community capacity in becoming healthier, friendlier, and more connected. Another compassionate method of practice that is lesser known, yet offers much guidance and wisdom is based on the Buddhist Tradition and is changing lives.

Socially Engaged Buddhism

Strategies for compassionate non-violent action to address complex issues are inherent within the philosophy of Socially Engaged Buddhism by the wisdom of the four noble truths and the eight-fold path (Abel, Bahta, Barnard, Diaz, Hamrick, Jones, McDougal, Orellana, Reilly, Tarantino, & Tibbals, 2012). The Buddhist belief system encompasses the four noble truths and serves as a template for those practicing Socially Engaged Buddhism. The Four noble Truths

consist of: (1) suffering is inevitable, (2) we suffer because we cling, (3) the remedy for reducing suffering is eliminating clinging and attaching (4) an eightfold path can aid with this process (Moffitt, 2008). The Eightfold path consists of: right view, right intention, right speech, right action, right livelihood, right effort, right mindfulness, and right concentration (Hanson, 2006) and is complementary to the four noble truths in an effort to help all sentient beings achieve enlightenment. Mills (2005) writes that “the basic ethical structure of Engaged Buddhism can be summarized as an effort to put Buddhist concepts such as interdependence, loving-kindness, and compassion into action in social and/or political spheres” (p. 1). Others have defined it as “the process of creating peace and understanding on a global level through the relief of suffering by utilizing compassion to create” (Abel, Bahta, Barnard, Diaz, Hamrick, Jones, McDougal, Orellana, Reilly, Tarantino, & Tibbals, 2012). Throughout the article *A Field Guide to Socially Engaged Buddhism* the authors allude to the core of engaged Buddhism being understanding the four noble truths, eightfold path, and putting them into action. As Alexander (2008) highlighted in his book *The Globalization of Addiction* we are self-interested, competitive and less socially integrated which is leading to many social, political, and worldly health problems. Indeed, integrating interdependence, loving-kindness, and compassion into social and political spheres has the potential to make great changes and help us become more psychosocially integrated.

Asset Based Community Development / Community Toolbox

Community development initiatives have the potential to make great changes. The book *Asset Based Community Development: When People Care Enough to Act* provides examples and practical strategies about fostering positive community development. The book begins by discussing community partnerships, finding and mobilizing assets within a community, leading to considering what people care about enough to act. The authors suggest that people and

programs are necessary for a strong community, includes strategies in organizing partnerships, effective use of resources, and “acts on the conviction that there is no one we don’t need”

(p.127). The importance of these strategies and community development initiatives in general has proven effective in numerous capacities. When these kinds of initiatives combined with the healing powers of compassion are united the potential to make great change is among us.

Additional community development strategies are inherent throughout a development out of the University of Kansas called the Community Toolbox.

The Community Toolbox (2017) also provides us with information on a plethora of areas, however, one particular area is focused on building compassionate communities. The utilization of a four phase’s model is suggested from this framework, these include: (1) Discover and assess, (2) Focus and commit, (3) Build and launch, and (4) Evaluate and sustain. The website provides a comprehensive outline of each area and provides steps within each phase.

Throughout this toolbox are historical accounts of effective practice, however, it is vitally important to highlight traditional wisdom from some of our first peoples.

Importance of Traditional Wisdom

The indigenous populations throughout the world have experienced some of the worst disasters known to man despite their inclusive, interconnected, compassionate ways of being. Traditional Indigenous populations throughout the world exude the very essence of compassionate actions for the benefit of individuals, families and communities. It is beyond the scope of this thesis to expand on the individual histories and atrocities that the traditional indigenous populations within countries such as Africa, New Zealand, Australia, among other countries have experienced, however, their traditional teachings are infused with compassionate wisdom that has benefits within our contemporary society.

It is also critically important to highlight at this point that each community and culture varies dramatically and great care needs to be taken to not generalize the research described below to all populations within the same country, territory, or settlement. Below is a exploration of North American Aboriginal Peoples, their cultural values, and how compassion is interwoven throughout their belief structure.

Traditional Aboriginal Peoples are pioneers in the field of social connectedness, family unity, building community capacity and compassionate action for the greater good of the entire community. A program being implemented in British Columbia, Canada titled *The Community is the Medicine* (Thira, 2016) focuses on reducing suicide rates in Aboriginal youth. The program has potential to reinvigorate some of the traditional cultural values, such as compassion and interconnectedness inherent within ones community. Although there are many other warriors who have faced the demons of disaster, the Indigenous population has been severely dislocated yet many maintain a spiritual, holistic attitude followed by compassion and respect for all things. Traditional Aboriginal Communities emphasize the importance of culture, interconnectedness, and sharing the teachings through an oral tradition (First Peoples: A Guide For Newcomers, 2013). Each of these components incorporates families, their communities and seems to serve as a foundation for holistic wellbeing. The spiritual teachings vary from community to community yet are reminiscent of the seven sacred/ seven grandfathers teachings (Ontario Native Literary Coalition, 2010), that is, the importance of respect, wisdom, love, bravery, humility, honesty, and truth (p.4). Inherent within these teachings is the ongoing, regular practice of compassion for self, compassion for family, and compassion for all members of ones community.

The previous paragraphs described are inclusive, connected and suggest compassion to be an important consideration. The struggles we are currently facing in communities have much to learn from the principals and practices of these teachings. Although communities experience numerous challenges, violence is one that is becoming more pronounced throughout this world. Let us follow the traditional wisdom of the Dalai Lama when he declares that “non-violence is compassion in action” (Gyatzo, 2005). Indeed practical applications and implementation after methodical, comprehensive research is needed.

Chapter 5: Practical Applications

You may see the benefit of a compassion-informed approach, however, you also may be asking yourself ‘What do I do on Monday morning?’ This chapter is designed to provide an overview of practical strategies across a wide continuum of services from the individual counsellor to the community development worker. It may be evident throughout the first 4 chapters that my personal investment lies with compassion combined with community development initiatives across a wide range of concerns, however, working with individuals as well as families is often the birthplace of such initiatives. Therefore, exploration of compassion-informed approaches within the individual and family realm is a worthwhile endeavour to creating lasting change. Some of the key elements of practical applications are described below, however, foundational components need to be first be highlighted.

My interpretation of a compassion-informed approach endorses the belief system of the interrelationship of all things and to consider how a change in one area effects a change in another. Four interrelated, essential aspects of such an approach takes vast amounts of courage and may include: (1) highlighting intuitive, internal gifts, (2) respecting and honouring all family units, (3) acknowledge and be curious about diversity, and (4) we must know the value of compassion. Much of a compassion-informed approach is recognizing existing philosophical orientations, approaches, and therapy styles from reputable schools of thought.

Overview of Therapy Models

The human services profession is inundated with therapy models that each have their place in working with people who are suffering. Many philosophical orientations and therapy practises offer useful information among some combination of cognition, behaviour, emotion or other pertinent areas. Although there are inherent benefits within each therapy model, listed

below are brief descriptions of family oriented and systemic methodologies most compatible with a compassion-informed approach.

Humanistic

The field of psychotherapy and the human services profession was revolutionized by the work of Carl Rogers. The therapeutic alliance is at the cornerstone of his approach and through his genuine, heartfelt approach transformation is made possible. Additional components of Roger's humanistic approach include: genuineness, empathy, and unconditional positive regard (Eager, 2010) that serve as a foundation for strengthening the therapeutic alliance. A key ingredient in effective psychotherapy is the relationship and is found to be even more important than theory (Miller, Hubble, Duncan, 1996). Therefore, therapists can choose whatever theory or approach that appeal to them, yet being mindful of the value and importance of building a positive working alliance. Inherent throughout the humanistic approaches is the attribute of compassion that has the potential to make positive changes.

Systemic

Gregory Bateson pioneer of systemic theory who fostered great change in family therapy with a development called the Bateson Project. Bateson, Jackson, Haley, & Weakland (1956) produced this project and it was named *Towards a Theory of Schizophrenia*. The paper suggested that contradictions in communication and interactions between family members may predispose other members to schizophrenia (Bateson, Jackson, Haley, & Weakland, 1956, p 3-4). The contradictions or 'double binds' experienced is a common cause of suffering for individuals and the trajectory has the potential to be changed by the presence of compassion. By infusing compassion into the existing system we are creating a newly developed system capable of positives changes.

Social Learning Theory

Albert Bandura is recognized for his work in social learning theory (Grusec, 1992). The basic premise of the theory includes: observational learning, self-regulation, self-efficacy, and reciprocal determinism (pg. 781-783). Throughout the article it suggests that our thoughts, feelings, and behaviours can be altered by the interrelationship between the individual, the environment, and their behaviour. Compassion can be contagious and create a ripple effect leading to social learning of compassion, altruism and benevolent action towards others.

Networking

We are all connected through networks. The family system, ones culture, belief system, experiences, among several other are ways in which we are connected. By tapping into our compassionate networks we create conditions for positive change. One networking approach “explores and develops a theory for the relationship between network characteristics and notions of psychosocial adaptation” (Todd, 1980, p. 1). The theory has four foundational components, these include: (1) Mapping social support networks, (2) Conducting informal peer discussions about networks and support, (3) Introducing the network structure into the dialogue about support and coping, and (4) discussing implications for individual and collective action to encourage positive dialogue between the participants and their networks. Compassionate networks are inherent throughout this approach and offer a useful framework to consider for community development initiatives. The networking philosophy utilizes its available resources, such as the compassionate wisdom within us, to foster positive change with the support of the four components defined above.

Collaborative

Collaborative practices have a significant history that has influenced the principals and practises of several areas. Collaborative therapy with families is primarily recognized by Harlene Anderson and Harry Goolishian and can be defined as a “therapeutic approach grounded in postmodern-social constructionist perspective of knowledge” (Gehart, Tarragona, & Bava, 2007, p. 367). This perspective suggests that language and collaboration are necessary when engaging in a therapeutic relationship. The therapist and client mutually engage in a conversational partnership and inquire together about the nature of the discomfort, problem, or challenge within the individual, family, or community. Co-construction of relationships with a compassionate attitude often creates greater potentials of collaboration is part of a larger framework of knowledge, often referred to as a community. Collaboration within this community often can be informed by certain questions and assumptions.

Circular Questions and Assumptions

Contributions to family systems work via the use of circular questions and assumptions are attributed to Canadian psychiatrist Karl Tomm (Strong, Sutherland, Couture, Godard, & Hope, 2008). Circular questions guide the family and/or community to find alternatives to relational patterns that were not previously considered and/or forgotten. The utilization of circular questions helps bring awareness to individuals within the family system, relationships within that system, and how their verbal and non-verbal actions influence these interactions. A compassionate attitude by the therapist when considering circular questions has the potential to create an atmosphere of care, respect and assumption that the family is inherently compassionate. For example, often times a counsellors role is being mindfully aware of “how the content or manner of what counsellors say and do elicit responses in kind (or not) from clients” (Thom, 2008, p. 188). We have the great potential to foster change when approaching clients from this

compassionate place. This type of approach interrelates with historical family therapy practices such as those practiced by Lynn Hoffman.

Family Therapy

Lynn Hoffman (1981) in her book, *Foundations of Family Therapy: A Conceptual Framework for Systems Change* influenced the family therapy movement by encouraging others to consider that “it is not that the system causes the symptom, but rather that the symptom causes the system” (Gibney, 2006, p. 51). When systems are understood this way “the attitude of the therapist and, depending on what position is taken, that prevailing attitude can either alienate the family or promote therapeutic co-operation” (Gibney, 2006, p. 51). By considering the symptoms or problems inherent within communities system are often created in an effort to solve the issue. Often times what is done to solve the issue exacerbates the issue, as is the case with ‘the Indian problem’ of First Nations peoples in Canada (Kinman, personal communications, Nov 25, 2017). All of us have compassion within us and this recognition would be valuable to the structures that serve these troubled populations. Providing time and space for people to utilize their compassion for others may aid in decreasing the symptoms, increase connection, and decrease stigma. Conversations regarding this occur in many forms, however, reflecting teams revolutionized the human services profession and is another way to engage in positive change.

Reflecting Teams

Reflecting teams offer a unique way of interaction. A reflecting team is having people observe the interaction between the client(s) and therapist, then provide an opportunity for the client/therapist to listen to the reflecting team’s discussions. Throughout Tom Anderson’s article *The Reflecting Team: Dialogue and Meta-Dialogue in Clinical Work* (1987) he outlines the

history, working guidelines, team reflection, and the effects of the reflecting team as well as provides two case examples of reflecting teams at work. By finding alternatives ways of communicating and engaging in collaboration with others we are broadening our ways in which we work with others. When the therapist comes from a compassion-informed approach they may consider what role compassion plays within the client's life, how our social-political context of compassion influences their thoughts, feelings, and behaviour, as well as what they have learned about compassion from their family of origin.

Open Dialogue

Open Dialogue developed by Jaakko Seikkula in 1984 is specific to working with first episode psychosis with patients in a hospital setting (Olson, Seikkula, Ziedonis, 2014). Their collaborative model operates on seven key principals (1) Immediate help, (2) Social network perspective, (3) Flexibility and mobility, (4) Responsibility, (5) Psychological continuity, (6) Tolerance of uncertainty, and (7) Dialogue & polyphony (Olson, Seikkula, Ziedonis, 2014, p. 3). The key principals described here have compassionate undertones in making a patients experience as comfortable as possible. By cultivating a compassionate attitude we are creating an atmosphere of hope and opportunity for the clients in which we work.

The systemic and family systems orientations described here help with cultivating a framework specifically focused on clients best interests. A compassion-informed therapist utilizes their compassionate wisdom combined with reputable existing therapies to provide a new and innovative way to strengthen their practice, improve treatment outcomes, and contribute to healthier, more compassionate communities. Despite the vast amounts of literature on family and systemic therapy models, a therapist is given the opportunity to consider an orientation that

best supports the counselling process. Compassion focused therapies (Gilbert, 2009) have developed evolutionary, neuroscientific, theoretical ways of working with clients, however, theory is secondary to treatment outcomes. The presence of a compassion-informed, humanistic, strength-based, well attuned, collaborative therapist is of optimal importance. The therapy models described combined with the 4 essential elements offer compassion-informed therapists with an eclectic framework to consider tailored to their own individual way of working with others. Discussed below are practical applications for human services professionals to consider when working with individuals, families, and communities from a compassion-informed approach.

Practical Strategies with Individuals

As human service professionals we often encounter individuals struggling with a myriad of challenges. Some are stressed-out, burnt-out, overwhelmed, and burdened by never-ending tasks that need to be accomplished. Others are fearful, hopeless, and inundated with social and relational challenges. Still, some find themselves alone, isolated, and full of mistrust. The list is ongoing and the solution to these problems is within webs of complex, interconnected systems requiring some exploration. Similarly to the therapy models listed above a compassion-informed approach ascribes to a certain heuristic for fostering change in clients, some of these include self-exploration, psycho-education, experiential exercises, and homework. Throughout Gilberts (2008) book he highlights several practical strategies in developing compassion for self and others. Additionally, clients have the opportunity to reflect upon and critically examine questions such as: What have I learned about compassion? How does compassion fit into my own life? What have I experienced when people are compassionate towards me? What have I experienced when I am compassionate towards others? By reflecting on questions like these

clients are provided with an opportunity to examine how they are living their lives and what might happen if they were to integrate more compassion into their ways of living.

Self-exploration

The therapeutic conversation inherent within a compassion-informed approach places emphasis on meaning making, understanding ones own values, belief systems, attitude about the world, and encourages discussion about systems within ones life. It is also vitally important to explore the systems involved within the individual's life. Who do they call family? How does this family support them? How do they support the family? Is the client living aligned with their individual, familial, community or religious values? It may be useful to discuss compassion in these areas and what it meant, what it felt like, and how might they be able to support themselves with compassion informed methodologies.

Discussion regarding sensitive, vulnerable, or upsetting times in their life may be valuable in learning what helped get them through it. Who helped them get through it? How did they overcome this struggle? What role did compassion for self or compassion for others play in mitigating some of the problems? Are they advocating for change in a particular area as a result of the experience? How might they use this knowledge or wisdom to help get through their current struggles? Empowering the client through strength-based questioning, positive reinforcement, and supportive reflection are important to consider in strengthening the therapeutic alliance.

Psychoeducation

Elements of psycho-education may be required throughout the individual sessions to complement the existing work that is being done. Providing information about counselling process, informed consent, confidentiality, as well as rationale for certain tasks or homework

may be needed. Also, a therapist may need to provide an explanation about compassion, or some other aspect of counselling, and how this fits into their lives. Education about the importance of compassion for self, family, and community and how this can contribute to positive changes within their lives may be needed. Discussion about systems and how supporting ones community can be of benefit to themselves may also be needed.

Experiential exercises

Some experiential exercises may be included in therapy, for example, the self-compassion exercises highlighted on Kristin Neff's (2017) website. Creative development of other experiential exercises also has the potential to effect great change. Engaging in compassionate action towards ones family, community, or other means may be useful in reflecting upon and how it contributed to their therapy goals. Experiential activities derived from the family and systemic therapy models also may provide great possibility for clients.

Homework

A significant component of compassion-informed therapy is homework. Homework can be journaling, reflecting on videos, having compassion for yourself, demonstrating compassion for others, or other activities. By encouraging clients to actively engage in compassionate action we are contributing to healthier communities which in-turn has the possibility to contribute to healthier individuals. Creating simple, measureable, attainable, realistic, and timely (SMART) goals is imperative for homework to empowering clients.

The combination of self-exploration, psychoeducation, experiential exercises, and homework are important to consider not only with individuals but with the families and communities that they work with. Finding ways to incorporate these strategies is mutually agreed upon by the therapist and client, however, important consideration needs to be placed on

cultivating compassionate change. There are many different views on family yet all can benefit from a compassion-informed approach.

Practical Strategies with Families

Compassion among family members presents itself in many ways. When working with families in the context of compassion-informed therapy a counsellor must be cognizant of the family system and interactions within this system. Consideration of the therapy models listed above helps inform the practice whereby a therapist can choose which orientation they, and their clients, have the greatest opportunity for change. Compassion often has a bi-directional effect whereas the giver as well as the receiver benefit from the action, therefore, cultivating compassion within families has the potential to foster positive therapeutic change to the identified problem area(s). Exploration of relationships, interactional patterns, and family roles is useful to explore using tools such as a genogram or a family systems tree. As mentioned, usage of self-exploration, psycho-education, experiential exercises, and homework are also strategies that a compassion-informed therapist might utilize when working with a family.

Practical Strategies with Communities

We all live within an interrelated, complex system known as communities. Generally speaking strong, healthy communities thrive while isolated, disconnected communities deteriorate. The environment in which we work dramatically influences treatment outcomes as is evident by the open dialogue approach or reflecting teams. Additionally, the structure, timing, and delivery of questions, as is the case with circular questioning also help guide therapeutic outcomes. The health and wellness of families and individuals can be reminiscent of the community health and is worthwhile to explore practical strategies at the community level. The benefits of community engagement are vast and have the potential to create a ripple effect on a

much broader spectrum of people. . The *National Collaborating Centre for Determinants of Health* (2013) state that:

Public health organizations across Canada are adopting community engagement as a central strategy and supporting community participation as a core competency for public health practice. It is a cornerstone of community-focused public health and a key approach to improve health equity through action on the social determinants of health (SDH). (p. 3)

Increasing multi-systemic formal and informal support persons, places, and things is vital to developing a continuity of care that is available when needed. Consistency, familiarity and reliability of external support are imperative to promote healthy family development and promote adaptive growth. A lesser known resource, yet equally valuable, is the potential within each of our nervous systems and the ability to foster great change.

Vast amounts of research suggest that “two distinct neural networks underlie empathy” (de Waal, 2008; Decety & Jackson, 2004; Fan, Duncan, de Greck, & Northoff, 2011; Lamm, Decety, & Singer, 2010; Shamay-Tsoory, Aharon-Peretz, & Perry, 2009; Van Overwalle & Baetens, 2009; Zaki & Ochsner, 2012, as cited in, Ashar, Andrews-Hanna, Dimidjian, & Wager, in press, p. 5) and a “distinct brain system underlies the valuing of others and prosocial motivation to help them” (Goetz, Keltner, & Simon, Thomas, 2010; Singer & Lamm, 2009, as cited in Ashar, Andrews-Hannah, Dimidjian, & Wager, in press., p. 5). The research above alludes to suggest the notion that we are wired to act compassionately or altruistically to help decrease the suffering of others. Compassionate and altruistic action shared by a community has the opportunity to make substantial changes for family, individuals and also reinforces the old traditional wisdom “it takes a community to raise a child”. Utilizing this knowledge to find

creative ways discover individuals who may feel personally moved to help may reduce suffering at the community level..

If we are neurobiologically wired to be helpful is it possible that the social disconnection in this world may be inhibiting this naturally occurring phenomenon from happening? How might community re-engagement and activities to promote social inclusion strengthen this naturally occurring neurobiological process? By creating a space, opportunity, and educating the public about the rationale for this kind of endeavour, the kind of culture and community we all yearn for is made possible.

Change is inevitable. By utilizing our compassionate nature to cultivate positive change we increase the likelihood of social connection, improved relationships, as well as decreased violence, hatred, and hostility among individuals, families, and communities. The therapy models described help inform the practical applications suggested within a compassion-informed approach, however, creativity specific to ones community is encouraged. For example, on Vancouver Island a small program originally developed by a local resident in Parksville, B.C, is making headlines (Yu, 2016). This program combined with teaching throughout this thesis has inspired the development of Integrating Compassionate Action Now (ICAN) using the Compass of Compassion model. The ICAN project can be found in the appendix while exploration of the Compass of Compassion model is described in the following chapter. How might other communities make original programs such as this to support the communities in which they live? It is my hope and intention that this thesis encourages compassionate action within individual communities for the greater good of our world.

Chapter 6: The Compass of Compassion

The development of the ‘Compass of Compassion’ came to fruition during a week when my seven month old was sick. The majority of the writing for this chapter was started at approximately 1:24am for several consecutive nights, however, this time seems to be where my creative spark shines the brightest. Anyway, during many sleepless nights I was reflecting upon some very profound commitments I have made throughout my life and four kept returning to me time and time again which eventually led to becoming the structure of the model. Indeed, finding ways to listen to the wisdom within us is at the core of compassion informed methodologies. Outlined below are these four commitments and how they have opened my eyes to how they inform counselling practice, group therapy, community development, among other areas.

The Four Commitments

It is vitally important for me to follow through with my commitments to the best of my ability. Sometimes I can fulfill these commitments in a day, week or month, however, as we shall see some may take several years and others will take the rest of my life. I have made several commitments throughout my life, however, the four listed here are ingrained in me, frequently arise, and awakened a desire within me to write about and put a form to them. I thought that maybe by finding a way to process the first two commitments that negatively reoccur in my head will be a way of compassionately honouring these commitments. I felt a certain degree of shame and guilt with the first two as I wasn’t sure I would ever be able to fulfill them, however, this is an attempt at doing just that. The second two commitments are fuelled by love, joy, compassion, good-will and are commitments I intend to follow for the rest of my life.

Combined, the four commitments is a way of capturing the essence of my personal, professional, and educational journey thus far.

Commitment One

Around the same time of planning my second suicide attempt I begrudgingly made a commitment to my undergraduate professor indicating that “when I am healthy I will promote, advocate, and implement these concepts”. I didn’t have any intention on following through with this commitment or believed that I could ever do this at the time, however, it is one that I never forgot about. What I was referring to was the Child and Youth Care (CYC) Perspectives which, at the time, included: strength-based, developmental, ecological, social justice, pluralistic, and relational ways of being. Although I was not healthy enough to fully embrace, fully commit these concepts for several years, I am now at a time where I can wholeheartedly do them justice. The basic premise of these perspectives is highlighted throughout the numerous publications within cyc-net.org where you will find the most up-to-date research by prominent researchers in the field.

This commitment is reminiscent of the heart because it reminds me of the true essence of what I believe child and youth care to be, about having heart. We can have the most advanced therapy concepts and techniques, however, I believe, and many others believe this work to be about relationships, being curious, and fully embracing ourselves in that relationship with an open, compassionate, loving heart.

Commitment Two

A year or so after completing my undergraduate degree I found myself in the perfect job full of potential, however, after a few months on the job I was sent on stress leave. Upon returning

from stress leave I made my second commitment to my supervisor which I intended to fulfill at some point in my journey. The commitment was expressed at a coffee shop, wallowing in tears stating something to the effect of making a deep commitment to support, learn from, and help indigenous populations to the best of my ability. My job ended the following week. One of the biggest teachings I learned while employed here was the work of Darien Thira and *The Community is the Medicine* (2016). One of his models spoke about suicide among older populations and the differences between them. What his research showed is that some of the key differences between aboriginal elders and senior citizens are that elders experienced more (1) care, (2) respect, (3) have a meaningful social role, (4) and have more of a vision and spiritual nature leading to decreased completed suicides. This, along with other teachings within *The Community is the Medicine* (2016), are things I hope can educate others about for the greater good of our families and communities. Further reading about this model is available throughout series, however, the basic premise of this particular model is within the *Community Wellness* section.

I chose a compass to represent this teaching as it is often used as a guide for leading people in a direction. The four directions are particularly meaningful across a wide range of indigenous populations throughout the world albeit for different reasons. Indeed, in my times of need a compass was a mighty fine tool.

Commitment Three

My third commitment was to the love of my life Emily Jolene. My life dramatically changed since the day I met her in extraordinary ways. I made a very deep, very meaningful, sincere commitment to her on the day of our marriage and vow to be there for her in sickness and in

health, for richer for poorer, until the day we part. Indeed, this commitment is blessed me with so much joy and revitalizes me everyday.

Emily is at my heart centre as safe place to return to when I am scared, lonely, confused or my mind is running amok. She is always within my heart centre, helps keep me balanced and day after day she teaches me about being stronger, braver, and has helped me achieve things I never thought possible. Finding ways to support others in finding someone, something, someplace to strengthen their heart-centre is a goal of mine and a starting place when working with people using compassion focused methodologies.

Commitment Four

My final, and most recent commitment is to my 7 month old son. On the day of his birth I made a commitment to him that I will be there to the best of my ability as much as possible for the rest of my life. My son has contributed to me having more compassion for the parent who always arrives late to work, rushes me in the coffee line, or leaves their shopping cart in the middle of the parking stall where I am wanting to park. I am beginning to understand why things like this happen so much and am starting to be a bit more compassionate as well as patient with myself and others. He has sparked more compassion that I thought I could ever have, yet it keeps growing and developing.

His place in the model is the Ombré fading from dark to light throughout the heart. I am hoping that it doesn't come across as hardening the heart because this is the exact opposite of what I am trying to represent. What we are wanting is the heart to soften, to become gentler, kinder, and more receptive to the suffering around us. Some Buddhist practitioners even embrace suffering of others in a practice known as tonglen, however, this can become incredibly

overwhelming for some. The purpose of this is to bring awareness to suffering in ourselves and others and take compassionate action to alleviate it. By acting compassionately towards ourselves and others, the degree of violence, anger, and hatred that is in our world would dramatically diminish. If we find ourselves becoming overwhelmed by the softening of the heart it is time to have some self-compassion for ourselves. One of the most well-known meditations for this is a loving kindness meditation and has increased dramatically in the west, however, as we shall see there are many other ways to show compassion for ourselves.

Indeed I have been holding onto these commitments for several years and will be upholding them until my last breath. I am a man of my word. The combination of these 4 commitments has led me to develop the structure of the Compass of Compassion (see figure 1). There are several configurations that can be derived from this structure and are useful heuristic when engaging in conversation with people about where they are at in their lives.

Configurations

In my search for finding meaningful ways to discuss what the model represents I quickly realized that our heart can grow or diminish based on a complex set of factors. I'm not sure about our physical heart, however, my grandmother required several by-passes on her heart and one of the surgeons realized an anomaly while performing the procedure. Her heart had *created* new vascular by-passes to support her survival - without her heart creating this she would have died long ago! Anyways, our DNA, early childhood experiences, and the many environments we are exposed to can affect the way in which our heart expresses itself. I felt compelled to capture this evolutionary and trauma-informed reality.

Similarly I found in my work that some people have a very clear direction in which they are headed while others have little to no direction (or so it seems). This also has an evolutionary component based on the genes we have been blessed with and how they are expressed by the environments we have been exposed to. If you are lost, a key point here is that you don't need to know where you are going – just go in a direction. Going a direction within the model would be useful, however, other directions also lead us to new and interesting areas. The expansion and contraction of the compass represents everyone on this continuum.

It is critically important to highlight that we *always* have heart and *always* have some kind of direction somewhere inside ourselves. Our intuitive nature requires the right causes and conditions to awaken and grow or expand each of these elements, however, they are always there. I find that finding someone, something, or someplace to awaken our heart centre is a way of doing this. My hunch is that it would be best finding someone as the research in interpersonal neurobiology has spoken about some pretty interesting information related to how our neurons express themselves in our body. The saying “neurons that fire together, wire together” is an important concept and is greatly impacted by the presence of another being. The figures below represent the 4 ways in which our heart and compass can be configured within the model. Within these four models I am continuing to research and learn from others about all the possible connections inherent within the model and how people relate to each configuration. My greatest understanding of the representations is described below along with some questions for therapists to consider when working with clients.

Fig 2 (pg 104)

Little heart/little compass

As one might guess having a small heart and little compass might point us in the direction of hopelessness, sadness, suicidality, anxiety, fear, or other difficult feelings. Working with a client who presents this way we may ask: Tell me about your passion for life. When did you have direction in your life? The therapist may also consider exploration of the 6 Foundational Perspectives to gain a greater understanding of the client's life. How do care, respect, meaningful social role, and spirituality help guide this person?

Fig 3 (pg 104)

Big heart/big compass

This particular figure is one of which someone has very strong drive and direction and it may lead to stress, burn-out and fatigue. One can only take on so much for so long before the body says no. A therapist may ask questions such as: what is it like having such passion and drive? Does it ever get in the way? How does it affect you? In what way do the CYC perspectives inform their passion and drive? How do care, respect, meaningful social role, and spirituality help guide this person?

Fig 4 (pg. 104)

Little heart/big compass

This representation suggests to me that someone is full of ambition, drive, and is full of great ideas, however, their heart is not in it and they have a stunted capacity to fulfill this drive.

Questions some therapists may ask include: What is it like having this discrepancy? When did your feelings of heartfulness change? How does the CYC perspectives influence this

configuration? How do care, respect, meaningful social role, and spirituality help guide this person?

Fig 5 (pg. 104).

Big heart/little compass

Some people are the most kind, loving, supportive individuals, however, have little direction about what they are wanting or where they are going. Therapists may ask questions such as: What do you do with all the kindness you show to others? Tell me about a time when it felt like you had direction? How can utilization of the CYC perspectives create more direction? How do care, respect, meaningful social role, and spirituality help guide this person?

Heart elements

The research above helped me realize what is important in compassion and community development. The elements within the heart include: (1) connection, (2) community, (3) courage, and (4) collaboration. Each element is within the CYC perspective heart and can utilize the wisdom inherent within this perspective to strengthen, create possibilities, and foster change with clients and surrounding systems when exploring each of the heart elements. Each heart element is described briefly here yet have very enormous possibilities. Remember the by-pass that was created in my grandma's heart? What this tells me is that we are constantly evolving and growing, therefore, the model needs to constantly evolve and grow to accommodate the needs of the population it serves. Another very important component in this model is that the elements of the heart are *always* there. Again it is important here to find ways to ignite the fire within and cultivate awareness of hearts via our interpersonal relationships.

Connection

The wisdom of Bruce Alexander in his book *The Globalization of Addiction* (2008) informs this heart component. His research on dislocation and psychosocial integration suggests the necessity of connection with self and others. A TEDtalk video titled *Everything we Know About Addiction is Wrong* (2015) by Johann Hari supports Alexander's research on this and also discusses an experiment called rat-park that Alexander conducted. The results of rat-park indicated that if we had more connected, healthy, social environments along healthy connection from others the likelihood of addiction would decrease. Of course it is more complex than this, however, is a useful concept to consider. All of these point in one direction – connection.

Community

Humans and mammals have 4 chambers in their heart. We also share many primary-process emotions highlighted in the affective neuroscience section. In the majority of the animal species and human species we come from communities. It is essential that we honour our evolutionary and historical heritage. Thira's work within Aboriginal communities captures the necessity of community with the title of some of his work –*The Community is the Medicine*.

Courage

Brene Brown's recently released new book is called *Braving the Wilderness: The Quest for True Belonging and the Courage to Stand Alone* (2017). What the book seems to be suggesting is similar to that of this thesis; that is creating a sense of belonging in our communities. This takes great vulnerability and vast amounts of courage. The journey towards or from our heart centre also takes a considerable amount of courage, drive, and dedication.

Collaboration

What I learned from disaster response methodologies is the extreme importance of collaboration in times of need. The events of 9/11 and Columbine shootings are only two examples of many difficulties communities are facing. We need to talk with one another using compassion, understanding, purposeful communication, some of which may include: using Marshall Rosenberg's Non-Violent Communication (or other) principals.

Exploring the heart

We often find ourselves at various place in our heart and we need to explore what happens when we move towards or away from each of these heart elements. What happens when we stay still? How does it affect the other components? All things are interrelated and it is important to remember here that a change in one area makes changes in another. For example, if we move towards connection how does it effect change in the courage, collaboration, and community component? If we move away from connection how does this affect our sense of community, courage, and collaboration? By considering how the CYC perspectives influence the exploration of the heart is useful to consider and may aid in finding meaning in these areas for clients. The indigenous wisdom inherent *The Community is the Medicine* series are also imperative to consider and how they relate with each of these elements. Some questions about each are listed on each area for consideration. Figures below highlight some of the places we might find ourselves in throughout our lives, however, we may find ourselves at anyplace within our heart.

Fig 6. (pg. 105)

Top left- Increased collaboration

What happens when we have increased collaboration? How does it affect us? How does it affect the other components? Is it helpful? Not helpful? What guides us?

Fig 7. (pg. 105)

Bottom left - Increased community

When we become more invested in community how does that affect us? How does it affect the other components? What do we feel with a greater sense of community? How does this fill (or not fill) our heart? What kind of direction do we have?

Fig 8. (pg. 105)

Top right - Increased courage

When we have vast amounts of courage what is the result? How does it affect the other components? How have I been courageous in the past? How much heart and direction is needed to be courageous?

Fig 9. (pg. 105)

Bottom right- Increased connection

In what ways do we experience ourselves when we become too attached/too connected? How does it affect the other components? What are important connections in my life? How does my heart feel when connected? How does direction influence your connection?

The Four Directions

Compassion focused therapies resonate with me and is a guide or a compass in a way in which I would like to work. Whether I am going north – south or east – west I want to embody compassion based principals. The work of Paul Gilbert has enabled me to embrace a modality and run with it. Two very key components within his approach is (1) attributes and (2) skills training. The north-south attributes include: sensitivity, care for well-being, non-judgement, empathy, sympathy, and distress tolerance. The east-west skills-training include: sensory, behaviour, reasoning, imagery, attention, and feeling. Reading on this can be found in his book *The Compassionate Mind* (2010). These ideas are always present not matter how little our heart feels, our lack of direction, or where we find ourselves in our heart. Next we explore about finding ways to incorporate these ideas in an integrated and understandable way.

Putting it all Together

There we have it. A completed (but ever changing) Compass of Compassion model. One of the challenges I came across in developing the model was blending CYC perspectives, indigenous wisdom, compassion-focused methodologies, and my own research on compassion and community development in a cohesive and integrative way. When working with someone using the Compass of Compassion it is often useful to find ways to connect with them, heart-centre to heart-centre.

A useful starting point for someone using this approach is starting at the heart centre. This is where the attributes, skills-training component of compassion, along with the relationship to self intersect. This is also the place where we become aware of the intersection between our connections, our communities, our courage, and our collaboration and see how this fits into our lives. By the presence of speaking with someone who utilizes CYC (or similar) concepts,

compassion-informed methodologies, indigenous wisdom, and research in disaster response a client's heart may start to grow, they may gain direction, and a sense of feeling grounded. The size of our heart and the size of our compass are irrelevant here as the heart elements, our compass, and our heart are *always* present, however, the size does help us gauge where a client is at and may be useful conversation to engage in. In addition, a vital element of a compassion-based approach is the therapist being centred, grounded, and able to be attuned with the other to help them feel connected via the process of interpersonal neurobiology. This is where we create the potential to connect with others, heart-to-heart. This humanistic, strength-based, compassionate place is where the magic happens and is capable of extraordinary change.

The purpose of starting at our heart centre has many facets, however, one of the most important reasons is that is where true happiness or contentment lies. Temporary happiness may be in a new car, a promotion, or a newly found tv-series, yet this is not fostering genuine happiness. Although this is the best starting place, some struggle immensely with this for numerous reasons, these may include: their DNA, their early childhood experiences, their social and economic conditions, traumatic experiences, and cultural beliefs, among other reasons.

Some people have small, hardened, thick hearts that is energy for conflict, anger, hatred, and avoidance, among other self-protective strategies. At times it may feel so hard and small it seems like it is not there, however, as a compassionate approach suggests, it is *always* there. A good analogy for this is in the children's film *How the Grinch Stole Christmas* where a Grinch was seen by the community as the antithesis of happiness, love, community and compassion. It took the courage, compassion, and wisdom of a young girl to create the conditions necessary for the Grinch's heart to grow and thrive in a community that was critical, shameful, and stigmatized of him. How many people in this world feel disconnected and an outcast like the Grinch? What

might happen if we embraced our inner Cindy-Lu Who and compassionately embraced the suffering of others? Maybe, just maybe, when we include others in this way they too will be included in the community dinner and ‘carve the roast-beast’. This analogy encourages us to consider that we all have unique gifts to share and individual contributions to make only if we are provided the opportunity to do so.

Often times it is scary for people to fully embrace their ‘heartfulness’ selves along with searching for a sense of direction. Supporting people during this time is often the rationale for therapy and it takes a considerable amount of energy and effort to become aware of our heart, make it grow, and have a clearer sense of direction. Despite the challenge of doing this, I believe that positive change within our hearts and direction is possible given the right causes and conditions.

While reflecting upon the development of the model and what I have learned from psychiatric admissions, suicide attempts, pharmacological interventions, 8 years of post secondary education and the vast amounts of therapy is one (among many) things, ICAN. In believing this I came up with what is now known as *Integrating Compassionate Action Now* (ICAN). ICAN is a simple program based upon a set of complex, interrelated concepts (see appendix A). Although this model is comprised of experiences and commitments I’ve made, it seems to be a useful guide for me in helping those in the counselling room with individuals, families, groups, presentations or community-based initiatives. I am not entirely sure how (or if) it will be utilized by others, however, it seems to have potential in a number of finding ways to infuse compassion into many areas of need of a compassionate boost. Some of these include: elementary and highschoools, universities, organizations and hopefully developing compassion

based principals into our policy and procedures within our economic, political world. I am willing to explore this endeavour if given the opportunity to do so.

Chapter 7: Conclusion

We need more compassion in our world. Those suffering need dedicated individuals who have the courage to take action, to demonstrate compassion, and to be champions of compassionate change. The historical figures and events described herein encourage us to consider the necessity of compassion to disaster victims. Indeed, we are all disaster victims of one kind or another. Violence, anger, hatred as well as general struggles are firmly rooted in communities and compassion as medicine is an antidote for uprooting as well as improving this universal dilemma. How long will we continue to promote independence and individual wellness when our evolutionary make-up is interdisciplinary and collaborative in nature? When will we stop making divisions between people, groups, and nations, before making changes? When will more compassion be infused into our cultures, socio-political contexts, and everyday life? Programs focused at these areas are needed more than ever. Although Gilbert (2009)'s work with compassion focused therapies has achieved great gains, the research throughout this thesis encourages us to consider how history has influenced the potentiality of compassion combined with community development.

This thesis supports integrating compassionate action into all levels of our globalized world is a necessity to address the disasters among us. Throughout chapter 2 are historical figures and events have alluded to compassion being medicine to soothe, comfort, and provide relief to those struggling. Discussion in chapter 3 about the importance of compassion and rationale for undertaking this research emphasizes the importance of a compassion-informed approach. Alternative programming outlined in chapter 4 encourages us to think outside the box in the development of compassion based initiatives. Practical strategies are outlined throughout chapter 5 in working with others from a compassionate lens. We explored a new model labelled

the Compass of Compassion and the implications for ICAN. This final chapter encourages us to consider how compassion can strengthen individual, familial, community, and global initiatives by the utilization of a compassion-informed approach.

Exploration of historical elements of compassion in chapter 2 helps guide us in a direction of supporting those who are suffering. The hard-earned lessons we have experienced through the events of 9/11, columbine, among other disasters need to be commemorated, celebrated, and understood more than ever. Many people have lost their lives due to such experiences yet mass-shootings, terrorism, and destruction continue to occur. Trusting in the value of compassion seems to be a worthwhile endeavour to explore as an agent for change with hope for our future and generations to come.

Chapter 3 introduces the idea of a compassion-informed approach to empower individuals, support families, and strengthen communities. The rationale for undertaking this research indicates that we're struggling, that we are hurting, that we need help. The importance of compassion cannot be taken for granted and finding peace within ourselves and for others is vitally important to a more harmonious world.

Alternative ideas discussed in chapter 4 provide additional information to consider when working with individuals, families, or communities. The wisdom held within these programs is useful information to consider when integrating compassion-informed practices into community development initiatives. Indeed we are all placed within the context of a community and would benefit from a more compassionate, a more connected community with a single vision of reducing suffering through increasing compassion.

The practical applications component in chapter 5 provides a useful heuristic in working with individuals, families, and communities using a compassion-informed approach. Research

discussed throughout this document provides much useful information about compassion, however, this chapter focuses on what one can do in numerous capacities in working with others.

We were introduced to the Compass of Compassion and ICAN throughout chapter 6. This is a model based on numerous theories, perspectives, and ways of being. Exploration of the structure, function, and development of the model is discussed and encourages us to consider about how it can be implemented with future endeavours.

Limitations

Criticisms exist within any therapy model. Inevitably there will be those for and against working from all therapeutic orientations. There may be some therapists using a compassion-informed approach who have some uncertainty as it may seem too soft, ambivalent about encouraging the client to take action, question the systems approach or hesitant because compassion informed practices are fairly recent phenomenon. Others may disagree with cultivating informal partnerships as they don't have reputable associations connected with them, degrees behind their name, and may not be as reliable. Additionally, some therapists may inquire about compassion fatigue and how this approach may lead to burnout. Self-compassion is also heavily emphasized throughout this approach and the literature above on self compassion indicates that it is a mitigating factor against compassion fatigue. Consideration of cultural, spiritual and religious backgrounds also needs to be taken into account and whether or not this kind of approach fits with the belief system, community, or ways of being. Despite these limitations and my biased belief system on the value of a compassion-informed approach, I urge individuals, families, and communities to infuse a little more compassion with their neighbours, friends, work colleagues and see what may arise. My hunch is you will be pleasantly surprised.

Contributions to the field

The analysis of historical figures and events leading to compassionate change has contributed to additional learning and a potential direction for the future. That is, infusing more compassion into our communities as a preventative measure. This thesis also contributes to related research on compassion focused therapies and adds new elements to support existing research in the field of compassion. More specifically how research on compassion can be integrated into community development initiatives. Reflection on the importance of socially engaged Buddhism, traditional ways of being, and other programs suggest additional ways of looking at problems and suggests ways of alleviating suffering. Practical applications encourage therapists to take action, create change, and implement the findings within the research, specifically providing psycho-education about the importance of compassion-focused or compassion-informed practices. The research discussed herein about how compassion and community development encourages growth, development, and hope for the future. Lastly, and probably the most significant component is the development of the Compass of Compassion leading to the potential inherent within ICAN, however, just like grandma's heart, we never know what might be created in the future.

Future Directions

Additional research is needed on compassion, community development and the benefits of such initiatives. This may include further evaluation of existing programs, such as the compassionate schools project, or development and evaluation of compassionate initiatives. Qualitative research on communities who describe themselves as compassionate cities would offer a fruitful discussion on what they are doing, what's working, and future directions. Further research on compassion in education as well as compassion in political contexts would also provide valuable information about how to improve suffering in these areas. Exploration of

how the Compass of Compassion and ICAN can be implemented in a wide range of areas would be a worthwhile endeavour. Additionally finding ways to promote, sustain and evaluate programs like or similar in nature to ICAN would also be of great importance to the therapeutic community.

A Few Words on Mental Suffering

I have deep admiration and respect for each and every individual who has had the courage to face their mental suffering despite the fear of doing so. For those of us who have learned to better manage their turbulent, chaotic minds I stand proudly with you. To those who continue to struggle with mental suffering, me too. To those who decided to take their own lives, overdose, or otherwise moved on from the world in which we live, I understand. This world we live in is an unrelenting force of suffering for as long as we shall live. Finding a way to make it a little more bearable by infusing compassion into every aspect of our world we can make living a little more tolerable. A little compassionate medicine may be just what the doctor needs to order to soothe mental suffering.

Personal Reflection

The process of writing this thesis has been inspiring and transformative. The scientific methodologies combined with historical figures and events have sparked creative development of compassionate action across a wide range of disciplines. The traumatic, troublesome experiences many people have can be debilitating and isolating, other times it can be empowering and promote change, as well as everything in between. I find that the disasters I have experienced throughout my life has inspired the growth of my compassionate nature and passion inherent within a compassion-informed approach. I am saddened because the suffering within our world and am committed to compassionate initiatives and willing to make a concerted

effort to reduce pain, hurt and suffering. I believe that people will genuinely act compassionately if they are given a platform / opportunity to do so. We need people to join together who have a similar vision of a more compassionate world and create opportunities to reduce suffering. The words of Margaret Mead ring true here, “Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has”.

Final Thoughts

This thesis represents a scholarly, scientific, research-based way of describing something we all want yet struggle to achieve – that is, less suffering. Compassion is medicine and this thesis is an attempt to provide some structure to cultivating compassionate change. Despite the vast amounts of programs and people focused at increasing compassion within our communities, more is needed. I urge each individual who reads this thesis to consider how compassion can fit into their lives, into their families, communities and beyond. Indeed, this is medicine that each of us has the opportunity to give.

References

- Abel, S., Bahta, A., Barnard, W., Diaz, M., Hamrick, J., Jones, C., McDougal, K., Orellana, C., Reilly, L., Tarantino, M., & Tibbals, J. (2012). A Field Guide to Socially Engaged Buddhism, *Seattle University*, Retrieved from: <http://northwestdharma.org/wp-content/uploads/2012/06/Field-Guide-to-Socially-Engaged-Buddhism.pdf>
- Alberts, B., Bray, D., Hopkin, K., Johnson, A., Lewis, J., Raff, M., Roberts, K. & Walter, P. (2013). *Essential Cell Biology*, *Garland Science*
- Alexander, B. (2008) *The Globalization of Addiction: A Study in Poverty of the Spirit*, Oxford Univeristy Press, New York, NY.
- Anderson, T. (1987). *The Reflecting Team: Dialogue and Meta-Dialogue in Clinical Work*, *Family Process*, Tromsø Norway
- Aronson, E. (2001). *Nobody Left to Hate: Teaching Compassion After Columbine*, Owl Books, New York, New York
- Ashar, Y., Andrews-Hanna, J., Dimidjian, S., & Wager, T. (in press). Towards a neuroscience of compassion: A brain systems-based model and research agenda, University of Colorado, Boulder, CO.
- Bateson, G., Jackson, D., Haley, J. & Weakland, J. (1956). Toward a Theory of Schizophrenia. *Behavioural Science*, 1(4), Palo Alto, CA.
- Berkowitz, B. (2017). Spirituality and Community Building, *Charter for Compassion*, Retrieved from: <https://charterforcompassion.org/index.php/spirituality-community>

- Bharti, S. (2015). Mahatma Gandhi and Satyagraha, *International Journal in Management and Social Science*, 3(12), Yamunanagar, Haryana
- Bloom, S. (1997). *Creating Sanctuary: Toward the Evolution of Sane Societies*, Routledge, NY & London
- Brito, G. (2014). Secular Compassion Training: An Empirical Review, *Journal of Transpersonal Research*, 6(2), Granada, Spain
- Brown, N. (2004). The Shift from Apartheid to Democracy: Issues and Impacts on Public Libraries in Cape Town, South Africa, *Libri*, 54(1), New York, NY
- Cambridge Dictionary (2017). Cambridge University Press. Retrieved from: <http://dictionary.cambridge.org/dictionary/english/disaster#translations>
- Charter for Compassion, (2017). *Compassionate Community*, Bainbridge Island, WA.
- Charter for Compassion. (2009). Retrieved from: <http://www.takomaparkpc.org/TheCharter4Compassion.pdf>
- Cutler, H. (2009). *The Art of Happiness: A Handbook for Living*, Riverhead Books, New York, NY
- Davis, L. (2009). *Interpersonal Neurobiology*, Walden University in PSYC-8226-3 Biopsychology
- Demarin, V., Morovic, S., & Bene, R. (2014). Neuroplasticity, *PERIODICUM BIOLOGORUM*, 116(2), Zagreb, Nemetova
- Dejong, M., Hoser, D., & Hall, L. (2005). *The Manuscript Option Dissertation: Multiple Perspectives*, Retrieved from: <http://www.dtic.mil/dtic/tr/fulltext/u2/a433038.pdf>

Eager, E. (2010). Summary and Evaluation of Carl Rogers' Necessary and Sufficient Conditions of Therapeutic Personality Change, *The Person-Centered Journal*, 17(1-2), Fleetwood, PA.

First Peoples: A Guide for Newcomers (2013). City of Vancouver, BC. Retrieved from:

<http://vancouver.ca/files/cov/First-Peoples-A-Guide-for-Newcomers.pdf>

Fischer, L. (1950). The Life of Mohatma Gandhi, New York, NY. Retrieved from:

https://faculty.sfsu.edu/sites/default/files/faculty_files/1203/Class/115-pdf/Gandhi.pdf

Gandhi, M. (n,d). Satyagraha as a means of conflict resolution: Unit 14, *Gandhi's Political Thought*, Retrieved from:

<http://www.egyankosh.ac.in/bitstream/123456789/19687/1/Unit-14.pdf>

Gehart, D., Tarragona, M., & Bava, S. (2007). A Collaborative Approach to Research and Inquiry, Taylor and Francis Group, New York, London.

Germer, C. & Neff, K. (2013). Self-Compassion in Clinical Practice. *Journal of Clinical Psychology*, 69(8), Arlington, MA. DOI: 10.1002/jclp.22021

Gibney, P. (2006). The Double Bind Theory: Still Crazy-Making After All These Years. *Psychotherapy in Australia*, 12(3), Brisbane, AU

Granoff, J. (2004). Interfaith Imperatives Post 9/11: Sovereign Value of the Golden Rule, *Praeger Publishers*, Westport, CT.

Goetz, J. L., Keltner, D., & Simon-Thomas, E. (2010). Compassion: an evolutionary analysis and empirical review. *Psychological bulletin*, 136(3), 351–74. doi:10.1037/a0018807

Goetz, J., Keltner, D., & Simon-Thomas, E. (2010). Compassion: An Evolutionary Analysis and Empirical Review, *Psychological Bulletin*, 136(3), Middlebury, VT.

Green, M., Moore, H., & O'Brien, J. (2006). Asset Based Community Development: When

- People Care Enough to Act, *Inclusion Press*, Toronto, ONT.
- Gyatzo, T. (n,d). Compassion and the Individual, Retrieved from:
<https://www.dalailama.com/messages/compassion-and-human-values/compassion>
- Gilbert, P. (2009). The Nature and Basis for Compassion Focused Therapy, *Hellenic Journal of Psychology*, 6(1), Derby, UK.
- Gilbert, P. (2010). The Compassionate Mind: A new Approach to Lifes Challenges, *New Harbinger Productions*,
- Grusec, J. (1992). Social Learning Theory and Developmental Psychology: The Legacies of Robert Sears and Albert Bandura, *Developmental Psychology*, 28(5), Toronto, ONT.
- Hari, J. (2015). TED Talks: Everything You Think You Know About Addiction is Wrong, Global, London.
- Hancock, T. (2017). Safe Communities Prevent Violence with Compassion, *Public Health Association of BC*, Victoria, BC.
- Hanson, R. (2006). The Noble Eightfold Path, Retrieved from:
<http://media.rickhanson.net/home/files/8FoldPath.pdf>
- Harmsworth, G. & Awatere, S. (2013). Indigenous Maori Knowledge and Perspectives on Ecosystems, *Manakki Whenua Press*, Lincoln, New Zealand
- Hefferon, K. & Boniwell, I. (2011). Positive Psychology: Theory, Research and Applications, McGraw-Hill Education, New York, NY
- International Campaign for Tibet (2003). Dalai Lama stresses long-term peaceful measures to prevent recurrence of 9/11 tragedy, Cultivating Peace as an Antidote to Violence, Washington National Cathedral.

- Kaplan, M., Ingram, P., & Mincemayer, C. (2001). Proverbs to Promote Understanding Across Generations and Cultures, *College of Agricultural Sciences Cooperative Extension*, Pennsylvania State University, PA.
- Kaufman, R., Edwards, R., Mirsky, J., & Avgar, A. (2011). Crisis as an Opportunity, *University Press of America*, Lanham, Maryland
- King, M. (1957). Non-violence and Racial Justice, Chicago, IL. Retrieved from: <http://lib.tcu.edu/staff/bellinger/rel-viol/MLK-1957.pdf>
- King, M. (1999). Mahatma Gandhi and Martin Luther King Jr: The Power of Non-Violent Action, Unesco Publishing, Paris, France.
- Kitayama, S. & Park, J. (2010). Cultural neuroscience of the self: Understanding the social grounding of the brain, *Social Cognitive and Affective Neuroscience*, 5(1), Oxford University Press
- Klebold, S. (2017). My Son was a Columbine Shooter: This is my Story, TEDtalk, Retrieved from: https://www.ted.com/speakers/sue_klebold
- Knoll, J. & Annas, G. (2016). Mass Shootings and Mental Illness, *American Psychiatric Association*, Retrieved from: <http://psychiatryonline.org/psychiatryonline.org/doi/pdf/10.5555/appi.books.9781615371099>
- Kovitz, R. (2011). Twelve Steps to a Compassionate Life, *Reading Group Guide*, Fetzer Institute, Retrieved from: <https://charterforcompassion.org/images/menus/charter/pdfs/Readers-Guide-12-Steps.pdf>
- Leonard, B., & Carlson, D. (n,d). Introduction to Spirituality, *Touro Institute*, University of Minnesota
- Lilius, J., Kanov, J., Dutton, J., Worline, M., & Maitlis, S. (2011). *Compassion revealed: What*

we know about compassion at work (and where we need to know more). Oxford University Press.

Lilliston-Gammon, T. (2013). The Courage of Compassion, *Centre for Integrative Psychology Newsletter*, Retrieved from:

http://www.centerforintegrativepsychology.org/COMPASSION_FINAL.pdf

Lutz, D. (2009). African Ubuntu Philosophy and Global Management, *Journal of Business Ethics*, DOI: 10.1007/s10551-009-0204-z

Maanga, G. (2013). The relevance and legacy of Nelson Mandela in the twenty-first century Africa: An historical and theological perspective, *African Journal of History and Culture*, 5(5), Moshi, Tanzania, DOI: 10.5897/AJHC12.022

Marzano, R. (2014). Awaken the Learner: About Rachel's Challenge. Retrieved from:

http://www.nelson.com/pl4u/wpcontent/uploads/2014/10/AwakenTheLearner_LookInside.pdf?e1d0f5

Mazumder, R. (2014). Combating A Toxic Culture in Edmonton: Some Thoughts on Dr. Gabor Mate's Wisdom. Retrieved from: <https://robinmazumder.com/2014/11/04/combating-a-toxic-culture-in-edmonton-some-thoughts-on-dr-gabor-mates-wisdom/>

Mercadillo, R. & Diaz, J. (2013). Neuroscience and Ethnography: An Interdisciplinary Revision and a Cognitive Proposal based on Compassion Research in Mexico, *International Journal of Psychological Research*, 6(1), Mexico, Mexico.

Miller, S., Hubble, M., & Duncan, B. (1996). *Escape From Babel: Toward A Unifying Language For Psychotherapy*,

Miller, A., Yeskey K., Garantziotis, S., Arneson S., Bennet, A., Fallon, L., Thompson, C.,

- Reinlib, L., Masten, S., Remington, J., Love, C., Ramsey, S., Rosselli R., Galluzzo, B., Lee, J., Kwok, R. & Hughes, J. (2016). Integrating Health Research into Disaster Response: The New NIH Disaster Research Response Program, *International Journal of Environmental Research and Public Health*, 13(676), Durham, NC
- Mills, E. (2005). Review of Being Benevolence: The Social Ethics of Engaged Buddhism, *Journal of Buddhist Ethics*, University of New Mexico
- Moffitt, P. (2012). *Dancing With Life*, Rodale Press, New York, NY
- Moore, D. (2013). Current Thinking About Nature and Nurture, *Springer Science*, Claremont, CA.
- Muschert, G., Larkin,R., & Muschert, G. (2007). The Columbine High School Shootings, *Praeger Publishers*, New York, NY
- National Collaborating Centre for Determinants of Health. (2013). A Guide to Community Engagement Frameworks for Action on the Social Determinants of Health and Health Equity. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University.
- National Institute of Drug Abuse, (2015). Therapeutic Communities, *US Department of Health and Human Services*, National Institutes of Health,
- Neff, K. (2013). TEDx Talk: The Space Between Self-Esteem and Self-Compassion, Atlanta, GA
- Neff, K. & Germer, C. (2012). A Pilot Study and Randomized Controlled Trial of the Mindful Self-Compassion Program, *Journal of Clinical Psychology*, Austin, TX. DOI: 10.1002/jclp.21923
- Oberle, W., Stowers, K., & Darby, J. (2014). A Definition of Development, *Journal of*

Community Development Society, 5(1), TX

Ontario Native Literary Coalition (2010). Teachings of the Seven Sacred/Seven Grandfathers,

Student Manual, Retrieved from: <http://onlc.ca/wp-content/uploads/2014/06/7->

[Grandfathers-Student-Manual1.pdf](http://onlc.ca/wp-content/uploads/2014/06/7-Grandfathers-Student-Manual1.pdf)

Olson, M, Seikkula, J. & Ziedonis, D. (2014). The key elements of dialogic practice in Open Dialogue. The University of Massachusetts Medical School. Worcester, MA

Panksepp, J., Asma, S., Curran, G., Gabriel, R., & Greif, T. (2010). The Philosophical Implications of Affective Neuroscience, *Journal of Consciousness Studies*, 19(3-4), Cognitive Science Society

Panksepp, J. (2010). Affective neuroscience of the emotional BrainMind: evolutionary perspectives and implications for understanding depression, *Dialogues in Clinical Neuroscience*, 12(4), Pullman, WA.

Powell, A. (2014). Bystander approaches: Responding to and preventing men's sexual violence against women, *Australian Centre for the Study of Sexual Assault*, Melbourne, VIC

The Centre for Compassion and Altruism Research and Education (2017). Stanford Medicine, Retrieved from: <http://ccare.stanford.edu/>

Tola, F. & Dragonetti, C. (2007). BUDDHISM: SCIENCE, PHILOSOPHY, RELIGION, *Pensamiento*, 63(238), Buenos Aires

Roberts, N. (2006). Disorienting dilemmas: Their effects on learners, impact on performance, and implications for adult educators. In M. S. Plakhotnik & S. M. Nielsen (Eds.), *Proceedings of the Fifth Annual College of Education Research Conference: Urban and International Education Section*, Miami: Florida International University.
http://coeweb.fiu.edu/research_conference/.

- Rowe, T., Ziegelstein, R., & Jones, J.(2010). Those Who Forget Their History Are Condemned to Repeat It, *The American Journal of Medicine*, 123(9), Baltimore, MD.
- San Antonio Peace Centre. (2015). Twelve Steps to a Compassionate Life, Facilitator Notes, San Antonio, TX.
- Scott, R. (n,d). My Ethics, My codes of life. Retrieved from:
http://rachelschallenge.org/media/media_press_kit/Code_of_ethics.pdf
- Seligman, M. & Csikszentmihalyi, M. (2001). Positive Psychology: An Introduction, *American Psychologist*, 55(1), Philadelphia, PA.
- Seppala, E. (2012). 10 (Science-Based) Reasons Why Compassion is Hot, The Huffinton Post, Centre for Compassion and Altruism Research and Education
- Seppala, E., Rossomando, T., & Doty, J. (2013). Social Connection and Compassion: Important Predictors of Health and Well-Being, *Social Research*, 80(2),
- Seppala, E. (2013). The Compassionate Mind: Science Shows how it's Healthy and How it Spreads, *Association for Psychological Science*, Retrieved from:
<https://depts.washington.edu/ccfwb/sites/default/files/Seppala%20%282013%29%20Compassionate%20Mind.pdf>
- Shepard, D. & Williams, T. (2014). Local Venturing as Compassion Organizing in the Aftermath of a Natural Disaster: The Role of Localness and Community in Reducing Suffering, *Journal of Management Studies*, 51(6), Bloomington, IN
- Siegal, D. (2012). Mind, Brain, and Relationships: The Interpersonal Neurobiology Perspective, *Guilford Publications*, Retrieved from: <https://www.guilford.com/excerpts/siegel.pdf>
- Siegal, D. (2014). Interpersonal Neurobiology: Why Compassion is Necessary for Humanity, *Empathy and Compassion in Society*, San Francisco, USA

- Strong, T., Sutherland, O., Couture, S., Godard, G., & Hope, T., (2008). Karl Tomm's Collaborative Approaches to Counselling. *Canadian Journal of Counselling*, 42(3), Calgary, AB.
- Sznaider, N. (1998). The Sociology of Compassion: A Study in the Sociology of Morals, *Cultural Values*, 2(1), Tel-Aviv, Yaffo
- The Aurora Forum at the Heyns Lecture. (2005). The Heart of Nonviolence: A Conversation with the Dalai Lama, Stanford University, Retrieved from:
http://auroraforum.stanford.edu/files/transcripts/Aurora_Forum_Transcript_His_Holiness_the_Dalai_Lama.11.04.05.pdf
- Thira, D. (2016). The Community is the Medicine: Community Wellness Workshop Participant Manual, *Thira Consulting*
- Todd, D. (1980). Social Networks, Psychosocial Adaptation, and Preventive/Developmental Interventions: The Support Development Workshop, *American Psychological Association*, University of Massachusetts at Amherst
- Tronick, E. (2007). *The neurobehavioral and social-emotional development of infants and children*. New York: Norton & Company.
- University of Kansas, (2017). Community Toolbox, *Centre for Community Health and Development*, Retrieved from: <http://ctb.ku.edu/en>
- Warren, R. (1978). *The Community in America* (3d ed). Rand McNally College Pub. Co, Chicago
- Warneken, F. & Tomasello, M. (2006). Altruistic Helping in Human Infants and Young Chimpanzees, *Science*, 311(3), Leipzig, Germany.
- Weingarten, K. (2003). Compassionate Witnessing and the Transformation of Societal Violence:

How Individuals Can Make a Difference, *Penguin Group*.USA.

Wilken, T. (2001). Crisis: Danger and Opportunity, *Uncommon Sense Library*, 4(1), Retrieved from: <http://www.synearth.net/UCS4.pdf>

Wolpow, R., Johnson, M., Hertel, R., & Kincaid, S. (2016). The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success, Washington State Office

World Health Organization. (2002). World Report on Violence and Health, Retrieved from: http://www.who.int/violence_injury_prevention/violence/world_report/en/summary_en.pdf

Yu, K. (2016). New Nanaimo Club Pays Good Deeds Forward, *Nanaimo News Bulletin*, Retrieved from: <http://www.nanaimobulletin.com/news/new-nanaimo-club-pays-good-deeds-forward/>

Appendix A

Title

Integrating Compassionate Action Now (ICAN)

Executive summary

ICAN is a way of compassionately connecting with community members to decrease suffering.

Vision statement

“Coming together to strengthen communities”

Theory of change

Inspired by Margaret Mead’s famous quote - “Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has”

Program planning activities

- (1) Community members attend a location at a specific day/time on a weekly or bi-weekly basis for 1.5 – 2 hrs
- (2) Program requiring some combination of a social-connecting component and a supporting-altruistic component
 - Social-connecting consists of building relationships and getting to know one another
 - Supporting-altruistic consists of drawing name(s), discussion about compassionate acts, program idea’s, community needs
- (3) Donations from attendees and other sources are combined for the week
- (4) Create way of drawing a random name
- (5) Provide money to the person who had their name drawn to engage in some kind of compassionate action towards others

(6) Encourage others to also engage in such behaviours

(7) Return following week to share what was done

Goals, action, steps, and outcomes

Goal	Action	Outcome
(1) Promote program idea	<ul style="list-style-type: none"> - Flyer/poster - Radio station - Newspaper - Word of mouth - Social media 	Ongoing
(2) Maintain consistency with attendees	<ul style="list-style-type: none"> - Promote program - Express the value of such initiatives - Increase awareness 	Ongoing
(3) Connect with agencies	<ul style="list-style-type: none"> - Contact via phone, email - Attend to discuss program - presentations 	Ongoing
(4) Seek donations	<ul style="list-style-type: none"> - Contact organizations - Promote - Write to newspaper 	Ongoing
(5) Expand into other communities	<ul style="list-style-type: none"> - Figure out what works and do more 	Ongoing

	- Assess efficacy	
(6) Seek volunteers for sustainability	- Train others - Teach about program	Ongoing
(7) Expand in other ways	- TBD	Ongoing

Population target

Open to anyone who can make it to the coffee shop.

Program setting

City Blends Mission BC

Evaluation plan

Track

- (1) Number of attendees
- (2) Total amount donated from individuals and organizations
- (3) How the money was utilized
- (4) Gender
- (5) Socio-economic status
- (6) Education

Ethical considerations

- (1) Confidentiality
- (2) Ensure the money is spent in honestly
- (3) Consent re. Photography (if applicable)

Conclusions, challenges and recommendations

ICAN believes in the potential of community to help those in need. By finding a day, time, and location to bring people together we can explore ways of creating more hope, compassion, and care within our communities. Some basic goals are identified yet the growth of the program is dependent individual communities among other factors. Finding ways to track data will be useful for whatever future endeavours that arise.

Figure 1: Compass of Compassion Model

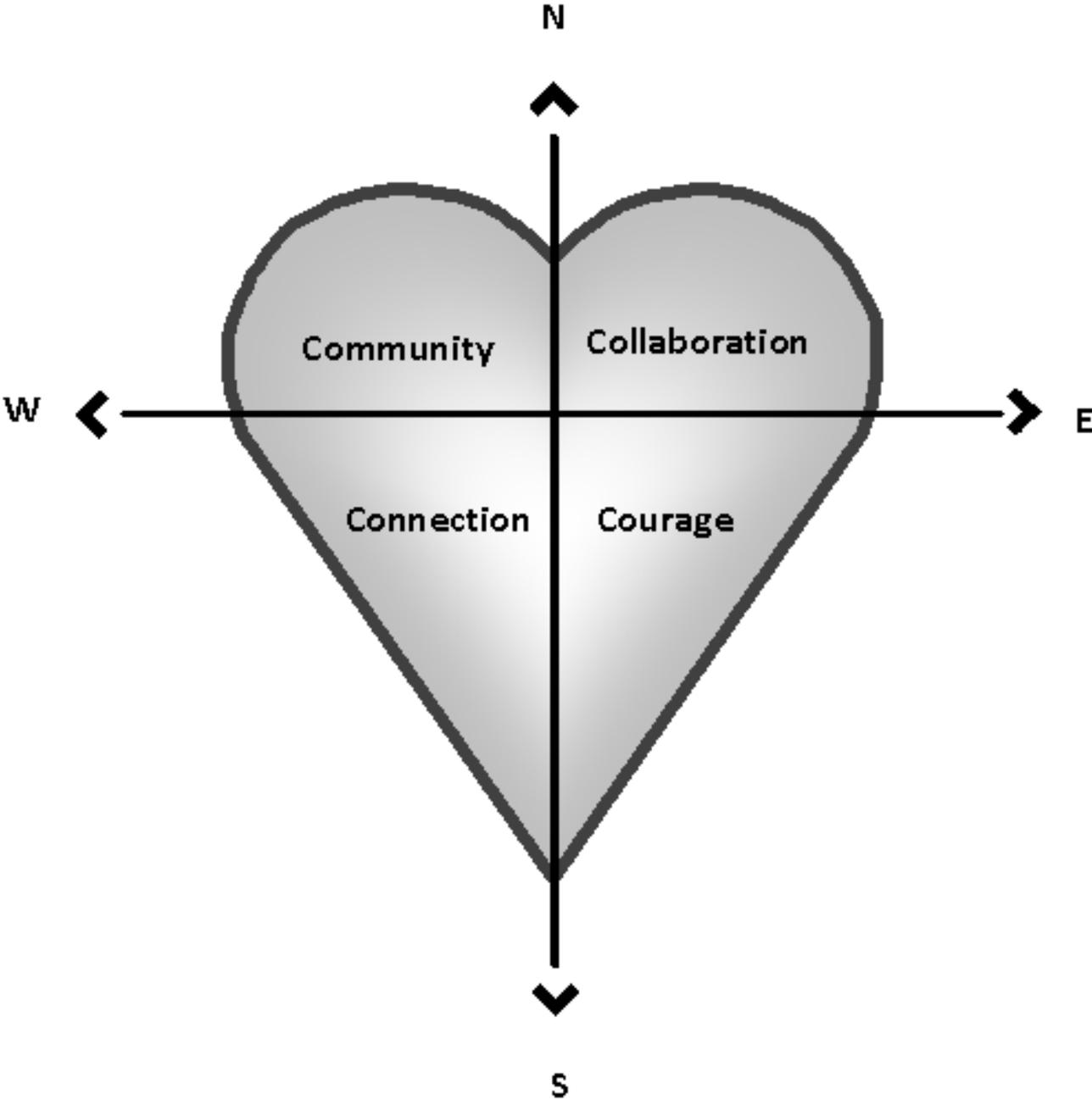


Fig 2:

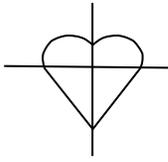


Fig 4:

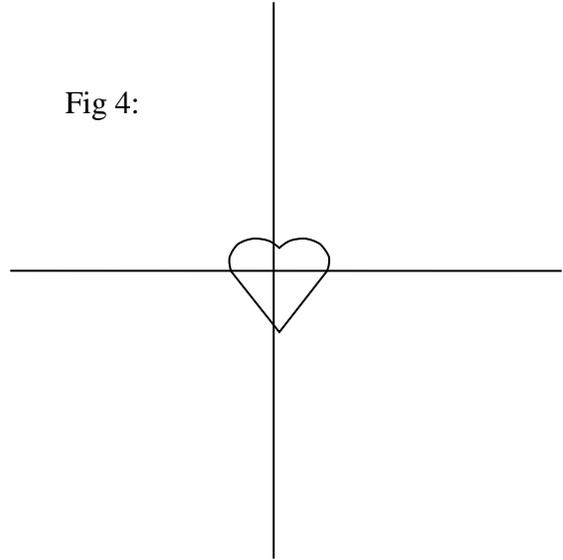


Fig 3:

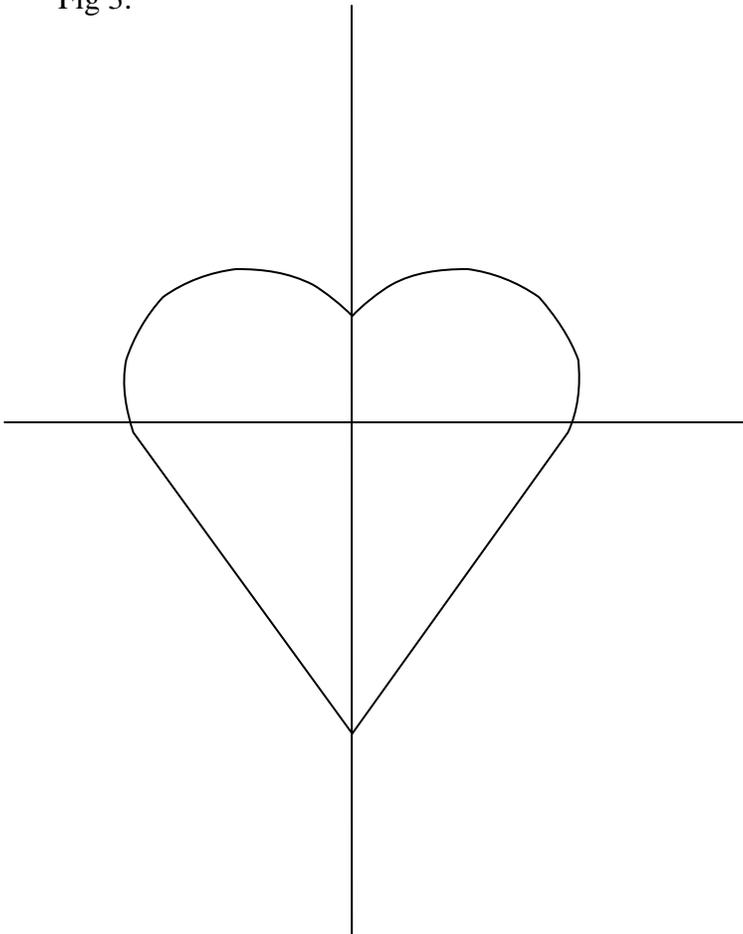


Fig 5:

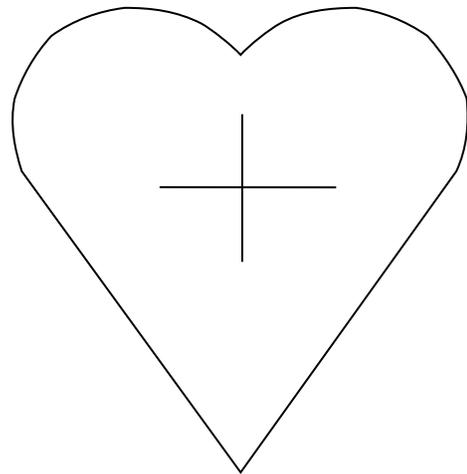


Fig 6

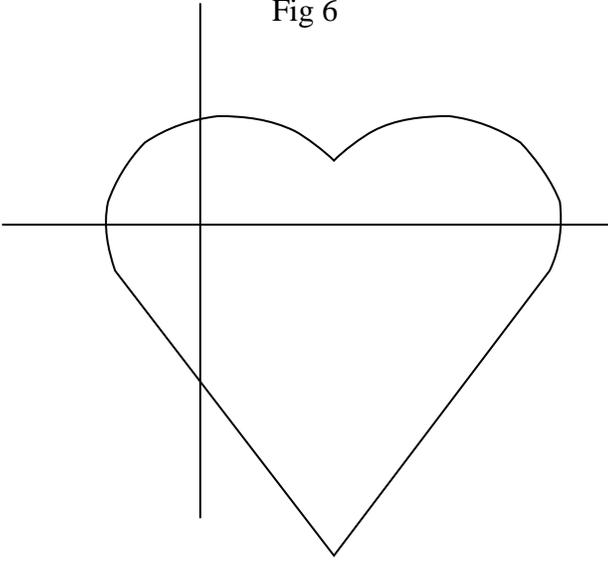


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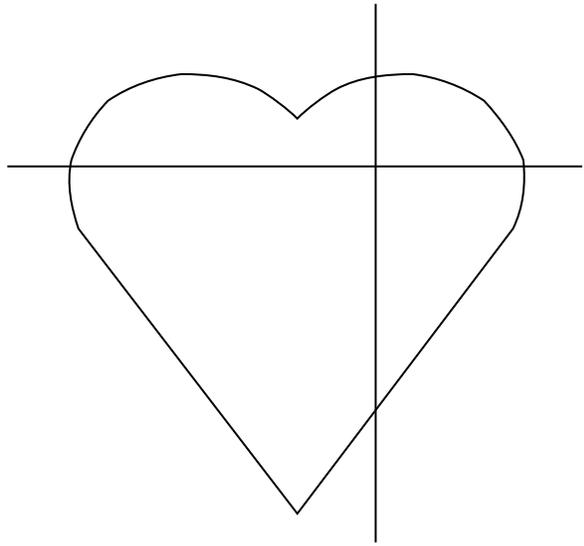


Fig 7:

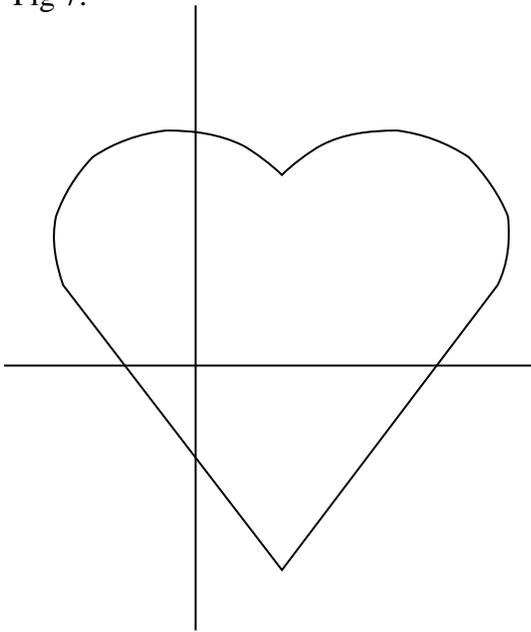


Fig 9:

