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COMPASSIONATE SUPPORT TRAINING FOR ADULTS IMPACTED BY MENTAL ILLNESS: A WORKSHOP SERIES USING TRANSFORMATIVE LEARNING PEDAGOGY

by

Lindsay Bennett

A community engagement project
presented in partial fulfillment
of the requirements for the degree

of

MASTER OF SCIENCE

in

Communication Studies

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Compassionate Support Training for Adults Impacted by Mental Illness: A Workshop Series Using Transformative Learning Pedagogy

Project Warrant

In 2018, I watched a TEDxPenn talk by Dr. Stephen Trzeciak, a physician-scientist who researches the benefits of compassion in medicine. The title of his TED talk, "All you need is 40 seconds to make a meaningful difference," intrigued me, and I wanted to know more about how 40 seconds could be so impactful. He explained that 40 seconds of compassion could "save a person's life" in a medical setting, which illustrates the power of compassion. He continued to explain that compassionate acts can change lives for more than just the patient; compassion can transform the experience of the patient, those who care for the patient in any capacity, and those who experience burnout (Trzeciak, 2018). As I pondered the science Dr. Trzeciak shared, I considered who else, besides those in a medical setting, is struggling and could benefit from 40 seconds of compassionate communication.

One struggling population that came to my mind, based on personal experience that I'll elaborate on in the following sections, is individuals who are impacted by and suffer with mental illness, which is defined as a cognitive, behavioral, or emotional disorder (NIMH, n.d). Persaud et al. (2020) confirm that those living with mental illness are, indeed, suffering with feelings of sadness, worthlessness, and low self-esteem, for example. As demonstrated in the mental health statistics below—which were compiled by the National Alliance on Mental Illness (NAMI) from various studies by the Substance Abuse and Mental Health Services Administration (SAMHSA), the Centers for Disease Control and Prevention (CDC), and the U.S. Department of Justice—it is clear that adults impacted by mental illness are suffering. Millions of people in the U.S. are

affected by mental illness each year (NAMI, 2020). One in five U.S. adults experience mental illness yearly, which is 47.6 million adults (NAMI, 2020). An example of a mental illness is depression, which is the leading cause of disability worldwide and impacts 16 million U.S. adults (NAMI, 2020). What's more, NAMI (2020) illustrates that 90% of people who died by suicide had shown mental illness symptoms, according to the people closest to them. Also, NAMI (2020) outlines that at least 8.4 million people provide care to an adult with an emotional or mental health issue; such proximity to and care for a loved one who experiences mental illness affects the caregivers. With these staggering statistics and evidence in research, those affected by mental illness—including caregivers—suffer greatly (Persaud et al., 2020) with feelings of shame, worry (Eaton et al., 2016) and hopelessness (de Araújo Jorge, 2012) and would likely benefit from support.

Beyond the research and statistics, I've personally witnessed the suffering of my own loved one who lived with mental illness prior to his passing in 2021. I saw the struggle and heartache he experienced from his depression and substance use disorder. I watched him feel emotionally and mentally paralyzed by his perceptions of his struggles. With my background in communication, specifically in compassionate communication, I wanted to talk with him about his struggles in a way that helped him feel safe to and validated in voicing his experiences and thoughts. We spoke about his fear of admitting his challenges because of the stigma of mental illnesses and how "people like him," as he said, are portrayed in media. He expressed that didn't want to admit that he had a problem that he couldn't solve on his own. We discussed how his fear of how he would be viewed was one reason that caused him to refrain from seeking help with his mental illness, even though he trusted his physician. He stated that he was "embarrassed" to admit that he was struggling and afraid to vocalize how he was coping, or not,

on his own. Our discussions and his apprehension suggest that some of his suffering with mental illness was about how it was being talked about. Understanding his apprehension, I could see that there was potential for him to find some relief, at least with me, when I created a space that was grounded in compassionate communication.

During my master's and bachelor's programs, I've focused on compassionate communication and support and how it benefits the lives of those who give and receive compassion. I practiced the communication skills I've been learning with him, and I observed, firsthand, how he responded when he was treated with kindness and compassion. I saw a night-and-day, positive difference in his demeanor and countenance compared to when he was not treated with such compassion. Seeing his change caused me to wonder who else could have a positive shift in their lives through compassionate communication and support. Therefore, I expanded my view beyond my own loved one's struggles with and embarrassment of mental illness. I considered who else could feel paralyzed, so to speak, due to the effects and stigma of their mental illness (stigma of mental illness; Link et al., 2001). In other words, I wondered who else could potentially be relieved from their suffering through compassionate communication and support.

In this master's project report, there are five sections to explain how the community engagement project came to be: the early stages of the project, the guiding questions and rationale for the workshop, my approach to creating and conducting the workshop, my experience working with a community partner, and the lessons I learned during the project overall. In these sections, I'll provide a theoretical review of compassion, support, and evidence for why compassionate support is useful for the giver and the receiver. In addition, I'll offer a literature review of the pedagogy practices that guide this workshop: transformative learning

theory coupled with pedagogy practices from thought leaders Parker Palmer and Ken Bain. In the appendix, I'll include my workshop materials (e.g., lesson plans, workbook, presentation slides), the participant survey, and the references I used in this project.

Early Stages

My reasoning for this audience began with my loved one's experience with his mental illnesses, my own experiences as I supported him, and the impact on my siblings over the past several years. Our combined lived experiences, including the burnout we felt, were the springboard for this project. Therefore, for this project, those who are impacted by mental illness include the person who is diagnosed as well as the people who offer support.

As I considered the topic and audience for my community engagement project explained in the warrant, above, it was clear to me that there was more that could be done to offer compassionate support for this audience. I was curious about what could happen for my audience when they have access to compassionate communication strategies. I thought about how I could put the current compassionate communication research findings into action to help these individuals. I wanted to translate this research and teach it to those who are impacted by the debilitating effects of mental health conditions.

I reviewed the current literature and found evidence that compassion alleviates the burdens of various individuals (e.g., school employees in the face of danger, Tracy & Huffman, 2017; women living with infertility, Welbourne et al., 2013; medical personnel dealing with stress and burnout, Post et al., 2014), but I did not find any research regarding compassionate support communication strategies or workshop for those impacted by mental illness specifically.

Therefore, to fill that void, I wanted to create a workshop on compassionate support strategies for those who have been adversely affected by mental illness.

In order to reach a larger audience and share my compassionate support workshop with them, I looked for potential community partners that served the mental health community. I searched for local organizations that specifically supported adults affected by mental illness, including the person who is diagnosed with the mental health challenges as well as the family members who support them. In my research of potential organizations, I found the National Alliance on Mental Illness (NAMI) and discovered that one of their five core values is compassion. I chose NAMI as my community partner for that reason and many more. First, the organization is working to improve the lives of those who suffer from mental illness. Second, NAMI's mission includes training and support for family members of adults who live with mental illness. Third, NAMI provides free support, education, and advocacy to community members who seek help. Our goals align because I, too, seek to improve the lives of individuals who experience the suffering that can accompany the effects of mental health conditions.

With a community partner in mind, I considered how their values could be coupled with existing compassionate communication research to benefit our audience. I contemplated how I could marry their values and the research, and I planned for the next steps of putting the workshop project together. The first step was to research more about the free education series that they provide for various types of learners (e.g., teens who live with mental illness, adults who live with mental illness, family members who support those living with mental illness). I found that the family member group (Family-to-Family) could align with the research I had conducted, so far, and paired nicely with my drive to help individuals impacted by mental illness. The Family-to-Family education series takes place over eight weeks; the group includes adult

participants who are family members of an adult diagnosed with mental illness. Next, I put together my initial outline for how I could offer my communication expertise as a way to help their Family-to-Family participants. I decided that a workshop series on compassionate communication and support could be ideal for this audience as a way to help alleviate their suffering and burnout and help them extend compassionate support to their loved one living with mental illness.

The next step was to talk with the co-chairs of the local NAMI chapter to see if they had a need for the type of compassionate support workshop that I could offer. I emailed one of the co-chairs to introduce myself and to request a meeting to discuss a potential collaborative partnership for my master's project. In this initial email, I briefly explained what I could offer their Family-to-Family community members. I received an email response stating that they were willing to have a meeting with me about the project and their potential involvement in it. During this zoom meeting, I met with both of the local NAMI co-chairs, and I explained my idea for a training series for their Family-to-Family education series. I asked if this brief outline of topic ideas would meet the needs of their participants, and they both agreed that it would. In fact, they expressed that their education series doesn't offer compassionate support training and that it would greatly benefit their audience during the series and after. They explained that they liked the idea of giving their audience the resources and tools to continue their growth and development even after the series concluded. During our conversation, I asked what else their participants need that wasn't accounted for in my outline. They suggested that I incorporate more resources for the participants to lean on and utilize after the training concluded. With their agreement to partner with me on this project and the topic I pitched to them, I now needed to put together the workshop.

Guiding Questions for the Workshop

Throughout this section, I'll share three of my driving questions and their answers that helped form the workshop. The first question I wanted to answer from the current literature is, "What is my rationale for choosing compassionate support as my area of focus for the workshop?" Second, I considered how compassionate support could be effective for the adult living with mental illness and for the family member offering support. Last, as this project focuses on teaching adult learners, my third question focuses on teaching pedagogy to answer my question, "What are the pedagogy best practices for transformative and experiential learning?"

Why compassionate support?

To understand why I chose compassionate support for this workshop, one should understand how compassion and support are defined. As I studied the research about compassion, I found that it is not defined in one single way. I reviewed key concepts from various compassion definitions and considered how I'd explain the concepts to my audience. From there, I formed my own working definition of compassion: compassion is empathy in action to alleviate suffering.

The two main compassion definitions that influenced my definition of compassion are taken from the communication scholarship by Kanov et al. (2004) and Tracy and Huffman (2017). Kanov et al. (2004) explain compassion as a relational process that involves another's suffering, feeling the other's pain, and responding to that person's suffering" (p. 812). Tracy and Huffman (2017) follow the noticing-feeling-responding model and describe compassion as:

> "*Recognizing*: Understanding and applying meaning to others' verbal and nonverbal communicative cues, the timing and context of these cues, as well as cracks between or absences of messages. *Relating*: Identifying with, feeling for, and communicatively connecting with another to enable sharing of emotions, values, and decisions. *(Re)acting*: Engaging in behaviors or communicating in ways that are seen, or could be seen, as compassionate by the provider, the recipient, and/or another individual" (p. 307).

Regardless of how compassion is defined, research shows that compassion has many positive outcomes. For example, compassion for others is shown to improve problem-solving skills (Feher, 2016), enhance happiness and well-being (Beaumont et al., 2016), and increase forgiveness (Arslan, 2017).

Many scholars interpret the practice of compassion through three connected elements: noticing/recognizing, feeling/relating, and responding (Kanov et al., 2004; Miller, 2007; Tracy & Huffman, 2017; Way & Tracy, 2012). An essential step in the process of compassion is recognizing what is happening in our environment. For this project, that environment includes the details in others' lives and ourselves, which is crucial to communicate more compassionately (Miller, 2007). The act of noticing includes seeing someone's life, including their suffering and pain (Kanov et al., 2004).

Compassion involves "a desire and motivation to alleviate the suffering of another person" (Sanchez et al., 2018, p. 2). As such, the second step of extending compassion—relating—is equally vital in the lives of those who support a loved one with mental illness. Relating to loved ones encompasses connecting with them and their emotions (Tracy & Huffman, 2017). As we relate to the emotions of others, Neff (2003) suggests that compassion for others involves kindness and non-judgmental understanding, where we recognize that all

humans, including oneself, have uplifting or debilitating experiences that bring varied emotions. One could reason that this inner reflection of noticing our feelings about our own experiences help us relate to others' feelings and prompts us to act to reduce the suffering.

Responding to suffering entails acting in a way that alleviates that suffering (Way & Tracy, 2012). Rinpoche (1992) explains that compassion is not just feeling sympathy for someone suffering, nor is it merely recognizing their pain; it is a determination to *do* what is possible to alleviate their suffering (my emphasis added). Responding with compassionate, determined action includes a person's nonverbal and verbal strategies (Miller, 2007), such as mindful communication, presence, and giving the gift of time and space (Way & Tracy, 2012).

Interpersonal supportive action is at the heart of compassion (Tracy & Huffman, 2017). Social support, as defined by Cobb (1976), is "reassurance, validation, and acceptance; the sharing of needed resources and assistance; and connecting or integrating structurally within the web of ties in a supportive network" (p. 300). Scholars found that people who received high-quality connection and support, *such as compassion*, experienced several positive health benefits, including improved well-being (my emphasis added; Bodie, 2013). Similarly, Rains et al. (2016) found that social support can help people cope with challenges and impact their physical and mental well-being.

Research shows that there are several ways to offer social support. In fact, Cutrona and Suhr (1992) acknowledged five types of social support: emotional, esteem, informational, network, and tangible aid. First, *emotional support* encompasses communicating care and empathy (Cutrona & Suhr, 1992). Second, Cutrona and Suhr (1992) explain that *esteem support* centers on helping individuals feel like they matter and are valued. Third, *informational support*, which involves sharing facts or resources, could help solve a problem for the individual (Cutrona

& Suhr, 1992). Fourth, *network support* includes referring the individual to a friend who has had similar experiences (Cutrona & Suhr, 1992). Last, Cutrona and Suhr (1992) illustrate that *tangible aid* involves taking concrete actions to help the person in pain, such as providing dinner, childcare, or assistance with other responsibilities. For this project, I see all five types of social support as ways to enact compassionate support to alleviate someone's suffering.

My rationale for choosing compassionate support as my area of focus for the workshop rests on the evidence that compassionate communication and support help reduce suffering. Persaud et al. (2020) report that mental illnesses cause intense pain and suffering to individuals who receive mental illness diagnoses as well as their family members. Stjernswärd and Hansson (2017) discovered that families affected by mental illness felt the burden of their own adverse health, doubted their ability to support their loved ones, and noted that they needed support. Taken together, compassion and support are needed by and can reduce the suffering of those who are negatively impacted by mental illness. As such, it is important to offer compassionate support training to family members who care for loved ones living with mental illness.

How is compassionate support effective?

I already knew from the compassion and support literature that it could be beneficial. Now, I wanted to know how it would be effective. Therefore, my second question driving this workshop relates to how compassionate support could be effective for the adult living with mental illness and for the family member offering support. To address my curiosity, I separated compassionate support into two categories—self-compassion and compassion for others, specifically those living with mental illness—and I will delineate the effectiveness of both.

Self-compassion is supported by three pillars: self-kindness, remembering our common humanity, and mindfulness (Neff, 2003). The need for self-compassion among caregivers, in particular, is great as they often overlook their own needs as they offer support for their loved one living with mental illness (Skundberg-Kletthagen et al., 2014). In broader terms, family members who extend support for individuals diagnosed with mental illness usually feel troubled and experience hopelessness (de Araújo Jorge, 2012). As caregivers practice the second step of compassion (relating), they can take on added stress that impacts their health (Kabat-Zinn, 2009). Self-compassion produces a desire to reduce one's suffering, including stress, and drives personal healing (Neff, 2003). Compassion for self can help alleviate stress and other pains and help refocus the caregiver on their own needs (Stjernswärd & Hansson, 2017). In sum, self-compassion has been associated with increased authenticity and well-being as well as reduced emotional turmoil (Yarnell & Neff, 2013) and healthier interactions (Crocker & Canevello, 2008).

In addition to self-compassion, scholars who study compassionate support have found that expressions of compassion are crucial in the lives of those who receive the compassionate support. For example, in a study by Tracy and Huffman (2017), they found that compassion in the face of fear helped stop a would-be school shooting. In this study, the researchers examined a conversation between a school bookkeeper and a student who intended to shoot classmates and staff in his high school (Tracy & Huffman, 2017). By using compassionate, supportive communication, the school employee redirected the student’s actions and saved all involved (Tracy & Huffman, 2017). Similarly, across other disciplines, it is evident that compassion matters. For instance, women experiencing infertility felt a sense of connectedness as they

exchanged supportive messages with online group members, which helped reduce their stress levels (Welbourne et al., 2013).

Research shows that compassion and self-compassion are beneficial (Post et al., 2014). To this point, McGonigal (2016) teaches that compassion is unique as it benefits the giver, the receiver, and everyone who witnesses the compassionate act. In a medical setting, Post and his co-authors (2014) found that compassionate care helped patient well-being, lowered physician depression rates, and significantly reduced dysfunctional team interactions among medical students. Post's 2014 study found that compassion benefited multiple individuals when practiced. Compassionate support involves a variety of practices geared toward alleviating someone's suffering. To this point, Huffman (2017) discovered that compassion is present when "the body of one person moves for the sake of the other" (p. 159). In other words, when we act in a way that serves another person to alleviate their suffering, compassion is involved.

There are several options for extending compassionate support. One way to move with compassion is to be present. Being present and choosing this way of being indicates genuine care (Huffman, 2017). This type of compassion practice can be implemented with family members who support a loved one living with mental illness. Caregivers are physically present as they offer support, which in and of itself can be beneficial. For instance, one research participant in a longitudinal study indicated that they wouldn't be alive if it weren't for the presence of their loved one (Brooks et al., 2020). Caregivers can also be mentally present through listening, which is another example of acting compassionately. In a hospice care study, Way and Tracy (2012) discovered that active listening was key to expressing and feeling compassion. Active listening can be healing and therapeutic (Rehling, 2008). Such active listening can be shown through perspective-taking, paying attention to various detailed nonverbal communication cues (e.g., tone

of voice, facial expressions, watery eyes, and body language), and perception-checking, which are all compassionate support concepts taught in this workshop series (see the appendix for the concepts included in the lesson plans).

In summation, the research clearly shows how compassion and support can be beneficial and effective for all involved. Next, I needed to answer how I would teach these principles to the adult learners participating in the NAMI education series.

Which pedagogical practices offer transformational learning?

I chose the pedagogical practices described in this section because I wanted the participants' lives to be positively transformed. In other words, I wanted the material to go deep into their hearts and minds to alleviate the suffering they might be feeling. As such, I employ pedagogical practices from Mezirow (transformative learning theory; 2006), Palmer (fear and courage in the learning environment; 2017), and Bain (good teaching; 2004). From my USU learning experiences, I've had professors that followed the pedagogy of Palmer and Bain, and those strategies resonated with me as an adult learner, myself. Knowing that my workshop participants would be adults, it was important to me to use these same strategies (good teaching, Bain, 2004; transformative learning theory, Mezirow, 2006; the learning environment, Palmer, 2017) that are effective for adult learners.

The first pedagogy practice is transformative learning. According to the book *Adult Learning, Linking Theory and Practice,* transformative learning is at the center of adult learning theory research and practice, and it requires action (Merriam & Bierema, 2018). Mezirow (2006) describes the process of transformative learning as involving "an enhanced level of awareness of the context of one's beliefs and feelings, a critique of their assumptions and particularly

premises, an assessment of alternative perspectives, a decision to negate an old perspective in favor of a new one or to make a synthesis of old and new, and ability to take action based upon the new perspective, and a desire to fit the new perspective into the broader context of one's life" (p. 161). In other words, transformative learning focuses on actively making meaning of life experiences and requires reflection, asking questions, and critically examining our worldviews and beliefs (Merriam & Bierema, 2018).

At the heart of the transformative learning process is the individual (Merriam & Bierema, 2018). The learner questions and examines their current beliefs about themselves and their worlds. In essence, they communicate with themselves as they process, reflect upon, and question what they are learning and experiencing. Palmer (2017) said, “Only as we are in communication with ourselves can we find community with others” (p. 92). The root of the terms community and communication is ‘com,’ which means together. Communicating with ourselves would involve being together with (i.e., being present) and talking to ourselves where we are creating a space for transformative learning. I chose the transformative learning theory because the project focuses on adult individuals from the community who are learning online, all of which are part of the transformative learning process for adults.

The next pedagogy strategy revolves around fear of and courage in the learning environment. For this project, fear could arise within the participants as they approach new ways to communicate with themselves and their loved one who lives with mental illness. In the transformative learning process, Mezirow (2006) recognized that emotions and relationships play a role. One could reason that when teachers remember that emotions have a place in our learning process, it can help them identify with their students' humanity and themselves and foster relationships between teacher-student. Recognizing our humanity is essential as we create

relationships of trust and engage in teaching as emotions, such as fear, come up for the student or the teacher (Palmer, 2017). Also, when the teacher remembers everyone's humanity in the learning environment, including herself, she will understand that fear can play a role in how learning is fostered or thwarted. In his book, *The Courage to Teach*, Palmer (2017) shared an experience he had with a student he called the "student from hell." He noted an underlying theme in the story: the student and the teacher were both afraid (Palmer, 2017), which reminds us of our humanity. This example of fear in the learning process shows that remembering our humanity is pivotal for building a trusting teacher-student relationship. In sum, seeing and respecting the humanity in us all and creating a student-teacher relationship of trust, not fear, helps foster good learning.

Last, I focus on the pedagogy of good teaching (Bain, 2004). By seeing the humanity of students and the self, good learning is fostered by "sustained, substantial, and positive influence on how [we] think, act, and feel" (Bain, 2004, p. 5). To facilitate this influence on how we think, act, and feel, a safe space for learning should be created. Bain (2004) posited about creating a safe space for learning. He said the best teachers “create a safe space for students to try, fail, receive feedback, and try again” (Bain, 2004, p. 60). Such a space is free of judgment and is safe, supportive, and open (Merriam & Bierema, 2018). In addition, teachers should practice creating a space for their inner selves to learn, and in turn, they can extend this practice into the classroom and create a space of learning for the students’ inner teacher (Palmer, 2017). The teacher should encourage this type of learning environment so that everyone has the chance for deeper, transformative learning.

Palmer (2017) also shares that good teaching is founded on community and connectedness. Bain (2004) furthers this idea of what good teaching includes, and his philosophy

highlights several ways in which good teaching fosters transformative learning. This project focuses on a handful of those philosophies. First, the mental models in learners' minds need to be challenged to open pathways for new knowledge and perspectives (Bain, 2004). Second, regarding our mental pathways (e.g., thinking), Bain's philosophies (2004) explain that the teacher must create a critical learning environment where participants can "think about their thinking" (p. 25) and learn from such reflection. Such a process connects to the transformative learning theory that employs reflection (Mezirow, 2006). Third, in terms of best practices regarding the teacher's mindset, Bain (2004) explains that the teacher must educate the student, not the class. What is implied in teaching the individual rather than the class as a whole is that the teacher has to first see the student as an individual, as a human, rather than as an entity in the class. Fourth, Bain (2004) encourages the teacher to assess their teaching efforts and make appropriate changes. As I see it, assessing our efforts as teachers involves asking for and examining feedback from students.

All in all, I've experienced transformative learning in my studies at USU that changed my life for the better, and I wanted to provide that for my workshop participants. The pedagogical practices of Mezirow (2006), Palmer (2017), and Bain (2004) ground this project because I saw them as the best path to achieve my objectives for the workshop, especially for the transformational learning for my participants.

My Approach

As I explain my approach to creating a compassion-centric workshop, I'll include my processes. These processes include 1) selecting the learning objectives, 2) the rationale behind

choosing to split the workshop into three parts, and 3) why I chose the content (the lesson plan, workshop objectives, and activities).

Learning Objectives

I chose five learning objectives for this workshop series (see the appendix for the workshop materials) based on the research outcomes regarding compassionate support and its benefits. First, I wanted to help participants recognize and understand the benefits of practicing self-compassion. This was important to me because I have seen the benefits of practicing self-compassion in the research, my own life, and the lives of my close loved ones. I know self-compassion works, and I wanted to provide that knowledge and resources for my workshop participants. Second, I wanted to facilitate participants' ability to speak kindly to themselves. As I supported my own loved one who lived with mental illness, I found that my intrapersonal communication screamed all of my inadequacies for offering support. I know the judgment and pain that this debilitating intrapersonal communication causes, and I wanted to give my participants proven ways to combat their own negative self-talk with kindness. Third, I aimed to empower attendees to practice mindfulness. As noted in the Research Questions and Rationale section, mindfulness is extremely beneficial for caregivers as they extend compassion to their loved ones who live with mental illness. Similarly, I have found mindfulness to be helpful for me as I provided care for my loved one and help for his support team. As such, I found it to be the most critical concept in the workshop and dedicated the topic to one entire workshop. Fourth, I sought to encourage participants to see and embrace their humanity. Sometimes, as our inner critic speaks to us, we might believe that we are alone or the only one going through specific experiences. However, as we see our connectedness to humanity, we are reassured that we are

not alone. I wanted my participants to see this possibility for togetherness so that they do not feel alone in their struggles. Fifth, it was essential to provide participants with tools that foster compassion for their loved ones who live with mental illness. As we concluded the workshop series, I wanted to leave my participants with proven tools, strategies, and resources to lean on when they were outside of the workshop setting.

A Three-Part Workshop Series

As I envisioned this community engagement project, I always saw it as a three-part workshop. I knew from proven pedagogy strategies and practices that I experienced as a student, giving too much content at one time can be overwhelming and ineffective for the participants. I also knew that I needed to include time for reflection, questions, and storytelling for the material to be transformative. As such, it was necessary to split the content across multiple workshop segments. I originally outlined the workshop series as compassion for self, compassion for close others (those on your support team), and compassion for those who live with mental illness. In my lesson outlines, I included research, personal stories, student reflection, and group discussion opportunities. I presented these outlines to my community partner, and they agreed that the concepts and movement through the material would be beneficial for their seminar participants. In fact, they said that they had never focused on compassion in their current programs, even though compassion is part of their mission.

As I prepared the workshop material, I discovered the growing need for more self-compassion content for the caregivers. As I dove deeper into the self-compassion literature, it was clear that I needed to focus **most** of the training on self-compassion, which meant that I needed to adjust the content for the three workshop segments. Also, this change meant that I

needed to talk with my community partner about the potential changes to the workshop content. I crafted a new outline in two format options and presented the new options to my community partner along with my rationale for the proposed changes. My community partners chose one of the new outlines, and I began fleshing out the lesson plans for the three workshops. The content for the three-part workshop series is detailed in the next section.

The Workshop Content

The purpose of the workshop is to interpret current compassion academic research and scholarship for my community partner to aid adults affected by mental illness. The foundation of the workshop I created is compassion, which is a form of support (Tracy & Huffman, 2017). In fact, the third component of compassion (responding) happens through interpersonal support (Tracy & Huffman, 2017).

All of the workshop segments were based on NAMI's mission and objectives. Two of the workshops were geared toward self-compassion, and one focused on compassion for others. The first workshop in the series discussed self-compassion overall with a concentration on the first pillar of self-compassion, self-kindness. The second workshop provided an in-depth discussion of the mindfulness component of self-compassion. The final workshop offered a discussion of our common humanity, which is the third self-compassion component. It also focused on how to extend compassion to close others (their support team members) and their loved one who lives with mental illness. In addition, the final workshop in the series included the additional resources and tools the participants can use in the future. A detailed outline of the content is found in the appendix.

In each workshop, I split the content into knowledge sharing, where I translated academic research for the community members and practical application. I provided three activities per workshop for the participants to apply and reflect upon what they learned in that segment. I chose this format because, as is noted in the pedagogy practices guiding this project, it is important to offer participants chances to apply what they learn and to reflect upon what they learn in conjunction with their own experiences with the material.

Working with a Community Partner

Working with my NAMI partners was a wonderful learning experience. I found that my two points of contact for the local NAMI chapter were supportive of the project, and they were even more encouraging of me as a presenter and learner. In one of our conversations, one of the contacts said that he was there to help me as I prepared the workshops and wanted to make sure I had the opportunity to learn what would be helpful for my overall goals. I found this community partner's support refreshing and most helpful in this community engagement project.

The logistics of working with a community partner, particularly during COVID-19 precautions, included emails and zoom meetings, with zero in-person meetings. When I emailed my community partners, I made sure to allow them plenty of time to receive the email, review it, and consider their responses. I did not want to burden them, so it was important to assess their needs when I corresponded with them. For our first zoom meeting, it was mostly an informational interview to discover their needs, both for the organization and for their participants. We had two more zoom meetings throughout the project to touch base on the status of the project. In these meetings, the community partners mostly made sure I had what I needed, demonstrating their support and encouragement.

In a zoom meeting in December 2020, I learned that the NAMI seminar that I would be part of in the spring of 2021, where I would present the three workshop segments, was no longer going to happen. Instead of canceling the community project, my community partners rallied and offered to contact their former participants to see who would like to participate in this special three-part workshop series. I watched as they made a plan together to contact those participants so that I could present my workshop content. Again, this demonstrated their support and reiterated the value of the content I prepared for their participants.

There was one instance where I brought a concern to my community partners, and they were flexible in working through a solution. The concern was with the time allotted to each workshop segment. We initially discussed that I would have 30 minutes per workshop. However, as I prepared the content and considered transformation learning pedagogy, it was apparent that more time was needed. When I brought this idea to my community partners, they were eager and willing to increase the time given to each workshop.

To ensure I delivered what the community partner needed, I held two pilot workshops to practice the workshop series. After I recorded each workshop segment for the pilots, I sent the videos to the community partner for their review. I did not receive any critiques or adjustments from them. When it came time to present the workshop content to the NAMI participants, one of the community partners was present at the first workshop. I checked in with him visually as I presented the material, and, from his nonverbal communication cues, it appeared that he was happy with the content. This visual approval was confirmed when he let me know that he would not be present for the second and third workshops but that I could continue with the presentations. He and his co-chair had other family obligations and trusted me with the material.

Lessons Learned

This community engagement project has been an iterative process and will continue to be so. I have reflected on the lessons I've learned, which I share in this section, and I am also looking forward to what can be improved in the next iteration of this workshop series. What I learned throughout this process confirmed what I believed could be possible: lives are enhanced through compassionate support and training. My hope is that I can continue to share this workshop series, and more importantly, offer this transformation opportunity, to more adults who are impacted by the aches of mental illness.

My main takeaway is that the research done across multiple disciplines in academia is essential and much-needed for real people and must be taken off the shelves of libraries and delivered to the community's hearts and minds. For example, I, myself, was changed as I researched this material. When I discovered a new perspective or application idea, I practiced it in my own life with my loved one and his support team. I practiced the pedagogy of Bain to try, fail, receive feedback, and try again. I practiced the self-compassion teachings of Neff and the compassion model by Way and Tracy. I lived my research and found it to become part of my identity because I saw the usefulness of the research findings.

On the logistical side of this process, I learned that I needed to add more time to the workshop segments. According to the participant feedback, the content was helpful for them, but each workshop segment's timing could be increased. The participants shared that 45 minutes per workshop segment is not enough time; they wanted more. In future iterations of these workshops, I will increase the time per segment to allow for more in-depth conversations and opportunities for the participants to reflect, practice, ask questions, and share stories. While the content was useful for the participants, and they saw positive changes in their lives as they

implemented the concepts, more transformations are possible. When participants have more opportunities to share their lived experiences, reflect on how they can practically apply the material and how it can benefit them personally, and ask questions, their learning will likely be even more transformative.

Another lesson I learned revolves around working with a community partner. While this particular community partner was incredibly supportive, I understand that future clients may have concerns that could come up during our collaborations. What's more, they may not have a collaborative nature, and I would need to work through that environment to uphold my professional values while ensuring that I deliver what the client needs. I considered what I could do to prepare for a potentially non-collaborative atmosphere. I concluded that I could be open and transparent about my professional values in our initial meeting. In addition, I could use the communication skills I've learned in my undergraduate and graduate degrees (e.g., asking open, honest questions; seeking details about my audience; listening attentively to verbal and nonverbal communication) to determine how my client works and what they need.

One of my favorite lessons learned is how much I love translating academic research for my community audience. This lesson circles back to my drive for getting the research into the hands and hearts of real people. My passion for the material and, more importantly, what the material is proven to do for them and their lives only increased as I taught it to the very people who can benefit from it. Instead of feeling nervous and anxious about presenting the material, I felt invigorated and alive as I shared the information with my community audience. I felt comfortable and confident as I delivered the content and walked them through the application activities. I was excited to hear about their lingering thoughts and questions in subsequent workshops, and I was saddened when the workshops ended. Even when I reflect upon the

process as a whole, I find myself filled with joy for my experience and compassion for my participants.

Summary and Invitation

I chose this project and topic because I wanted to create a more loving and accepting world for my loved one who lived with mental illness. I was passionate about providing the same supportive environment for others impacted by mental illness. I felt that if I could share the academic findings I had access to with more people, I could work toward creating my vision for a supportive world through which individuals affected by mental illness could live *without* the pains and stigma that could come with their diagnoses. I knew that if I could bring this research to more people, we could work together, one by one, to create that world.

Over 47 million adults in the U.S. (NAMI, 2020) are impacted by and potentially suffering with mental illness, including those who care for and support them (Persaud et al., 2020). That number is heartbreaking to me because each number represents a person who could be suffering from the effects of that mental illness. As emphasized by Trzeciak in 2018, 40 seconds of compassion is powerful and can transform the lives of the sufferer and the one who acts to alleviate that suffering. Compassion is a supportive process of connecting and caring (Miller, 2007) by noticing, relating, and responding (Kanov et al., 2004; Miller, 2007; Way & Tracy, 2012) to alleviate the suffering of others (Jazaieri et al., 2012). Such compassion, when offered to adults impacted by mental illness, both those diagnosed and those who support them, can radically change their lives for the better.

If there is a chance that adults can be helped with their challenges, and their suffering can be alleviated, I want to be involved as a community member and as a scholar. I also suggest that

the benefits of compassionate support and training would be worth exploring by communication scholars who study a variety of topics (e.g., compassionate support for those impacted by race and gender inequalities, health communication and compassionate care for elderly patients, communication and support for those living with addiction, compassionate support in organizational communication, etc). As such, I invite my colleagues to research the potential benefits of compassionate communication in their areas of expertise.

After reviewing my project as a whole, I'd like to ask if you have 40 seconds to extend compassion that could potentially help yourself or a loved one from suffering. In true transformational learning fashion, I've reflected on this question, too. I recognize that the literature does not promise that compassionate support will benefit every single person. However, the research shows the effectiveness of compassionate support in improving our well-being, which could alleviate us from a moment of pain and suffering. I suggest that reducing even one moment of suffering is worth it.

Appendix

The workshop materials included in this appendix are my lesson plans and practical application activities, a robust workbook that included reflection and journal pages in addition to workshop content reminders, and a presentation slide deck. I've also included the participant survey questions and their feedback.

Lesson Plans and Practical Application Activities

MATERIALS NEEDED

1. Workshop workbooks (emailed to participants for Zoom meeting)

2. Workshop slide deck

WORKSHOP SERIES LEARNING OBJECTIVES

1. To help participants recognize and understand the benefits of practicing self-compassion
2. To facilitate participants' ability to speak kindly to themselves
3. To empower participants to practice mindfulness
4. To encourage participants to see and embrace their humanity
5. To provide participants with tools that foster compassion for their loved ones who live with mental illness

WORKSHOP 1: Self-Compassion and Self-Kindness

1. Introduction
    a. Who am I?
        i. Education + experience: B.A. in global communication with a focus on peacebuilding communication in relationships, earning M.S. in communication with an emphasis in compassionate and interpersonal communication
        ii. Have a close loved one who lived with depression and substance use disorder
        iii. Live with situational depression and anxiety, myself
    b. Roadmap of three-part workshop series
        i. Part 1:
            1. Self-compassion
            2. Self-kindness
            3. Practicing self-kindness

ii. Part 2:

1. Mindfulness
2. Practicing mindfulness

iii. Part 3:

1. Our common humanity
2. Extending compassion for our loved one with mental illness
3. Resources and tools for the future

2. Workshop 1 objectives:
    a. The purpose of this first workshop is to understand how self-compassion will benefit you as you support a loved one who lives with mental illness, to recognize and evaluate your inner self-talk, and to speak kindly to yourself.
    b. Because we're starting this series with self-compassion so that you have a strong foundation of self-love, which is critical as you support your loved ones who live with mental illness.
    c. The objective of this workshop series is to transform and strengthen the way you and your loved ones interact, all with the goal of alleviating your own suffering, your frustration and overwhelm, and to give you tools to communicate effectively with your loved one.
3. What is self-compassion
    a. Self-compassion involves valuing yourself in a deep way so that you are naturally inclined to make choices for the betterment of your well-being in the long term.
    b. To treat ourselves with self-compassion, we need to understand what *compassion* is.

c. Let's break down the word and start with defining compassion.
    i. Compassion is empathy in action.
    ii. We see that someone is in pain, we feel similar emotions to what they are experiencing, and we take action to reduce their suffering.
d. The three pillars of self-compassion are: self-kindness, mindfulness, and recognizing our common humanity.

4. Why start with self-compassion?
    a. So, why is self-compassion important as we support our loved ones?
    b. *Self-compassion* is similar to compassion in that we recognize that we are in pain somehow, we get in touch with our emotions, and we seek to reduce our suffering.
    c. We offer ourselves kindness to remove the suffering and recognize our human condition.
    d. I want to take a moment here to acknowledge that self-compassion can sometimes be uncomfortable as we pause and reflect on our own suffering.
    e. If you're anything like me, sometimes you just want to hide from all the heartache you feel and move on to serve and help others.
    f. Sometimes we might think that self-compassion is selfish or indulgent or that we are weak for not being "strong enough" to handle our challenges in life.
    g. I want to be clear: One thing that self-compassion is NOT is selfish. We are not codling ourselves when we treat ourselves compassionately.
    h. Instead, we are brave to ask, "what's good for me?"

i. Dr. Kristen Neff said, When we give ourselves compassion, the tight knot of negative self-judgment starts to dissolve, replaced by a feeling of peaceful, connected acceptance.
    i. I recently had an experience where I had that tight knot of self-judgment wash over me.
        1. Tell about my recent experience with my loved one (30-minute conversation in his apartment… could feel myself going in and out of compassion… was beating myself up about it… had to refocus and practice self-compassion and see how I was doing my best with what I knew… I had made progress even though my communication with him wasn't perfect

j. What you are experiencing is difficult, painful, can feel quite weighty… could also come with feelings of overwhelm, uncertainty, heartache…
    i. Adding to your pain… a self-critical voice and self-doubt
    ii. When you desire to be of help for your loved one who lives with mental illness, your own self-critical voice and self-doubt can be debilitating
        1. So that we can start to replace self-judgment with self-compassion, let's take a moment of self-reflection.
            a. Do you have a self-critical, or self-judgmental, voice?
            b. If so, when do these thoughts show up?
            c. What does it say to you?
            d. How does that inner voice impact you?
        2. Take some time to answer these questions in your workbook (page #)

5. Self-compassion provides a new option
    a. Self-compassion is similar to compassion in that we offer **ourselves** kindness to alleviate our own suffering and recognize our human condition
    b. EVIDENCE to support self-compassion
        i. P. 112 of Self-Compassion book by Dr. Kristen Neff… Research shows that self-compassionate people tend to experience fewer debilitative emotions (fear, hostility, distress, etc) than those who lack self-compassion
        ii. P. 123 :: study about how people deal with negative events in daily life / 20-day period, report on their problems // results said that people with higher self-compassion had more perspective on their problems and were less likely to feel isolated by them // experienced less anxiety and self-consciousness when thinking about their problems
        iii. P. 124 :: getting through PTSD / college students who experienced a traumatic event // those with more self-comparison showed less severe symptoms - less likely to show signs of emotional avoidance, more comfortable meeting their thoughts, feelings, and sensations that were triggered by what happened to them
        iv. P. 129 :: compassionate mind training // patients in a mental hospital - being treated for intense shame and self-criticism - led through weekly, two-hour intensive CMT sessions for 12 weeks // results indicated that there were significant reductions in depression self-attacking, feelings of inferiority, and shame / almost all patients felt ready to be discharged

v. P. 156 :: study of 3,000+ people from various walks of life, examined stability of positive feelings toward self overtime - expected that self-esteem would be linked to unstable feelings while compassion would remain steady // self-compassion was associated with less social comparison and less need to retaliate for perceived personal slights / linked to less of a need to be right without question

vi. The number one reason people give for why they aren't more compassionate toward themselves is fear of laziness and self-indulgence. - Kristin Neff

c. Pausing to reflect and assess what's happening for us--in our thoughts and how those thoughts impact us--helps us clarify what we are experiencing.

d. We can put a name to it, and that is empowering because when we know and name our experiences, we have something to work with!! We are better equipped to flip the script in our minds.

6. What are the benefits of self-compassion?
    a. Self-compassion provides clarity for knowing what needs to be changed within us.
    b. Self-compassion provides emotional resilience
    c. Releases oxytocin (the hormone of love and belonging)
    d. Increases trust, safety, and connectedness
    e. Fosters calm, content, and secure feelings
    f. Promotes healing and well-being
7. What is self-kindness?
    a. SELF-KINDNESS
        i. Opposite of self-critical and judgmental

ii. With self-kindness, we can combat self-criticism and self-judgment

1. We can start to understand why self-criticism is there, have compassion for it, replace it with a kinder response -- this process allows us to heal
2. We are actively comforting ourselves, allowing ourselves to be emotionally moved by our own pain, soothing our troubled minds, making a peace offering with warmth and gentleness
3. "Self-kindness allows us to see ourselves as valuable humans who are worthy of care" - Kristen Neff
4. We can soothe and comfort our own pain… we don't have to wait until we are perfect or life goes exactly as planned. We don't need others to respond to us compassionately in order to feel worthy of love." - we can provide that love for ourselves
    a. Pgs. 54-55 (Self-compassion book) EVIDENCE :: study of chronic acne sufferers, two-week intervention where participants were taught to self-soothe - taught about the inner soother we all have - given series of exercises to help them self-soothe. One activity was to write 5 compassionate cue cards and read them three times a day for two weeks. // the intervention significantly lessened depression and shame as well as their physical acne sensations of burning and stinging
    b. Self-care is a huge resource for self-soothing and taking care of our needs, a way to be kind to ourselves

i. Self-care ideas:

1. Reading
2. Napping
3. Saying No
4. Setting boundaries
5. Journaling
6. Meditation, breathing techniques

8. Practicing self-kindness (practical application activities)
    a. In your workbook… (page #)
        i. Activity 1: Recognize and evaluate inner self-talk
            1. Let's get to know your inner self-critic. We are going to do an activity that will help you recognize and evaluate your inner self-talk.
            2. This activity will soften the self-critical voice, allow you to respond with compassion rather than self-judgment, and reframe observations about yourself in a kind, friendly way. Remember, we are OBSERVING our thoughts, not immediately believing them.
            3. Think of the times that you communicate with your loved one who lives with mental illness.
            4. INWARD arrows:
                a. Fill in the INWARD arrows with the negative self-talk that plays in your mind, either before, during, or after your interactions with your loved one.
            5. OUTWARD arrows:

a. Flip the script in your mind
b. Fill in the OUTWARD arrows with kind thoughts that can replace those negative thoughts.

6. Reflection
    a. What do you notice about the outward and inward arrows?
    b. How easy or difficult was it for you to come up with the inward arrows? Outward?
    c. Will you commit to speak more kindly to yourself by incorporating more of the outward arrows?

ii. Activity 2: Speak kindly to yourself through affirmations

1. Continuing with speaking kindly to ourselves… let's cover the power of affirmations.
2. Affirmations are ways to connect to what's already within us. We cultivate that feeling, trait, characteristic, talent, etc as we affirm its presence within us and bring it to the front of our thoughts and beliefs.
3. The way we speak to ourselves in our thoughts aligns perfectly with how we feel about ourselves.
4. Our thoughts become our actions, which become habits, and then our character. Our actions, habit, and character directly impact our relationships and how we interact with others. (Lao Tzu)
5. I don't know about you, but when I interact with my loved one with mental illness, we have established patterns for how we communicate

with one another, especially when he is having bouts with his mental illness. These patterns in the past haven't been healthy.

6. As I've worked on speaking kindly to myself, I've seen a shift in the pattern… in how I act around him and how I approach him.
7. Some of this has shifted for me because I've been writing and speaking affirmations for quite a while. At first, I didn't believe the statements, and they felt phony.
8. As I continued with the practice and said them with a belief that they were true, that they were already within me, I was able to cultivate those statements to be more prevalent.
9. Turn to workbook for sample affirmations (page #)
10. Reflection: Come up with 5 of your own affirmations that speak to you

iii. Activity 3: Letter to inner child

1. For the last self-kindness practice, I'd like you to write a letter to your inner child. (workbook page #)
2. In this letter, you'll be speaking to your younger self at any age you choose.
    a. For example, my younger self is about two-to-three years old. When I look at pictures of her or think of her when she was that age, my heart softens immediately, and I can see her delightful qualities and sweetness.

   b. Think of your younger self. What age is she or he? What is that little darling doing, wearing? Who is he or she with? Really get into the visual of this little soul.

3. What you're writing in this letter is…
   a. All the wonderfully beautiful traits, characteristics, values, etc that you see in and love about your younger self.
   b. You're connecting to your inner child, who is still part of you. That younger version of you has simply grown into a taller body and had experiences that make you wiser...and a bit more critical of yourself.
4. This activity will connect you back to that little child and allow you to see the beauty within...that is still there with you!

9. Workshop 1 review
10. Workshop 1 homework
    a. Take a moment, at least once, to reflect on your outward arrows and your inner-child letter.
    b. Create 5 new affirmations. Write them down. Repeat them aloud.
    c. Pause before responding to your loved ones. Put yourself in their shoes. Approach them with wonder and grace.

WORKSHOP 2: Mindfulness

1. Review where we are in the roadmap
   a. Remind what we covered last week in workshop 1

   b. Remind where we are headed in this workshop (mindfulness, pillar of self-compassion)

2. Workshop 2 objectives
   a. To see our experiences with clarity
   b. To distinguish between what we can and cannot change
   c. To recognize, manage, and minimize our emotions
   d. To learn how to respond rather than react
3. What is mindfulness?
   a. mindfulness is the second pillar of self-compassion
   b. It is the clear seeing and non-judgmental acceptance of what's occurring in the present moment - we need to see things as they are--no more, no less--in order to respond compassionately. - Dr. Kristen Neff
   c. Put another way, mindfulness is a set of psychological skills for enhancing life, that involve paying attention with openness, curiosity, and flexibility. - Dr. Russ Harris
   d. Mindfulness helps us respond more flexibly to our painful thoughts and feelings.
4. Benefits of mindfulness:
   a. Make sense of the world
   b. Clearly see what we are experiencing
   c. Accept our experiences without judgment
   d. Enable responses rather than reactions
   e. Distinguish between what we can and cannot change
      i. Discuss acceptance and ownership from VOCAB

1. When we accept that we cannot control anyone and that we can only change our own selves and how we relate to others, we can release the tight grip we have on trying to control others--even when we think it is for their benefit mentally or emotionally. We can feel some peace within ourselves when we release that tight grip.
2. With ownership of what we *can* control and acceptance of what we *cannot* control, we are personally gifted with empowerment and serenity, respectfully. And, in our relationships, we are gifted with cooperation and peace.

5. Share personal example of when I practiced mindfulness with my loved one who lives with mental illness
    a. I chose radical acceptance.
        i. Radical acceptance is a skill taught in Dialectical Behavioral Therapy (DBT). I am not a therapist, so I won't be discussing this type of therapy. However, you can speak with your licensed therapist about it.
        ii. In short, radical acceptance is recognizing the tough situations we face, acknowledging the emotions these situations bring up for us in the present moment, and accepting (not denying) those emotions. This can help us make the changes we need to make in our lives.
        iii. Radical acceptance is a tool that can help you in facing painful emotions and experiences by accepting them fully without judgement. Radical acceptance is a skill used to reduce unnecessary suffering and increase our ability to navigate through difficult situations. The "radical" part of radical acceptance

is the full acceptance of reality with your mind, body, and spirit. It is accepting completely and totally that reality is unfolding the way it is.

iv. Radical acceptance is not putting your "stamp of approval" on injustice or a painful event, passively laying down, or throwing your hands up and "giving in." It is not waving a white flag and surrendering.

6. Touch base with participants regarding the thought of distinguishing between what we can and cannot change -- there may be some strong emotions or concerns that come up for them
    a. Reflection activity in workbook (page #): check in with yourself regarding how you feel or what you think about the thought of distinguishing between what we can and cannot change
        i. Show emotion wheel to give participants ideas of what they may be feeling
        ii. Show anger iceberg to have participants dig deeper, if needed
7. Practice mindfulness (practical application activities)
    a. Turn to page # in your workbook…
    b. Activity 1: Name and Tame Your Emotions (Dr. Russ Harris)
        i. Notice
            1. Where is the emotion in your body?
                a. Anger (racing heart, hot)
                b. Depression (decrease in physical sensations)
                c. Love (butterflies in the stomach)
                d. Fear (anxiety in the stomach)
            2. What does it feel like? (warm, cold, tight, throbbing, etc)

3. Notice every detail. Head to toe scan of where you feel your emotions.
4. Observe the sensations as if you are a scientist--approach them with curiosity!
5. SHOW BODY SCAN results from study in Europe

ii. Acknowledge

1. Our words matter, how we acknowledge (or not) our emotions matters
2. Notice the difference in saying "I'm angry." vs "I'm noticing anger." or "I'm feeling angry."
    a. The latter labels us as angry person. The former helps us see that we are not our feelings – we are a lot more than what we feel.
3. Must say the reframe nonjudgmentally. Feelings are NORMAL!

iii. Make space

1. Deeply breathe into the feeling.
    a. It helps bring you back into the present moment rather than letting your brain run away with the emotion.
2. Visualize your body expanding to make space for the feeling rather than trying to contain and hide it.
3. You don't have to like it; you're just allowing it with no judgment

iv. Expand awareness

1. Re-engage with the world around you.
    a. What do you see?

2. CLOSE YOUR EYES
    a. What do you hear?
    b. What are you touching?
    c. What do you taste?
    d. What do you smell?
3. As you are doing this, you are more settled and able to engage

v. By naming and taming our emotions, we are better able to lessen their impact

c. Activity 2: Minimize debilitating emotions
    i. We've named the emotions and worked on taming them.
    ii. Here is another approach for taming them...or minimizing them…from Dr. Brene Brown
        1. Engage with your feelings
        2. Get curious about the story behind the feelings
        3. Write it down
        4. Explore the details

d. Question for group: How might understanding emotions in communication help us learn to communicate with our loved ones who live with mental illness?

e. Activity 3: Observing our thoughts
    i. Important to do this without judgment
    ii. These thoughts may be the stories we just created through minimizing the debilitative emotions. Those stories may have brought up some uncomfy things for us.

iii. Getting into the practice of observing our thoughts will help ground us and provide opportunities for peace and calm within when we engage with our loved ones in potentially stressful situations.

iv. Ask for participants to share time when their thoughts ran away from them OR share personal example

v. To begin, think of one debilitating thought that plays on repeat in your mind.

vi. Next, picture that thought on a cloud.

    1. Visualize yourself lying on the ground (a ground that isn't covered in snow), and watch the debilitating thought float away on the cloud.
    2. As you watch the cloud floating away, what are you noticing about the cloud?
    3. Notice what kind of speed it has. Is your cloud floating away quickly because it is windy? Or, is your cloud taking a while to float away? Is the cloud shifting in shape as it floats past you?
    4. Focus on observing the cloud: what it is doing, what it looks like, what your thoughts are as you observe.
    5. Sit with that visual for a moment longer. Take it in. Observe it without judgment.

vii. On page # in the workbook, reflect on some other debilitating thoughts that play in your mind; write them down in the space provided

viii. The point of observing our thoughts for what they are versus what they are not is so that we are enabled to respond to our situations rather than react.

ix. Question for participants: In conversations with our loved ones with mental illness, how might observing our thoughts be beneficial?

8. Review workshop 2
9. Homework for workshop 2
    a. Take a few minutes each day to actively notice your surroundings: breathe deeply.
    b. Write in a mindfulness journal daily.
        i. Your workbook has 7 journal pages included
    c. Practice Dr. Brene Brown's steps and the cloud activity.

WORKSHOP 3: Common Humanity & Compassion for Others

1. Review where we are in the roadmap
    a. Remind what we covered last week in workshop 2
    b. Remind where we are headed in this workshop (common humanity, compassion for others)
2. Workshop 3 objectives
    a. To remember our shared human condition
    b. To learn how to create a compassionate space for our loved ones
3. Why are we talking about our common humanity?
    a. Common humanity is the third and final pillar of self-compassion.
    b. Remembering our common humanity provides insight to the shared human condition.
        i. "We are the expression of millions of prior circumstances that have all come together to shape us in the present moment" - Dr. Kristin Neff
            1. Millions of prior circumstances:

a. our fields of experience,
b. upbringings,
c. friend groups,
d. family dynamics,
e. community norms,
f. cultural practices,
g. limiting and uplifting beliefs, etc

4. Benefits of remembering our common humanity
    a. Focus on the beauty of our shared human experience
    b. Provides a sense of belonging to remove walls of isolation and loneliness
    c. Gain insight into the interconnectedness of the world
    d. Shifts our mindset to see similarities
5. Practice remembering your common humanity
    a. Group reflection and discussion
        i. Think about a time when a close friend was struggling in some way, and they came to you to talk about it. How would you respond to your friend in this situation? (what you typically do, what you say, and note the tone in which you typically talk to your friends)
        ii. Think about times when you are struggling. How do you typically respond to yourself in these situations? (what you typically do, what you say, and note the tone in which you typically talk to yourself)
        iii. What do you notice between the two conversations? If you spoke kindly to and were encouraging with your friend but not with yourself, ask yourself

why. What factors or fears come into play that lead you to treat yourself and others differently?

iv. Think about when you're suffering and write down how you think things might change if you responded to yourself in the same way you typically respond to a close friend.

6. Switching gears to discuss how we can take the self-compassion practices we've learned and extend compassion to others.
    a. Let's take a moment to remember what compassion is…
        i. Compassion is empathy in action. We see that someone is in pain, we feel similar emotions to what they are experiencing, and we take action to reduce their suffering.
            1. Question for participants: How do we do that?
    b. To extend compassion, we recognize someone is suffering, we relate to their feelings, and we respond to reduce their suffering.
        i. First, we recognize, or notice, the world around us, which includes the people around us. Our mindfulness practices from the last workshop help us with that. We can notice their body language, their other nonverbal comm such as their tone of voice. We take note of what we are seeing, hearing, etc.
        ii. Next, we relate to what they might be experiencing, their emotions… in our last workshop, we reviewed some of our own emotions, where they might show up in our bodies, and how to recognize them and minimize them in a productive, healing way.

iii. Understanding our OWN emotions then, helps us as we relate to our loved ones… It helps us put ourselves in their shoes as we consider what they might be feeling. It expands our awareness and possibilities.

7. For the remainder of our time together, we'll be focusing on the RESPOND portion of extending compassionate support.
    a. I am going to give you a few strategies for the number one way to extend compassionate support to alleviate suffering.
8. Practicing compassion (practical application activities)
    a. Activity 1: Watch this clip from Inside Out…
        i. Pay attention to the differences in the two interactions.
        ii. Note what you see… in your workbook (page #)
        iii. Group discussion:
            1. What do you notice about Joy? Sadness? Bing Bong?
        iv. As we saw with Sadness's response to Bing Bong, creating a compassionate atmosphere includes kindness, mindfulness, and remembering our common humanity.
            1. It involves LISTENING in that environment.
            2. Listening is the number one way of extending compassionate support.
    b. Activity 2: Asking questions and listening
        i. When we interact with our loved ones, we seek to help our loved one find his/her/their own clarity and resourcefulness through open, honest questions and through deep listening.

1. What are open, honest questions?
    a. Questions have been called the most popular piece of language.
    b. Asking open, honest questions → opportunity to listen -- no advice, no fixing… we are asking questions to understand… then we listen.
    c. Group discussion: let's talk about examples of open, honest questions
        i. Back pocket questions (from Clair Canfield)
            1. Some examples:
                a. What's that like for you?
                b. What is it that you want?
                c. What do you have control over?
                d. What are you willing (or not) to do?
                e. What's important to you about _____?
2. How do we listen deeply?
    a. Deep listening is listening with your whole body and listening to understand rather than to reply.
    b. In the workbook on page #, review the two reflection questions and then answer them in the workbook.
    c. Group reflection and discussion:

i. When have you been in a conversation where someone was clearly listening only to reply rather than to understand what you were expressing?

ii. What did you take away from that conversation?

iii. How did you feel after that interaction?

d. Two ways that we can deepen our listening--to understand--is through perspective-taking and perception-checking…

i. Perspective-taking

1. Perspective-taking is the ability to look beyond your own point of view in order to consider how someone else may think or feel about something.
2. This is the RELATE portion of compassion that can enhance how we listen.
3. Taking this step increases our ability to listen to understand. You're getting out of your own headspace and putting yourself in someone else's shoes in an effort to sincerely understand.
4. When you are able to imagine a situation from someone else's perspective, you can gain a better understanding of someone else's motives.

a. Show perspective-taking iceberg

ii. Perception-checking

1. with sincerity, checking your understanding of someone's words or behavior
2. Coupled with perspective-taking … perception-checking provides an opportunity for deeper understanding.
3. Steps of perception-checking
    a. I noticed _____. (describe behavior)
        i. Group discussion: examples for this step
    b. Is it because of _____ or because _____. (give two options)
        i. Group discussion: examples for this step
    c. Will you help me understand _____? (ask for clarity about the behavior and your interpretations)
        i. Group discussion: examples for this step

9. Review workshop 3
10. Homework for workshop 3

a. Choose three back-pocket questions to use in your next conversation with your loved one.
b. Incorporate deeply listening to your loved one.
c. Practice perspective-taking and perception-checking.

11. Concluding remarks
    a. Encouragement
    b. Resources for future needs
        i. NAMI.org
        ii. SelfCompassion.org (Dr. Kristen Neff)
        iii. TheHappinessTrap.com/blog (Dr. Russ Harris)
        iv. Instagram: @MindfulYogaPsychologist (Dr. Chantell Douglass)
        v. The Science of Compassion (audiobook by Dr. Kelly McGonigal)
        vi. Mindfulness: An Eight-Week Plan for Finding Peace in a Frantic World (book by Williams and Penman)
        vii. A Hidden Wholeness (book by Parker Palmer)
        viii. usu.edu/orientation/roommates (conflict communication process by Professor Clair Canfield)
        ix. brhd.org/services/counseling-services/
    c. Thank you!!

Training Workbook

Please follow this link for the training workbook:

https://drive.google.com/file/d/1MfZBFf-9S7-g35j5F2MrJ_qWbqaQtLlO/view?usp=sharing

Training Slide Deck

Please follow this link for the training slide deck: https://docs.google.com/presentation/d/1DaCS8OU-ODdIqvwHn7cAUCAfacDDHekteiwChDJ33Pw/edit?usp=sharing

Participant Survey and Feedback

I asked the workshop participants several questions to determine what they felt before, during, and after the workshop series. To honor and fulfill the IRB requirements, the participant survey and feedback are anonymous and confidential. Therefore, I have summarized the feedback from each question. For this project, that summarization was not difficult because the answers were quite similar. Here are the questions and their general, anonymous responses.

Question 1: How did you feel about providing support for your loved one BEFORE participating in the three-part workshop?

Answer: The consensus was that the participants felt somewhat confident but mostly hesitant or frustrated because they didn't have the tools or knowledge to offer support.

Q2: How did you feel about providing support for your loved one AFTER participating in the three-part workshop?

A: They felt like they had the tools to confidently offer compassionate support to their loved ones living with mental illness.

Q3: Thinking back over our past three weeks together, how did the three workshops and their at-home applications impact your thoughts, emotions, and actions?

A: They reflected on their thoughts and emotions to figure out where they were coming from to speak more kindly to themselves about them. Also, they pondered about and practiced the steps of self-compassion.

Q4: Did you see a shift in how you interact with yourself as a result of the workshop series?

A: It was a unanimous yes.

Q5: I'd love to understand your shift. If you answered "yes" to the question above, please describe your shift.

A: In general, they were more attuned to their self-talk and implemented the workshop activities to reduce negative self-talk.

Q6: As a result of the workshop series, did you see a difference in how you communicate with your loved one who lives with mental illness?

A: Sixty-six percent saw a difference while 33% are still processing.

Q7: Tell me more about the differences you noticed.

A: The 66% felt that they were more patient and listened to understand.

Q8: Overall, what aspects of the workshop series were the most useful or valuable for you? Please include how those aspects provided value.

A: The answers to this question were varied. Some participants valued the lecture and workbook combination. Some participants appreciated the personal stories shared during the workshops. Some participants found the activities in each workshop to be useful.

Q9: Which aspects of the workshops were unclear, confusing, or needed more time allotted to them?

A: Most participants liked the workshop presentations; however, some students asked for more time to be added to each workshop. Some students asked for recorded workshops so they could refer back to the content.

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