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Adopting and Adapting Compassion Practice:
An Analysis of Novice Meditators' Experiences

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Abstract

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By Marianne Parrish Florian

This research project examines the contemplative learning experiences that healthcare chaplains enrolled in a one-year residency in Clinical Pastoral Education (CPE) report as they participate in an intensive compassion meditation course. Cognitively-Based Compassion Training (CBCT[®]) is a sequence of mind-body exercises seeking to orient practitioners toward emotions, cognitive skills, and perspectives that strengthen their compassion, thereby increasing the spontaneity and ease with which they may respond compassionately in the face of suffering. CBCT[®] is closely related to mind training techniques, or *lojong* (Tib: ལོ་ཇོང་, Wylie: *blo sbyong*) that combine aphorisms with visualization and related meditative exercises. The CBCT[®] course for chaplains was delivered in five weekly day-long workshops. A contemplative science experimental study undertook to assess specific benefits of the contemplative training. The present investigation of learning experiences is informed by my own participant-observation of the compassion training sessions and interviews with chaplains before, during, and after they completed the training course. The timing of these interviews depended upon whether a participant was assigned to the experimental group, which learned compassion meditation early in the residency year or to a wait-listed group, which learned it later. Interviews focused on participants' prior knowledge of spiritual and religious practices that might be analogous to CBCT[®] meditation, their ways of engaging in and personalizing CBCT[®] practice for their own use, and any personal changes or especially salient moments of learning that they associated with compassion meditation.

Key findings include a high degree of diversity within the repertoires of spiritual and religious practices that chaplains reported. These are framed as virtue practices and intercession practices, depending on whether they seek to engender ethical qualities and/or seek divine help on behalf of oneself or others. Among the various ways that participants adopted compassion meditation and adapted it to their needs and proclivities, three overlapping modes of practice were evident: sustained meditation, momentary attunement, and mindful recognition/reframing. Case studies of de-identified individuals, including their primary intercession and virtue practices, their ways of engaging with CBCT[®] meditation, and salient moments of learning are presented. Understanding these aspects of learning experiences with CBCT[®] represents fertile ground for inquiry into the sources of individual differences in responses to compassion meditation training as well as differences in experimental outcomes. This study begins the work of gauging the diversity and individuality of contemplative learning experiences, even within a manualized evidence-based contemplative intervention.

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Thanks also to Geshe Lobsang Tenzin Negi for creating CBCT® in the hope that it would promote emotional health and flourishing for those who use it to strengthen their inner compassion. I am likewise grateful to Tim Harrison, also from the CBCT® program, and to Maureen Shelton from Spiritual Health at Emory Healthcare. Their friendship and patience during the planning, piloting, and data collection phases of this project were vital. Kim Palmer, until very recently the Manager of Research for Spiritual Health, has been truly supportive of this work on all levels. Also from Spiritual Health, I am grateful to George Grant, Charles Raison, Brenda Lopez, Cheryl Brown, and Cynthia Daniels for shepherding me into the milieu of CPE and making my research a priority. They ensured that participating in interviews would not be burdensome for the chaplains, and that data collection went smoothly from start to finish. In addition, Caroline Peacock and Jose Montenegro kindly allowed me to shadow them while they delivered spiritual health consultations to hospital patients.

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May all beings be well. May we survive the dangers posed by natural disasters, global pandemics, social unrest, as well as by greed, hatred, and delusion. May we grow to see the lessons inherent in any circumstance and be guided by wisdom toward undiminished love and compassion.

Bowing,

Marianne Parrish Florian
Atlanta, Georgia
July 9, 2021

Abbreviations

ACPE	ACPE: The Standard for Spiritual Care & Education, an accrediting body for CPE education and educators (formerly, Association for Clinical Pastoral Education)
APC	Association of Professional Chaplains
CBCT[®]	Cognitively-Based Compassion Training
CPE	Clinical Pastoral Education
CCSH	Compassion-Centered Spiritual Health interventional approach

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Prologue: During One Interview

Isaac, a hospital chaplain, explained to me what most interested him about the CBCT[®] Cognitively-Based Compassion Training compassion meditation program:

INTERVIEWER: I would like to know how do *you* feel about engaging in a meditation practice like CBCT[®] that has been secularized.

ISAAC: I feel great, and I'm *yearning* to see it. I'm yearning to experience it, and I know... I was telling my colleagues and my supervisor. Personally, I know that compassion is a *spirit*, from the biblical point of view, and I'm yearning to see how compassion is manufactured *in the lab* or in the meditative class [he laughs]. And so now, I want to get both. In Matthew chapter nine,¹ the Bible says Jesus saw the people. He saw they were distressed, they were helpless, they have no shepherd, and he felt compassion for them. So, personally, I believe that compassion... that God is a God of compassion, and compassion is *like a spirit*. So, that is where I knew compassion should come from. If I'm going to be compassionate on somebody, it is the Father in heaven who gives me a heart, a compassionate heart to have compassion on that person. But now, Marianne, here is a case that compassion is being manufactured in the lab, so to speak [he laughs]. So, I'm yearning, I'm always yearning to see what it is. Meditatively, if I'm going to get it from meditation, so be it! At least it adds to what I have or what I know. So, I'm *all up for it*.

INTERVIEWER: [wide-eyed, I laugh] "...I am *definitely* going to try to use what you just said in my writing. That was so, so interesting!

ISAAC: Use it, my dear! Use it! You are free to use it. [he laughs]

¹ This chaplain is referencing the Gospel of St. Matthew chapter 9, verse 35-36, which reads:

And then Jesus went about all the cities and villages, teaching in their synagogues, and preaching the gospel of the kingdom, and healing every sickness and every disease among the people. But when he saw the multitudes, he was moved with compassion on them, because they fainted and were scattered abroad, as sheep having no shepherd. *The Bible: Authorized King James Version, The New Testament.*

Preface

Contemplative practices constitute a family of mind-body disciplines for working with subjective experiences. More specifically, they are methods for manipulating how experiences—whether past, present, or anticipated—get represented in the mind. As such, contemplative practice concerns the memories, sensations, and intentions of individual practitioners. While working with experience can be understood as a common thread, contemplative practices vary widely and may be used to seek a multiplicity of goals. The participants in this research project have begun learning one form of contemplative practice, which seeks to strengthen compassion: Cognitively-Based Compassion Training (CBCT[®])² is an eclectic sequence of exercises with which the practitioner can try to change how they interpret their sensations, thoughts, desires, relationships, and histories. It is also one of a growing number of practices that have been formulated as contemplative interventions.

Contemplative interventions are worldview-flexible³ techniques, which are used in healthcare, education, and other contexts for practical benefits including psychological and behavioral health. They are often adapted from meditational techniques associated with Asian religious traditions. My involvement with CBCT[®] began in 2013, years before the qualitative research which this dissertation presents and analyzes began. I will describe the principal ways I have engaged both with the meditation practice of CBCT[®] and with the CBCT[®] program, because they have deeply influenced this project. I feel my positionality has been fortunate and has enhanced investigation of subjective experiences among the novice meditators who allowed me to interview

² “Cognitively-Based Compassion Training.”

³ I will often use the terms *worldview-flexible* or *worldview-inclusive* where some scholars might prefer the term *secular*. This is a deliberate attempt to characterize the intention behind decisions about how to adapt CBCT to the needs of prospective practitioners. Especially for the research participants in this study, the term secular entails either a neutral or a negative orientation toward religious affiliation that does not fit either their ways of engaging in the practice not the manualized instructions for CBCT practice from which participants base their own personalizations and learnings. These novice meditators are highly religiously committed. Both their CBCT classes and their subsequent experiences with CBCT reflect that.

them. However, aspects of my data collection and data analysis practices are shaped by my history with CBCT[®], and it is crucial that you, the reader, are acquainted with that history in order to discern how my findings may be useful to you and which of my assumptions and deliberate methodological choices demand critical reassessment.

CBCT[®] is a compassion meditation protocol consisting of a series of mental exercises designed to facilitate compassionate states of mind. When a compassionate *state* is repeatedly induced and reinforced, so the thinking goes, it can become more and more spontaneous, effortless, and *trait*-like.⁴ The CBCT[®] meditation protocol was first conceived as a way to improve college students' wellbeing in the face of steeply increasing suicide rates and has since been applied more broadly. It is one of a growing number of *contemplative interventions* whose effects are sought in clinical and educational contexts and investigated in experimental research. CBCT[®] does not endorse beliefs in any particular religious or spiritual doctrines, however, it is plainly rooted in Buddhist techniques for purifying or polishing the mind of the practitioner. These techniques seek to correct mental habits that are believed to create and amplify dissatisfaction, malaise, dread, fearfulness, in short, that lead to *stress*.⁵ This genre of mind training techniques, or *lojong* in Tibetan (ལོ་ཇོང་, Wylie: *blo sbyong*), blends aphorisms with visualization and other meditative exercises that help the practitioner to seize the opportunity inherent in all experiences—whether pleasant or unpleasant—to transform thoughts that reinforce self-cherishing and into thoughts that lead to the awakening mind, or *jang chub kyi sem*

⁴ This is the basic premise, translated into the terms and systems of neuroscience is known as *neuroplasticity*. For an exposition of how certain target states such as compassion or mindfulness may lead to corresponding changes in disposition, please see Goleman and Davidson, *Altered Traits*.

⁵ Several experts in the study of Buddhism have endorsed “stress” as a more appropriate translation of the Buddhist concept known in Sanskrit as *duḥkha* and in Pāli as *dukkha* than the more common term, suffering. As with all translation, it is never complete, however, in English, stress better conveys *duḥkha*'s potential to be both pervasive and subtle, which suffering does not (Strong, *Buddhism*, 136–38; Access to Insight, “Dukkha.”)

(Tib. བྱང་ཆུབ་ཀྱི་སེམས་, Wylie. *byang chub kyi sems*, Skt. बोधिचित्त, translit. *bodhicitta*).⁶ The awakening mind is an engrossing intention to strive toward full awakening, for the benefit of all beings. Since it is a mistake to care for, value, and protect one *self* as though the self were a distinct, permanent, and durable basis for existence,⁷ to counteract self-centered perspectives, many *lojong* texts seek to transform self-centered perspectives and habits into ones that (1) seek the welfare of all sentient beings⁸ and (2) seek complete awakening as a means to relieve their suffering. In this sense, complete awakening is synonymous with becoming a buddha. Specific *lojong* techniques have been adapted in the form of CBCT[®], so that they are accessible to people who do not partake in any Buddhist religious activities or share Buddhist beliefs. One way that this is manifest is that for CBCT[®], the objective is developing compassion as a natural human capacity, rather than developing the awakening mind.⁹ Incidentally, though CBCT[®] does not seek to dispel incorrect notions of self, the intention and readiness to promote others' welfare serves as the basic definition of compassion in CBCT[®], as well as its target state. In other words, CBCT[®] recommends mental preparations and patterns of thought which, if successfully cultivated, should give practitioners a genuine wish for all people to have wellbeing and to be free from suffering.

One evening in the spring of 2013, I sat cross-legged on a very blue meditation cushion in the middle of a very gray conference room floor. It was the first session of a 10-week “Foundations” course in CBCT[®]. I had little idea of what meditation instructions I might receive. My

⁶ Sweet, “Mental Purification (Blo Sbyong): A Native Tibetan Genre of Religious Literature.”

⁷ From a Buddhist perspective generally, the existence of *self* and of all phenomena is established only dependently. That is, the self has no independently established existence. It is interdependent and impermanent through and through.

⁸ Sentience describes the most basic ability to distinguish discomfort. I have heard CBCT teachers as well as Buddhist spiritual teachers describe the ability of single-celled organisms to retreat from harmful substances and propel themselves through fluid to areas where the concentration is lower. In the Tibetan Buddhist context of *lojong*, any being that has even such a simple sense of its own welfare is to be regarded compassionately. This is far easier said than done!

⁹ Locke, *The Worlds We Shape through Habit*; Jinpa, *Essential Mind Training*; Thupten Jinpa, “Introduction.”

previous meditation training amounted to a scant three years of weekly attendance at a Sōtō Zen temple with which I am still affiliated. The meditation instruction I receive there is simple and tailored to help me find ways to sit still in the midst of whatever mental and physical experiences might occur while I am meditating.¹⁰ I had only the faintest notion that meditation could include sequenced analyses or visualizations.

My meditation classmates included people connected with Emory University in various ways—psychologists, professors, students, staff—as well as teachers, parents, retirees, and other meditation-curious folks of all ages from around greater Atlanta. We gathered for ninety minutes every Wednesday in an office building on the edge of the Emory University campus. During class, we listened while Geshe Lobsang Tenzin Negi,¹¹ the creator of the CBCT[®] program,¹² explained concepts like impartiality, interdependence, and endearment. Sometimes his explanations connected to theories and findings from evolutionary biology, psychology, and related sciences. Often, he would talk through parables, stories, or verses drawn from Buddhist texts such as Śāntideva’s¹³ *Bodhisattvacaryāvatāra* (*Engaging in the Bodhisattva’s Deeds*)¹⁴, Langri Thangpa’s (1054–1123 C.E.)¹⁵

¹⁰ I also take to heart lessons from an English translation of Dōgen’s “Rules for Zazen” (Jp. *Fukanzazengi*), which the congregation recites before evening sitting periods. This short text addresses topics ranging from the non-duality of training and enlightenment to how to set your teeth when meditating. For a scholarly translation of this text, see Waddell and Abe, “Fukanzazengi: Universal Promotion of the Principles of Zazen,” 3–6. For the translation I train with, see Kennett, *Serene Reflection Meditation*, 1–3.

¹¹ Dr. Negi is Professor of Pedagogy in Emory College and Director of the Center for Contemplative Science and Compassion-Based Ethics (hereafter, the Emory Compassion Center) (“CCSCBE Who We Are.”)

¹² CBCT was originally developed in 2005 for a pilot study of the potential positive psychological effects of compassion meditation in Emory undergraduates (Negi and Ozawa-de Silva, “Cognitively-Based Compassion Training (CBCT) - Protocol and Key Concepts,” 417.) At the time, there was rising concern about rates of depression and suicidality among college students. Many experimental studies, outreach efforts, and other applications of CBCT have arisen since its inception (“CBCT.”)

¹³ Śāntideva is a renowned Indian Mahāyāna Buddhist scholar and monk who lived between the seventh and eighth centuries CE at the Indian Buddhist monastic university, Nālandā, then the world’s largest institution of higher learning (Mrozik, “Śāntideva,” 8109.)

¹⁴ Śāntideva, *A Guide to the Bodhisattva Way of Life; Bodhicaryāvatāra*.

¹⁵ Langri Thangpa is a renowned Tibetan Buddhist teacher in the Kadam lineage of Tibetan Buddhism, from which a majority of lojong texts and traditions are drawn (Jinpa, *Essential Mind Training*, 103–6.)

“Lojong Tsik Kang Gyéma” (“Eight Verses of Mind Training”),¹⁶ and Je Tsongkhapa Lobsang Drakpa’s (1357-1419 C.E.)¹⁷ *Lamrim Chenmo (The Great Treatise on the Gradual Path to Awakening)*,¹⁸ among other key texts. Pr. Negi would often recite passages in Tibetan from memory and then translate and interpret in English while explaining how to do the different mental exercises in each of CBCT®’s learning modules. Then he would lead an extended guided meditation period in which we could try the steps for ourselves by following his directions in real-time.

Some of the exercises gave me step-by-step imagery to evoke genuine emotional responses towards people I hold dear, those whom I would rather avoid, and those I barely notice and to observe how different my reactions to them can be. My emotions tend to align with those of my friends, to go contrary to those I find blameworthy, annoying, and threatening, and to be unmoved by emotions in those I do not know. Gradually, I started to understand how I could use the sequence of meditation steps¹⁹ to firm up and balance my goodwill and solicitude by finding reasons to value people whom I may not know and people I consider to be adversarial, just as I value my closest loved ones. By doing this I have tried to develop the same degree warm-heartedness towards them. It is a continual work-in-progress. CBCT® also reinforced the need for me to wish myself happiness and freedom, just as I tried to do for those around me.

These same values and ethics have always been part of my Zen training, and I have experienced significant benefits in terms of my own peace of mind and wellbeing through working

¹⁶ Jinpa, 107–10.

¹⁷ Tsongkhapa is among the most renowned Tibetan Buddhist scholars. The Gelug school in which the Dalai Lama received his scholastic training, traces its lineage to this master, although Tsongkhapa himself trained in the Kadam lineage (Ruegg, “Introduction,” 17.)

¹⁸ Tsoñ-kha-pa Blo-bzañ-grags-pa, *The Great Treatise on the Stages of the Path to Enlightenment*, 2000; Tsoñ-kha-pa Blo-bzañ-grags-pa, *The Great Treatise on the Stages of the Path to Enlightenment*, 2004; Tsoñ-kha-pa Blo-bzañ-grags-pa, *The Great Treatise on the Stages of the Path to Enlightenment*, 2002.

¹⁹ The learning modules of CBCT are discussed in greater detail in Chapter Four.

on them with my Zen Buddhist community. Nevertheless, I was intrigued by how complex and choreographed CBCT[®]'s meditation method could be, and I enjoyed learning this new approach to working with my mind. I did not miss the veneration and supplication gestures, which CBCT[®] does not teach or address, because I can do that in Buddhist contexts and, as we will discuss, CBCT[®] does encourage dedicating or making an offering of the practice of meditation for the benefit of all whom we may meet in life. I did not miss being reminded of doctrinal teachings on the workings of karma or the cycles of rebirth. I did not miss them, because I felt free to bring those understandings with me to class every week and benefit from them, just as, I assume, my classmates were free to bring whatever frames of reference and worldviews served them best in that situation.²⁰

The presence and availability of the religious and spiritual worldviews, beliefs, and epistemologies that novice meditators carry with them is of crucial importance to the participants in the present study, as will be discussed in Chapter Three. The qualitative findings of this dissertation will explore how people learning CBCT[®] in a non-religious context import their religious and spiritual perspectives into the CBCT[®] learning process.

To begin each group meditation, we tried to cultivate a felt sense of being safe and cared-for. Then, we would shift to a different exercise to sharpen and stabilize our concentration. In each successive class we were introduced to a new learning module and new steps to add to the routine of the meditation, gradually working to recognize and dismantle various obstacles to compassion. The routine of CBCT[®] meditation practice is intended to build awareness of our own and others' vulnerability to stress, mental anguish, disappointment, and other forms of unhappiness. As mentioned above, compassion is framed as a heart-felt wish for such a person to be free from the

²⁰ I became very close friends with a classmate who is also a Buddhist convert, and we often discuss how our understandings of CBCT have been influenced by our religious backgrounds.

experience of stress and whatever might be causing it. This practice aims to gradually broaden the circle of individuals whom we accept, appreciate, cherish, and for whose welfare we are willing to engage. Eventually, compassion could extend to people who are not close to us and even those we identify as adversaries. During this type of routinized, analytical contemplative practice, the proficient practitioner may go through each step from memory, varying the specific people for whom they are cultivating compassion or perhaps identifying a specific shortcoming with which they are cultivating self-compassion. Familiarity with CBCT[®]'s steps also can facilitate its incorporation into daily life or even into existing spiritual and religious activities.

Yet, as a complete novice to this style of meditation, during the meditation periods I spent only a small fraction of the time following the steps described above, even when our teacher was guiding us verbally through each step. My mind wandered through states ranging from total restlessness to slumber. Still, at moments, however brief, when my attention to the task at-hand seemed stable, I managed to carry out some of the instructions. In my early attempt to learn CBCT[®] meditation, I observed a few modest changes in my attitudes toward specific individuals, which I attribute to my bringing them to mind while practicing CBCT[®] in the classroom. It took time and repeated effort to avoid getting completely lost in my thoughts and to remember the sequence of steps and exercises. I did not understand how performing the steps of the CBCT[®] protocol related to its goal of becoming more compassionate. As I worked and learned, I could perceive a change in my ability to do CBCT[®] meditation more palpably than changes to my behavior or sense of wellbeing. Learning to do the meditation practice was more consuming to me in my initial stages of training than outcomes, which goes a great way towards explaining why I designed this research project to examine contemplative learning experiences including ones that do not involve the target state of compassion.

Taking this foundational meditation course led to further compassion meditation training in the CBCT[®] Teacher Certification program, during which I was able to improve my conceptual understanding of the various mental exercises involved and my ability to monitor and steer my attention and certain cognitive experiences while meditating. In addition, I turned to CBCT[®] as a subject for academic study in my 2014 master's thesis, comparing its meditation protocol with a similar Tibetan Buddhist mind training text as well as with a handful of other secularized, Buddhist-inspired styles of meditation.^{21 22} Practicing, teaching, and studying CBCT[®] have led me to research questions about how the learning experiences of novice meditators could illuminate unexplained individual differences in outcomes of contemplative training.

Among the most fortunate consequences of my involvement with CBCT[®] is that I became acquainted with contemplative science research and perspectives, largely thanks to the mentorship of Dr. Jennifer S. Mascaro, Assistant Professor of Family and Preventive Medicine in Emory's School of Medicine. When the department of Spiritual Health at Emory Healthcare decided to incorporate CBCT[®] into its Clinical Pastoral Education (CPE)²³ residency program, Pr. Mascaro invited me to interweave my examination of subjective experiences of CBCT[®] meditation into the timing of her larger project, which seeks, among other things, to understand how CBCT[®] may impact chaplains' emotional resilience. She allowed me to participate as an affiliate of her lab and assist with experimental research, all of which has enhanced the current project. The chaplains learning CBCT[®] are an especially fascinating population to study with, because of their deep involvement with

²¹ The secularization of contemplative practices refers to choices made by proponents and instructors that emphasize (1) ideas from a practice's source tradition that do not present a conflict for people with diverse religious and non-religious commitments, and (2) goals or benefits of contemplative practice that are generally posited in naturalistic terms, such as improving health.

²² Florian, "CBCT[®]: Buddhist-Influenced Meditation in a Secular Mode."

²³ "CPE Learning Opportunities."

religious and spiritual practices and realities and their readiness to bring that knowledge to bear on their initial engagements with CBCT[®] meditation.

Participant-observation, a method of immersive, qualitative inquiry that is heavily dependent on the guidance and insights of the people being studied—in this case, chaplains training in CBCT[®]—also requires balancing an objective, observational perspective with subjective insights gained by participating in the activity and discourse of the group. As I undertook participant-observation across the various settings for the chaplains' CBCT[®] training and chaplaincy work, both my experience with the meditation techniques and my training in theological studies gave us plenty to discuss and share in casual conversations. Getting to know members of the group throughout their CBCT[®] five-week intensive course in-turn enriched our one-on-one interviews by giving us common experiences and memories drawn from the hours spent each week meditating and learning together. Our time together was deeply inspiring to me as this is a group of professionals who chose to spend their days relating to and comforting those who are injured or ill, or who are with a loved-one who is. Listening, transcribing, and analyzing the responses chaplains offered to my questions has transformed my understanding of *learning to meditate* and *learning from meditating* and consequently has enriched both my scholarly and my contemplative practices, especially in the many places where they overlap.

Chapter One: Introduction

In recent decades, contemplative training methods have been introduced in health-related applications with practitioners from diverse cultural and religious backgrounds. Histories of the growth and mainstreaming of alternative, integrative, and complementary health practices²⁴ have often characterized this trend using *secularization narratives*.²⁵ This type of narrative highlights secularization as a set of tweaks and transformations—in context, goals, rationales—applied to a practice, which its proponents would have originally learned in religious contexts and from religiously-trained teachers. However, it is equally illuminating to consider the degree to which incorporating various contemplative practice styles and protocols as health interventions underscores a conjunction of pursuits among religious, spiritual, and medical health approaches within mainstream medical institutions.²⁶ Early examples of contemplative interventions were adaptations of Sikh, Hindu, and Buddhist styles of mind-body training.²⁷ Proponents of contemplative practices are often motivated to adapt practice instructions believing that the activity of the practice or discipline itself leads to some mental, physical, or otherwise practical benefit²⁸ independent of its cultural context.²⁹ This partially explains why their different goals mark the most conspicuous contrasts between religious and secularized contemplative practices.³⁰ All secular

²⁴ Formerly categorized as *alternative medicine* by the U.S. National Institutes of Health, “Complementary, Alternative, or Integrative Health.”

²⁵ Courtney Bender helpfully points out that secularization narratives can serve to deflect scholarly attention away from the concrete activities of religion and spirituality within institutions that are perceived as secular or non-religious Bender, *The New Metaphysicals*, 182–84.

²⁶ Cadge, *Paging God*, 36–50; Bender, *The New Metaphysicals*, 24–30.

²⁷ Singleton, *Yoga Body*; De Michelis, *A History of Modern Yoga*; Harrington, *The Cure Within*; Harrington and Dunne, “Mindfulness Meditation”; Harrington and Dunne, “When Mindfulness Is Therapy”; Deslippe, “From Maharaj to Mahan Tantric.”

²⁸ Cho, “Buddhism and Science: Translating and Re-Translating Culture,” 277, 280, 282–83; Payne, “Buddhism and the Powers of the Mind.”

²⁹ Harrington and Dunne, “Mindfulness Meditation,” 1–3.

³⁰ McMahan, *The Making of Buddhist Modernism*, 57–59.

meditation instruction, and indeed most religious meditation instruction, evokes causal links between practice and immanent, pragmatic benefits;³¹ meaning, “this-worldly” goals to increase the practitioner’s wellbeing and fulfillment in mundane dimensions of everyday experience. Although most practitioners of secularized contemplative practices do not share the most basic presuppositions and understandings of the source tradition from which a secular practice is adapted, they likely share some practical expectations and aspirations that meditation will help them or that it is generally healthy, as discussed below.

Secularized meditative or yogic regimens are believed to foster contemplative target attributes or *target states* that are associated with healthful benefits. Several secularized forms of practice that are thought to promote health and wellbeing are based on Hindu-inspired mantra recitation and postural yoga techniques³² or on Buddhist styles of meditation for cultivating mindfulness, loving-kindness, and compassion.³³ When used to alleviate a physical or psychological ailment or to increase wellbeing, these are known as *contemplative interventions*. In-turn these contemplative attributes are supposed to promote markers of psychological and biomedical health, such as reduced anxiety, depression, and stress³⁴ as well as recovery from maladies like grief, trauma, and eating disorders.³⁵ The association between meditation and wellbeing gets reinforced as

³¹ McMahan, 57; Harrington and Dunne, “When Mindfulness Is Therapy,” 621–25; De Michelis, *A History of Modern Yoga*, 184–85, 231.

³² For examples, see Curtis, Osadchuk, and Katz, “An Eight-Week Yoga Intervention Is Associated with Improvements in Pain, Psychological Functioning and Mindfulness, and Changes in Cortisol Levels in Women with Fibromyalgia”; Chhatre et al., “Effects of Behavioral Stress Reduction Transcendental Meditation Intervention in Persons with HIV.”

³³ Kabat-Zinn, “Some Reflections on the Origins of MBSR, Skillful Means, and the Trouble with Maps.”; Fredrickson et al., “Open Hearts Build Lives”; Negi and Ozawa-de Silva, “Cognitively-Based Compassion Training (CBCT) - Protocol and Key Concepts.”

³⁴ Krucoff and McGonigal, *Yoga Sparks*; Kabat-Zinn, *Wherever You Go, There You Are*; Williams, *The Mindful Way through Depression*; Forbes, *Yoga for Emotional Balance*; Greiner-Ferris and Khalsa, *The Yoga-CBT Workbook for Anxiety*; Segurado, *Mindful Framing*.

³⁵ Bays, *Mindful Eating*; Costin and Kelly, *Yoga and Eating Disorders*; Turner, *Food Yoga*; Thompson and Gates, *Survivors on the Yoga Mat*; Sausys and Prashant, *Yoga for Grief Relief*.

proponents of spiritual and religious disciplines adapt their practices for diverse audiences in the modern West³⁶ and as clinicians and researchers adapt already secularized contemplative practices to treat specific disorders.³⁷ A growing body of scientific evidence supports some of these efficacy claims, while others are less substantiated. Simultaneously, secularized contemplative practices have crossed over into the parlance of commercialized self-actualization/self-help media. In self-help rhetoric, the prevalence of stepwise, experiential training processes suggests that anyone can use secularized meditation and yoga to improve how they function and feel.³⁸

The interdisciplinary experimentation-based field of inquiry into the effects of contemplative practices and how they work is known as the *contemplative sciences*. As this field expands and grows more sophisticated, experiments yield ever more suggestive findings and theories of the psychological and biological mechanisms connecting contemplative interventions with, for example, reduced anxiety or improved immune function. As the specification of these effects and their potential mechanisms of action continues, it would be a mistake to assume that these naturalistic expectations are what is driving interest and engagement in contemplative interventions. In many ways, this project highlights the non-naturalistic—spiritual, religious, and/or magical—ideas of cause-and-effect and of target virtues like compassion that operate in the lives of those who personally engage with the contemplative intervention known as CBCT[®] (Cognitively-Based Compassion Training).³⁹ My interest in non-naturalistic beliefs and practices that underlie novice

³⁶ Harrington, *The Cure Within*, 290–222, 230–55; Harrington and Dunne, “Mindfulness Meditation.”

³⁷ Robins, “Zen Principles and Mindfulness Practice in Dialectical Behavior Therapy”; Gilpin, “The Use of Theravāda Buddhist Practices and Perspectives in Mindfulness-Based Cognitive Therapy.”

³⁸ Payne, “Buddhism and the Powers of the Mind,” 246, 249; Wilson, *Mindful America*. Contemplative self-help literature further broadens the array of sought-after benefits beyond the medical and psychological to include personal aims such as improved relationships (Richo and Hendricks, *How to Be an Adult in Relationships*; Scott and Davenport, *Mindful Relationship Habits.*), financial success (Rains, *Ignite Your Sales Power! Mindfulness Skills for Sales Professionals*; Vilga, *The Yoga Of Money Manifesto.*), athletic performance (Havey, *Mindful Running.*), and even restoring ‘American’ values (Ryan, *A Mindful Nation.*)

³⁹ “Cognitively-Based Compassion Training.”

meditators' engagements with the meditation, as well as my humanistic approach, situate this study as a close but tangential neighbor to experimental contemplative science. I use the tools of the anthropology of experience to present subjective accounts of learning to meditate. The project, therefore, falls within the smaller, yet more methodologically diverse field of contemplative studies, which, according to one of this field's most deliberate framers, is "...an emerging interdisciplinary field dedicated to research and education on contemplative practice and contemplative experience..."^{40, 41}

Ideally, secularized meditation practices like CBCT[®] feature instructions and create learning environments hospitable to people with a variety of religious and non-religious affinities and commitments. Although they cannot anticipate every individual's religious sensitivities, requirements, and needs, it is evident that CBCT[®] teachers and administrators work to make the classes inclusive and hospitable. Practices like CBCT[®] that are adapted to the needs of a diverse audience create special opportunities for people with differing or even incompatible worldviews to pursue common goals for transforming self, relationships, and community. Meditation training programs like CBCT[®] also create opportunities for unique social interactions in which people cultivate meditate in order to develop perspectives, emotions, and virtues alongside peers whose spiritual understandings are not necessarily compatible with their own.⁴²

⁴⁰ Komjathy, *Introducing Contemplative Studies*, 1.

⁴¹ Komjathy characterizes contemplative studies as inclusive of the contemplative sciences. Komjathy, 19; Komjathy, *Contemplative Literature*, 740. This is contested, as experimental investigators do not typically frame their methodologies with reference to contemplative studies. Until members of each of these "camps" make greater use of one another's research, it seems unfruitful to debate this issue.

⁴² The word "spiritual" is frequently used in professional chaplaincy literature and practice. In the context of CPE, it is understood as beliefs and practices and needs that include but are not limited to religious beliefs, practices, and needs. Specifically, spirituality has less to do with institutions and more with personal engagement and meaning. (ACPE, "Standards 311-312 Outcomes of CPE Level I/Level II Programs - ACPE Manuals - 2016."; ACPE: The Standard for Spiritual Care & Education et al., "The Impact of Professional Spiritual Care.").

The potential for interreligious or inter-spiritual learning and practice depends on the willingness of participants to explore whether contemplative practice can alter experience in a desirable way and foster desirable personal change. It also depends on their having access to secularized meditation instruction. Such access may well depend on a similar willingness and expectation of benefit on the part of workers and administrators in public and professional spheres. As secularized meditation programs like CBCT[®] and various iterations of mindfulness instruction become increasingly commonplace, there are more opportunities for a committed Christian, for example, to study a secularized practice derived from a Hindu or Buddhist religious tradition. Moreover, participants learn to meditate alongside peers who may hold beliefs or disbeliefs that are quite different from or even incompatible with their own. While the participants in this study share many Christian beliefs and practices, they each have a unique relationship with God, and they draw on a surprisingly broad range of non-Christian and/or Christian-friendly practices, including personal rituals of purification, relaxation, and filial piety. All this interreligious interaction and potential may seem surprising, given a widespread understanding of secularism and secularity as essentially ignoring or downplaying religious meanings and actions. However, we need to take this apparent incongruity seriously and use it to question and clarify the functions of religious and secular frames of reference in a specific context. In the present study, the contemplative intervention, CBCT[®], is delivered in a setting that straddles the boundaries of secular and spiritual.⁴³ The participants are deeply committed Protestant leaders. And, significantly for this project, they draw upon their unique, individualized regimens of spiritual and religious practices in learning this new contemplative intervention practice. This makes their learning processes distinct from those of

⁴³ Cadge, *Paging God*, 37–50.

meditation novices who have not developed regular habits and knowledge of spiritual and religious disciplines.

Research Focus and Scope

The Spiritual Health office of Emory University Hospital Midtown is a small suite filled with office equipment, guest seating, binders, pamphlets, and snacks adjoining a tiny historical museum in the oldest building of the complex, erected in 1911. The occupants include administrators and chaplains, as well as chaplain educators and chaplains-in-training. Clergy persons may check in at this office when visiting members of their religious communities in the hospital. The Spiritual Health office serves the needs of people of various religious backgrounds. Most patients, loved ones, and chaplains identify as Protestant Christians, as I discovered from my work there as a research assistant for the Mascaro Lab and through job shadowing with seasoned healthcare chaplains.

The department of Spiritual Health at Emory Healthcare (SHEH)⁴⁴ ensures the availability of spiritual care at Midtown and the other hospitals of the Emory Healthcare system. SHEH spiritual health workers who attend to the needs of patients, visitors, and hospital staff include board-certified⁴⁵ chaplains and people who are training in Clinical Pastoral Education, (CPE).⁴⁶ SHEH currently administers a year-long CPE residency program as well as a shorter internship program and a new two-year program of chaplaincy specialization. In 2016, Emory CPE educators were looking for ways to both reduce burnout and increase the interreligious relevance of what chaplains could offer to healthcare patients, visitors, and staff. They teamed up with the Compassion Center to incorporate compassion meditation training into the CPE residency and to create a pioneering

⁴⁴ “Spiritual Health.”

⁴⁵ The Board of Chaplaincy Certification, Inc. (BCCI) is the certification arm of the Association of Professional Chaplains (APC). “BCCI.”

⁴⁶ “CPE Learning Opportunities.”

CBCT[®]-inspired intervention, called Compassion-Centered Spiritual Health (CCSH) for chaplains to offer at the hospital bedside.

I first heard that chaplain residents were learning compassion meditation from Dr. Jennifer Mascaro, who was initiating a collaboration with SHEH administrators to plan a multi-year study of (1) CBCT[®]'s impact on the emotional resilience of healthcare chaplains and (2) the impacts on patient satisfaction and wellbeing of a novel, compassion-centered model of spiritual health consultation for chaplains to use with patients. The year-long residency program is accredited by the Association for Clinical Pastoral Education (ACPE).⁴⁷ Maureen Shelton,⁴⁸ Director of Education at SHEH, and Tim Harrison,⁴⁹ Associate Director for CBCT[®] at Emory University's Center for Contemplative Science and Compassion-Based Ethics (formerly the Emory-Tibet Partnership, hereafter referred to as the Compassion Center),⁵⁰ have developed a four-week intensive meditation course for CPE residents, as well as a pioneering approach to Spiritual Health interventions called Compassion-Centered Spiritual Health (CCSH), for chaplains to offer at the hospital bedside. CCSH incorporates CBCT[®] techniques and concepts into a model Spiritual Health consultation, anchored in emotional attunement, non-judgmental listening, and accessing symbols, resources, and texts from within religious traditions.

⁴⁷ "CPE Center Accreditation."

⁴⁸ "Faculty Bio - Maureen Shelton."

⁴⁹ "CBCT[®] Program Staff."

⁵⁰ "Emory Compassion Center."

The Fieldwork Setting: University Healthcare System.

Emory University is known for the community of scholars and scientists who investigate the impact of meditation on the body and brain, as well as on human cultures and relationships.⁵¹ The CBCT[®] program is one of the major projects of Emory's Compassion Center. Professors and students from Emory School of Medicine, Candler School of Theology and the Laney Graduate School have taken CBCT^{®®®} courses, as have many undergraduates. A CBCT^{®®}-informed compassion meditation group welcomes anyone to participate weekly in the University Chapel. The University and the main research hospital share a campus, and many of the chaplains completing CPE internships and residencies as well as several of the staff chaplains serving in the Emory Healthcare system are graduates of Emory's Candler School of Theology, where the CBCT[®] program is well-known.

Chaplains working in Emory Healthcare are religious specialists. They have trained in theological reflection and reasoning, homiletics (preaching), and ethics while earning their Master of Divinity or some equivalent degree. They have also practiced one-on-one pastoral care and counseling through internships and residency programs in CPE. Many of them are also ordained ministers in various Christian denominations, and a majority have professional experience outside of religious organizations. Yet their religious skills and tasks extend to domains that would not show up in an ordinary job description. These skills constitute faith-embedded helping practices. They are ritualized exchanges and communications seeking to comfort patients, loved ones, and hospital

⁵¹ Pace et al., "Effect of Compassion Meditation on Neuroendocrine, Innate Immune and Behavioral Responses to Psychosocial Stress"; Mascaro, "A Longitudinal Investigation of Empathic Behavior and Neural Activity and Their Modulation by Compassion Meditation"; Pace et al., "Engagement with Cognitively-Based Compassion Training Is Associated with Reduced Salivary C-Reactive Protein from before to after Training in Foster Care Program Adolescents"; Kim, "Tibetan Buddhism-Based 'Compassion' Training for Doctors Targets Burnout"; Ozawa-de Silva and Dodson-Lavelle, "Education of Heart and Mind"; "CALM Study"; Parvin, "Mind over Matters."

staff in the face of conflict, misfortune, and crisis.⁵² They invoke the names of unseen divine or superhuman powers to ease, heal, and protect those who are seeking care in times of distress.

Chaplains find religious or spiritual common ground with those seeking spiritual care by appealing to mutually recognized sources of support via mutually recognized practices. The powers and agents invoked are invisible. The mechanisms by which a rite or practice effects change is almost always non-empirical. Yet the shared understandings among chaplains and care-seekers—patients, visitors, or staff—who desire a chaplain consultation play a role in making spiritual care responses and consultations effective. The religious common ground shared here is created through invitation and communication, articulating the needs, the pain, the gratitude, the grief, and the questions of people who ask for Spiritual Health services. The chaplains' care creates an opportunity for patients and others seeking care to experience relief, acknowledgment, and healing that can be difficult to experience unless religious and spiritual efficacies of healing are acknowledged alongside biomedical ones. This is especially true for people whose faith tradition may be their strongest and most familiar touchstone.

Interestingly, hospital contexts bring together people of diverse religious affiliations or no affiliation collaborate in professional approaches to helping and healing—biomedicine, nursing, social work, diagnostic imaging, nutrition—that have some form of empirical evidence basis. At Emory, Spiritual Health is beginning to be thought of as another such resource. Professional healthcare chaplains practice spiritual health in explicitly religious modes. They are also learning to promote spiritual health in modes that are less likely to be hindered by religious differences. To the large repertory of religious skills of chaplains, the CPE residency program is seeking to add research

⁵² This description is compatible with Martin Riesebrodt's characterization of "interventionist practices" above. Riesebrodt, *The Promise of Salvation*, 72-5).

literacy, CBCT[®] meditation, and a CBCT[®]-inspired approach to spiritual health interventions, Compassion-Centered Spiritual Health (CCSH). Introducing these additional disciplines and participating in empirical studies of their impact is a way for the profession of healthcare chaplaincy to establish a more enduring and stable position in the holistic, interdisciplinary field of patient-centered care.

One hope for CBCT[®] and CCSH, besides the ability to give care regardless of religious differences, is that when chaplains are faced with their own and others' vulnerability to stress and unhappiness, they will access a compassionate knowledge base that includes resilient understandings, remembrances, and orientations they have been cultivating through the mental exercises encouraged in CBCT[®]. Accessing this knowledge is thought to prime a compassionate emotional response, a heartfelt wish that someone be relieved from their suffering and a readiness to engage to alleviate suffering, when possible. This response is believed to be more emotionally resilient for chaplains. It represents a sustainable alternative to responses which might increase their emotional resonance with the many people who are experiencing physical difficulty and discomfort as well as feelings of frustration, worry, or fear every day in the hospital. For the chaplains I spoke with, while these benefits are important, being compassionate in itself is a sacred ideal in their Christian traditions and also a crucial preventative from becoming desensitized to individuals' experiences, due to repeatedly witnessing these events. The chaplains are more motivated to use CBCT[®] for themselves and CCSH with their patients because they want to avoid becoming habituated, insensitive, or emotionally numb to the huge variety of grief and discomfort that they witness daily.

Relevance and Contributions

This study's research questions and methodology make it versatile and accessible across a range of academic domains. My experiences with meditation, and specifically with CBCT[®], have

shaped this project in ways that I hope are transparent and empower the reader to discern whether and how this study might be useful, whether as an ethnographic exercise, a close study of subjective meditation experiences, or an example of consilient humanistic research. The primary purpose is to demonstrate that learning experiences with meditation vary widely and that these processes depend on novice meditators prior knowledge. Learning experiences also impact which aspects of the contemplative intervention a novice meditator engages, what modes of engagement they choose, and their second-tier learning of the perspectives and insights that the intervention is designed to engender.

This work examines the experiences of highly religious people adopting a new practice aimed at cultivating the virtue of compassion. It is presented as a worldview-inclusive or worldview-flexible set of mental exercises leading to compassionate feelings and motivations, which, if repeated can enhance a more stable compassionate trait or disposition. This trait is understood in positive psychological frameworks to be a prosocial and ethical dimension of individual wellbeing.⁵³

Although this fieldwork setting has involved many interpersonal and organizational dynamics, the project is less concerned with group-level changes than with changes occurring within individuals. It is also uncommitted to the objectives and outcomes sought through this contemplative intervention. As an experience-focused researcher, I take the cause-and-effect narratives of CBCT[®] practitioners and proponents as working hypotheses when examining their experiences, just as I would when practicing CBCT[®] myself. I abstain from investigating the explicit objectives of CBCT[®]. Instead, I am free to encounter the goals, rationales, and successes of the

⁵³ Lonczak, “20 Reasons.”

meditation novices with well-disposed agnosticism. I cannot know *intersubjectively*⁵⁴ what a meditator has experienced and achieved through the CBCT[®] program. I can only know what they tell me.

Agnosticism about meditation outcomes has several advantages. First, the premise that individual dispositions can be intentionally altered, and specifically that compassion can be enhanced by regularly practicing compassion meditation would benefit from complementary research methods less focused on the subjective. Second, while the efficacy of compassion meditation is certainly the basis for the adoption of compassion training into the CPE program in Emory Healthcare, these potential benefits are orthogonal to my research questions. Agnosticism about the claims of CBCT[®] inhibit neither the chaplain residents' engagement nor my qualitative inquiry into their contemplative learning experiences. This study is informed by extensive acquaintance both with CBCT[®] meditation practice, as well as with the organizations and people concerned in re-centering Emory's Spiritual Health programming around compassion.

The features of contemplative learning experiences are relevant to contemplative science researchers interested in more quantifiable effects of practice because these phenomena occur in concert with one another and may be causally related. Novice learning experiences are also compelling for those who promote health and wellbeing through contemplative interventions and therapies; whether for themselves or for others via clinical and community-based work. Insights into characteristics and commonalities occurring across subjective accounts of contemplative learning experiences indicate transferrable milestones along the experiential paths of adult novice meditators. The learning experiences of this group of chaplains are especially germane for understanding what meditation training is like for people with strong religious commitments and especially for

⁵⁴ That is, in a way that multiple observers could verify amongst one another.

professional religious leaders and pastoral workers from Judeo-Christian religious traditions. Their learning experiences suggest sub-processes, themes, and mechanisms leading to different individual outcomes of contemplative interventions and meditation in general. These findings are personal and constrained to a specific sociocultural moment, just as they are shaped by individual chaplains' personal histories, cultural ties, education, professional expertise, and personality. While not guaranteed, the potential transferability and explanatory power of this new information about contemplative learning are empirically testable questions to pursue through future replication and experimentation. They cannot be substantiated within the confines of this study, which is instead focused on highlighting the diversity of experiences even within a small group of meditation students. This project also focuses on the crucial role of each person's prior knowledge in shaping learning and engagement in the compassion meditation practice. Finally, it probes the individualized adaptations that enable these novice practitioners to enact CBCT[®] meditation and seek the compassionate perspectives it is designed to foster.

Research Context Questions and Objectives

The chaplain residents are the first segment of SHEH to be required to train in both CBCT[®] and CCSH. Although each resident is highly experienced in prayer and other practices from their respective religious traditions, many have little or no experience with meditation. This research approaches chaplain residents' contemplative learning through an anthropology of experience in which wider social and cultural influences are secondary to subjective experiences. In many respects, the broader complex of cultural, social, and institutional interactions recedes to the background and individual chaplains' sensations, apperceptions, and responses while meditating come to the fore. A description of the innovative initiatives among Emory-based institutions are described in Chapter Three. These collaborators have embedded CBCT[®] instruction within the CPE residency curriculum

and created the CCSH interventional model for chaplains to employ during their Spiritual Health consults with patients. These collaborating organizations designed and carried out experimental studies of the potential benefit of these curricular changes for both the chaplain residents and the patients and loved-ones they care for.

The basic units or cases that comprise this study are the individual chaplain residents who apply their religious and spiritual practices and beliefs as they train in the specialized work of professional healthcare chaplaincy and the even more specialized learning of a contemplative intervention. I have examined the chaplains' subjective learning experiences as they complete coursework in CBCT[®] meditation and as they experiment to decide whether and how to incorporate this contemplative practice into their routines.

Three Emory-based organizations have taken shape amidst historical trends making meditation and mindfulness household words. This dissertation, to a large degree, has relegated their development and innovation work to the background. Spiritual Health at Emory Healthcare, The Center for Contemplative Science and Compassion-Based Ethics, and the Mascaro Lab in Family and Preventive Medicine are the organizational anchors between participants in this study and the cultural shift in which contemplative interventions and the contemplative sciences are expanding. Ways that these larger entities orient the participants' CPE educational curriculum and prioritize research into its effects on their wellbeing receive less attention here than they deserve, however, they are important landmarks that enable chaplains' learning experience to be cultivated and to have wider significance, including through this dissertation.

Three overarching research questions organize the present study of contemplative learning experiences:

- 1) How do chaplains learn to practice compassion meditation? What is it like for chaplains to select and incorporate new knowledge about compassion meditation? What are their

expectations, attitudes, and conceptual frameworks for approaching meditation before they begin the training, and how do these understandings shape their learning?

- 2) What is it like for chaplains to meditate? How do they practice and subjectively experience compassion meditation? What modes and contexts shape their practices?
- 3) What do chaplains learn by practicing compassion meditation? What types of perspective-shifts and skill developments do they experience related to meditation training and practice, and how do they know when such a change has occurred?

These questions are intricate, subject-driven, and woolly. They propel description and discussion rather than definitive answers. Provoked by findings from more systematic examinations of causal mechanisms and general principles, they suggest avenues for further research from a range of methodological standpoints. The first-person accounts accessed with this study's humanistic qualitative methods illuminate a host of potential subjective-experiential factors, the importance of which stand a much lower chance of articulation within the frameworks of controlled experimentation in the health and psychological sciences. They also furnish "primordial theories" for beginning to answer them.⁵⁵ And, these avenues can then propel and broaden interdisciplinary meditation research, including scientific experimentation, enriching practical understandings of contemplative learning for instructors, practitioners, and researchers alike.

This dissertation can be read in several ways. First, it can be read as an exploration of what it is like for meditation novices to learn specific observational, analytical, and affective stances toward their own mental phenomena as moment-by-moment awareness unfolds for them during formal meditation. This advances first-person, subjective research methodologies within the contemplative sciences, offering innovative interview methods and experiential data. Second, this

⁵⁵ Robert N. McCauley discusses the seminal role of humanistic research in theory development in a 2016 interview by Thomas J. Coleman III: "[The humanities] provide a wealth of concepts that... quite routinely gets theorizing started... [T]he argument is, minimally, that the humanistic disciplines provide us with conceptual frameworks both for how we, at least as a first pass, make sense of the psychological and make sense of the social... and also *primordial theories* about the dynamics involved at those levels of reality... So, they are the *spurs* to theorizing..." Coleman, III, "RSP."

project also presents subjective narratives of learning to cultivate dispositional compassion over time while following a secularized compassion meditation training program. As such, it contributes to the study of modernist therapeutic modes that reframe or take inspiration from religiously-embedded contemplative practices.

Lastly, this research enacts consilience between humanistic and scientific ways of knowing, and ways of pursuing knowledge. Designed to unfold in dialogue and in sequence with a scientific study of the outcomes of meditation training for health and wellbeing, this humanistic project is well-positioned to generate novel understandings of contemplative learning that can furnish insights and propel experimentally testable hypotheses for the health and human sciences.

Overview

In this introduction, we have examined the topic, focus, and relevance of this project, as well as its research questions and objectives. Chapter Two, “Frames and Methods,” discusses key concepts, theories, and interlocutors, followed by a description of the research design for this project. The focus of Chapter Three, “The Residents: Backgrounds and Knowledge,” is to describe the chaplain residency program and to present practitioner profiles the participants, focusing on (a) their spiritual and religious backgrounds and orientations, (b) their repertoire of spiritual and/or religious practices, and (c) their most frequent or consistent spiritual and/or religious practices.

The next two chapters detail the residents’ first-hand accounts of learning *to* meditate and learning *from* meditating. Chapter Four, “Experiencing Contemplative Practice” spotlights residents’ moment-to-moment narratives of formally practicing CBCT[®] meditation. Adaptations they innovate for their own use, including blending CBCT[®] with other practices. Chapter Five, “Experiencing Effort and Growth” focuses on residents’ felt sense of personal change, insight, or growth associated with CBCT[®]. The sixth chapter, “Results, Discussion, and Future Steps” responds

globally to the aforementioned research questions, discusses their significance, and presents ideas for future research.

Chapter Two: Frames and Methods

This dissertation investigates first-hand experiences of learning and enacting compassion meditation. Prior to their CBCT[®] meditation course, healthcare chaplains who participated described their prior knowledge of analogous spiritual and religious practices. Both during and after the course, they described their experiences of learning to practice compassion meditation, their ways of adapting a contemplative intervention to suit daily life, and their learning outcomes attributed to learning and practicing compassion meditation. This meditation technique, known as CBCT[®] Cognitively-Based Compassion Training, is a *contemplative intervention*⁵⁶ used to promote emotional resilience and strengthen compassionate responses to suffering. The current research project offers a qualitative analysis of individual chaplains' (1) relevant practical knowledge of spiritual and religious practices, (2) steps and strategies for practicing CBCT[®] independently, and (3) insights and new perspectives gained through learning CBCT[®].

In most meditation research in the health sciences, the contemplative practice intervention in which participants are instructed is treated as a discrete and independent variable with potential impacts on health and wellbeing. In many cases, maintaining scientific integrity requires experimental designs that keep scientific investigators separate from the intervention delivery, i.e. the meditation training and practice. This likely contributes to what I would argue is a hindrance to understanding what contemplative interventions involve and how they could impact wellbeing. This depth of understanding of the contemplative practice cannot be gained through studying it

⁵⁶ In previous research, I have characterized CBCT as a Buddhist-Inflected Secular Meditation. Emphasizing the Buddhist roots of the practice as well as its translation into a non-religious or secular context is inappropriate for the current research project, as healthcare chaplaincy is intimately involved with religious practices and understandings, and the adaptations that chaplains innovate for themselves make their engagements with CBCT more Protestant-inflected than Buddhist-inflected. Instead, I employ the term, contemplative intervention, which is becoming standard parlance in the contemplative sciences, especially in health research.

predominantly according to the norms of scientific research on health interventions, such as medications and therapies. Treating either the contemplative intervention or the novice practitioner engaging it as a “black box” —a cloaked system observed to receive *input* and generate *output* but whose mechanisms and subprocesses are hidden from view—leaves the intensely personal and complex aspects of contemplative practice in the shadows.

Opening the black box of the contemplative intervention should reveal detailed understanding of at least three aspects. Foundationally, a detailed account of the manualized instructions for the contemplative practice is needed. In the case of CBCT[®], the meditation steps and strategies, the logics of practice, and the conceptual frameworks have been analyzed in a number of publications and research projects,⁵⁷ and they are briefly described in the fourth chapter of this dissertation. Second, the contexts and manners in which an intervention is conveyed to research participants should be described, as well as any pedagogical adjustments. This is addressed in Chapter Four. Third, some empirically verifiable theoretical account needs to be proposed for the causal relationships between enacting contemplative practice and any potential physical, psychological, social, or other types of human processes. Two excellent examples of this were written by scientist-practitioners. One is Ash et al.’s model of the positive psychological impacts associated with each of its training modules.⁵⁸ The other proposes a grounded cognition account of how CBCT[®] and other forms of analytical meditation engender thoughts and emotions connected in sequence by “embodied cognitive logics.” These researchers seek to explain how an earlier target

⁵⁷ Dodson-Lavelle, “Against One Method,” 53–68; Ozawa-de Silva et al., “Compassion and Ethics: Scientific and Practical Approaches to the Cultivation of Compassion as a Foundation for Ethical Subjectivity and Well-Being”; Negi and Ozawa-de Silva, “Cognitively-Based Compassion Training (CBCT) - Protocol and Key Concepts”; Florian, “CBCT[®]: Buddhist-Inflected Meditation in a Secular Mode,” 46–53.

⁵⁸ Ash et al., “A Model for Cognitively-Based Compassion Training.”

state of CBCT[®], for example, *impartiality*, might naturally prime and even trigger subsequent targets, like *gratitude* and *endearment*, through a cognitive-emotional cascade.⁵⁹

The present study is primarily concerned with the subjective elements—thoughts, feelings, actions—involved in these processes that make contemplative practice a goal-directed behavior and shape every aspect of how a person engages with it. The ethnographic tools used in this study seek to examine what takes place for individuals who participate in a CBCT[®] meditation course by focusing on dynamics of *learning to meditate* and *learning through meditating*. Their diverse styles of engagement enable them spiritually, emotionally, physically, and intellectually to pursue the goal of greater compassion.

The present chapter describes specific frames of reference and research methods which underlay the presentation and interpretation of data throughout this dissertation. The first section sketches a theoretical framework of key concepts drawn from the Social and Cognitive Sciences. The second section situates this research as a constructive response to lines of inquiry and methodological critiques across a range of fields of academic research. The third section presents the methods of research undertaken in this dissertation project, beginning with research priorities and design.

Key Theories and Concepts

As we approach the presentation and analysis of data, this section presents two theoretical or conceptual clusters that inform this project. The first connects conceptualizations of *religion* and

⁵⁹ Ozawa-de Silva, “Secular Ethics, Embodied Cognitive Logics, and Education”; Ozawa-de Silva and Dodson-Lavelle, “Education of Heart and Mind.”

practice. The second cluster connects *knowledge* and *learning* with the cultivation of *virtue*, specifically, with the virtue of compassion.

Understanding Religion by Understanding Practice.

In socio-cultural anthropology, the study of practice and theories of practice gained momentum in the 1970s as the concepts of *society* and *culture* increasingly furnished explanations for smaller-scale human-to-human interactions. This change corresponds, according to Sherry Ortner, with (1) the recognition that power relations are at stake, not just between social classes, but also between smaller groups and amongst individuals, (2) the historical turn in anthropology characterized by increased recognition that social and cultural phenomena are constantly in flux, consequently, that studying a remote culture does not provide a glimpse of the past, the ancient, or the primitive, but only of a contemporary but very different culture, and (3) a reinterpretation of culture as something that shapes people and is reciprocally shaped by them. This is where the notion of practice becomes extremely helpful. It can be an explanatory placeholder representing countless mechanisms for the mutual influence between collective culture and the individual person. Ortner describes the advent of practice theory as driven by the need, "...to conceptualize the *articulations* between the practices of social actors 'on the ground' and the big 'structures' and 'systems' that both constrain those practices and yet are ultimately susceptible to being transformed by them."⁶⁰

I do not intend to equate or equivocate⁶¹ the *practice* of meditation with the concept of practice as it is construed in social scientific theory. These are used quite differently in different research communities. *Practice*, however, does have some unifying connotations. In most cases when it is used, practice points to some repetitious or patterned engagement on the part of the individual

⁶⁰ Ortner, "Updating Practice Theory," 2.

⁶¹ Equivocation, meaning employing homonyms with different meanings as though they refer to the same thing.

practitioner. This engagement can both shape and be shaped by the practitioner. In terms of differentiation, *meditation practice* connotes intentionally steering the will and disciplining the mind. Conversely, the social scientific *theories of practice* Ortner describes are neither volitional nor necessarily conscious. Rather, they point to practice as the product of the external political and social world impressing itself upon whatever faculties constrain and facilitate human endeavor. In fact, one of the most influential practice theorists, Pierre Bourdieu, responding as he does to the structuralist school that had predominated French social science in the mid-twentieth century, is emphatic that the practices whose theory he outlines are the outputs of what he refers to as *habitus*. Habitus is the site of an individual's non-conscious inner patterning of thought and behavior. Habitus is an impressionable yet resilient human faculty about which he writes (and I shall afterwards paraphrase)⁶²:

The habitus, the durably installed generative principle⁶³ of regulated improvisations, produces practices which tend to reproduce the regularities immanent in the objective conditions of the production of their generative principle, while adjusting to the demands inscribed as objective potentialities in the situation, as defined by the cognitive and motivating structures making up the habitus... In practice, it is the

⁶² The clarity of this passage is hampered by its frequent use of metonymy. *History* stands for events in the course of time (which might be instances of implicit learning). *Nature* stands for behaviors and tendencies that do not have to be learned. Bourdieu also indulges in a great deal of repetitiousness and alliteration that can make his ideas difficult to track (a principle produces practices which reproduce regularities in the production of another principle). This is as true in French as in English translation.

⁶³ The idea of a generative principle here, I believe to be frank and honest place-holder. It is a principle in the sense of a *point of origin* or *cause*, and it is generative in that it *gives rise to* behaviors and cognitive processes. Locating this generative principle within the person and describing it as a product of external influences is a salutary (and yet very, very French) corrective to earlier theories of mind and of culture. Much of French social thought is best understood as “in the wake” of Emmanuel Kant and his writings on a very specific category of knowledge that he argued exists and endures in persons prior to any cognitive process taking place. This *a priori* knowledge would be both universal and non-historical. *A priori* knowledge is under constant attack, and quite justifiably so, by social scientists presenting evidence for the external, political, social, and environmental contingencies that shape what it is possible to think, do and say at a specific historical moment in a particular place and culture. This is not a battle in which I hold many stakes. As a scholar, I am trained to look for causes. Placeholders can help me to conceptualize my questions, but they must eventually be specified. The black boxes can only satisfy for so long. However, I hope that discussing Bourdieu's context will assist in making good use of his work without losing sight of the purpose of this project, which is to understand subjective experiences of compassion meditation practice.

habitus, history turned into nature, i.e. denied as such,⁶⁴ which accomplishes practically the relating of these two systems of relations, in and through the production of practice. The “unconscious” is never anything other than the forgetting of history which history itself produces by incorporating the objective structures it produces in the second natures of habitus...⁶⁵

From this passage, we may glean that habitus is the medium which patterns thought and motivation. Historical events etch into this medium. By historical, Bourdieu does not mean only those events that are written into history books, but also any event that occurs in the course of time and that could have happened otherwise. Habitus, under these contingencies, both generates and regulates a person’s improvisations, meaning their unpremeditated and seemingly natural behavior. Then, repeated improvisations become practices, which get ingrained still more deeply into the habitus until its outputs appear as if they are second nature rather than the result of a gradual and mutual influence. This is what is meant by the unconscious being the forgetting of history.

Bourdieu’s concept of habitus unfortunately does not apply easily to subjective experiences of pursuing goal-oriented behavior. Here is where the concept of *representation*⁶⁶ is crucial. An external representation can be the basis of an internal, cognitive representation. A cognitive representation can be modeled using substances, actions, and words existing in the external world. This is how representations are shared, and how those which are widely shared become part of culture.⁶⁷ Dan Sperber’s work⁶⁸ provides a compelling theory for how cultural things come to have consistency through the interplay between representing them externally in the world and

⁶⁴ This turn of phrase indicates that the historical character of events, even recent ones, is cloaked when those events shape the inner faculties that drive individuals’ thought and behavior. The changes that events work on people come to have the appearance of non-historical, universal characteristics, or at least, ones that are fairly uniform within a cultural milieu over long spans of time.

⁶⁵ Bourdieu, *Outline of a Theory of Practice*, 78–79.

⁶⁶ Representations are mimetic images of other representations to which they correspond—whether they be internal (mental, sensory, emotional) or external (performative, visual, auditory) (“Representation, n.1.” *OED Online*)

⁶⁷ Understanding culture as shared representations effectively perforates the supposed boundary between that which is cultural and that which is individual.

⁶⁸ Sperber, *Explaining Culture*.

representing them cognitively in the mind. Some of the most influential factors in this process are basic constraints and tendencies of human minds and bodies. Through the process of sharing a representation, the features that are most closely and most frequently replicated will be those that are plausible, feasible, memorable, and communicable to the most minds.

This project has also relied on a distinction between cultural representations that connect with religion and spirituality and those that do not.⁶⁹ There is no boundary separating religious aspects of culture from every other aspect. However, I have found it necessary to set forth a clear distinction in order to avoid confusion with distinctions that chaplains commonly draw. Chaplains, CBCT[®] instructors, and occasionally scientists with whom I have worked on this project tend to speak about religion and spirituality as two different categories of phenomena. For example, The CPE program at Emory Healthcare goes to great lengths to provide chaplains with the tools they need to conduct *spiritual* health consultations that do not rely on their having *religious* common ground with patients. These new tools, including CCSH, are thought to help chaplains to be inclusive and avoid accentuating any religious differences from those they serve. Enabling chaplains to skillfully care for a patient population with increasingly diverse religious and spiritual perspectives is a major goal of incorporating CBCT[®] into the training curriculum of CPE in the first place. Compassion is believed to represent a more worldview-inclusive *spiritual* value. Be that as it may, the findings of this project do not, in fact, confirm the distinction between religion and spirituality that

⁶⁹ By now it should be clear that by “cultural things” I refer to mental, verbal, or physical representations that people create of forms or concepts, which they then share with one another widely enough for it to become an ordinary part of life within the group in which it is shared. Part of culture’s ordinariness comes about because representations are altered each time they are shared, becoming more and more natural for people to internalize and recreate. This does not mean that cultures contain no concepts or examples of extraordinary things. It is a matter of distinguishing the thing represented from the representation of it. Cultural things are often extraordinary to the point of being counter-empirical, while having a mental or a physical representation of such a thing would not be. If holding a particular belief, even a belief in something quite extraordinary is so commonplace as to be part of a culture, then *the believing of it* cannot be considered extraordinary.

is emphasized in the domain of spiritual health. Chaplains' inner worlds and inward practices do not tend to compartmentalize religious representations from spiritual ones. Therefore, it would be a mistake to conflate chaplaincy terms-of-art with the experiences of individual chaplains practicing CBCT®.

To avoid potential confusion, I look to what is essentially a psychological theory of religious ideas with some echoes of the anthropological work of Edward Burnett Tylor (1832–1917), the father of cultural anthropology. In *Primitive Culture* (1871)⁷⁰ Tylor proposes his definition of *animism* as the belief in supernatural beings, as well as his “Darwin-adjacent” theory that monotheistic religion comes later in a social evolutionary trajectory that traces backwards to animism.⁷¹ Identifying religious phenomena with ideas and practices related to supranatural powers and suprahuman beings is also integral to more contemporary frameworks in the Sociology of Religions and the Cognitive Science of Religion. So-called neo-Tylorean definitions of religion have their critics. Yet I have found them to be helpful tools for thinking about my data, and I would emphasize that identifying a unifying feature to delimit things that are religious does not entail that there is nothing else about religions that merits my scholarly attention or that matters to religious adherents. Were that the case, this dissertation would hardly be a study of subjective experiences of a contemplative intervention like CBCT®.

My purpose in distinguishing things that are religious from things that are not is manifold: despite my interest in the subjective experiences of research participants and my use of ethnographic

⁷⁰ Tylor, *Primitive Culture*.

⁷¹ I characterize most theorizing of “Social Darwinism” as Darwin-adjacent and in many ways science-adjacent. These theories are inspired by evolutionary science and social science, but they tend to import a teleological assumption about nineteenth- and twentieth-century European and Euro-colonial culture, especially religious culture being more evolutionarily developed, as well as, in some cases destined to develop into their current forms.

tools tailored to the Anthropology of Experience, my analysis does *not* adopt the distinction between spirituality and religion which figures so prominently in the literature of professional chaplaincy. Therefore, making my working theory of religion clear is aimed at avoiding conflation between chaplains' definitions of religion and my own. Indeed, a key finding that I wish to emphasize is that chaplains blend their spiritual and/or religious practices with the CBCT[®] meditation that they are learning. CBCT[®] instructions do not emphasize representations of suprahuman beings, so the inclusion or importation of religious understandings and ways of relating to God or other divine personalities is remarkable, though not unexpected. Differentiating between religious beings and spiritual beings does not appear to be warranted by the data and would only cloud this point. Lastly, I have relied on scholar-researchers in the study of religion whose frameworks also distinguish religions as aspects of culture that refer to or promote beliefs in the supernatural. While I do think this feature makes for a workable and compelling distinction, I also find it necessary to adopt it for this project in order to make good use of the ideas of theoreticians whose work helps me to make sense of contemplative learning experiences apart from their status as religious, spiritual, or neither.

Intercession and Virtue, Objectives for Practice. In his 2010 monograph, *The Promise of Salvation*,⁷² Martin Riesebrodt offers what he sees as a “content-oriented” definition of religion based on the attested procedures and goals of liturgical action. According to his theory, religions are sets of liturgical practices for accessing unseen supernatural powers and appealing to suprahuman beings in order to (1) avert misfortune, (2) cope with crisis, and (3) attain salvation. This definition is especially apt for the present study, as it focuses on the role of practices and their explicit purposes.

⁷² Riesebrodt, *The Promise of Salvation*.

I have a longstanding conviction that most people practicing religion and spirituality are trying to “making it work,” that is, find a way to make life good or at least better.⁷³

While I find Riesebrodt’s attention to what is explicitly done and sought through religious practices extremely helpful, he makes additional moves, which may not be warranted and may in fact be mnemonic strategies rather than evidence-driven claims. I refer to his choice to categorize religious practices based on the social role of the practitioner and the purpose they seek, rather than by their procedures or action.⁷⁴ Riesebrodt gives much attention to what he calls *interventionist practices*. These are ways of marshaling supranormal forces or enlisting the help of suprahuman beings to prevent and heal misfortune and to obtain good fortune. Riesebrodt separates these from what he calls *virtuoso practices* which are disciplines that invite misfortune or reject basic comforts in order to gain access to supranatural persons and powers and thereby attain suprahuman qualities.⁷⁵ Virtuosity attainment is also associated with salvation and freedom from trouble.

The shortcoming of the scheme is that it treats different religious roles, religious objectives, and religious practices as though they all co-vary with one another. Riesebrodt appears to contend that lay people do interventionist practices to avert misfortune while renunciants do virtuoso practices to transform themselves. This simply does not square. Religious virtuosos often have interventionist hopes for their renunciations and self-disciplines, just as even the most worldly layperson believes that praying for their favorite team to win a match can also instill virtuous attitudes of faith and humility before God, the Ancestors, or whomever is being addressed through

⁷³ This idea is akin to what Charles Taylor calls “seeking *fullness*” Taylor, *A Secular Age*, 1–13.

⁷⁴ In this respect, Riesebrodt evinces a tendency of phenomenologists of religion, such as James Cox, whose typological approach sorts religious activity by social and ritual roles as opposed to the activities themselves. The result essentializes practitioner roles, such as shaman, priest, etc. and gives short shrift to what it would actually be like to do the religious activities in question. It is a phenomenology which, ironically, shortchanges experience itself in favor of labels and abstractions.

⁷⁵ Riesebrodt gives limited attention to types of practices that are neither interventionist nor virtuosic, such as discursive practices such as scriptural study.

prayer. Furthermore, the theory seems uninterested in how practices are done, despite the fact that the content of a religious liturgy includes methods as well as objectives.

I would advocate scholars of religion categorize practices by the form of action—what the practitioners are *doing*—rather than by reasons, objectives, or types of practitioners. Practices with similar forms can have totally different objectives. Practices with similar goals can take very different forms. Therefore, they appear to be separate but equally crucial questions. Moreover, for the purposes of this study, to sort out what chaplain-practitioners are doing during a meditation practice and what they are achieving by doing it requires spending time getting to know them personally and asking separate questions separately.

Nevertheless, as clear objectives for religious practice, Riesebrodt's two ideas of *intervention* and *virtuosity* cover a lot of ground. Some adjustments are needed for this project, while the ideas remain largely intact. Firstly, because CBCT® is a *contemplative intervention*, characterizing it as interventionist is not a felicitous use of language and would cause confusion. Since the chaplains participating in this research are Protestant Christians, when they are motivated to perform any spiritual or religious practice by a desire to seek help to change some circumstance outside of themselves, I will use the term *intercession* to indicate that the objective of the practice is to intercede, to “get between” some person or group and whatever difficulty they may be facing.⁷⁶

Secondly, virtuosity may be too rarified an ambition to figure in the current data. A cultural ideal of social equality and a general acceptance both of middle-class status and entrepreneurialism among religious leaders is typical of Protestant Christianity in the United States. Distinctions

⁷⁶ Classically, intercession is understood, especially in Catholic Christianity, as Jesus Christ's advocacy on behalf of his followers. In the lives of the chaplains, however, intercession is also something they themselves may perform on behalf of another person. The interceding agent may be suprahuman or they may be the practitioners themselves. Chaplains may offer an intercessory prayer, asking God for help, either for themselves or for another person or situation. Sometimes, chaplains may personally undertake to intercede or shield someone from a harmful influence.

between laity and clergy can be ambiguous, especially in the growing sector of non-denominational churches.⁷⁷ This makes it difficult to assume that religious or spiritual virtuosity, which Riesebrodt characterizes as an esoteric goal for a rarified group of renunciants, would describe most chaplains reasons for doing a religious or spiritual practice. However, developing inner virtues and virtuous perspectives is a prevalent motivation for religious and spiritual endeavors.

Virtue and *intercession*, therefore, are two prevalent yet distinct motivations for performing practices.⁷⁸ Individuals may have these objectives when they practice CBCT[®] for certain occasions and in certain modes. All of these features should be understood as potential features of an instance of practice rather than essential features of the practice itself. A prayer can be a means of seeking intercession as well as a means of expressing and cultivating the virtue of reverence, however, prayer is not essentially intercession- or virtue-oriented, it is generally an action of communication. The pursuit of inner virtue, including seemingly morally-neutral traits as concentration, mindfulness, and calm, motivates much of what is considered to be secularized contemplative practice, including contemplative interventions for health and wellbeing. Even in the case where virtue is very often sought by means of a type of practice, it is still the action or procedure of the practice that defines it, not its objective.

Contemplative Practices. CBCT[®] is designed to engender virtues with a marked moral significance, such as compassion. This type of approach to secularized meditation is expanding to include more contemplative interventions. They also stretch the mold of contemplative interventions which was initially epitomized by mindfulness-seeking techniques, especially

⁷⁷ Lipka, “A Closer Look at America’s Rapidly Growing Religious ‘Nones.’”

⁷⁸ Here, again, it is important to note that I am using the term practice as it is used in contemplative studies and contemplative intervention contexts, as an intentional, goal-directed action, whereas a social theorist would understand “practice” to include a huge range of non-conscious or pre-reflective actions that exist and shift within the dialectical (or mutually-shaping) relationships between individuals and their social milieux.

Mindfulness-Based Stress Reduction (MBSR).⁷⁹ Throughout this project I will use the term meditation to refer to a type of contemplative practice which emphasizes attentional control and flexibility, internal literacy, and the use of self-inquiry and logic to cultivate virtues. Even for this much tighter category of practice, as we will see, intercession is often a coinciding goal.

There is significant overlap in the use of the terms contemplation, contemplative practice, meditation, and mindfulness within the scientific meditation research literature, as well as in the parlance of CBCT[®] instruction. As I collected interview data and did fieldwork for this project, chaplains used these terms frequently, and I had to rely on conversational context to unpack their meaning for a specific person at a specific time. Distinctions between these terms did not appear to be unanimous or fixed. Chaplains were also deliberate in using their own prior knowledge and frames of reference to try to understand how these terms fit into the methods of CBCT[®].

This is not to say that contemplative practices cannot be distinguished from non-contemplative ones. Indeed, such a distinction is quite useful. A “family resemblances” approach⁸⁰ seems the most practical for defining the category. The traits shared among these practices would not all be present in any single one. However, they create a heuristic for gauging how well other practices fit into the category. In trying to specify what some of the shared traits among contemplative practices might be, the stereotypic image of the sage or yogi seated peacefully with legs crossed and eyelids lowered is somewhat informative. Yet, because visual images of seated meditators, in the forms of buddhas, deities, bodhisattvas, sages, etc., have disseminated into the

⁷⁹ Kabat-Zinn, “Some Reflections on the Origins of MBSR, Skillful Means, and the Trouble with Maps.”; Harrington and Dunne, “Mindfulness Meditation.”

⁸⁰ Family resemblances is a way to define a category without being bound to any essential characteristics. The analogy is that resemblances shared among the members of a biologically-related family can demonstrate that someone is part of that family, even though no single member would possess all of the shared features. There is no characteristic that is necessary or essential to membership in the family, yet the family is discernible. This approach is developed in the work of Ludwig Wittgenstein on linguistic definition Biletzki and Matar, “Ludwig Wittgenstein.”

modern West more widely than the complex ideas and rituals that they facilitate; there is a tendency to imbue them with overly simple meanings and explanations. This misapprehension flattens the diversity of people, postures, and procedures that commonly are labeled ‘contemplative’ and that merit consideration across a range of traditions.

The following is a preliminary list of phenomenological features for a typology of contemplative practice. This typology will facilitate inferences and comparisons between chaplain residents’ religious cultures of origin and the secularized CBCT[®] protocol they study. I have adapted these features from descriptions of specific meditation practices by experts on both secularized and religiously-embedded contemplative traditions across diverse cultures.^{81, 82}

Contemplative practice traditions utilize:

- *Goals & motivations*
 - *Changing one’s dispositions*
 - *Acquiring knowledge or skills*
 - *Intervening in a problem* (e.g. purification, healing, harmonizing)

- *Environmental Strategies*
 - *Conducive setting*
 - *Structured itinerary*
 - *Control of sensory input*

- *Standardization*
 - *Bodily and cognitive engagements and constraints*⁸³
 - *Transmission by authenticated specialists*

⁸¹ These include features described in ethnography and other forms of academic research. I also discussed many of these features with religious studies faculty with diverse expertise at Emory University throughout a directed reading course in Contemplative Studies.

⁸² Ozawa-de Silva, *Psychotherapy and Religion in Japan*; Komjathy, *Introducing Contemplative Studies*; Lutz et al., “Investigating the Phenomenological Matrix of Mindfulness-Related Practices from a Neurocognitive Perspective”; Lutz, “Attention Regulation and Monitoring in Meditation.”; Laitinen, *Marching to Zion*; Zane, *Journeys to the Spiritual Lands*.

⁸³ By distinguishing bodily from cognitive contemplative methods, I do not intend to reify a Cartesian split between mind and body. Indeed, in several of the examples from which this typology grows, bodily engagement is necessary for proper cognitive engagement, and cognitive steps shape the quality and efficacy of bodily engagement.

- *Monitoring & Coaching*
 - *Reflexive* – practitioners consciously induce and sustain specific target states (e.g. cognitive, emotional, perceptual, physical.)
 - *Pedagogical* – Specialists, i.e. people with experience and knowledge of a practice’s techniques and logics, guide practitioners in inducing and sustaining target states providing integrity and continuity of the tradition

- *Causal Logics*
 - *Progressive efficacy* – ability to induce desired states improves with practice
 - *Cumulative efficacy* – improved ability produces and strengthens desirable effects (e.g. acquired virtues, skills, powers, gifts, knowledge, traits)

This list is not exhaustive, but it is specific enough to highlight meaningful contrasts between contemplative practices and ones that these features would impede. For example, certain norms of spirit mediumship and ecstatic practices across cultures, such as automaticity and dissociation, as well as the Daoist virtue of *wu wei* (simplicity, naturalness, and spontaneity), would be impeded by the practitioner engaging in reflexive monitoring and a structured itinerary. Numerous ethnographic studies attest that in diverse religious contexts, contemplative practices and ecstatic or extemporaneous practices influence and inform one another in the life of the community and in the lives of individuals.⁸⁴ Different modes of practice exist and alternate within a religious group, within an individual practitioner, and within a single ritual, whether performed in community or in solitude.

Contemplative practices can be characterized as a family of methods for working with and tweaking subjective experiences. While meditating, indescribably poignant moments of insight may arise. They may not. Whatever the implicit and explicit goals of a contemplative regimen may be, whatever the expectations of the meditator may be; each practitioner begins as a novice, experiencing their own learning process as they gain skill and proficiency in that practice. These

⁸⁴ Laitinen, *Marching to Zion*; Zane, *Journeys to the Spiritual Lands*; Gyatso, “Healing Burns with Fire: The Facilitations of Experience in Tibetan Buddhism”; Luhrmann, *Persuasions of the Witch’s Craft*.

learning experiences may appear mundane by comparison, but they are the foundation of every other subjective experience that can reasonably be attributed to engaging in contemplative practices and practice traditions.

On Learning and Compassion Meditation

The research on which this dissertation is based indirectly accesses participants' mental representations of things they have experienced. They have reported subjective experiences of the activity of their own minds. While such reports are granted no especial credibility, neither are they treated with more skepticism than an analogous recollection of a conversation or a bus ride. The drawbacks of this approach to experiences are similar to those of self-report surveys in psychology. Participants may have unexamined concerns about social-desirability or other confounding impulses that influence their responses to questions. Nevertheless, as a student of human experience, I have taken it more or less for granted that people are able to engage in deliberate mental activities of which they (a) are conscious and (b) can give corresponding descriptions. I also accept that people also have inadvertent mental activities and that, among these, a significant amount are non-conscious.

The *mentalist*⁸⁵ stance which I assume in this project is compatible with my chosen research methods, those of the Anthropology of Experience (discussed below). Mentalism recognizes several characteristics of the mind: (a) it carries out both conscious and non-conscious processes, (b) it has limitations, (c) it has predictable tendencies, and (d) its processes, limitations, and tendencies are powerful explanations for *behavior*. Further, my descriptions of some conscious mental processes as deliberate, goal-directed efforts will resemble descriptions of *behaviors*. While it is very useful to

⁸⁵ According to Ohlsson, mentalism also, "runs the risk of being comprehensible to non-psychologists." Ohlsson, *Deep Learning*, 28.

distinguish mental processes from behavior apparent to an outside observer, my purpose in transgressively discussing mental processes this way is to convey the subjective experiences of novice meditators in a way that they would recognize as contemplative or meditative steps and strategies.

Most people have an intuitive *commonsense-* or *folk-psychology-*based perception⁸⁶ that their behavior and the behavior of others is driven by inner states of mind. Social psychologists usually presume this to be an inference, not based on real-time perception of a state of mind. The chaplains learning to meditate, however, perceive the act of following the mental steps and strategies of CBCT[®] as having a higher degree of volition, purpose, skill, and efficacy than less deliberate mental processes such as involuntarily remembering a scene from childhood upon tasting a tea-soaked sponge cake.⁸⁷

The overarching mental process that this dissertation examines is *learning*. Generally, learning denotes a change in the knowledge⁸⁸ of the learner. It is advantageous either when accurate and useful knowledge grows or when inaccurate or otherwise “dead weight” knowledge shrinks. This could entail accumulating more knowledge that is consistent with what is already known. Alternatively, learning can happen when the learner sets aside pieces of knowledge that have become obsolete, inaccurate, or inadequate. Learning is always taking place. It can be propelled by the learner’s deliberate choices. The experiences of learning recounted by the chaplains participating in

⁸⁶ Heider, “Social Perception and Phenomenal Causality.”

⁸⁷ This example comes from the opening of Marcel Proust’s seminal novel, *Du Côté de chez Swann* (Eng. tr. *Past Swann’s Place*) (1913), which was based on the author’s subjective experience of involuntary memory recall (Proust, *Du côté de chez Swann*.)

⁸⁸ From a cognitive science perspective, knowledge does not have to be correct. Whatever a person knows, whatever representations populate their mind, is their knowledge.

this study centered around, conscious, deliberate, effortful learning processes.⁸⁹ The learning targets were either meditation tasks and skills or the perceptions and perspectives that the skills were designed to foster.

Interlocutors

An Anthropology of Experience. The broad methodological approach for this field research is the Anthropology of Experience. This branch of interpretive anthropology, according to Don Seeman, "...presumes that our first obligation is to thick and detailed description not of culture but of what is at stake for real people in local settings."⁹⁰ Yet, understanding other people's stakes can be far from obvious. Upon what authority does a researcher presume to know what is at stake for another human being? What can subjective experiences teach us about *learning to meditate* and *learning through meditating*?

The anthropology of experience employs the ethnographic methods of cultural anthropology to investigate questions of how individuals experience the events of their lives, typically with a focus on experiences of difficulty, illness, or struggle. While it could be argued that cultural phenomenology⁹¹ does much the same thing, studies in this vein are more concerned with intuiting features (or structures) of consciousness from the contents of the phenomenal experience of culture, of existing in a social environment among others who share cultural features. Phenomenology in general interrogates experiences in order to understand how it is that humans are conscious, apart

⁸⁹ For a strictly cognitive account of this kind of learning experience, it might be preferable to say that the chaplains' accounts centered around learning processes that were, at least partially, driven by conscious, deliberate, effort on the part of the learner.

⁹⁰ Seeman, *One People, One Blood*, 6.

⁹¹ Cultural phenomenology is the preferred term for the purposes of this discussion, however, ethnographic research characterized as *existential anthropology*, *phenomenological anthropology* or *phenomenological ethnography* is in no way overlooked or excluded. The approaches are often understood to overlap in their foundational texts, topics of inquiry, and research methods, and representatives of each contribute to edited volumes and special journal issues covering phenomenology and cultural anthropology (Ram, Houston, and Jackson, *Phenomenology in Anthropology*).

from the objects of which we are conscious.⁹² While a fascinating and deeply-rooted philosophical problem, this question of the structure or features of conscious experience is not central to this project. Due to this ulterior object of inquiry, cultural phenomenology is perhaps most distinct from the anthropology of experience in its effort to orient and document reports of informants' experiences using the language of traditional phenomenological philosophy in the lineage of Husserl, Heidegger, and their intellectual descendants. This project does not evince what van Manen asserts is a fundamental component of phenomenological practice, that is developing "...a pathos for the great [phenomenological] texts, and simultaneously, reflecting in a phenomenological manner on the living meanings of everyday experiences, phenomena, and events,"⁹³ nor have I as the investigator practiced the steps⁹⁴ involved in the phenomenological examination of experience. Instead, I have kept the chaplains' subjective experience as a focus and seek to understand their experiences of learning compassion meditation as an end in itself.

Contemplative Studies and Sciences. Most scientific research connecting meditation and health introduces adult research participants to secularized meditation instruction that has been adapted (and often re-adapted) from religiously embedded meditation techniques. Due to a variety of historical and cultural factors, the techniques that are most often used are adapted from Buddhist styles of meditation popularized during the twentieth century. Currently, the reported experiences of adults taking up a contemplative practice for the first time, be it a religious practice or a secularized health intervention; has not been extensively studied. What happens when someone begins learning to meditate? What is it like to try to follow instructions for cultivating mindfulness, compassion, and other target attributes? What are their struggles, obstacles, uncertainties? How do novice meditators

⁹² Van Manen, *Phenomenology of Practice*, 39.

⁹³ Van Manen, 23.

⁹⁴ Such as bracketing, reduction, and eidetic inference.

interpret similarities and differences between their own views and understandings, including religious ones, and the conceptual framework of meditation training? To be sure, among meditation teachers and students there is a loose body of knowledge of these topics, however, there may be gaps and biases affecting which questions beginning meditators are likely to pose and the experiences that they are most likely to share with their peers and instructors. These imbalances depend on, for example, how difficult a learning experience is for a learner to describe, whether an experience seems socially undesirable, whether it seems important to recount, how commonly it occurs, and how often it is reported. Therefore, an approach like the one used here promises to even out some of these sources of imbalance by (1) taking the first-hand accounts of each meditation novice participant as a starting point for investigation, (2) probing individual experiences both of *learning* compassion meditation and of *doing* it, and (3) drawing upon a variety of contexts of memory recall for each individual (e.g. from their episodic, semantic, and working memory repositories).

The Contemplative Sciences continually generate promising links between meditation and beneficial effects on bodies, minds, brains, behaviors, relationships, and several combinations thereof. However, statistical correlations between meditation training and experimental outcomes at the group level are often relatively weak. Individual outcomes vary, and causal mechanisms remain obscure. Gaining a more detailed understanding of these suggestive findings demands that researchers find ways to break down contemplative interventions into simpler components and identify variables that have not yet been considered. My work examines potential new variables from novice practitioners' subjective experiences of learning. To those who teach and study contemplative practices, it seems obvious that such a complicated and idiosyncratic activity would involve an array of potential variables, which, when examined, would clarify the relationship between meditation training and wellbeing. It should also be remembered that, for the majority of contemplative

practitioners, goals for personal change or transformation eclipse the health-related outcomes investigated in scientific studies, which to meditation practitioners might be considered mere side benefits. There are accurate and precise scientific tools for measuring improvements in psychological health, stress responses, and other factors of interest. Gauging the efficacy of a contemplative intervention (a) with respect to the target states of the practice itself and (b) with respect to individual participants' own goals and expectations is inherently less precise, but no less significant for understanding how they may be affected or benefitted by the practice. This project seeks to do so by investigating how individuals learn a novel contemplative practice by asking them about their experiences of trying to understand how to do a compassion meditation technique, trying out and adapting the technique for themselves, and trying to develop new perspectives by meditating. The methods employed here delve into diverse personal experiences of learning to meditate. In pursuing this project using the qualitative tools of the humanistic study of experience, there must be a deliberate privileging of incision over precision, of nuance over consistency, and of individual over the group effects.

Research Methods

Design Priorities, Rationale, and Ethical Considerations

Throughout this project, the guidance and mentorship I received from Dr. Jennifer Mascaro and her research team not only facilitated my interview research but also gave me additional opportunities to conduct research among chaplains as well as among hospital patients, experiences that have informed my assessment of how CBCT[®] is used by chaplains in their work setting. Collaborating with the Mascaro Lab also enabled my project to be reviewed and monitored for ethical standards by Emory's Institutional Review Board as a qualitative arm of the larger study of chaplains'

wellbeing. The research design sought to minimize the primary risks associated with qualitative human subjects research. Emotional discomfort, privacy, and confidentiality are the main areas of concern for this type of research. I discussed these risks with each interviewee prior to every interview as part of the process of requesting the participants' informed consent to be interviewed. To mitigate the emotional discomfort risk, participants were informed about the themes of the interview questions before consenting. They were also encouraged to decline answering any question which made them feel uncomfortable and to end the interview at any time they wished. Privacy and confidentiality protection measures included the use of pseudonyms on all research documents except consent forms. The list of pseudonym identities is kept under lock and key in my home office. Chaplains' supervisors and educators were not informed of who participated in the interview study. In addition, all research files were kept in an encrypted cloud storage platform provided by Emory University.

Equity and inclusivity were also ethical considerations in the research design. Spiritual Health at Emory Healthcare generously allowed me to conduct interviews with chaplains during their workday, so that they were all equally compensated for their time. No additional compensation was provided for their participation. In addition, I traveled to each participant's assigned hospital for the interviews removing any need for the chaplains to travel in order to participate.

Data Collection Methods

In order to facilitate the experimental study of the impacts of CBCT[®] training on chaplain wellbeing, the CPE residency year includes two CBCT[®] five-week intensive courses for chaplains, one in autumn and one in spring. Chaplains in the same cohort year were randomly assigned to attend one of the two trainings. This enabled the scientific research to proceed with the group assigned to the autumn training (Group A) receiving CBCT[®] as the contemplative intervention and

the group assigned to the spring training (Group B) as the control group. During the year in which I conducted interviews, I attended both CBCT[®] intensive trainings in autumn and spring.

In the early autumn I conducted the first round of interviews (timepoint one, T1) with members of both groups before chaplain residents began training in compassion meditation. The questions for T1⁹⁵ interviews focused on chaplains' religious backgrounds and their knowledge of spiritual and religious practices. The interviews were highly structured and lasted between fifty and ninety minutes, depending on how talkative the chaplain was and the time constraints of their work schedules. Once Group A had been training in CBCT[®] for three weeks, I interviewed members of the group during a 10-day window (timepoint two, T2). T2 interviews focused on initial impressions of the meditation program, initial learning experiences, and any sources of doubt or difficulty. In addition, I elicited detailed descriptions of each interviewee's ways of enacting CBCT[®] practice when they were on their own. During each T2 interview, I also invited the interviewee to practice CBCT[®] in silence for eight to ten minutes, after which they were asked to describe the steps, procedures, and strategy they had just followed. After Group A had completed the CBCT[®] intensive course, I again interviewed members of this group during a ten-day window (timepoint three, T3). T3 interviews were very similar to T2 interviews except that they also included a small number of additional questions about implementing the CCSH consultation procedures during their spiritual care work. There were a few occasions when a chaplain who had declined to be interviewed at T1 agreed to be interviewed at T2 and/or T3. In those cases, some questions from the T1 question set were administered at the start of the interview. T2 interviews with Group B began midway through the spring CBCT[®] intensive course and proceeded in the same manner as it had with Group A. After

⁹⁵ See Appendix A, Interview Questions.

the spring intensive ended, T3 interviews were also conducted with Group B. I audio-recorded each interview⁹⁶ and wrote supplementary notes by hand.

I had multiple opportunities to attend CBCT[®] intensive courses with chaplains. In addition, I volunteered as a research assistant in several hospitals in the Emory Healthcare system, administering surveys to patients for a separate study of sources of distress while in the hospital.⁹⁷ This gave me a much richer experience of the daily rhythms in the hospitals and the environments in which chaplains work. I was not able to accompany any of the chaplains I interviewed as they offered spiritual care in the hospital. However, in order to supplement my knowledge of the work routines of chaplains in the residency program, on three occasions I shadowed board-certified chaplains as they worked in the hospital.⁹⁸ In addition, the year after my interview data were collected, I accompanied chaplains in the next cohort of residents around their hospital units on many occasions when I worked as an assistant for a different arm of the Mascaro Lab research, which was investigating patient satisfaction and wellbeing in response to the compassion-centered approach to spiritual consultation. These immersive experiences gave me access to hospital rhythms and environments, in addition to insight into the research questions and methods of other members of the Spiritual Health research team.

⁹⁶ I recorded digital audio using a Zoom H1n Handy Recorder, which is compact and designed for recording conversations and interviews.

⁹⁷ An article describing the results of this study, for which Patricia K. Palmer is principal investigator, are under review with a scientific journal and has yet to be published. The study was first written up by the P.I as a master's thesis for Emory's Rollins School of Public Health.

⁹⁸ The CPE program requires a great deal of supervision of chaplains' care encounters with patients, loved-ones, and staff. The CPE educators and administrators decided that adding my observations to the already heavy burden of accountability and feedback would over-burden the CPE residents. While I accompanied some residents as a research assistant the following year for another arm of the Mascaro Lab study, I did not go into patients' rooms with the chaplains but administered self-report instruments to patients before and after each encounter and to the chaplains themselves after each encounter.

All of the interviews were conducted at each chaplain's respective place of work during work hours. Their time was not otherwise compensated by this study. Being allowed to converse during the workday proved advantageous as several chaplains were more likely to have recently engaged in CBCT[®] practice in some fashion to assist with their work routines or to regain composure and re-center⁹⁹ themselves after a hectic part of the day or an emotionally charged encounter with someone seeking spiritual care. During the residency year (June through May) in which this project was conducted, slightly more than half of the residency cohort participated in interviews (n=15). Of these, twelve were interviewed at more than one interview timepoint. Their cases serve as evidence of the non-anecdotal claims of this study. The reported learning experiences of one participant who only agreed to be interviewed once are presented in this dissertation. My ability to shadow several board-certified staff chaplains in their patient encounters and to walk the hospital alongside chaplain residents during the following cohort year greatly enhanced my ability to characterize the daily routines and care interactions of chaplain residents and to understand work-related applications of CBCT[®] that they reported during interviews.

Research participants pursued insights into these questions through reflection and verbal responses during three phases of structured, in-depth, one-on-one interviews. Their richly detailed, experiential data is the basis for the present qualitative analysis, supplemented and aided by contextual information gained through fieldwork and study, including participant-observation during the chaplains' CBCT[®] meditation courses, shadowing of chaplains in various hospitals, and readings of chaplains written reflections about practicing and applying CBCT[®] in their professional and

⁹⁹ Chaplains often described taking time for centering and re-centering. These terms referred to moments of decreased activity, when tasks might be put on-hold in order for the chaplain to remember the wider context in which they were working, the deeper meaning of what they were about to do, the care they received from God and the Holy Spirit, their own goals for the next interaction, or other ideas and feelings that they found either comforting or empowering.

personal lives. Initial interviews at timepoint one (T1) included questions probing three main areas of chaplains' learning experience with CBCT[®]: (a) chaplains' prior knowledge of spiritual and religious practices, (b) their personal experiences of using and adapting CBCT[®] meditation on their own, and (c) experiences of personal growth, especially changes in perspective, new insights and understandings, strong emotional activation, or noticeable differences in their inner experience or outward behavior.

Data Analysis

The central data set for this study consists of audio-recorded interviews with individual chaplains. To process them, I first used an encrypted web-based automatic transcription service to generate approximate transcripts, which included timestamps delimiting segments of speech and estimates of transcript accuracy based on the average confidence for all transcribed words. The audio files and corresponding transcripts were then attached to a project within the NVivo qualitative data analysis (QDA) application. The timestamped transcripts were chronologically matched with their corresponding recordings within in NVivo. Then, while listening to the recordings, I reviewed, quality-checked, and re-transcribed portions of the recordings for which confidence and accuracy were low, especially recordings with interviewees who grew up outside the United States or who had regionally-inflected American accents. I then developed a simple codebook, consisting of a set of topics or themes to apply to relevant sections of transcribed interviews.¹⁰⁰ In QDA parlance, the themes are called *nodes*, and assigning an item or passage from the data set to a node is called *coding*. For my codebook I chose a small set of overarching nodes with minimal hierarchical relationship. I used the NVivo QDA application to link audio recordings to

¹⁰⁰ See Appendix B: Codebook

their transcripts, which included timestamps delineating passages of transcript matching time segments of recording. This allowed the application to scroll through the transcript text corresponding to the timestamped portion of audio. I then reviewed each recording and transcript, coding passages of text to the nodes I had identified earlier.

The entire process of creating nodes and assigning bits of data to them effectively converts a linear data set of transcripts into a cross-referenced, searchable database, which makes locating data to answer research questions much more efficient. To begin answering my research questions, I designed data “queries” in NVivo that could target relevant passages from interview transcripts. For example, to find out what personal spiritual and religious practices Chelsea is familiar with, I would construct a query inside NVivo resembling this:

Restrict to FILE T1.Chelsea	This restricts the search to a specific
interview at timepoint one with Chelsea	
Search ALL coded at {PND}	This compiles all passages from this
and not coded at {CPE}	interview in which Chelsea talks about her spiritual and
	religious Practices and Disciplines (PND) but that do not relate to practices she does
	as part of CPE.

The output of this query is a list of all passages of transcript from Chelsea’s T1 interview in which she discusses spiritual practices and disciplines unrelated to CPE.

Working with relatively few codes allowed me to narrow down to a manageable number of transcript passages in which to search for answers while maintaining a streamlined coding process. This process used only a fraction of the functions of which NVivo is capable. Ultimately, queries can only identify relevant text. Interpretation and curating are still an integral part of converting data into descriptions and claims, which I will turn to next.

Chapter Three: On Chaplains' Prior Knowledge and Practices

To begin to discover what it is like for people to learn a meditation practice, it is necessary to investigate the technique that is being learned. However, it is equally revealing to examine the context in which learning is taking place. This chapter discusses the institutional setting in which CBCT[®] is being presented as an element of chaplains' professional training in a CPE residency program. However, the heart of this chapter focuses on prior knowledge as a context for learning CBCT[®] meditation. When CBCT[®] novices try out its meditation techniques for the first time, they have several information resources from which to create the action: verbal description and coaching from meditation instructors, manualized procedures for going about the practice, and remarks and feedback from fellow novices, to name a few of the most prominent. In addition, novices must rely on mental representations or templates.¹⁰¹

Before beginning this project, I consulted several of my theology school acquaintances had explored some contemplative exercises from CBCT[®]. They described regularly blending compassion meditation with their other practices, such as scriptural study and prayer. This indicated to me that understanding individuals' prior knowledge of spiritual and religious practices would be useful for examining how they then incorporate and enact CBCT[®]. Following these indications, this chapter presents chaplains' religious and spiritual backgrounds, their repertoires of practices, and detailed procedural descriptions of how to perform them. All of the practices described are used (a) to seek divine *intercession* to prevent and heal suffering and misfortune and (b) to cultivate knowledge, faith,

¹⁰¹ As a CBCT novice, I initially relied on my familiarity with *Shikan taza* (Jp. 只管打坐) or serene reflection meditation, taught to me by a Sōtō Zen master, to grasp the instructions of CBCT. My Zen teacher is Rev. Master Rokuzan Kroenke, a monk of the Order of Buddhist Contemplatives (OBC). This monastic order carries on the Japanese Sōtō Zen tradition through its ordination lineage, monastic vows and regulations, and meditation approach. However, all liturgy is performed using English or the language of the country in which a temple is located.

and other *virtues*.¹⁰² These objectives in no way exhaust the reasons for spiritual and religious action. Relating to the divine in personal terms through expressing gratitude, contrition, and loyalty are also important, as is the desire for comfort and solace. Practical knowledge of how to perform these actions represents a highly relevant knowledge context for developing competency in CBCT[®] meditation.

For action to be intentional, it has to be somewhat mimetic. It has to recreate and adapt a known action, that is, an action for which there is a mental representation or model. There can be no intention to carry out an action if the action itself is unknown. Yet, novices learning a skill do so with intention. CBCT[®] novices cannot be supposed to have any mental representation of its conceptual framework and meditation procedures until they have learned more about the practice and been coached through the meditation steps by someone who can evaluate and give feedback. As will be discussed in Chapter Four, beginners navigate an unfamiliar meditation practice by mapping key experiential anchor points from practices they already know.

Learning practical knowledge, the mental representation of an action, relies on different memory processes than learning semantic knowledge about how things relate to one another and what they mean. CBCT[®] learning involves both practical knowledge and semantic knowledge. The meditation technique itself has minimal physical requirements, except perhaps the inhibition of excessive physical movements. It also requires no speech and is typically practiced without saying words aloud. Nevertheless, CBCT[®] is best understood as a series of goal-directed cognitive exercises, i.e. actions or skills. The various exercises invoke semantic knowledge conveyed through classroom discussions, group activities, vocal guidance during meditation periods, the CBCT[®]

¹⁰² Virtue and Intercession as motivations for religious and spiritual practices are discussed at length in Chapter Two.

manual, and peer interactions. For novices learning CBCT[®], both types of knowledge are novel and important, and it can be challenging to sort out how to fit them together to construct a contemplative practice¹⁰³ that they can repeat in order to make themselves more compassionate.

To avoid oversimplifying the process of learning a skill or a practice, it is important to remember two things: First, each CBCT[®] novice develops their own mental representation of how to enact the meditation techniques. The instructional materials present an abstracted or idealized procedural and conceptual scheme for doing CBCT[®] meditation, however, they cannot impart immediate, practical knowledge. Learners must take in information from instructions and coaching, while also adapting relevant actions, for which they already possess practical models. For the chaplains, spiritual and religious practices are an especially relevant set of representations of practical knowledge to use in building the new skill of CBCT[®] meditation. Class activities, verbal meditation guidance, and written instructions are helpful, because they influence the individual learner's process of constructing a new practical knowledge. They cannot implant a model of the action in the mind of the novice. Rather, they assist the learner in representing the action of CBCT[®] meditation by pointing toward desirable strategies and alerting the learner about pitfalls. The most skillful coaching and instructional literature identifies which strategies to follow and which to avoid, but more fundamentally, they assist with choosing which familiar skills to adapt into the new skill of compassion meditation.

Second, compelling accounts of human cognition challenge the so-called standard view¹⁰⁴ that cognition is contained within the brain, within the nervous system, or even within the body.¹⁰⁵

¹⁰³ The term “contemplative practice” is defined in the previous chapter.

¹⁰⁴ Barsalou, “Grounded Cognition,” 216–18.

¹⁰⁵ Hutchins opened up a new level of analysis for the cognitive sciences, known as *distributed cognition* (DCog). Distributed cognition was groundbreaking for its inclusion of objects in the surrounding environment, namely the

Humans instead rely on peers, environment, and norms to think and learn. In particular, our species has developed technologies for organizing thought and for off-loading demanding cognitive tasks onto pieces of technology—abacuses, Post-Its, supercomputers, and the like. So, while each CBCT[®] learner’s cognitive practical knowledge of the meditation practice is unique, it cannot be presumed to be stored, either in parts or as a whole, within the brain and body. Rather, these representations depend on minds and bodies, as well as the worlds they inhabit.

The remainder of this chapter forwards two objectives: describing social context and exploring chaplains’ prior knowledge. First, a basic sketch of the institutional context in which chaplains receive professional training and consult with patients is presented. This snapshot also includes some of the history of how CBCT[®] came to be included in the CPE residency program’s curriculum. This information is drawn from ethnographic study including job shadowing, participant-observation, and interviewing. It is also informed by the perspectives of CPE administrators and educators with whom I have interacted, as well as publications by CPE and CBCT[®] insider-experts. Second, the bulk of the chapter details chaplains’ knowledge of potentially analogous intercession and virtue practices in the form of individual *practitioner profiles* or case studies. Each profile describes a chaplain’s (a) religious and spiritual background and affiliations, (b) repertoire of intercession and virtue practices, and (c) the procedure and logics of their most consistent or frequent practice.

navigational instruments used on amphibious naval ships, as loci of human cognition (Hutchins, *Cognition in the Wild*.) Clark and Chalmers drew upon this work in developing their Extended Mind Thesis (EMT) to highlight additional ways in which human cognition transcends the brain and body, including the way that environments drive and shape cognition (Clark and Chalmers, “The Extended Mind.”). 4E cognition is the scheme in which the cognition is viewed as bound up with action (enacted), with the entire body (embodied), with cultural and social milieux and meanings (embedded), and with objects in the world (extended). McCauley helpfully points out that the 4E model should be expanded to 6E’s by recognizing that human cognition is also evolved, meaning that it has taken shape under natural and sexual selection, and it is emotional, meaning that even seeming cognitive foils for emotion, such as logical reasoning actually depend upon the emotions (McCauley, “Twenty-Five Years in : Landmark Empirical Findings in the Cognitive Science of Religion.”)

These profiles are primarily based on interviews conducted with chaplains before any members of the cohort had begun to learn CBCT[®]. A few participants in this study did not participate in this initial round of interviews but decided to be interviewed at later timepoints. In these cases, a selection of questions about religious perspectives and practices was incorporated into the interview format either at the CBCT[®] course midpoint (time two) or after it ended (time three). Lastly, to close the chapter, I discuss points of analogy and relevance between each chaplain's main practices and CBCT[®].¹⁰⁶

CPE Residency Program

All of the chaplains who participated in this study were going through a year of professional training and supervised clinical work with SHEH. Each was assigned to one of the five hospital campuses within the healthcare system where CPE residents are trained.¹⁰⁷ SHEH, the ACPE-certified chaplain education center that operates in conjunction with Emory University's Woodruff Health Sciences Center Department of Spiritual Health, oversees CPE residents, CPE interns, CPE educators who oversee interns and residents, board-certified¹⁰⁸ spiritual health clinicians (staff chaplains), some of whom are training to become CPE educators, as well as executive and administrative staff. The CPE residency fulfills many of the requirements of board certification as a professional chaplain.

¹⁰⁶ A description of each of CBCT's learning modules is included in the next chapter.

¹⁰⁷ In all, the Emory Healthcare network comprises ten hospitals, 147 primary care, and 569 specialty clinic facilities. Of the hospitals, five train residents in CPE.

¹⁰⁸ The certification body is the Association of Professional Chaplains (APC).

The CPE residency is divided into three consecutive units of CPE, units two through four.¹⁰⁹ Any CPE training involves splitting time between two main educational modes: (a) experiential on-the-job learning while providing spiritual care to patients, loved-ones, and staff and (b) participating in CPE educational programming. The basis of the CPE approach is the action-reflection-action model, which involves performing chaplaincy work (action) and reviewing and evaluating various care encounters (reflection), before applying lessons and insights learned to future care encounters. Spiritual care encounters are translated into a written reflection format that the chaplain shares with their CPE group during group processing sessions that the CPE educator facilitates. During group processing, the chaplain recounts what they were observing, feeling, and thinking as they interacted. Within the group, peers help one another, with guidance from the supervisor, to understand the personal histories and tendencies that informed a chaplain's reactions and behavior during the encounter. This is a profession-specific application of the more general approach of experiential learning or experiential encounter group,¹¹⁰ a psychoanalytic method in which all group members engage in analysis and share experiences to be analyzed. In addition to group process, supervisors also meet individually with chaplains to discuss spiritual care encounters and reflections that were

¹⁰⁹ The first unit of CPE is typically completed during a shorter internship, which many of the chaplains had completed while still in seminary working on their Master of Divinity degrees, a professional graduate degree in preparation for professional religious ministry.

¹¹⁰ I observed the frankness and curiosity that group processing engendered among the chaplains during CBCT training days. On one memorable occasion, during a break between training sessions, I replied self-deprecatingly to an oblique comment that a chaplain directed toward me. This was a man whom I did not know well and who did not participate in this study. He asked about what I meant, observing that my words seemed intended to both distance me from the interaction and to point out my own failings. The chaplain asked me what I had actually meant. The interchange felt non-threatening and simultaneously strange, as I am not usually given opportunities to analyze my own words and the perspectives shaping them. In answering, I tried to repay his suspended judgment and curiosity by not dissembling. I confessed that I feel shy when talking unexpectedly with someone new to me. In addition, I worry that my demeanor makes other people uncomfortable in social settings. Sometimes I may seem arrogant or dominant, so I try to point out some of my flaws to distract from that or to soften it. Looking puzzled, the chaplain thanked me and appeared to consider what I said. At lunch break that day, he approached me for a second time, and we had a casual chat. The social nuances and feelings discussed in our first conversation were set aside and in hindsight seemed to have made it easier to become acquainted.

submitted in writing or shared verbally. Once an encounter has been processed in these ways, the chaplain has some insight into how their own past experiences and personality traits may influence how they care for others and ways to perhaps adjust their approach to improve that care while also improving their self-awareness. Several chaplains have affirmed that CPE is as much about self-awareness as it is spiritual care techniques. Personal spiritual health requires understanding one's own strengths and limitations, joys, and pain, and maintaining it is understood as a necessary part of effectively caring for the spiritual health of others.

Over time, the CPE residents develop the ability to recall with unusual clarity their own thoughts, emotions, words, and gestures during a care encounter, as they anticipate the potential for reflection later on. They are also responsible for entering in the electronic medical record their observations of patients' wellbeing and whatever specific types of care they provided during the encounter. In addition, several spiritual care encounters were described to me during interviews in surprising detail. These came up as a chaplain was explaining their own emotional and mental state. Especially in interviews in which we practiced CBCT[®] meditation together, care encounters were described as figuring prominently as imagery during the meditation.

When the chaplains are not in the process group or individual supervision with their CPE educator, they have a number of duties focused on providing spiritual care to patients and staff. They provide consultations to patients staying in the units of the hospital to which they are assigned for the year. They also provide consultations to medical care providers, including case workers, nurses, and physicians, as part of the interdisciplinary care team.

The chaplains take turns being on-call on weekends and during the night when they work alone. They also alternate being on-call during the regular workday. One chaplain in each spiritual health office carries the "charge phone" at all times, receiving unexpected and/or urgent requests

for spiritual care. The chaplain on call is also responsible for being present for “codes,” particularly the “code blue,” which is an announcement summoning the emergency response team for immediate life-saving care in the event of cardiac arrest. These are broadcast through the intercom system at each hospital as well as to the charge phone. The role of the chaplain in such situations is usually as a support of any family member or loved-one who may be present as well as for staff who may have difficulty after an emotionally charged event or when someone dies whom they were caring for. Chaplains also direct spiritual care towards the person whose life is in danger, although other providers may be in the midst of employing life-saving interventions.

When a chaplain consultation is requested by the patient or recommended by another member of the care team, the spiritual health office receives a phone call or electronic request. The chaplain assigned to the hospital unit where the request originated—endocrinology, cardiology, etc.—goes to wherever the patient is, most often to their room. When not responding to requests for visits, chaplains may visit any patients in their unit. They generate a printed list of patients’ identification numbers, room numbers, and select demographic information, such as age. From this list, a chaplain might work from beginning to end, or they may choose some other order to go in, such as how long the person has been in the hospital or their age, as I saw some chaplains do. No matter how a chaplain prioritizes these “cold-call” visits, some patients will invariably be out of their rooms or busy with another care provider, such as a nurse. This is especially true for ICU patients. The chaplain goes on to the next patient, circulating the hallways of the unit, to return later when the patient can be seen.¹¹¹ Before encountering a patient, chaplains consult the medical chart to

¹¹¹ As a research assistant for a study of hospital patients’ sources of distress coordinated by the Mascaro Lab and SHEH, I had the task of seeking participants among hospital patients in several hospitals in the Emory Healthcare system and administering surveys about a variety of potential sources of distress, including those related to religion and spirituality. This process of walking the halls, knocking on doors, and asking to speak with patients about their spiritual

inform themselves about the health of the patient and why they might be in the hospital. Asking the patient about their health and thereby making the care encounter an information-seeking interaction is strongly discouraged.

The staff chaplains I was able to observe at work would first check the electronic medical record for several patients on their lists, then pause a moment outside the first room before knocking and entering when they heard an answer. Addressing the patient by name, the chaplain would introduce themselves and state the purpose of the visit, for example, “Good morning Ms. Dixon? My name is Rose, and I am a chaplain here in the hospital. I stopped by to check on how you are doing and ask if there is something I can do to for you while you are here.”

Some patients will react immediately to the title, “chaplain,” either expressing a need for prayer or perhaps saying that their pastor from their church has visited them and they don’t need anything. Others may resist interacting much beyond the first few sentences because they do not want to discuss religion and spirituality, or they may be apprehensive that the chaplain has an evangelical purpose in mind.¹¹² Chaplains are familiar with the connotations and expectations that their job title evokes, especially in the southeastern United States, where Protestant Evangelical Christianity is so prevalent that most people who are not part of that religious movement are nevertheless acquainted with some of the norms and understandings that many evangelicals uphold.

and emotional needs gave me a glimpse of what it might feel like for chaplains and of how patients may respond when asked about spiritual health and care. My experiences were frequently confirmed by chaplains who described various strategies they use to sidestep patients’ assumptions about why they are there.

¹¹² It is worth noting that Emory was founded as a Methodist institution and has maintained ties with the United Methodist Church. While Methodism in the U.S. today is not predominantly evangelical in its missionary outlook, in the southeastern U.S., evangelicalism is a predominant religious movement. “Witnessing” or “sharing the faith,” refers to the evangelical practice of explaining one’s religious beliefs and recounting personal experiences of being born again with people who are not part of their church is an important act of piety in evangelical Christianity, a movement that transcends any specific church denominations. Witnessing is believed to be an altruistic act because it has the potential to save someone who has not understood what is necessary for salvation, namely, holding the same religious beliefs as the evangelical witness, from being condemned to hell for eternity (Marsden and Svelmoe, “Evangelical and Fundamental Christianity,” 2887–88; Marty, “Protestantism,” 7449.

For chaplains to offer spiritual care to patients and loved-ones who are staunchly evangelical or who assume that chaplains have an evangelical agenda for the visit is very common. In SHEH and in professional healthcare chaplaincy generally, such agendas are strongly discouraged. Rather, the chaplains' role as a religiously inclusive resource for all who may benefit from spiritual care is emphasized in the professional literature.¹¹³

Practitioner Profiles

The interview participants comprise an excitingly diverse group for study. Of the eleven, eight are African American, eight are women, and five are African American women. Four participants grew up outside the U.S.—in West Africa, in East Asia, and in the Caribbean.¹¹⁴ They embody a broad range of Protestant Christian backgrounds and trajectories of formative spiritual and religious experience, which only partially explains how multifaceted their spiritual and religious practice repertoires have turned out to be. Even within the category of prayer, the phenomenal features, themes, purposes, and environmental supports vary widely, showing that Chaplain residents have distinct but doxologically-related knowledge bases. A major aim of this project is to analyze these distinctions and assess the degree to which they “hang together” with specific ways of taking up knowledge of CBCT[®] and embodying or incorporating the meditation protocol in which they are being instructed.

¹¹³ One report explains that the discipline of chaplaincy is increasing in relevance as the number of religiously affiliated people in the U.S. and elsewhere drops (PewResearchCenter, “Nones’ on the Rise: One-in-Five Adults Have No Religious Affiliation.”), the number of people who believe in God, who pray daily, who feel a spiritual connection with nature, and importantly, who would prefer their medical care decisions be informed remains more stable. Therefore, chaplains with approaches to spiritual care that are worldview-inclusive and flexible are more necessary than ever (ACPE: The Standard for Spiritual Care & Education et al., “The Impact of Professional Spiritual Care,” 7–8.).

¹¹⁴ I include the chaplain who was born in the Caribbean in the number of African-American research participants in the sense that this region is part of what is considered the Americas and the so-called new world. In addition, he came to the U.S. as a young teen, experienced significant acculturation, and is not a U.S. citizen. The chaplain from West Africa is not included in that number.

The term “practices” refers to a category of routines, rituals, and techniques that people repeat. Repeating an activity tends to improve one’s performance. Practices often have an explicit purpose as well as implicit ones. *Intercession*¹¹⁵ is when practitioners seek to communicate with suprahuman beings or marshal suprahuman forces to intervene or help. *Virtues*¹¹⁶ are desirable qualities that practitioners can seek to develop, such as knowledge, skills, and traits. These objectives are not mutually exclusive. One practice, such as devotional prayer, may be used both to ask for help and to bring about character development (virtue). As we have already discussed, the terms *spiritual* and *religious* function synonymously for the purposes of this project, describing ways of speaking, understanding, and acting that appeal to one or more supranormal forces or suprahuman beings. The descriptions that chaplains give of their beliefs and practices are in direct response to questions phrased in terms of spirituality and religion, so for the duration of this chapter, practice will denote a religious or spiritual practice.

In the hospital context in which the CPE Residents work, the distinctions between spiritual, religious, non-religious, and mundane or naturalistic activities are extremely important. Without downplaying how much energy spiritual health clinicians put into delineating these categories such distinctions are a distraction from understanding what prior knowledge chaplains rely on to build their new knowledge about a compassion meditation technique. The residents are highly committed to their beliefs and practices and represent specific Christian communities. The fact that CBCT® is presented as secular—meaning inclusive of or compatible with many different beliefs—does not

¹¹⁵ See also Stausberg, “Interventionist Practices and the Promises of Religion: On Martin Riesebrodt, *Cultus Und Heilsversprechen* (2007),” 271–73; Riesebrodt, *The Promise of Salvation*, 71–79, 92–99.

¹¹⁶ Cultivation practices correspond with major features of what Riesebrodt calls “virtuoso practices,” however, important distinctions must be drawn to meaningfully interpret the qualitative data in the present study. See also Riesebrodt, *The Promise of Salvation*, 122–28, 147–48.

mean that novice practitioners would set their personal commitments aside to practice this meditation protocol.

The following practitioner profiles introduce each of the CPE Residents who were interviewed at least twice during the present study. Their faith backgrounds and repertoires of practices are reviewed as well as detailed accounts of how they perform their most consistent practices. Interviews were conducted before any residents in the group began studying CBCT[®] meditation (timepoint one, T1), once individuals were midway through the intensive CBCT[®] coursework (timepoint two, T2), and shortly after completing it (time 3). Despite the fact that each participant is Christian, their religious backgrounds, practice repertoires, and most consistent forms of practice are diverse.

Regarding references and punctuation, I employ footnotes in this section (a) to interpret potentially ambiguous direct quotations based on broader ethnographic observations, (b) to provide explanations and definitions for shorthand, jargon, or technical language included in direct quotations, and (c) to refer to analytical terms and concepts from the study framework and methods described in the previous chapter. Within direct quotations, italicized expressions always convey the participant's vocalized emphases and have not been added for interpretive purposes. Outside of direct quotations, italics indicate important concepts and feelings that came up in the interviews.

Chelsea. While conversing and studying CBCT[®] meditation with the residents, I witnessed Chelsea's candor and warmth, qualities that anchor her persistence in seeking to remedy evil and generate virtues by becoming skilled in a variety of contemplative practices, or what she refers to as "spiritual disciplines."

Chelsea is a lifelong Christian. She grew up in an African American Pentecostal denomination, the Church of God in Christ. Chelsea remembers being skeptical about the gender

disparities she observed there, as well as in a similarly conservative Baptist church she attended as an adult. Even the most senior church women, like her grandmother, were relegated to laborious informal duties within the congregation. Women could neither speak from the church pulpit nor hold offices that were available to male leaders as a matter of course. In her thirties, Chelsea began exploring the ideas and practices of the United Church of Christ (UCC), a mainline protestant denomination known for its liberal, progressive values. She became a member in 2010. Due to her change of denomination, Chelsea's current faith community does not include family members or long-time friends. In her life, these social spheres are separate.

When we met for our first interview, Chelsea had recently earned a Master of Divinity degree and was seeking ordination as a UCC minister. During seminary training, she had completed a CPE internship. Her current year-long, paid residency would prepare her for board certification by the Association of Professional Chaplains (APC).

Chelsea strives to increase and diversify her personal engagement with practices seeking intercession and virtue. In seminary she became still more intent on working to, "...incorporate more spiritual disciplines into my life," and to, "...be more contemplative in general." She sees these practices as ways to enhance her chaplaincy work, her character development, and her ability to hear the voice of the Holy Spirit speaking to her. A self-described Trinitarian, she believes that the Deity has three distinct aspects, God the Creator or Father, Jesus Christ the Son of God and Savior, and the Holy Spirit, the member of the Christian Divine Trinity on whom she most relies. The Holy Spirit accompanies Chelsea along her path, guiding her through a world in which suprahuman adversaries can cause trouble. She describes these negative forces using a variety of labels and categories flexibly. Chelsea uses eclectic practices to train herself to (1) discern harmful and

hindering influences from their effects on her feelings, and (2) relinquish and “usher” them away from her home and her body.

For Chelsea, practices can be, “...both Christian and secular, or other spirit-based things,”¹¹⁷ and she has a broad repertoire. She has engaged with a variety of contemplative-style practices, including labyrinth walking and mindfulness exercises. For Chelsea, meditation is a paradigmatic spiritual discipline. Her familiarity with quieting and contemplative practices comes from attending silent retreats and practicing on her own or with friends. Like many people, Chelsea finds prolonged seated meditation difficult to endure. Nevertheless, she once remarked, “I admire it, and I would always want to get to that level where I could literally just sit for half a day and just think *nothingness* or to actually, just, you know, *meditate*.”

Aside from explicitly contemplative practices, Chelsea also listens to worship music frequently, and when she lived on the West Coast, she would get spiritual nourishment from gazing out at the ocean. Church worship is likewise an important arena for practice, though pursuing ordination has made going to church seem more like work and less like a personally edifying experience. She tries to balance between facilitating the blessings of communal worship and receiving them herself. Chelsea also identified private prayer, and especially the Ignatian prayer of Daily Examen,¹¹⁸ as one of her most frequent and consistent practices. However, her increased

¹¹⁷ The phrase “spirit-based things” occurs at the end of a sequence of categories that also includes “Christian” and “secular”. In this context and coming from someone who relies on eclectic practices that are not necessarily rooted in her religious tradition, I interpreted it as an inclusive, possibly universalist way of talking about other worldviews and religious traditions besides Christianity, one that is less freighted with taxonomic baggage inherent in the pluralistic *world religions framework*. Tomoko Masuzawa (2005) masterfully dissects this framework’s Christian triumphalist and racist foundations as well as its disservices to the study of religion (Masuzawa, *The Invention of World Religions, or, How European Universalism Was Preserved in the Language of Pluralism*).

¹¹⁸ This is a form of introspective prayer in which adherents contemplate their relationship to the Deity, review the previous day’s events in light of their moral and religious aspirations, confess and repent of any lapses and mistakes, and prepare themselves for the next day. Ignatian spiritual practices are attributed to St. Ignatius of Loyola (1491 – 1556), founder of the Society of Jesus or “Jesuit” Order of Roman Catholic Christianity. I’ll admit I’m curious as to how she

fatigue while simultaneously pursuing CPE and ordination have impeded her prayer practice, as she frequently lapses into sleep during quiet moments.

In addition to Chelsea's desire to incorporate various spiritual disciplines into her life, she also shared with me her efforts to perform each with "intention," a quality which she believes makes practice more effective. Intention is what prevents Chelsea's practices from becoming "rote" or merely "habit." During our interviews, it seemed that for Chelsea, the concept of habit carried negative connotations of thoughtlessness and automaticity, which she saw as detrimental. Maintaining a clear intention is both the most important and the most challenging aspect for Chelsea. It makes her most consistent practice of *smudging*, more effective.

Main Practice: Smudging. A couple evenings a week, at around eight o'clock, Chelsea stands before her open bedroom window with an ignited bundle of lavender and white sage, waving its aromatic smoke first over different parts of her body, from her head down to her bare feet, and then away towards the open window. This is smudging, and the bundle of burning herbs is the smudge stick. Time permitting, Chelsea also smudges her "space"—her bedroom and bathroom—taking care to wave smoke from the smudge stick in each corner of the room. This done, she closes the bedroom door—so as not to disturb her roommates—making the open window the natural exit for both the smoke and for the troublesome entities it helps flush out. After smudging, Chelsea might follow up with a "water cleanse," showering to symbolically "wash off the day."

Coming home tired after a difficult day or when she has experienced some kind of interpersonal contention, Chelsea has a general sense of carrying a burden, "...like a really heavy

ended up with Ignatius – though perhaps she has Catholic friends or learned it in seminary...I do not think of it as staple UCC. What also might be interesting is to determine if she's using some of the newer versions (James Martin or Mark Thibodeaux, both SJ) – and Thibodeaux for sure uses a nurturing moment at the start of each daily examen...I think Martin's writing is amenable to that too

negative energy.” The process of smudging clarifies precisely what problems or negative spirits Chelsea needs to relinquish and flush away. When she “smudges on” an entity or energy, she visualizes and then banishes it, declaring that it, “...has to leave here for today and I can’t think about it anymore... It’s not allowed back into my sanctuary.” Throughout the process, she intuitively discerns the unseen causes of her troubles.¹¹⁹ After articulating to herself why she needs to “let go” of them, she ushers them out.

Chelsea notices that addressing issues through smudging lowers her stress and reactivity to them: “I’d like to think sometimes it changes my feelings and actions the next day, because I feel a little calmer, a little more peaceful in this... I won’t have such strong reactions to negative situations.” Cumulatively, Chelsea finds she is progressing in the discipline. She describes her mind as easier to prepare and quiet; her intention during the practice is keener and steadier; and she feels she is becoming progressively better at discerning what to smudge on and let go.

In anticipation of her CBCT[®] meditation training, Chelsea expressed that meditation feels like listening, quieting, and “being” in a meditative state, drawing parallels with her experience with receptive modes of prayer. She sees it as healthy, a way to control her level of involvement with people and the environment, yet she does not describe it in purely therapeutic, and certainly not in

¹¹⁹ Explaining events as the work of unseen forces or beings is natural for humans. Proudfoot discusses the relationship between Religious Experience and the psychological tendency to attribute all phenomena to a cause, i.e. Attribution Theory. Cognitive scientists of religion also propose a robust, evidence-based account of the relationship between suprahuman attributions (attributing events to suprahuman forces and agents) and the proliferation of representations of counter-intuitive and counter-empirical personalities and influences among religious traditions around the globe (Boyer, “Being human”; McCauley, “Twenty-Five Years in : Landmark Empirical Findings in the Cognitive Science of Religion”; Pyysiäinen, “Introduction.”). My purpose in pointing out the potential for wholly naturalistic, psychological accounts of Chelsea’s beliefs surrounding her smudging practice is not to explain away her cleansing of evil spirits as pure psychological processes. However, as we will see, among individual chaplains, all of whom are part of the Christian tradition, there is a wide diversity of practices and understandings, suggesting that a purely cultural account of these differences may not suffice. The insights from Evolutionary Psychology and especially the Cognitive Science of religion furnish other potential mechanisms for both the restrained proliferation of suprahuman representations, abundant variety nevertheless share many commonalities between them.

naturalistic terms. Chelsea feels that meditation involves focusing on the Spirit, whether one's own, or a divine other, or both.

Danielle. Danielle had quite recently been ordained as a minister in the African Methodist Episcopal Church (AME), a denomination in which her father had also been a pastor. Over the eighteen months prior to our first interview, Danielle had been diligently working through a period of upheaval and experimentation in her beliefs, identity, and especially her practices. She has begun to endorse what she calls “universal spirituality.” Three factors sustain Danielle’s designation of her practices as forms of universal spirituality: (1) she rejects exclusionary church doctrines claiming Christianity is the only path to salvation and union with God, (2) she practices meditation as a way of being and communicating with the Creator, whom she views as a universal source and caretaker; (3) the human sensorium transcends our affiliations and acculturations in myriad ways, and Danielle’s most frequent practices rely on multiple sensory inputs activating across her body. For a religious leader in her position, the stakes of religious way-finding are high and manifold. Yet, Danielle communicates a calm confidence in herself, in other people, and in a benevolent, imminent Creator-God. Her curiosity and joy are buoyant, her demeanor unhurried. Engaging with “other ways of worship and other ways of being connected to our Creator” hinges on this kind of welcoming curiosity.

Danielle feels suspended between the familiar beliefs codified by the AME church and beliefs which she gradually explores through inquiry meditation. She continues to teach Sunday School for children in fourth and fifth grades, and she writes theatrical skits for performances in church at religious holidays. Yet these roles sometimes feel contradictory to her embrace of universal spirituality.

Main Practice: Sense-Enriched Meditation. Most mornings Danielle leans against the wall of her shower letting warm water wash over her. Breathing deeply, she listens to the sound of the water as it falls. This is a regular venue for her meditation practice. The shower is private and uninterrupted. She can take as much time as she needs in order to quiet her mind and spirit, sense the presence of her Creator, and experience gratitude. She began to explore this tailored approach to meditation by watching YouTube videos by various meditation teachers.¹²⁰ Some of these advise listening to synthesized music featuring specific sound frequencies, such as 528 Hertz and 432 Hertz. Danielle uses these types of recordings when meditating at night after her family has retired or while driving to work, also times when she is unlikely to be interrupted. Danielle has a special affinity for water and the sound of water. Especially when it rains, she sometimes meditates outside in nature.

Danielle explained how sensations—her own body temperature, the sound of falling rain, the warm pressure of the shower, the frequencies of electronic meditation music—ground her in her immediate environment. This facilitates direct communication with God and opens her to “revelations.” A revelation might contain new information, answers to dilemmas and questions, or other guidance. She also experiences unusual bodily sensations:

Sometimes it can be a feeling of what I like to describe as a cool heat. It’s *weird*. It’s kind of like I’m hot, but I’m cool... you know how you put that Deep Heat¹²¹ stuff on and it’s initially cool to the touch, but then it heats up? Kind of like that. And then, I would say it starts from head to toe... It’s an entire body thing, but it starts in the head.¹²²

¹²⁰ Danielle is especially interested in videos from Ralph Smart’s “Infinite Waters (Deep Diving)” YouTube channel. Smart, “Infinite Waters (Diving Deep) - YouTube.”

¹²¹ a popular liniment

¹²² Some phrases here indicate that she has tried to explain this experience before, such as: “what I like to describe as,” and, “then, I would say,” as well as the reference to a common experience of using liniment.

She interprets this sensation as “a manifestation of the Creator... of God being with me.”

Meditation can also help her tune in to other people’s “frequencies and vibrations.”

On days when Danielle does her meditation practice, she experiences several benefits. Her confidence and joy increase. She also feels freer to communicate directly with God. She pursues the practice as an adaptive, novice learner, “figuring it out,” “making it my own.” While she does not think of her meditation practice as skills-based, she perceives it getting easier with consistent repetition. She meditates in order to make the process *part of who she is*, rather than to cultivate a specific virtue or fix a problem. Though she feels no obligation to do it, meditation is part of Danielle’s daily life, either in the morning, evening, or whenever she needs to “steal some time” during her day. The progressive efficacy of her practice has more to do with persevering on her journey of universal spirituality, handling the tension she feels between her current outlook and her lifetime of conservative Protestant belief and practice. This tension is Danielle’s primary source of inner friction or difficulty with meditation. Not having enough uninterrupted, private time during the day is her main logistical barrier.

Dawn. I first made Dawn's acquaintance while working as a teaching assistant at a local seminary, more than a year before my field work began. When we met for interviews, Dawn was in the process of ordination as a United Methodist Church (UMC) pastor, having changed her denominational affiliation from the Korean Methodist Church (KMC) during her master’s program.¹²³ The breadth, versatility, and frankness of her emotions had impressed me, as did her perceptiveness of others’ feelings. Compassion, which she defines as a kind of “unconditional love

¹²³ The United Methodist Church and the Korean Methodist Church maintain their historical ties, although they are separately governed. They are both constituents of the World Methodist Council, which includes 80 church conferences in 138 countries (“Our World Wide Church Family.”).

and mercy,” is a high priority for Dawn. Though youthful, she speaks with the deliberation and confidence of a skilled theologian and minister, communicating with me, as with everyone in the main university hospital she serves, in her second language of English.

Dawn grew up in South Korea, where her entire family and many longtime friends are members of the KMC.¹²⁴ She feels as though she has been part of and influenced by this community from before she was born. Her parents’ congregation engages in charismatic worship, a family of practices that enact communication with the Holy Spirit based on descriptions from the New Testament book of Acts.¹²⁵ She frequently engages with practices, including prayer—both solitary and communal—and devotional reading and writing, as well as the music, eucharist, sermons, blessings, and “being in community” that constitute church worship services.

Main Practice: Prayers of Refuge and Connection. For Dawn, prayer can happen anywhere at any time. It is both versatile and *broad*, requiring no special props or implements, no formulae, nor any specific posture, although these may indeed be helpful. When praying, she typically sits in a chair and bows her head. Speaking in Korean, her native language, she addresses God directly, “...acknowledging that God is here... God is listening.” Sometimes Dawn feels intense states of worry, fear, and doubt, which can prompt her to prayer. At these times when she is unable to sense God’s presence and “feeling really desperate,” she may kneel down on the floor in silence, lowering herself, grounding herself for a moment before expressing gratitude. She then tells God what is burdening her and asks God’s help.

¹²⁴ The Korean Methodist Church became a unified and autonomous religious group in 1930. It has roots in the earliest Protestant missions to the Korean peninsula in the late 19th century (“Korean Methodist Church.”)

¹²⁵ Coogan et al., *The New Oxford Annotated Bible with Apocrypha*, Acts chapter II.

She detailed one recent instance when, feeling physically unwell and unable to find a co-worker to replace her for a twelve-hour shift at the hospital, she prayed for the day to be uneventful and peaceful, and for her spiritual health caseload to be light, so that she would not get overwhelmed. During her long day on-call, Dawn was summoned only six times to patients' bedsides—an extraordinarily low number—which she attributed to “God taking care of me.” Through prayer, Dawn gains relief from her worries and troubles, courage to face her fears, and clarification of her needs. She explains, “I think praying helps me to pace down a little bit... and really think through what I am facing, and [it] helps me to have better discernment, more patience, and also, prayers help me to encourage myself and overcome some fears that I have.” After her prayers, Dawn feels peaceful and reassured.

Noël. Noël's residency in Spiritual Health fits into her longer trajectory of becoming a church pastor who can, as she puts it, “...meet people where they are in their pain and... in the midst of their trauma.” Noël is African American, and as a young adult she began attending a predominantly African American congregation of the United Methodist Church. Besides herself and her two sons, Noël's social circle and family circle are unconnected with Methodism. However, most of her close friends and virtually everyone in her family is Christian. Noël's conviction that Christian communities should facilitate healing connects with her affinity for “the theology and doctrine of John Wesley,” the founder of Methodism (1703 - 1791 C.E.). This healing, much like Wesley's process of *sanctification*,¹²⁶ takes place gradually by means of pious acts, which, I would argue, are Protestant Christian analogues to what I have discussed more generally as virtue practices.

¹²⁶ Signature elements of Wesley's views and teachings include *sanctification*, the personal development of holiness and spiritual maturity that unfolds after the moment when a Christian, having faith in Christ's divinity and atonement, is first cleansed of their sins. Through sanctification, a Christian can become less sinful and more responsive to and reflective of God's love and God's will.

Noël's practice repertoire includes solitary extemporaneous prayer, written prayer, and public communal prayer. She regularly reads scriptures, prepares sermons, preaches in church, and attends worship services. She also listens to gospel music to help start her day. Noël lights incense and prays every morning, often mixing in periods of meditation, which she learned with the help of a few friends who practice Buddhist meditation and by participating in several twenty-one-day online meditation series. Noël views meditation and prayer as two streams of communication with God: "My belief is that prayer is my speaking to God, and meditation is hearing God speaking to me." Practices strengthen Noël's sense of family heritage and protection. For example, she explains how the guiding presence of familiar, unseen beings impacts her daily life:

The Holy Spirit, or Spirit of God is always that thing other than me that's in my space and with me... I believe that my ancestors, usually meaning my mother or those who came before me, that their presence is always there guiding and directing me... That's ever present, and sometimes... I feel it more heavily... than others.

Noël's desire to be consistent with her practices contends with the demands of familial, religious, and professional spheres of life. She expressed a continual concern about shoehorning practices into an already packed schedule. Given these pressures, she feels her most frequent and consistent practice actually consists in the care that she gives to others through chaplain consultations in the hospital.

Main Practice: Spiritual Health Consultation. During a consultation, Noël's priority is letting the patient know that she is checking to see how they are doing and that she cares. Before entering a patient's room or a communal area where patients are spending time, she takes a moment to breathe and release any assumptions she may carry about the people she will encounter. The preparation helps her to remain attentive to the person she is with and to the moment they share. When approaching someone, she does her best to be welcoming and relaxed and to foster

connection, even when the behaviors she observes may be unusual and even frightening. Noël abstains from crossing her arms and legs and puts her head at the same level as that of the patient. After initiating an encounter, she may allow for a period of silence, simply being with the patient. She explains that sometimes a conversation will unfold naturally and sometimes not. When a chaplain is with a patient and neither one is speaking, it is often understood as a “ministry of presence,” a moment in which steadfastly remaining with someone has the intention of caring, especially when words might be difficult or intrusive for the patient. With the patient’s permission, Noël will “get close,” touching a shoulder, or holding hands, especially during a prayer. Before departing, she tells the patient that it has been her *honor* to be with them.

Her work feels difficult and draining at times. To manage fatigue, she has to be sure that she is getting enough rest and also spending enough time in prayer and other practices that she finds sustaining. These are especially helpful at times when she is with a patient in severe distress and whose level of disturbance she might inadvertently absorb. In these situations, she also uses strategies like deep breathing to help her release any preconceptions that might make her fearful or alienate the patient.

In Noël’s model of spiritual health, connecting with God and with God’s children (i.e. other people) is healing in itself. This connection is established through non-judgmental acts of caring, by “walking alongside” people who are suffering, “... by being open to them, and seeing God in them, and allowing God to show Godself¹²⁷ in the connection...”

Isaac. Isaac is a resident chaplain at the main university hospital. Now in his early fifties, he was born and lived most of his life in anglophone West Africa. Through our conversations, I

¹²⁷ In this instance, Noël is avoiding referring to the Creator in a gendered way.

glimpsed his sensibilities, commitments, relationships, and practices—both formative and exploratory. Isaac is a talented storyteller. His manner is quiet and welcoming, his laughter hearty. Isaac comes from a Methodist family, however, at age twenty-three, during the difficult weeks following his father’s unexpected death, he had a moving conversion experience and joined a then newly founded Africa-based Pentecostal denomination, the International Central Gospel Church (ICGC).

As an ICGC pastor, one of Isaac’s favorite duties was *visitation*, one of many practices in his repertoire, which he uses to grow closer to God. Several objectives and elements of visitation mirror those of his practice of chaplaincy, which he described to me in detail:

That used to be part of our regular schedule... So, visiting the church folks, maybe in their homes. Sometimes when they are hospitalized, you visit them. You share with them. You encourage them if there are issues [that] they are facing. Sometimes we do some small counseling, based on the Word of God. So, we do that to encourage them, pray with them. I never visit without praying... It comes from the concept of *iron sharpens iron*, and we are also to be one another’s keeper and carry one another’s burden.

Among his numerous other practices, he considers prayer (detailed below) to be central and absolutely necessary for living as a Christian. Isaac also practices *biblical meditation* when reading holy scripture. After reading a passage from the Bible, he reviews it, asking basic questions about what is written. For Isaac, the goal of this practice is to internalize the meaning of the scripture: “[T]rying to get it inside me... I will chew and pore over it... to get to the core of what is being said and to allow it to govern or to help me... to apply it for my progress, or for my good, or for my betterment.”¹²⁸

In discussing his views on morality, Isaac described a dualistic model of good versus evil that corresponds to the distinction between the intentions and actions of God and those of Satan. For Isaac, Satan is the destructive, malign spiritual enemy responsible for all the wrongdoing, sickness,

¹²⁸ The Bible Isaac referred to during our first interview was a King James Version (KJV) translation. He also used the language of the KJV when reciting verses from memory.

and division in an increasingly chaotic world. His practices, especially prayer, are ways of opening and strengthening his communication with God, defeating Satan's attempts to sever the relationship that was forged when Isaac first prayed for Jesus to save him from his sins and God to forgive him.

Main Practice: "Believer's" Prayer. Private, devotional prayer is Isaac's primary method for maintaining and strengthening his connection with God. Prayer empowers him to embrace a mode of life that would be pleasing to God and to resist evil influence. He feels that communicating with his heavenly Father is a natural, loving response to God's own love for him. He experiences this communication as a two-way channel. God responds to Isaac's worship, contrition, and trust through palpable subjective feeling states that Isaac experiences, as well as through events that he interprets as messages, guidance, and blessings.

While Isaac may pray at virtually any time or location, certain circumstances and body postures are more conducive. He often prays while standing or "walking around." Sometimes he may kneel or lie prostrate, "...if the burden is so much on [him]." Isaac seeks privacy and calm for his prayer time, which he does at home in his room or outdoors in a field or park, "...a cool place, isolated, where [he] can have no distractions." He also prays in the hospital chapel between visits with patients and loved ones or in the car during his daily commute.

Isaac organizes the ideas he shares with God in prayer according to a model he observes in a biblical passage from the sixth chapter of the Gospel of Matthew in which Jesus instructs his disciples how to pray.¹²⁹ This instruction is important across Christian liturgical traditions and is

¹²⁹ "After this manner therefore pray ye: Our Father which art in heaven, Hallowed be thy name. ¹⁰Thy kingdom come. Thy will be done in earth, as it is in heaven. ¹¹Give us this day our daily bread. ¹²And forgive us our debts, as we forgive our debtors. ¹³And lead us not into temptation but deliver us from evil: for thine is the kingdom, and the power, and the glory, forever." *The Bible: Authorized King James Version, The New Testament*, 9.

often referred to as “The Lord’s Prayer,” although Isaac preferred to call it “The Believer’s Prayer.” An abbreviated version of it is also found in the eleventh chapter of the Gospel of Luke.¹³⁰

His typical prayers begin with praising and worshipping God-the-Father and attuning to his relationship to God, “...I declare my identity. I just declare who I am as a child of God ...and I dedicate myself or devote myself into His care.” Afterwards, if Isaac needs to confess any sins, or violation of God’s law, he asks for forgiveness. The final and often lengthiest phase of the prayer is *intercession*. This is when Isaac requests God’s help or mercy, first on behalf of others, in cases of both communal and individual difficulties. Sometimes God will have brought someone or some problem to Isaac’s attention, “putting it on [his] heart” as an object of concern.” People may also request of Isaac to remember them in his prayers. During intercessory prayer, Isaac is careful to address the concerns of other people before asking God’s help in personal matters. From early childhood, he told me, he was trained not to put his own needs above God or above the needs of others.¹³¹

Eric. Eric is a life-long religious explorer. He engages deeply with Daoism and the principles of Alcoholics Anonymous (A.A.) in addition to Christianity. Although he grew up in a non-religious household, as an adolescent he felt an affinity for religious participation and enjoyed attending church services occasionally with a cousin or grandparent. In college, he also considered converting to Judaism. In his mid-twenties, Eric joined A.A. to recover from substance abuse using the

¹³⁰ *The Bible: Authorized King James Version, The New Testament*, 90.

¹³¹ Isaac reviewed with me an acrostic of the word *joy* as a model of unselfish priorities. The first letter J stands for *Jesus* (and presumably the other persons of the Christian Trinity). Next, the letter O stands for *others*, and lastly, Y stands for *yourself*, the Christian believer who is praying, taking action, etc.

organization's twelve-step program. The "spiritual principles" he encountered there¹³² empowered him to reconnect with Christianity in ways that had been out of reach when he was growing up:

Twelve-step recovery gave me a better understanding of God and of a Higher Power that doesn't have to be God, although for me, *it is...* and connecting with people who have such a broad understanding of what a higher power and what God can be and look like... That brought me back, I guess, to what I had initially felt, that kind of connection from when I was younger.

As he reconnected with Christianity, Eric helped to found a small, non-denominational church in which he served alternately as chief financial officer, assistant pastor, and pastoral adjutant, before leaving to join the Episcopal Church. It was his wife who first invited Eric to an Episcopal Christmas Eve service when their relationship first began, and Eric loved the style of worship right away. Two years later, Eric was officially *received* as a church member before beginning his seminary studies and eventually becoming ordained as an Episcopal Deacon. He has also been involved with Daoism for eight years, drawing practical and ethical guidance from its teachings and precepts.

Eric has an eclectic repertoire of practices and disciplines because he takes part in multiple traditions. The development of several different skills and virtues orient his engagement with these practices. These include being able to shift perspectives on an event or situation and maintaining a non-judgmental attitude. However, the need to manage emotions, especially anger, is Eric's most basic and comprehensive priority for engaging in practices, because it serves as a rationale for most of his other goals. For example, considering other people's perspectives and states of mind can help defuse anger over a perceived personal slight. Similarly, when a loved-one's decision causes a problem, setting aside or bracketing negative judgments of the person can allow for compassion, rather than anger, disdain, or blame.

¹³² Alcoholics Anonymous World Service, Inc., *Alcoholics Anonymous*.

Yet another emotion management strategy for Eric involves abstaining from consuming specific foods and substances, as well as neutralizing less palpable “negativity” that he might absorb from interacting with people. In keeping with his Daoist precepts, he maintains a strict vegetarian diet, a practice that reflects his concern for animal life and also prevents him from introducing any stress hormones or other “negative energy”¹³³ from that organism into his body. Eric’s dietary regimen also excludes highly aromatic foods such as garlic, onions, and other alliums thought to stir up emotional turbulence. Naturally, being in recovery from addiction also requires Eric to abstain from alcohol and addictive drugs. His participation in A.A. supports this commitment to sobriety, and, in addition, the other personal disciplines and practices of the twelve-step program figure prominently in his life. Eric attends AA meetings regularly to share stories with other people recovering from substance abuse and to affirm the principles of the program. He continues to “work on” A.A.’s twelve steps, considering ways that he can incorporate and apply them more consistently in his daily life. Often this takes the form of reflective writing in an A.A. workbook and seeking support and guidance from his sponsor.¹³⁴ Eric also sponsors several A.A. members who have not been in recovery as long as he.

Many of Eric’s practices are explicitly Christian. During Episcopal church services on Sundays, which Eric’s family regularly attends, he and his family gather with the community to worship God by singing, praying, taking the Eucharist or Holy Communion. Prayers are also an important arena of eclectic Christian practice for Eric.

¹³³ Eric uses the term “energy” when discussing his Daoist efforts to control the flow of *jing*, the Daoist concept of fluid energy, throughout his body. He seemed unconcerned with a precise and detailed account of its actions and effects in our conversations, however, it was clear to me that he was explaining his efforts to manage *jing*.

¹³⁴ When someone joins A.A., they must work with a sponsor who is a more senior member of the group. Sponsors are also recovering from substance abuse, but they have more experience and can furnish guidance and encouragement to newer members. For example, when an A.A. member is tempted to drink alcohol, they are supposed to call their sponsor for support.

Main Practice: Multi-modal Prayer. In discussing aspects of Eric’s prayer practice, his explorations of Daoism and the principles of twelve-step recovery are apparent. For him, the point of prayer is to acknowledge God’s beneficence and caring, as well as God’s will. It is important to apply this overarching perspective to specific situations in life in light of God’s power and God’s care. This gives him a sense of humility or even helplessness as well as relief and hope that things can improve. These attitudes hearken to the first and second steps of Alcoholics Anonymous, which concern (1) admitting one’s inability to control substance abuse, and (2) relying on a “Power greater than ourselves” in order to address the problem.¹³⁵

Eric also values being able to take a break from or let go of depending on language to communicate. This resonates strongly with some of Daoism’s aesthetic values and skepticism of discursive thought. Eric gravitates toward practices that likewise de-center both verbal communication and excessive formality or deliberation. Communicating ideas and feelings as they “bubble up” using non-verbal representations or *images*—visual, melodic, sensory—gives Eric a sense of freedom to engage the Divine *broadly*, without obligations and constraining formulae. As a way to enter into verbal modes of prayer, Eric often uses brief prayers called *collects*¹³⁶ from the Episcopal Book of Common Prayer.¹³⁷ Collects traditionally begin by addressing one person of the Christian Trinity along with one of their attributes, as in “Almighty God” or “Heavenly Father.” They continue with a specific petition followed by an aspiration underlying the request. Collects

¹³⁵ In the manual, they are worded: “Step One, “We admitted we were powerless over alcohol—that our lives had become unmanageable” and “Step Two, We came to believe that a Power greater than ourselves could restore us to sanity.” The A .A. Grapevine, *Twelve Steps and Twelve Traditions*, 21, 25.

¹³⁶ The Book of Common Prayer used in the Episcopal Church is based on one used in the Church of England. It is a compendium of liturgies, rituals, and prayers. The Collects comprise the fourth chapter and include both traditional and contemporary examples of this short form of prayer tailored for various occasions and needs such as asking blessings on specific Holy Days or for specific types of situations and people.

¹³⁷ Church Publishing, *The 1979 Book of Common Prayer with Additional Resources*.

traditionally conclude with an intercessory plea, such as, “in Jesus’s name” followed by the terminal “Amen.”¹³⁸ Beginning with this format, Eric may continue communicating specific praises and concerns of the day.

Kim. I first met Kim while doing ethnographic fieldwork with her cohort during the five-week CBCT[®] intensive trainings. She seemed reserved, however, when she would open up to share something unexpected and personal with the group, it was a special moment of privilege. When she and I first met for an interview, her demeanor was deliberate, and somewhat formal. She described her practices and perspectives in quiet, but fervent language.

Kim’s religious formation is rooted in the charismatic Holiness movement. When she began her CPE residency, she and her husband had been pastoring a non-denominational church, which they founded or “planted” the previous year. Before starting their own congregation, they had been members of a Holiness church, and their new community’s practices and beliefs align closely with that tradition. She told me that she was not at all pious as a younger woman, however, faith and especially the time she spends in prayer became precious to Kim as she matured, and, for her, this change marks a major turning point in her life story, when she began following the guidance that she receives from the Holy Spirit during prayer instead of following her own preferences and impulses, which she now mistrusts:

Oh man, before I developed a prayer life, I was pretty much a zombie, so to speak. I had no guidance; I had no structure for my life. I was just kind of doing whatever I wanted to do... I didn’t have any protection. I was just blowing in the wind, and to be

¹³⁸ An example of a contemporary Episcopal Church collect is:

For the Nation – Lord God Almighty, you have made all the peoples of the earth for your glory, to serve you in freedom and in peace:
Give to the people of our country a zeal for justice and the strength of forbearance, that we may use our liberty in accordance with your gracious will;
Through Jesus Christ our Lord, who lives and reigns with you and the Holy Spirit, one God, for ever and ever. *Amen.* “BCPOnline,” 258.

honest with you, my life was destroyed before I developed a prayer life. I made a lot of bad decisions, bad choices.

Besides prayer, she engages in church worship and communion or eucharist, as well as lifecycle sacraments such as baptism, child dedication, and ordination. Periods of meditation, fasting, and studying scripture are additional practices that Kim often uses to accompany and enhance her communication with God. Kim perceives responses to her prayers coming from a spiritual realm, which is distinct from the natural realm. Through praying, Kim has developed what she feels are extraordinary powers of perception and foresight. She says that she often knows what will happen before it takes place:

I can hear things that some people may not be able to hear, and I can hear the voice of God clearly when I pray in my form of prayer, a quiet, still voice. If I would have to say [what it sounds like], it kind of sounds like my own... a quiet, still, soft voice. At times it could be loud. And sometimes it could just be a pull, like an unction¹³⁹ or a pull to do a thing or to do something different than I would normally do, to react a certain way, differently than how I would normally react to any situation.

Main Practice: Charismatic Prayer. The most basic purpose of prayer, for Kim, is being with and communing with God. This practice develops her character and empowers her to live a good, meaningful life, to be an effective minister, and relate well with her family. These abilities stem from her access to and willingness to follow or “be led by” the Holy Spirit’s guidance, especially in how she treats people and what decisions she makes. She recognizes that the Holy Spirit directs her away from trouble and protects her from negative outcomes by showing her what is best to do. Sometimes, when praying, Kim may need to lie prostrate on the floor. Most of the time, she says, she prays while driving in the car. Her prayers include glossolalia, a basic charismatic practice, which she describes: “I speak in an unknown language. I speak in other tongues, which is a holy language.”

¹³⁹ An unction is a prompting from God. It can be uncanny.

Prayer is always a two-way communication, alternating between speaking and listening. When Kim listens or meditates silently during prayer, she perceives sensory input: “I can see things in the spiritual realm, and I can hear things a lot clearer.”

When I asked Kim what aspects of this practice are challenging, she described a sense of inner conflict when she finds herself seeking direction from the Holy Spirit despite the strong personal inclination she may feel toward a course of action.

If I want to do something, and I've already kind of made up my mind... but then once I pray about it and I commune with God about it, my answer is always the opposite of what I want to do. I've found that many times when I don't listen to the voice of God... the leading of the Holy Spirit, and I decide to do what I want to do, it always turns out bad. But, when I pray and I listen to the voice of God, and I follow the leading, it always works out well, extremely well. Just like being a child who wants to get their way [she laughs]. It could be frustrating at times, but I trust God, and I have faith. I believe if I just listen and trust God, everything will be okay.

Kim described additional benefits of prayer as well, including reducing her stress, helping her to feel peaceful and calm, delaying or slowing anger so that she has more of a chance of intervening, improving her health and her spiritual health, and making her more loving, patient, and kind.

Nicole. Nicole, like Dawn, grew up in South Korea and was among the youngest of the CPE residents I interviewed. She is soft-spoken but quick to laugh and smile. Raised in the charismatic Korean Methodist Church, she explains, “I grew up in church from my mother’s womb.” She has always believed in a Creator, God, however, she remembers questioning the savior role of Jesus, even when she was studying theology in college. In her second year, she had a very emotionally moving experience when she saw herself as being similar to those disciples who, after Jesus’s resurrection, did not recognize who He was. Nicole wept and confessed her sins, including confessing that she had been present when Jesus was crucified. After her undergraduate studies,

Nicole came to the U.S. to complete a Master of Divinity degree, and in the process, she also changed her affiliation to the United Methodist Church, in which she is ordained.

Nicole draws upon a wide variety of practices in her daily life. She often listens to instrumental recordings of Christian hymns. She regularly attends Sunday worship services and enjoys singing in choir, feeling that the music brings her into close contact with God. She sometimes is moved to trembling when singing. She also reads short passages from the Bible every day and looks for ways to draw inspiration and encouragement from them. One of her favorite practices is to take a meditative walk in the woods. When walking between the buildings at the hospital campus where she works, simply touching and smelling the plants, especially the rosemary bushes along the wooded paths calms her and lifts her spirits when she feels heavy-hearted after a difficult consultation with a patient. This kind of nature walking meditation is a way that she can ground and center herself through her senses and calm down, “finding a core, like a maze that you find a way to go to the center... It’s more like a journey.”

Main Practice: Prayers of Gratitude and Supplication. Nicole relies most on the practice of prayer. Sometimes she writes her prayers into a notebook, beginning with giving thanks for at least three things, followed by intercessory requests for others as well as for her own concerns. More often, at least once or twice a day, Nicole finds a private place where she speaks her prayers aloud in Korean, her native language. She begins by folding her hands, interlacing the fingers, and raising them up to touch her forehead. She keeps her hands there throughout her prayer. She praises God and gives thanks for any blessings she receives. Nicole also asks to know God’s will for specific situations and choices. Sometimes she is surprised by what she says in her prayers, wondering where the words came from.

Praying is not something Nicole feels obligated to do. Instead, it brings her a sense of freedom and relief from burdens. It can “recharge” her energy and improve how she feels, especially when she is depressed or down. When she prays for people whom she dislikes or resents, it reduces her judgmental attitude toward them and can help her be kinder and less tense. Nicole is a self-described introvert, so praying in front of others or in front of a group makes her anxious. When she is alone, she has no difficulty praying, however, when she feels anxious in a public setting, she tries to remember that the words she prays are God’s words and not just her own. She is cooperating with God, so there is nothing to fear. She believes prayer is like building a relationship. It gets easier and more natural when the communication is frequent. If too much time elapses between conversations, then it takes longer to re-engage.

Soleil. Through our interviews, I came to treasure Soleil’s conversational style, which is utterly down-to-earth. Though she is scrupulously respectful and humble, she never seems to try to make an impression or influence others’ opinions. Instead, she is gentle and frank without the slightest indelicacy or insensitivity. Soleil was baptized and raised in the American Baptist Church and has remained a member for over forty years. She explained to me that she has always felt that her purpose is to serve other people. This orientation is what eventually led her to become a minister and a chaplain. Her regular prayers and study of the Bible sustain her through what can be a demanding form of service.

Main Practice: Scripture Reading and Thanksgiving. When Soleil first wakes up each morning, she gives thanks to God for another day. She spends the next forty minutes to an hour in prayer, thanking God for many blessings, praying for others to have “health and strength, guidance and protection, protection over the highways and byways of life, and the peace that passes all

understanding.” She has many such turns of phrase, wordings from the Bible, and other litanized ways of expressing herself during her prayers. After praying for others, she asks for help with her own concerns and problems, before giving thanks once again for God’s benevolence and care and closing with “Amen.” Next, Soleil finds a passage of the Bible to read. It is often a Psalm from the Hebrew Bible, or Christian Old Testament. Soleil listens to hear what the Holy Spirit is directing her to focus on or read. It may relate to something going on in her life or things troubling her from the past. She reads the passage carefully and tries to “meditate on it” until she gains an insight that she can apply. As she puts it, “I figure out that, ‘Hey, you know, that’s something that I can use!’”

After considering how to see a situation differently based on the scripture, Soleil prays once more: “The concluding prayer is usually about the scripture, just thanking God for the scripture lesson, [asking] that He would, through this scripture, hide the Word in my heart and let the words of my mouth and the meditation of my heart be acceptable in His sight... Amen.” She recites this same basic prayer before starting each day. Soleil’s evening prayers are shorter, though just as regular. She always begins with giving thanks, especially for God’s forgiveness for any mistakes she has made during the day. She thanks God for bringing her safely through the day and using her experiences to teach her. She also prays for peaceful rest and protection through the night.

There are many benefits that Soleil attributes to praying and reading scripture every day. It is a way of reciprocating God’s love and generosity and strengthening the relationship with the One who provides for all her needs. It brings her relief from emotional pain by showing her different perspectives. She feels over the years that it has reduced her tendency to be offended and has made her more sensitive to other’s feelings. She also is more aware of God’s role in shaping the events of her life and taking care of her:

It just helps me to stay focused... It’s really about thankfulness. Because I didn’t even have to see another day and knowing that so much goes on in this hospital where I’m

at... or things that are going on in this world like patients that I encounter throughout the day. I'm thankful because that could be me.

Her daily spiritual practices are not always easy to do or to understand. She lives among noisy neighbors, and it is sometimes hard to concentrate. Other times she may read a scripture that could require her to face a difficult truth. She may want to ignore it or avoid acknowledging it. In this kind of situation, she tries to become more aware of the message and her reasons for resisting an insight and to calm her fears so that she can take responsibility for herself and hopefully seek a wiser or a more peaceful outcome.

Sebastian. Sebastian is an ordained Baptist minister. Although he does not currently lead a congregation, he remains active in his church community. During our conversations, he frequently answered my questions as though he had already given them a good deal of consideration. This suggested to me that he and I have a similar curiosity about practices and how they work—or rather, how they can be made to work. Sebastian grew up in the same Baptist denomination in which he still serves. As a child, he was influenced by his mother's Christian faith, and he first dedicated his life to Christ and accepted salvation at age seven.

Worshipping God is the primary purpose for Sebastian's practices. He feels a responsibility to maintain his personal spirituality through a variety of practices. Yet, this sense of duty is balanced by a sense of privilege to be able to seek God's forgiveness and help and to be part of God's family. Sebastian is broad-minded when it comes to other cultures and religions. As a chaplain, while recognizing that many in his faith community might disapprove, he nevertheless aspires to be able to serve the spiritual needs of people from other backgrounds and perspectives. He tries to "operate from the idea that not everybody can be or will be helped... by my faith tradition."

Sebastian is similarly open to engaging with practices from other faith traditions as well. He and his wife have studied postural yoga and meditation together, practicing together at home. He sees meditation as “stilling the emotional and spiritual mind,” which allows the body and mind to harmonize with one another and makes the meditator spiritually receptive. Besides these disciplines, he also prays and studies the Bible often, reads a variety of books on religious and spirituality, makes tithes and volunteers his time to his church, gives alms to the poor. He also continues to teach and preach in church and enjoys worshipping God through music.

Main Practice: Intercessory Prayer. Sebastian’s most consistent practice is intercessory prayer, usually when he is alone in a darkened room or *closet*. He often kneels or sits in a chair, but when he is feeling intense stress, he lies prostrate on the floor. He explained to me that his prayers are “very vocal.” He prays aloud when in private, but if the circumstances demand it, he will pray “under the breath” mouthing the words so that others will not hear or be disturbed. There are many purposes for prayer: from simply communicating with God to restoring or strengthening oneself in times of weakness with the help of the Holy Spirit. Prayer also allows a person to be part of the process of repairing difficult situations. Lastly, prayer sensitizes him to receive *unctions*¹⁴⁰ that indicate people he may need to encourage or issues that he may be able to help with.

Like Isaac, Sebastian also leans on what most Protestant Christians call “The Lord’s Prayer,”¹⁴¹ or, for Catholics, the “Our Father,” as a model. Sebastian works with this prayer as a template while also trying to ensure that the practice is never completely rote or routine. The prayers that he speaks are adapted for the present moment. He explained that the first verse, “Our Father, Who art in heaven, hallowed be thy name,” acknowledges and addresses God. Sebastian then asks

¹⁴⁰ Sebastian explained that an unction is a prompting from God. It can be uncanny.

¹⁴¹ He referred specifically to Matthew 6:9

God to accept his prayers: “Receive the offering from my lips or from my heart.” Next, he continues with supplications, asking for specific needs and concerns to be met. He believes God already knows everything that might be needed and that the act of communicating with God is still vital. Sebastian may pray for specific other people or problems to be cared for, for governmental leaders to be guided, or for concerns related to the news and current events, such as tragedies and disasters. Before concluding, he expresses adoration for God by describing the power, sovereignty, and worthiness of God’s name. He may also transition to a period of silent or “unintelligible” prayer, called *prayer in spirit*. As instructed in scripture, he closes each prayer with, “...in Jesus’s name, Amen.”

When discussing the logics of intercessory prayer, Sebastian distinguished two approaches: “intercessory prayer” that seeks to be a conduit for God’s blessings to impact someone or some situation versus “spiritual warfare,” which seeks to shield or protect persons and circumstances from harm or evil. It is directed at the source of harm. God is what powers it, and it is in God’s name, but the prayer is at and against a problem. Sebastian uses the term “standing in the gap” referring to the idea that the person praying is taking the heat in a spiritual sense. Supranormal agents are the primary sources of action—God versus Satan, right versus wrong, the forces of hell versus the forces of heaven.

What we term *standing in the gap* or being an advocate for others who may be disconnected or unconnected... it’s spiritual warfare, if you will; that’s a little bit harder, I would say, in terms of praying. To spiritually hold up a shield against what you believe may be wrong... or, you know, to protect the country from evil, and those types of things... I believe that is harder, if you have been praying sincerely and fervently for those things. It is a physical toll as well as emotionally draining, depending on the situation. Sometimes it is fulfilling in terms of positive energy.

Sebastian noted that intercessory prayer can bring him energy, but it is also, “hard work.” “Passion” and “fervor,” are what make the practice more effective, helping him to block or resist

evil influences and troubles during spiritual warfare and to invite divine blessings and protection for those who may need it. Sebastian benefits as well, gaining wisdom and setting aside his judgments of others whenever he practices intercessory prayer.

Richard. The first time we met, Richard and I discovered that we are almost exactly the same age, and that may have been a basis for the camaraderie I felt toward him. He is a pastor in the Seventh-Day Adventist church, and during his CPE residency, he continued to fulfill the demands of parish ministry. He grew up in Afro-Caribbean Adventism, where adherence to the demands of church participation and the proscriptions of the Sabbath were strict. He began taking his personal faith seriously during adolescence. Growing up, the Sabbath was so different from the ordinary rhythms of life during the school week. When he emigrated to the U.S. as a teenager, he noticed that American Adventists were less strict than in the Caribbean, however, the contrast between church life and secular life was even starker.

Richard is somewhat ambivalent about the requirement for religious participation, including church attendance. While he feels responsible to his community to serve as their pastor and participate fully in church life, his rationales for and theological understandings of religious practice have evolved. He does not think that attending church is a prerequisite for having a “rich faith experience” and instead views church life as a source of spiritual wellbeing for humans who naturally depend on relationships. Richard also embraces the potential benefits of practices from outside his faith community. He feels that some Adventists would tend to avoid the potential distraction, confusion, or conflict that might arise from engaging with outside faith practices, even ones adapted for general use. However, his interest in the benefits of practices makes him more open and appreciative of opportunities for other types of interreligious connections.

Reading scripture and praying are very important parts of Richard's life. He nevertheless sees keeping the Sabbath as a separate, holy part of the week and attending church every Saturday as a primary focus or discipline.

Main Practice: Seventh-Day Sabbath. The weekly Sabbath begins at sundown on Fridays. At this time Adventists like Richard are supposed to set aside all "secular" work and entertainment, to rest, and to devote time to religious study and practice. Richard often spends Friday evenings preparing his sermon for the next day's church service. On Saturday mornings, he wakes up early, dons a suit, and he and his family go to church. He may stay there as long as eight to twelve hours, depending on what events have been planned. Most of the parishioners attend Sabbath School. Meanwhile, various custodians and leaders in the church will approach Richard with numerous "briefings and requests" that need attention before worship service begins at eleven o'clock. During worship, the congregation follows a set liturgy together, including singing hymns and praises, reading scriptures, making monetary offerings, and praying. Some Saturdays there will be communion or eucharist.

At the close of the service, which can last over two hours, the congregation has a relaxing "fellowship lunch" in which they talk and catch up while children play. Some more devout members stay afterwards for further biblical study and dialogue. The purpose of studying the Bible and attending Sabbath School is to develop knowledge of God's word that will then be enriched and expanded through engagement in worship and other activities. There may be other afternoon activities for children and young adults, as well.

Richard believes that attending church can be personally transformative, however, he confessed that his role as a pastor has led him to feel "emotionally removed" from those aspects and benefits. For him, being in the church community is most transformative when people show up

having invested in their spiritual lives during the week and when they participate authentically. Yet, this kind of spiritual community, in which people know one another and are known by one another intimately and without pretense is both the most difficult and the most beneficial element. When I asked Richard what gets in the way of this, he suggested that individuals feel guilt and shame, which prevents them from being themselves and sharing themselves. “Unfortunately,” he remarked, “...those are very powerful themes in my faith community that are used often for the most hideous reasons... I don’t think shame has any positive function to it in a community context.”

Discussion and Analysis of Profiles

In surveying the practices in which the CPE resident chaplains are proficient before they begin training in CBCT[®] meditation, there are several striking features. Each is involved with a wide variety of practices by which they seek relief, assistance, favor, or forgiveness, to strengthen their connection with the source(s) of these blessings, and to develop personal characteristics and abilities. These activities are highly goal-oriented, even though the mechanisms may be either obscure or inherently inexplicable.

Chaplain residents are already adept at reframing and refashioning their prayers, rituals, and other practices by adapting models from communal worship practices, classes, television, online videos, books, and, of course, religious scriptures. These adapted practices contain combinations and abbreviations. They may be imbued with new and poignant meanings. Among this group of practitioners, trying to stay consciously focused and emotionally open and engaged is key. They are wary of automaticity or *going through the motions* of a practice. Even precision may be suspect if it takes precedence over the ability to be touched or healed. In the service of this need, practitioners seek out favorable conditions and connection with the Divine through the medium of practice. Their diligence reveals both the intimacy and the freedom to be found in commitment to a practice.

Laudable as each individual's experiences and commitment to practice may be, their accounts also give clues to a body of relevant prior knowledge—procedures and strategies for inner work; priorities, values, and rationales for improving one's circumstances; and instances of personal change—that hold serious potential to shape their acquisition of new knowledge when they train in CBCT[®] meditation.

Chapter Four: Learning a Contemplative Practice

In the previous chapter, the descriptions of chaplain residents' spiritual and religious repertoires and techniques begin to illuminate each individual's prior knowledge of activities and procedures for seeking help and cultivating dispositions and responses they perceive to be both *good* and *efficacious*. They are good in that they reflect ethical ideals and virtues. They are efficacious because they enable the practitioner to help others¹⁴² to relate to the Divine, and to live an authentic and happy life. The orientation toward this sense of charity, connection, and of fulfillment is a basic facet of experience for all the practices examined in the previous chapter.¹⁴³ Seeking to be good and to be effective are likewise experiential aspects of CBCT[®], the Buddhist-inspired meditation protocol that the chaplains trained in as part of their CPE residency.

In a healthcare environment where the population of patients, visitors, and staff is increasingly diverse, in terms of culture and religion, developing an approach to training chaplains and to chaplaincy work that is not limited by the specific religious beliefs of either the chaplain or the person being cared for has been recognized as an increasingly urgent concern. Spiritual Health administrators decided to incorporate CBCT[®] into the standard CPE residency curriculum, because this contemplative intervention seeks to strengthen the virtue of compassion as a universally valued disposition that improves the emotional wellbeing of the person who is feeling or being

¹⁴² Several of the chaplains reframed the idea of helping others as, in effect, being a *conduit* or an occasion for bringing God's help, love, protection, etc. to a specific situation or person. This is yet another way in which the distinction between interventionist and virtue practices is blurred.

¹⁴³ I would argue that this orientation echoes Charles Taylor's notion of *fullness*. In *A Secular Age* (2007) Taylor seeks to historicize a change in the experience of religious belief and religious unbelief in the modern west. He describes a progression of ideas and events that make it impossible for people to escape the awareness that various religious beliefs, as well as stances of religious unbelief, are optional rather than assumed. Completely different "construals" of reality may be taken for granted by the inhabitants of this secular social milieu, but no one may take their particular construal for granted with the naivete that was possible before the advent of the secular age. *Fullness* refers to a condition of life (or afterlife) that is "...fuller, richer, deeper, more worthwhile, more admirable, more what it should be" (Taylor, 5). For believers, fullness is often relegated to a supernatural realm of existence, while for unbelievers it must be looked for in an *immanent*, this-worldly frame of reference (Taylor, 5–12.).

compassionate, as well as the receivers of compassion who may benefit from the resulting goodwill and/or help. Building on compassion, a value intrinsic to the chaplain consultation encounter, was a natural choice. The basic framework of CBCT[®] defines compassion as a natural capacity of human beings. The course materials embrace insights from research in the natural sciences and from specific religiously-embedded techniques and teachings that help to either illustrate ideas that are important in CBCT[®] or demonstrate that compassion is a shared value across religious traditions. The compassion meditation practice seeks to help remove common impediments to compassion's natural arising in response to suffering. It also seeks to enhance compassion by furnishing and deepening perspectives that support it. As we will see, both the similarities and the differences between Chaplains' primary practices and this new meditation protocol shape how they explore different meditative exercises. As religiously-committed novice practitioners, Chaplains are implicitly tasked with interpreting and filtering what they learn in CBCT[®] in light of their most dearly-held beliefs and ways of helping, connecting, and finding fulfillment. Their experiences represent a precious opportunity to observe how CBCT[®]'s creators' and instructors' efforts to make the practice compatible across cultures and inclusive of diverse religious standpoints is received by participants with significant religious and spiritual investment and commitment. All of this plays out through learning experiences, including the experience of learning, that is *trying to understand* CBCT[®] and *trying to do* CBCT[®] meditation.

Introduction

Learning experiences have not been of primary interest in the contemplative sciences. The early innovators of this area of inquiry have been understandably impressed by the remarkable difference that, for example, practicing a mindfulness meditation can make in a patient's ability to tolerate pain or that lifelong meditation practice appears to have made in the brain structures and connectivity of

adept meditators. These empirical observations have deeply shaped the research agendas that have unfolded. The enthusiasm and resulting initiatives for introducing meditation techniques to people who might benefit in similar ways is likewise a natural outgrowth. However, the distinction between the processes and impacts of repeating a meditation technique and those of learning it for the first time has not been a central question to date, nor has the likely relationship between individual learning and individual outcomes of a meditation intervention.

Like the Chaplain Residents in this study, the majority of research participants in experiments in which an independent variable is a meditation intervention—such as CBCT[®], MBSR, etc.—are complete newcomers to the contemplative practice being investigated. This circumstance alone compels a shift in our understanding of what these participants are endeavoring to do. When we first recognize that they are novices, then the role of learning processes and learning experiences becomes more suggestive of so-called “active ingredients” that may make contemplative practice effective. Every learning experience is uniquely shaped by its context. This includes the context in which information is presented and received. Several contextual features are of interest here, beginning with the context of prior knowledge with which participants’ new knowledge of CBCT[®] meditation must be internalized or *made to make sense*, so that it can be both externalized as a description or recollection or so that it can be enacted. This prior knowledge is manifold. New concepts and representations are made sensible, retained, and recalled thanks to their associations—whether congruent or incongruent—with prior ones. There is every reason to expect novice practitioners to make use of whatever relevant knowledge or experience they have in order to assimilate new knowledge about meditation. Therefore, this project has focused on areas of practical and conceptual or semantic knowledge that appear especially relevant and ripe for association with the new learning involved in CBCT[®], namely, knowledge of analogous practices for developing

virtue and the ability to be helpful. The chaplain residency group is particularly interesting, because they have especially extensive experience and deep knowledge of exercises, disciplines, and other practices with many obvious parallels to CBCT[®].

A person's *knowledge* or *knowledge base* is the collection of information they can draw upon when performing any action or cognitive process. From a cognitive science perspective, a person's knowledge does not have to be accurate nor even testable. What is more, there is no basic difference between what someone knows and what they remember. Knowledge and memories constitute a large but finite store of mental representations, neural traces—in the form of electrochemical signal-amplifying and signal-dampening pathways between neurons and neural regions.¹⁴⁴ These internal representations reflect encounters with other representations, be they sensory images of environmental stimuli or logical relationships between abstract concepts. We can think of *memory* as a cognitive capacity to encode, store, or embody¹⁴⁵ knowledge.

Varied forms of knowledge have been investigated for their clues to correspondingly varied memory processes. *Declarative memory* stores knowledge in such a way that it is available for conscious recollection. *Semantic knowledge* is a type of declarative knowledge of aspects, meanings, and functions. How does one thing relate with other things? What is it like or unlike and in what ways? What words describe it? What is its purpose? CBCT[®] relies on a complex framework of semantic

¹⁴⁴ The advancements in cognitive neuroscience toward more accurate models of the relationships between neural traces and mental representations are ongoing. Suffice it to say here that (a) the existence and the importance of those relationships is taken for granted in this study, and (b) the neuroscientific implications of the mental states and representations that participants describe are beyond its scope.

¹⁴⁵ I use the word embody here to signal (a) lineages of humanistic scholarship locating transmissible cultural representations of, say rituals, dance, health practices and healing processes in *bodily memory*; much of this type of knowledge corresponds to what cognitive scientists call non-declarative memory, the knowledge of which the knower is not (necessarily) conscious, and (b) the embodied character of human knowing or information processing, and (c) my wariness of descriptions of thinking and knowing as outside the context of the body. At a biological level, the mechanisms of memory—the strengthening and weakening electrochemical signals along pathways across and between neuronal regions—takes place in the nervous system and especially in the brain's cerebral cortex.

content tailored to delineate compassionate perspectives that CBCT[®] meditation is designed to nurture. Terms with flexible or disputed meanings are used in precise ways in CBCT[®] instruction. For example, some people may use the word “compassion” interchangeably with sympathy and empathy, or it may evoke a religious ethical framework. In CBCT[®], compassion refers to the fervent and unbiased wish for another being to be free from suffering and anguish and the readiness to act to promote their wellbeing if it is possible. Similarly, “love” is often associated in the popular culture of the modern, industrialized West with a feeling of devotion, belonging, or even yearning toward a potential romantic partner. From the perspective of CBCT[®], love is simply the positive aspect of compassion. Love is the fervent, unbiased wish for another being to have lasting peace and happiness, without reference to its potential benefits to oneself. Love cannot hurt. It is a fundamentally well and beneficial attitude. Still other semantic content is comprised of values, priorities, and goals, as well as rationales and causal relationships.

Chaplain residents’ knowledge of the steps and strategies to follow when engaging in CBCT[®] meditation practice is one type of declarative knowledge that is crucial for understanding CBCT[®] learning experiences. Of course, for the health sciences, the question of the fidelity with which participants actually perform a contemplative practice could be investigated as a potential moderator of health benefits or other research outcomes. However, fidelity is not of primary interest for the current project. Rather, this study investigates what it is like for religiously committed, experienced practitioners to learn a new contemplative practice for the first time and how is this new knowledge incorporated with their extensive prior knowledge.

There is a long history in the study of knowledge and memory of making a firm distinction between declarative and non-declarative memory and of understanding *procedural memory*, stored representations of how to do things, as a form of the latter. For example, in order to be able to

retrieve a pencil that has been dropped on the floor, a person must know—they must have a representation of—the intricate muscle contractions and releases required to pick the pencil up. However, that fine-grained knowledge is implicit. The knower cannot bring that knowledge fully to mind, to conscious awareness. Theoretically, this minute muscular choreography could be described, but that description would almost certainly be based on accounts other than the subjective experience of retrieving the pencil. On the surface, meditation instructions clearly constitute a procedure and might be expected to be stored in procedural memory. However, the way that the minds of novice meditators represent the steps of CBCT[®] meditation is quite different from more habitual and automatic tasks. It has not been habituated or over-learned in the way that simple physical tasks are. CBCT[®] meditation instructions have to first be presented in verbal instructions and reinforced through coaching. Then, the novice repeatedly attempts to enact them and coach themselves in order to develop competence.

Because CBCT[®] meditation is both complex and, in some ways, counterintuitive, it may not be the type of task that non-declarative practical knowledge is best suited to direct. The steps are designed to intervene and interrupt some of the more natural or automatic ways that people interpret situations. It is doubtful whether the majority of practitioners could ever become sufficiently habituated to the practice to enable the task to become represented primarily as practical knowledge. This is especially true because some of the practice involves language-based self-inquiry. In any case, for the participants in the current study, knowledge of the steps of CBCT[®] meditation are first approached as a set of semantic representations.¹⁴⁶ These representations may be

¹⁴⁶ Ohlsson, *Deep Learning*, 194–95.

challenging to learn in themselves, especially when they contradict novices' most basic assumptions about meditation and compassion.

While descriptions of the *target states* of mindfulness-oriented contemplative practices might downplay standardization and procedure as priorities, this does not mean that detailed meditation instructions and methods do not contribute to them. As Janet Gyatso so helpfully points out in her examination of Tibetan Buddhist tantric ritual experience, while a salvific meditation experience may be described as unmediated by any cognitive elaborations, they are nevertheless the *hard-won* results of elaborate and strenuous discipline and elaborate standardized methods; meaning that the means of attaining them are elaborately contrived.¹⁴⁷ The high degree of specificity and standardization of the prescribed steps of CBCT[®] meditation, which correspond with the successive modules of CBCT[®] course instruction, are discussed at length elsewhere. Here, let us simply bear in mind that when a novice is beginning to learn the meditation procedure, the sequential relationships and causal logics that connect one contemplative step to the next remain, effectively, semantic information that has to be recalled or brought to mind before it can be enacted. The meanings and relationships expressed in meditation instructions are not yet simulated or mapped onto the kinds of palpable experiences that a more seasoned compassion meditator could report.

This project treats a Chaplain Resident's knowledge of meditation procedures as distinct both from the manualized CBCT[®] instructions and from the presentation of this contemplative intervention in the meditation class setting. Without ignoring the influence of such proscriptive guidelines, my focus is on how Chaplain Residents describe the steps and strategies that they enact when they practice CBCT[®]. This individualized, idiographic information is accessed primarily

¹⁴⁷ Gyatso, "Healing Burns with Fire: The Facilitations of Experience in Tibetan Buddhism."

through experiential interviews at two timepoints: (T2) midway through their CBCT[®] coursework and (T3) shortly after it concluded. These interviews elicited accounts of learning and knowledge using three complementary approaches. First, the participants responded to several interview questions about how they typically meditate. For example, I asked them to teach me to do CBCT[®] meditation the way that they do it themselves. Second, I invited participants to engage in a brief, silent CBCT[®] meditation whilst I did the same. Immediately afterward, they responded to additional interview questions asking them to describe the specific instance of CBCT[®] meditation that they had just experienced and compare it to their typical meditation experiences. Thirdly, I asked them to describe remarkable and poignant moments related to CBCT[®], which often elicited descriptions of past meditation sessions remembered after days or weeks had elapsed. Many of these stories are examined in the following chapter on experiences of effort and growth. Each of these types of recollected account relate to knowledge which differs from the kinds of semantic knowledge discussed so far. They invoke and rely on knowledge that is encoded via a different memory process.

The Intensive Training in CBCT[®] and CCSH

A standard CBCT[®] Foundations course will meet one evening per week, with successive meetings covering the learning modules in order, although rates of progress through the modules can vary.¹⁴⁸ The Foundations course can also be condensed into an intensive training over two full days. The chaplains learn CBCT[®] in an adapted timeframe as well, with full-day intensive workshops that meet weekly for four weeks, followed by an additional intensive day covering the basics of the Compassion-Centered Spiritual Health (CCSH) consultation method. The day-long intensive

¹⁴⁸ Module Three: Self-Compassion has more detailed content and longer meditation instructions than the other modules, so more time is often spent on this module than any other.

trainings were conducted by two instructors. One was a CBCT[®] Program administrator and longtime meditation instructor, the other was a CPE educator recently certified to teach CBCT[®] meditation. The trainings were held at a Protestant church with which one of the spiritual health administrators is affiliated. In accordance with the experimental design of the larger health science study by the Mascaro Lab, half the members of the residency cohort were randomly assigned to study CBCT[®] early in the fall, the other half waited until the following spring. Each group met one day each week for five consecutive weeks, to learn CBCT[®] meditation, as well as a novel “compassion-centered” approach to chaplaincy consultations with hospital patients, loved-ones, and staff. This latter skill, known as Compassion-Centered Spiritual Health (CCSH) was taught on the fifth and final day of intensive training. I was privileged to participate in these trainings with all of the Chaplain Residents.

Our classes convened in an esonarthex just inside the open-plan main sanctuary of the church, near the entrance doors. Steel-framed chairs line an empty floor space with one windowed wall looking out onto the wooded grounds. The instructors and students would arrange chairs in a circle. The arc of the outermost wooden pews delineates the sanctuary nave, and beyond these, the floor slopes downward and the ceiling upwards toward a raised platform where a wooden altar, lectern, pipe organ, and seating for musicians and a choir are arranged, backlit by vaulting, clear plate glass windows looking out into the woods. The training days were divided into ninety-minute training sessions, two in the morning and two in the afternoon with breaks in-between. At midday we were served a casual, catered lunch. When it was sunny, many of us would eat our sandwiches and salads outdoors.

The Learning Modules

Each CBCT[®] module adds to the conceptual framework of the compassion practice as well as to the series of mental exercises to follow during the meditation period. The basic theory of CBCT[®] is that compassion is a natural human response, which can be strengthened by (1) reducing thoughts and habits that inhibit and distort compassion, (2) building precursor skills that support compassion, (3) extending compassion to a wider group of individuals, and thereby (4) refining and intensifying the affective and motivational aspects of compassion. Before the numbered modules are presented, instructors give an overview of the course. This helps to set beginners' expectation about the purpose of this style of meditation and its experiential targets. Students are then coached in helpful body postures for meditation, such as sitting upright with a natural curve at the small of the back and the stomach muscles relaxed. The modules of the CBCT[®] protocol are designed to lessen in-turn specific obstacles to compassion—distraction, misapprehension, anger, ingratitude, and impatience. The meditative exercises include attention tasks, sequenced imagery, and reflective analysis of lived experiences. In addition, they seek to facilitate states of mind that lead to compassion— such as inclusiveness, gratitude, and endearment toward others. One of the first meditation exercises that the instructors coach students through is a foundational practice to put them in touch with experiences of receiving love and compassion.

Foundational Module: Resting in a Moment of Nurturance.

This first exercise is by far the most frequently utilized by the chaplains I interviewed. This exercise can be either a quick emotional attunement, a sustained visualization on its own, or the opening to a series of meditative exercises. Practitioners begin by recollecting a moment when they felt nurtured and safe. Skilled instructors give newcomers time and tips for selecting an appropriate moment of

nurturance before the meditation period begins.¹⁴⁹ Bringing the moment of nurturance to mind, the practitioner tries to visualize it in detail and to remember other sensations of warmth, aroma, or sound that can make the recollection vivid. When the scene feels realistic, the emotional experience of receiving care and being protected and safe becomes the focus. If a person or animal is part of the moment, as is often the case, practitioners visualize a bright light shining toward them from the heart of this caring being. The light covers or fills the practitioner completely and then becomes concentrated in the form of a bright gem or pearl at their own heart. The practitioner then visualizes the light from this gem shining forth from their body and reaching out to as many other beings as they can imagine. This is a very simple description of a visualization that can be quite elaborate. The light shining represents compassion and goodwill being shared with the practitioner who can then propagate it and show compassion to others. This exercise can be simplified as well, such as when people simply remember the nurturing moment itself and the feeling of being cared for. Instructors encourage practitioners to bring this moment to mind throughout any of the contemplative exercises they present as a way to help them regulate emotions they may feel as they go through the different modules. The nurturing moment can serve as safe touchstone.

Module One: Attentional Stability and Clarity.

Being able to keep one's attention on an object is thought to facilitate all other meditation exercises. In addition, having focus that is reliable as well as flexible is important for strengthening compassion. This is because compassion is a response to someone—perhaps oneself—who is experiencing stress or other difficulty. Being attentive to that instance of suffering may not be easy,

¹⁴⁹ It is common for beginners to spend the bulk of a nurturing moment exercise consumed in the process of shopping for their moment. This means that the positive feeling that the exercise targets is not experienced. Unfortunately, sometimes people feel unable to retrieve any moments of nurturance, and it can heighten their feelings of being isolated, disappointed, or dismayed. This is the opposite of what the module is designed to facilitate.

but compassion is likely to require paying attention. To stabilize and clarify mental attention, practitioners work with one semi-discrete sensory object at a time. CBCT[®] recommends working with something neutral, such as the sensations of breathing in one area of the body (chest, nostrils). The chaplains in their intensive course were coached in focusing on the breath, on the way their feet feel when walking, and on a candle flame. The exercise consists of setting the attention on the chosen object and trying to keep it there. Strategies include tuning in to details of the object and developing meta-awareness of attentional fluctuations, so that if a distracting thought or perception arises, the attention can be renewed or reset on the chosen object of focus. A major area of strategy also involves avoiding excessive frustration when noticing distractions and returning to the object of focus. Rather, instructors coach their students to be gentle and allow the distracting thought to dissipate while returning to the task at hand.

Module Two: Insight into the Nature of Mental Experience.

This exercise is for becoming more familiar with one's own mental activity. What kinds of things come to mind? What attracts attention? What parts of overall experience are mental? Presuming that most practitioners have busy minds, the instructions for this module seek to instill a more distant or observational perspective on the various things that can come to mind. This can allow the practitioner's attention to stay anchored in the present moment, because the thoughts, memories, sensations, etc. that arise are perceived as they appear and fade from moment to moment. Were a practitioner to suddenly remember a conversation from earlier in the day, it could be an engrossing experience that completely displaces the awareness of the task of meditating. However, keeping an observational stance when this occurs enables the practitioner to remain cognizant that the prior conversation is a memory, a mental representation getting recalled and replayed. Of all the CBCT[®] modules, this one most resembles Jon Kabat-Zinn's famous description of practicing *mindfulness*:

“the awareness that arises from paying attention, on purpose, in the present moment and non-judgmentally.”¹⁵⁰ Having paid attention to a single object in module one, the resulting awareness of the faculty of attention is developed and further explored in module two. Maintaining a gentle attitude allows the practitioner to refrain from self-judgment, while allowing thoughts to arise and pass away helps to stay grounded in the present moment.

The objective is to become sensitive to potential differences between interpretations and perceptions. This can allow practitioners to experience more freedom to intervene between impulses and actions or between the first hint of an emotion, like frustration, and the development of full-blown anger. Given how receptive the practitioner is during this exercise, almost anything can come to mind when one is observing in this way. For beginners especially, having the opening practice with the nurturing moment helps to prime thoughts and feelings that are less disturbing and allows them to bring that moment of safety back to mind if they feel the need.

Module Three: Self-Compassion.

This module has many facets and tends to take the longest to cover in a CBCT[®] course. Self-compassion in CBCT[®] trains the practitioner to deepen their awareness and acceptance that (a) they experience suffering, (b) they wish to be free from suffering, (c) they have limitations and vulnerabilities, and (d) they are not in complete control of what happens because change is constant. Developing self-compassion sensitizes the practitioner to the universality of these experiences and to the need for more realistic expectations, as well as more kindness and understanding towards themselves and their circumstances. There are many ways to incorporate mental exercises that promote self-compassion in CBCT[®], including simply bringing a difficult situation or problem to

¹⁵⁰ Booth, “Master of Mindfulness, Jon Kabat-Zinn.”

mind while reviewing some of these perspectives. Practitioners can also investigate the ways that certain personal strivings and conflicts are motivated by the universal desire to avoid suffering and gain wellbeing and whether any of the specific outcomes they seek are likely to bring more than a fleeting sense of relief or satisfaction.¹⁵¹

A major target state of self-compassion practice is patience and tolerance especially towards oneself when facing difficulty, recognizing that some problems are self-generated and although we may want to change, it takes lots of time and effort. This kind of patience also fosters commitment and perseverance to strive towards such change. Once the practitioner has worked on cultivating a perspective of self-compassion and patience, then they should generate a sincere, heartfelt resolve to continue to apply that perspective and potentially also to change their behavior accordingly. Making such a resolve and following through with it can be viewed as the most direct form of self-compassion, because it is a way for practitioners to reduce their own suffering by changing something that is in their control, whereas often the broader situation is not.

Module Four: Cultivating Impartiality.

Impartiality paves the way for compassion toward a wider circle of people (or other living things). In CBCT[®], impartiality is rooted in the acknowledgment from Module Three that everyone wishes to

¹⁵¹ One aspect of self-compassion module that is less emphasized in the chaplains' course than in other versions of the CBCT Foundations courses I have observed involves exercises in which practitioners analyze some conflict or difficult situation they are in. The purpose of the analysis is to prompt practitioners to ask themselves what aspects of the difficult situation they are exacerbating. Especially in early CBCT[®] manuals, the concept of excessive self-concern was taught as playing a major role in fueling unpleasant or exacerbating reactions to difficult situations. The Buddhist teaching that self-centeredness gives rise to eight worldly concerns that create stress has, in the past, been the basis for a meditative analytical exercise in which the practitioner asks themselves whether each of the eight worldly concerns are worsening their preoccupation and difficulty with a situation in life. These eight manifestations of self-centeredness are (1) seeking praise, (2) dreading criticism, (3) seeking reputation and fame, (4) dreading ill-repute and ignominy, (5) seeking material gain, (6) avoiding material loss, (7) seeking pleasure, and (8) avoiding displeasure. Importantly, these concerns are not presented as wrong, rather, they are natural. The reason to question them is because satisfying these concerns is always temporary, while addressing the root source of them, i.e. self-centeredness, can bring lasting relief and satisfaction.

avoid stress and suffering, and yet everyone still experiences it. The exercises for instilling a perspective which would allow compassionate responses to be de-coupled from our personal biases begin with becoming acquainted with biases of which the practitioner may not even be aware. The practitioner begins by visualizing the faces of three people: on the right is someone they truly care for, in the middle is a slight neutral acquaintance, and on the left is someone who seems to make life difficult.¹⁵² Beginning with the neutral person, the practitioner imagines each person as they receive wonderful news and become happy. As each image expresses pleasure, the practitioner observes whether their own subjective emotional reactions align with the other person's or are contrary. Reactions may vary, and it is common to identify someone as a neutral person, for example with whom our emotions are unexpectedly aligned or misaligned. The diagnostic aspect of this practice is that it helps identify the people toward whom the practitioner has more goodwill and less. The visualization can further clarify any biases by imagining each person receiving bad news. Just as any negative reaction to someone being happy would indicate bias, so does feeling happy when someone else is upset or disappointed. A further step would be to check whether any of these people would have formerly met with a different reaction. Has the loved-one always been in that category, and is it conceivable that they could change status, becoming estranged or perhaps a source of annoyance? Reflecting on these questions while visualizing actual people helps the practitioner to see that treating someone as a close friend, as a bitter enemy, or as inconsequential is based on subjective and capricious thoughts, not on the identity of the person. Reasoning in this manner starts to de-reify those appraisals and judgments and to loosen the links between them and the practitioner's emotional responses. In this way, practitioners experience both the link between feeling close to

¹⁵² Novices are strongly cautioned not to begin learning this practice by bringing to mind someone who is too disturbing, but instead to think of someone who is irritating or who they see as a minor rival.

someone and having emotional reactions that align with theirs and the arbitrariness and capriciousness of the sense of feeling close, feeling indifferent, and feeling averse.

Module Five: Appreciation and Affection for Others.

The purpose of training in CBCT[®] is not to feel an average amount of compassion and goodwill toward oneself and others, but rather to help the practitioner to cherish others and wish them well as they would close friends.¹⁵³ Compassion grows from the recognition of another person's value, their preciousness. Seeing the value in others, which stems naturally from the sense of gratitude, prompts us to wish for and promote their welfare. Module Five begins with exercises to attune the practitioner to aspects of their own happiness and wellbeing that depend on contributions from other people. This can work in two directions. When developing gratitude for a specific person, the practitioner visualizes them while identifying contributions they make that are often overlooked due to bias. Does this person pay their taxes and obey laws? Do they provide a service or product that the community relies on? Do they keep a beautiful front garden?¹⁵⁴

Working in the reverse direction, an interesting mental exercise in this module starts with identifying some object on which the practitioner relies daily. Then, the practitioner identifies some of the people whose direct efforts have made this item available to them. Propagating outward from this initial set of contributors, the practitioner identifies more and more people without whom this necessary object would not be available, including people who indirectly support the systems that

¹⁵³ It is important to remember that this practice does not promote actually becoming intimate friends or confiding in everyone equally. Instead, it is designed to unhitch compassion to the limitations of relationship status. This means that, while the practitioner is working to extend heartfelt compassion and beneficence, this does not necessarily translate into closer relationships.

¹⁵⁴ In this exercise, it does not matter whether someone has intentionally helped the practitioner or whether their contribution is inadvertent.

made it possible. Fairly quickly the interdependent web that provides what the practitioner needed appears endless. Everyone is included.

CBCT[®] furnishes additional contemplative exercises for progressing from gratitude to affection. One basic visualization is to reflect on an individual's vulnerability to stress and suffering and their desire to be free from it, because when we see someone as vulnerable, they also appear less intimidating, enviable, adversarial, etc. Similarly, remembering that this person was once a child can also signal their basic humanity and vulnerability. The practitioner can also imagine perceiving someone the way that people who love them—parents, best friends—are able to view them. Finally, the practitioner should meditate on the benefits to themselves of having a kind, affectionate attitude that sees the value in other people. Imagining how much better it would feel to be able to accept everyone and wish them well can increase the practitioner's motivation to pursue these perspectives.

Module Six : Empathetic Concern and Engaged Compassion.

CBCT[®] defines “compassion” as the desire for others to be free from suffering. “Love,” the positive side of this coin, is simply the desire for others to be happy. In their initial stages, compassion and love are more aspirational. When they deepen, they translate to motivation and readiness to contribute. Module six includes exercises in which practitioners imagine what it would be like if the person towards whom they are developing compassion were to be freed from stress and suffering. Experiencing through imagination how different and, in the words of CBCT[®], “how wonderful it would be” if this person were to be truly happy.¹⁵⁵ Moving on from this aspirational mode, the

¹⁵⁵ As a practitioner myself, I find this thought experiment to be almost magical in that the changes that I imagine would come about if this person were relieved of suffering are often the very behaviors that are sources of irritation to me. So, the exercise shows me that compassion and goodwill toward them is not separate from compassion and goodwill towards myself. CBCT does not encourage any expectation that the other person would change, but rather, it instills a perspective that unites the practitioner's welfare with that of other people, especially difficult people.

practitioner can amplify their *wish* for others to be free from suffering into a more robust motivation to seek others' welfare.

The meditative exercise used to fortify participants' aspirations into a determined commitment to seek the welfare of others begins with a reflection on the benefits of seeking others' welfare and the detrimental effects of an imbalanced, self-centered perspective. Then, feeling the impulse to engage for the welfare of others, practitioners can visualize the person toward whom they are developing compassion. Imagining facing this person's stress and worries as smoke, which they exhale from one nostril, the practitioner then follows their own breath as they imagine inhaling all of the smoke through one nostril, taking on the other person's burdens into their own body. In addition, the practitioner imagines exhaling multi-colored, purifying, healing light and vapors from their other nostril, which the other person inhales. This breath-based visualization¹⁵⁶ can be sustained for several minutes before transitioning to a final visualization of the love and compassion the practitioner has cultivated as a small, bright shining pearl at their heart that fills their entire body with light and then also fills the person they have visualized before them, eliminating all of their suffering, and filling them with happiness.

It should be clear now that CBCT[®] meditation is an intricate set of mental exercises, which requires significant time and effort on the part of the novice practitioner to fully explore and adopt. Below we will see that most of the chaplains do not engage all of the learning modules. Some only engage one or two. The entire sequence of modules is not meant to represent a rubric to gauge learning. Instead, it provides a clearer idea of what exercises, concepts, and logics the CBCT[®] course has presented to the chaplains. It also suggests more nuanced learning scenarios in which the latter

¹⁵⁶ This exercise is a simplified version of a Tibetan Buddhist practice of *tonglen*, which means taking and giving, referring to taking on the sufferings others and giving away blessings and relief for their benefit.

modules, though they may not be enacted regularly by most chaplains, could still enrich the meditation exercises from earlier modules.

Modes of CBCT[®]: Adopting and Adapting Compassion Meditation

The key question remains: What are practitioners doing when they practice CBCT[®] meditation? The answers are manifold. Chaplains' responses to questions about their typical week-to-week engagement of CBCT[®] tells part of the story. Individuals differ from one another in their levels of engagement with the materials and the meditation practice. Some engage CBCT[®] multiple times a day, while others never deliberately do so. Some meditate right along with the program's official pre-recorded guided meditations for each of the modules, while others confidently mold and curate the steps of CBCT[®] to blend in with their other practices. Their experiences also change over the five weeks of intensive training sessions. Nevertheless, the aggregate of responses from the group evinces some comprehensive features.

To begin, Chaplains tend to rely heavily on the earliest skills presented. CBCT[®]'s foundational modules are introduced gradually over the first four weeks of the intensive training course. Because the compassion meditation steps build cumulatively one upon another, the earlier lessons remain integral to later ones and get repeated numerous times during the course. The meditation trainees, therefore, have more opportunities to become familiar with them. This goes a long way toward explaining why, in describing their personal ways of engaging with CBCT[®], the Chaplains all share a high degree of reliance upon bringing nurturing moments to mind and using just that first foundational step of "resting in a moment of nurturance" to neutralize intense stress, to prepare themselves before their spiritual health consults, and to increase their overall wellbeing. Chaplains also showed themselves to be quite well-versed and engaged with the methods from module one, which involves maintaining attentional focus on a discrete object, usually the sensation

of breathing, and module two, which exercises the mind's ability to dispassionately observe its own fluctuating contents—the thoughts, sensations, and evaluations that appear and disappear from conscious awareness.

These early steps of the CBCT[®] meditation protocol may also be less ethically normative than the more analytical procedures. Therefore, they may blend more smoothly with the practices and disciplines that chaplains uphold from their Christian backgrounds. It could almost go without saying that the ethical norms presented in CBCT[®] are compatible with Christian teachings. Indeed, chaplains are enthusiastic and adept at identifying lessons from scripture that they believe are echoed and supported by the CBCT[®] materials. However, the CBCT[®] approach is much more narrowly focused on breaking practitioners' negative perceptions (or misperceptions) of themselves and others and enhancing feelings of appreciation, goodwill, and solidarity. It is a targeted approach for altering a discrete emotional response. In addition, a major rationale for CBCT[®] meditation is increasing the practitioner's wellbeing in the here and now. Nothing about following the specific teachings of Jesus Christ or other Christian teachings conflicts with these changes, however, they can represent only a partial analog for the methods and motivations for ethical formation across various Christian traditions. In short, Chaplains may find it easier to apply the techniques for mental soothing, concentrating, and observation to endeavors and experiences that they have already compartmentalized as spiritual, religious, or Christian, at least in the early stages. As discussed later in this chapter, individuals who engage seriously with CBCT[®] materials and logics locate and strengthen conceptual bridges between CBCT[®] and dearly held Christian teachings.

Chaplains, as novice meditators, reported a number of other common obstacles and difficulties throughout the learning process. It became clear from speaking with individuals that many were hesitant and lacked confidence when they encountered increased complexity of later

CBCT[®] modules compared with earlier ones. This further contributed to chaplains' relying disproportionately on earlier modules aimed at emotional and mental stability. Several people expressed reservations about whether learning the entire CBCT[®] meditation protocol and then uniting it all together in a complete meditation session would (a) sacrifice the simplicity of the practice and ultimately make CBCT[®] too cumbersome to be useful to them, or (b) prove too difficult to master, given the demands on their time and other extensive religious commitments. As we will see later, the descriptions of CBCT[®] practice that interviewees reported immediately after a short period of meditation attest that the second area of doubt is unfounded. Chaplains regularly recalled implementing more steps from the CBCT[®] protocol when we meditated together than they did when describing their typical CBCT[®] meditation sessions. Additionally, some were genuinely surprised by how many of the modules they were able to complete without guidance from an instructor or a recorded voice. Chaplains demonstrated more declarative, semantic knowledge of the CBCT[®] protocol when a single practice session was still fresh in their working memory than they did when giving a general description of how they go about meditating.

Members of the group commonly reported three other obstacles to practicing CBCT[®], or at least, to practicing it to their satisfaction. First, overall fatigue presented significant difficulties. Several chaplains reported "nodding off" while meditating at home and occasionally during guided meditation in the CBCT[®] trainings. Some explained that times set aside for meditation were some of the quietest moments of the day, and the mere reduction in stimulation often made them drowsy. Others found that their responsibilities and stressors prevented them from getting adequate rest at night, and while they aspired to set aside additional time to meditate, they rarely if ever followed through with it. As a related issue, many of the Chaplains reported that a lack of free time made it difficult to gain experience with CBCT[®]. They were over-committed, juggling responsibilities to

their families, their churches, and their professional work. Even when wakefulness and energy are not at a deficit, busy schedules still make setting aside meditation time challenging. Lastly, a few people found that they did not have a suitable environment in which to begin practicing meditation, due to lack of privacy and/or excessive noise. While these circumstances do not prevent anyone from meditating, they can be steep obstacles for beginners who may be more distracted by sensory stimulus. Interestingly, one chaplain reported finding it impossible to meditate in her home, primarily because she could not *envision herself* doing so. Sitting on her sofa or at her dining table to practice CBCT[®] seemed uncomfortable, and out-of-place. While this type of obstacle was not widely reported, her experience suggests that sensitivity regarding propriety and place may impact meditation habits for other practitioners, as well.

Chaplains report engaging CBCT[®] in several distinct modes of what we could broadly call contemplative practice outside the context of formal training sessions. Sometimes novice meditators set aside time specifically for using CBCT[®] meditation or an adaptation for the internal work of shifting their perspectives, feelings, and mental states to promote compassionate responses to suffering. Some individuals make a habit of disengaging for a brief moment from the day's ongoing activities to recall one or two elements of the CBCT[®] protocol. This is primarily a way to prepare themselves before their next interaction or task. Some chaplains also reported occasions when they recognized how that a certain perspective or axiom from CBCT[®] would be highly relevant to an interaction or emotion they were experiencing. We will proceed in distinguishing these different modes by their degree of disengagement from other activities. To clarify terminology in discussing these distinct modes, *sustained meditation* (SM) designates CBCT[®] practice that involves a defined period of time when the practitioner has disengaged from other tasks to focus on one or more cognitive strategies from the CBCT[®] meditation protocol. *Momentary contemplative attunement* (MCA)

refers to a pause in the midst of or between other activities from which a practitioner briefly disengages in order to adjust their internal state by following instructions from a CBCT[®] module for recollecting an image or idea or by noticing a sensation. Lastly, *Mindful Recognition and Reframing* (MRR) is when a practitioner unexpectedly recognizes that some concept or strategy from CBCT[®] is particularly illustrative, helpful, or otherwise applicable to what is going on around them and/or what they feel inside. It need not be occasioned by any other mode of CBCT[®] practice, however MRR would be expected to occur more often for people who are more familiar with the CBCT[®] course content and contemplative exercises.

Sustained Meditation.

Sustained Meditation (SM) is a prototypical mode of CBCT[®] practice. It involves explicitly following the methods and focusing on the concepts of CBCT[®] for a discrete period of time. The sample recordings of meditation guidance that chaplains can access online range from six to twenty minutes. Depending on the practitioner's endurance, schedule, and inclination, a sustained CBCT[®] practice could last just a few minutes, or it might extend for thirty minutes or more. Frequency of SM practice varies as well as duration.

Not all chaplains regularly practiced in a SM mode. For some, uncertainty and unfamiliarity with CBCT[®] presented obstacles to sustained meditation practice, whereas other modes of practice were more immediately scalable for novices. As chaplains gained proficiency and self-assurance with the CBCT[®] protocol, SM practice tended to become significantly more frequent. For example, several individuals reported exponentially greater engagement in SM shortly after the training course had ended (at T3), compared to their engagement levels at midway through the course (at T2). Other aesthetic experiences, including distastes, moods, unpleasant feedback, and taboos, intermittently

curbed chaplains' engagement with SM. Ruby and Vanessa,¹⁵⁷ for example, reported that sitting in meditation did not appeal to them generally, although they both appreciated having had structured opportunities during the training course to experience what it feels like to meditate. Notably, they both independently expressed ambivalence and even resistance to expectations that they should pray and study the Bible and daily. Notably, prototypical modes of these Protestant Christian intervention and cultivation practices resemble prototypical SM in features like solitude and quietude. Vanessa and Ruby prefer listening, singing, or moving to music as alternative modes of communication with God and of seeking spiritual comfort and guidance. These alternatives relied more on singing and dancing. Ruby reported that she had not meditated on her own since the beginning of the CBCT[®] trainings, though she did experience MRR on a daily basis. Vanessa eventually tried SM on two separate occasions when she was feeling acute anxiety and found it soothing. Both times she remained on the foundational step of “resting in a moment of nurturance” throughout the SM practice.¹⁵⁸

As described in the previous chapter, Chaplains tend to have numerous, time-intensive regimens in place when they begin learning CBCT[®]. Noël, a Chaplain with plenty of experience following guided meditation, was almost unique in reporting that her SM frequency dropped from three sessions per week to zero after the second CBCT[®] training day. This change coincided with a potentially related shift in her extensive practice routine. Gradually, she found herself becoming

¹⁵⁷ Vanessa, a member of the group trained in CBCT late in the residency year, was interviewed only once, after her group's five-week intensive was completed.

¹⁵⁸ Once was during a dentist appointment in which she wore her earphones and listened to a recorded guided meditation on “Resting in a Moment of Nurturance” while the hygienist cleaned her teeth. The second time was during a shift at the hospital in which she had responded to a high volume of patient requests as well as a *code blue*, or emergency response to cardiac arrest. Chaplains are tasked with supporting the patient and their family members as well as the hospital staff at these and other emotionally-charged moments. In this instance, Vanessa felt she needed to ensure that she did not bring the acute stress she was experiencing with her into her next patient's room. She returned to the spiritual health office and sat for approximately four minutes visualizing a moment of nurturance.

inclined to engage in prayer and praising God rather than in meditation, including CBCT[®] meditation. The issue was one of shifting needs and tendencies rather than a more enduring disposition. Eric also underwent a change of inclination. While he was initially very open to learning to meditate, he became increasingly reluctant to practice SM on his own time, due to negative feedback. He had unpleasant feelings on occasions when he practiced SM outside of the group trainings. Midway through the training course, Eric reported feeling more frustrated and unsatisfied after meditating by himself than he had when meditating with a group of peers:

When I've done it, I've felt challenged, more challenged than when I'm in the group doing it. And part of me hopes that goes away, and part of me kind of wants to think more about what that *is* and what that *means*... I also recognize that while I sometimes function as an introvert, I'm actually an extrovert. So, I get energy from being with other people and it makes me wonder if that is part of why it is working better. I don't know what *better* is, but it's working *differently* for me while I'm with other people versus when I'm alone. I'm not as inspired to do it... and I find it strange, because I want to do it, but I'm just not as pushed, and I don't feel like it's going as well.

Eric did identify one particular SM exercise from CBCT[®], an alternative way of strengthening attentional focus by concentrating on sensations in the feet while walking. He felt comfortable enough working with that skill to be able to practice it three to four times per week as he moved between hospital buildings during the workday.

A few chaplains' religious commitments and religious knowledge presented barriers to learning CBCT[®]. Some described initial concerns that engaging in SM practice, as opposed to learning the concepts of CBCT[®], constituted an implicit breach of the Judeo-Christian precept of venerating no deity other than the one, true God. The concern related to this meditation protocol's Buddhist origins and the perception that meditation of this kind is not part of Christian practice. CBCT[®]'s links to Tibetan Buddhism were not discussed in any depth during the training course, therefore, resolving these types of concerns was left up to each individual. Boundaries needed negotiating upon first encountering this new contemplative practice, and, whether a chaplain chose

to make a firm boundary or to dissolve one, the negotiation itself seemed to give people the power and the freedom to experiment and test how CBCT[®] might benefit them. For all of those who sat for interviews, the sense of meditation being transgressive or prohibited for Christians subsided as they either compartmentalized CBCT[®] from the rest of their religious activities or allowed the two spheres of inner work—Christian and CBCT[®]—to intersperse or blend together.

Soleil described her initial preconception that all meditation is definitively outside of the bounds of her Christian faith tradition and therefore prohibited. She saw SM as something that Buddhists and maybe Muslims do but not Christians and feared that CBCT[®] practice could trouble her relationship with God. During the first session of CBCT[®] training, when the instructors invited the trainees to try meditating in class, without voicing her concerns, Soleil instead recited her prayers silently in her mind. She gradually reframed her understanding of CBCT[®]'s purpose from a non-Christian religious practice to a form of religiously-neutral self-care, which enabled Soleil to set aside her concerns about religious sanctions and her need to prevent damage to her relationship with God. She also was more cognizant than some of her peers that she would be expected to engage in SM as part of her commitment to CPE training. Midway through the intensive trainings, Soleil was meditating up to three times per week by listening to the recordings online at bedtime. By the end of the course, she reported continued audio-based SM practice at home as well as at least once during each workday, twice a day if things were more intense or stressful at the hospital, she said, "...that way, I can function normally."

Kim's process of negotiating faith practices and CBCT[®] practice demonstrate a related dynamic. When interviewed midway through the CBCT[®] course, she emphasized that CBCT[®] pertains more to "the natural realm" and prayer and religious meditation, the receptive mode of prayer, pertain to "the spiritual realm." Keeping them separate seemed important to her. When

describing her personal approaches to CBCT[®] meditation, she described a “centering” exercise she had been doing every morning that was very close to manualized descriptions of CBCT[®] meditations in module one, “developing attentional stability and clarity,” and module two, “cultivating insight into the nature of mental experience.” She shared that this practice feels “refreshing... [I]t puts you in a calm place where you can function.” Kim also works explicitly with module one strategies during her chaplain consultations at the hospital. Instead of maintaining focus on the breath, an object of meditation the program recommends, she focuses on the words that patients are saying to her. Monitoring her attention, she remains vigilant and brings her focus back to the present, to the interaction, whenever she notices her mind “drifting.” By the time the trainings were completed, Kim was reporting additional ways of engaging CBCT[®] and different experiences of meditation. She ceased to draw a firm distinction between CBCT[®] and her other practices. She detailed a different and more intricate daily practice that melds aspects of CBCT[®] meditation with elements from her prayer practice. Kim begins by taking several deep, relaxing breaths and focusing her mind in a way that mimics her experience when she would hear a meditation bell during the CBCT[®] intensive training. Closing her eyes to avoid visual distractions, she tries to honestly assess her emotional and physical state, to become aware of how she truly feels at that moment. Then, Kim explains:

I think about all the good things that are in my life, or things in my life that gives me life, that makes me happy. Even the negative, because there are some things in my life that are not *always* great... but I chime in on those also, because I look at them as a learning experience... so, I try to find the positive in my negative.

She likened this step to CBCT[®]'s moment of nurturance. Repentance is her next step. Kim acknowledges her mistakes and asks for forgiveness. She also asks God to help her do right and avoid doing wrong and then to grant her certain blessings and requests, which she jokingly calls the

“I-wants.”¹⁵⁹ Often times even these requests are for discernment or wisdom about how to help others, because, as she says, “I try not to be selfish.” Lastly, she transitions to listening, “...to see if I’m getting responses from God, or from the Word of God. I don’t do all of the talking during my meditation. I kind of get quiet so I can hear.”

Reframing and re-wording prior practices to align with CBCT[®] is not unique to Kim. While for her, the parallels between this practice and the way she prayed before studying CBCT[®] are evident and strong, she is clearly importing skills and perspectives from CBCT[®], in addition to language, to both fashion and interpret her prior repertoire of practices in ways that serve her needs. For Danielle, however, the influence of studying CBCT[®] on her original practice of sense-enhanced meditation was less pronounced. She had embraced meditation as a practice of “universal spirituality” about a year before our interviews began, and she engaged in it often, especially during her morning shower and at times when she found herself lying awake at night. She would breathe deeply and observe her sensations, often asking God questions or seeking direction about issues in daily life and taking time to listen and wait for answers. When speaking of her learning experiences and engagement with CBCT[®], the meditation steps and strategies she recounted showed very little explicit influence from the program. She explained that, unlike Eric, she much preferred meditating in private, and she wanted to first complete the five-week training program before incorporating much of it into her meditation routine, which is already both effective and meaningful for her. She explained her feelings in terms needing thorough knowledge: “I don’t feel fully comfortable, because I don’t really ‘know it, know it.’ It’s going to take some time for me to actually practice [CBCT[®] meditation], to really, really practice and ‘know it, know it.’” In addition, the aspects of CBCT[®]

¹⁵⁹ This is analogous to several aspects of self-compassion, module 3.

training that she found most helpful or insightful related to acquiring helpful vocabulary and concepts for describing her own practice of meditation for herself and orienting herself to certain states and objectives for meditation, as well as for offering suggestions and comfort to those for whom she cares in their moments of vulnerability, anguish, or grief:

I've been doing this, just not realizing that this is what I've been doing, you know, in some fashion, maybe not 'to the letter,' or 'to a T' ...and so, that's what I mean when I say that it is comforting to know 'Oh, *this* is what I've been doing,' to have a name to go with it... I want to be able to help people to get to where they are in a place of meditation, to where they feel whatever they need to feel, whether it be their own feelings, whether it needs to be compassion for someone else, whether it be self-compassion, whatever that looks like for them. So, just being able to help someone else to reach, what I call 'Nirvana' or this higher state of being during their time of suffering.

Chelsea, like Noël and Danielle, came into CBCT[®] training with meaningful involvements in diverse types of contemplative practices. Her early weeks of CBCT[®], however, were not a smooth process of incorporating different but relatable meditation instructions into her pre-existing meditation framework. We have seen from Danielle's experience, the moment of learning a new way to meditate might not feel like the right moment to change your way of practicing on a regular basis. Chelsea has an intense drive to work more time for contemplative practice into her routine and for that to include CBCT[®] as a sustained meditation. However, from the first day of training, she found it quite challenging to digest the CBCT[®] meditation instructions as they were presented. Her cognizance of her own inability to apply the instructions demonstrates a high degree of awareness of her internal mental states, her preconceptions, and her needs. At the training midpoint, she had only attempted SM on her own two times. On both occasions she was seeking relief from stress and anxiety, and she found SM somewhat helpful. By the end of the course, she had dramatically expanded and increased her SM practice to between three and four times per week, due to three main factors. To begin, Chelsea had decided to enfold CBCT[®] modules into her prayers. This helped

her to make progress in understanding the instructions that had initially confused her. Then, roughly shortly after our interview at T2, she had incorporated prayerful CBCT[®] into her broader effort to devote more of her time to contemplative practices, influenced by advice and encouragement of her spiritual director,¹⁶⁰ with whom she confers regularly. Lastly, a set of theological convictions was strengthening in Chelsea's mind and bearing fruit in her practices. Namely, she embraces a female or woman-centric conception of the Holy Spirit,¹⁶¹ which allows her to envision the Trinity¹⁶² as having an inherent female aspect or personality in addition to the other two members. Chelsea attributes one other significant change in her practices to the influence of CBCT[®]. During prayer, her words and her attitude toward God have taken a more familiar, "conversational" tone. She also allows more periods of silence. She uses fewer formulaic phrases, and she feels much less need to verbalize how she feels and what she seeks. As she explained with characteristic candor, "You know, it's more like, 'God, this is what it is. You know my heart. You know where I'm going with this... [she chuckles at herself] So, this is what it is. And You're with me.' "

Momentary Attunement

Momentary Attunement (MA) refers to occasions when practitioners pause briefly to use an idea or a technique from CBCT[®] to attune themselves to some desired state or value. For example, several times a day when she is working at the hospital, Danielle steps to a window or a private

¹⁶⁰ A spiritual director is someone who accompanies and guides another person, often a younger member of the same religious group or tradition, providing opportunities for reflection, exploration, and deepening faith commitment. In this sense, the word *spiritual* appears to emphasize that the goal is individual development, as opposed to communal or doctrinal activity.

¹⁶¹ Chelsea now believes the Holy Spirit is identical with Sophia, goddess of wisdom. Sophia was venerated by the Gnostic Christians of the 2nd and 3rd centuries CE as the divine embodiment of wisdom and the female counterpart of Christ. The Jewish Kabbalah venerates Sophia as the female aspect of God. Sophia also appears in medieval Roman Catholicism inflected through the worship of the Virgin Mary, the mother of Jesus.

¹⁶² Being "Trinitarian" is very important to Chelsea, and she has referenced it several times. Recall that the Christian Trinity comprises three distinct aspects of the Divine: God the Creator or Father, Jesus Christ the Son of God and Savior, and the Holy Spirit.

corner to ask God for help¹⁶³ or to simply observe her breathing. This allows her to release tension, to prepare for encountering someone who may be suffering. Before visiting a patient, Soleil makes a habit of always checking their medical chart so she has an idea of what they may be dealing with. Once she has that understanding, she stops for a moment to calm herself and remember her goodwill toward this person. MA practice is strongly encouraged by the CPE program and is encompassed in “Preparing the Care Responder,” the first step of the CCSH protocol which takes place before entering a patient’s room or a staff support encounter. Many chaplains reported preparing themselves by concentrating on a moment of nurturance or on their breath as a strategy for emotion regulation¹⁶⁴ before consulting with patients and their loved ones. Vanessa explained that remembering her limitations and her common humanity, key elements of module three, “Self-Compassion,” was one of the most important lessons she gained from studying CBCT[®]. The simplicity and the necessity of MA practice partially explains why chaplains engaged with it much more readily than with SM practice. Feelings of uncertainty and lack of familiarity with CBCT[®] as a whole were much less of a hindrance. In this mode, chaplains could bring to mind whichever part or parts of the CBCT[®] protocol they found most helpful or most intuitive, without expectations of mastery or of being able to piece together a logical flow of meditation steps. Because it is brief, MA practice is also less plagued by the contemplative ‘undesirables,’ such as mental wandering and sleepiness, that tend to nudge practitioners off-course during SM practice. In other words, MA can

¹⁶³ This can be connected with aspects of module 3, self-compassion. It recognizes limitations and sets a resolve “to be a sanctuary pure and holy...”

¹⁶⁴ In the CBCT context, emotion regulation is discussed within the trauma-informed framework of the zone of wellbeing or the zone of resilience. The basic idea is that when a person is too aroused, either positively or negatively, they are less cognitively flexible, less able to reason and reflect, and importantly for CBCT, they are less able to respond with compassion to suffering in themselves and others.

feel successful and satisfying, even when wakefulness, attentional focus, and clarity are in short supply.

Mindful Recognition and Reframing

Mindful Recognition and Reframing (MRR) is a category of practice that is unpremeditated and yet fully integrated into a person's ongoing daily pursuits. In essence, if a chaplain training in CBCT[®] reports realizing that a situation or interaction they experience connects with their compassion training, that constitutes a form of recognition, a bringing-to-mind, or a *mindfulness of* at least a piece of the CBCT[®] framework. The person experiencing MMR also has the potential to alter their perspective or reframe what is happening away from interpretations that hamper compassion and toward interpretations that engender compassionate attitudes and compassionate actions.

In order to understand contemplative learning experiences, it is crucial that MMR be framed as a mode of practice. This is because, prior to recognizing the applicability of, for example, the lesson that no human beings wish for suffering, the practitioner has internalized or experienced that idea as workable through a learning experience. If they had no internal representation of a common human wish to be free from suffering and no experience of applying that in specific cases, even if only in their own case, then it is unlikely that such a lesson would be brought to mind in the midst of a workday or an argument with a spouse. CBCT[®] teachers often remind their students that the main purpose of practicing CBCT[®] meditation is not to become good at meditating, although that will probably also be a result. The point is to unlearn mental habits that keep us from feeling and showing compassion and to strengthen mental habits that make compassion a stronger and more spontaneous and natural reaction whenever we witness suffering.

Chapter Five: Experiencing Effort and Growth

The previous chapter demonstrated that chaplains' subjective accounts of meditation experiences report using the steps and strategies of CBCT[®] in varying degrees of detail and with varying fidelity to the manualized steps of the meditation practice. Any amount of CBCT[®] content, whether meditation techniques, ethical orientations, or logics of gratitude and interdependence, takes effort to learn, and some individuals report more difficulty than others. Let us now turn our attention to chaplains' experiences of effort and growth in terms of how they experiment with the compassion-conducive perspectives that CBCT[®] encourages and that CBCT[®] meditation is designed to engender and strengthen. What is it like to try to change aversive emotional reactions towards someone who seems like an adversary? What feelings arise in moments, either during meditation or in everyday activities, when compassion is difficult to even imagine versus moments when compassion is spontaneous and compels action? Such experiences are shaped by the stated goals of CBCT[®] as well as by individuals' expectations and hopes for how CBCT[®] can help or even transform them.

This chapter presents narrated recollections of effort and growth transcribed from experiential interviews with Chaplain residents. Its format follows the structure and organization of one of the most poignant chapters from Chikako Ozawa-de Silva's *Psychotherapy and Religion in Japan*. In this work, Ozawa-de Silva presents a selection of transcriptions of question-and-answer sessions between facilitators of Naikan, an indigenous Japanese contemplative psychotherapy, and Naikan clients. In these "confessions," the clients' describe changes in some of their most fundamental perspectives. In the present chapter, there are a few exceedingly poignant learning experiences, however, the time constraints of the interviews I conducted with the chaplains and the

less intensive format of their meditation training¹⁶⁵ made changes and insights less frequent and perhaps less dramatic than those reported by Ozawa-de Silva. Here, I include the relevant transcript excerpts along with the interview questions that elicited them, for the sake of methodological transparency and because the questions shaped the retrieval and articulation of such memories. Discussion of individual chaplains' motivations and expectations for CBCT[®] learning accompanies their transcribed accounts.

For the novice, awareness of growth and personal transformation may arise quickly when a new perspective or idea suddenly makes sense, or it may dawn gradually as recollections of former patterns of behavior and thinking conflict with current ones. I propose that these kinds of changes indicate a shift in some of practitioner's prior beliefs and assumptions. Semantic knowledge, knowledge *about* situations and people, rather than practical knowledge of how to perform a task, is an outgrowth of modest proficiency in CBCT[®] practice as well as familiarity with CBCT[®] conceptual frameworks, many of which are counterintuitive and challenging for novices to grasp. Changes in declarative knowledge require new information and experiences that are challenging and contrary to previous beliefs, otherwise there would be no reason to reconsider.

Some of the narratives of revisions in knowledge and perspectives recount how the changes unfold in the midst of a CBCT[®] meditation practice. Others recollect occasions when a new perspective changed dawned in the midst of or shortly after some other activity, such as when mulling over a recent conversation. At other times, a change that has taken place gradually becomes noticeable, not through a striking moment or insight, but as the result of reflecting on the past and its contrast with the present.

¹⁶⁵ The CBCT trainings lasted one eight-hour day per week for five weeks, with less than half the time spent practicing meditation, whereas a typical Naikan retreat involves staying in a Naikan center for seven consecutive days accumulating one hundred hours of meditation.

In addition, this chapter addresses “null outcomes” in which the novice does not perceive significant changes from learning and practicing CBCT[®]. Several chaplains responded to inquiries about salient moments or areas of effort and growth in the negative. Not everyone had touching realizations and shifts in perspective. The implications of this absence of palpable, narratable personal changes are equally relevant for understanding what it is like to learn to meditate from a contemplative intervention program.

Recalling ways in which CBCT[®] straddles the categories of *intercession practice* and *virtue practice*,^{166, 167} moments of effort and growth can serve as signposts along chaplains’ unique transformational trajectories leading from compassion-inhibiting appraisals and reactions, whether born of habit or predisposition, toward ones that promote compassionate responses. According to the logics of CBCT[®], as well as the accounts of emotional reaction expressed by a few of the chaplains themselves, such transformations hold the promise of freedom from cycles of rumination, anger, and isolation.

While CBCT[®] presents this idea of compassion as a liberating alternative to anger and blame without endorsing any supranormal mechanisms, forces, or beings; by now it should be clear that the chaplains learning CBCT[®] tend to report remaining immersed in personal beliefs and frames of reference. This means that overcoming the deleterious effects of anger can hold as much cosmic or spiritual significance as any church-based approach to cultivating virtue.

Learning CBCT[®] meditation progresses along at least two pathways. (1) Novices learn to *do* CBCT[®] by hearing and reading descriptions of meditation steps and objectives, listening to recordings of meditation guidance, experimenting with different modes of practice, and by receiving

¹⁶⁶ This, again, is a modification of Riesebrodt’s content-based theory of religion as families of (a) interventionist practices for averting misfortune and (b) virtuoso practices for attaining salvation by inviting suffering.

¹⁶⁷ Riesebrodt, *The Promise of Salvation*, 92–99, 122–28.

feedback and coaching when they describe their experiences to an instructor or peer. (2) Novices learn to recognize subjective states that align and misalign with those sought through CBCT[®] and to apply this inner literacy in daily life. This is commensurate with learning by trial and error.¹⁶⁸ However, the chaplains' mixing of practices appears to also indicate that deep learning of the skill of CBCT[®] meditation is taking place (3) by means of adapting prior skills.

Yet apart from learning to meditate, it is crucial to remember that even minimally proficient practice of CBCT[®] meditation itself appears to foster other types of deep learning by encouraging the practitioner to regenerate and review curated mental representations, or pieces of knowledge, which support compassionate responses. This means that CBCT[®] practice involves bringing understandings and experiences to mind, while meditating as well as in the midst of other activities, that make it easier and more natural to respond compassionately to anyone, including themselves, who is burdened or unhappy. If these pro-compassion experiences are regenerated enough, they will shift the habitual tendencies of the mind. Eventually, this process has the potential to override or, at least, compartmentalize experiences that dampen compassion by triggering blame, resentment, frustration, or other feelings that knock compassion off-course.

Such are the broad contours of the theory of how CBCT[®] can work for people and how generating compassionate emotional and cognitive *states* can cumulatively build compassionate *traits* or dispositions. It is also consistent with the theories of deep learning related to revising prior beliefs. For example, the belief that (a) my neighbor is inconsiderate and has not earned my consideration can conflict with the belief that (b) my neighbor deserves consideration and kindness simply because they are a human being who does not want stress and suffering and who wants to be

¹⁶⁸ Each of these forms of learning represent *deep learning* in the sense of acquiring knowledge that may contradict prior knowledge and experiences (Ohlsson, *Deep Learning*).

cared for. Even the seemingly simple meditation instructions for becoming aware of thoughts and feelings, while certainly aimed at building a mindfulness skill,¹⁶⁹ also require overriding a natural or intuitive way of relating to mental experience as *realistic*. My sense of being intentionally slighted or inconvenienced is a belief, “I just got *dissed!*” In order for my painful or angry feelings to be assuaged, I will have to override that belief with a more adaptive one (e.g., “Maybe that person got distracted,” or, “It happens to everyone.”)

The realization that an unconscious or nearly unconscious belief that shapes experience in a fundamental way is described by Ozawa-de Silva as *altered perceptions*. Her ethnography of Naikan practice, an indigenous Japanese contemplative psychotherapy showcases the changed self-understandings that clients—those who retreat to Naikan centers to receive this Japanese psychotherapeutic meditation technique—narrate. The perceptions are altered when the clients interpret themselves and their actions from different points of view throughout the Naikan retreat. Ozawa-de Silva writes that clients’ perceptions transition:

...from [a self-image] that is distortedly self-justifying and impossibly self-sufficient to one that acknowledges past misdeeds honestly and recognizes the valuable role other people have played in ensuring one's well-being... the recollection of [autobiographical] memory along the prescribed lines of Naikan is primarily a means to help clients gain insight into the way they construct a life-narrative and self-image, and to recognize a self that exists not autonomously, as previously thought, but interdependently.¹⁷⁰

¹⁶⁹ This instruction, most clearly articulated in CBCT module two, “Reflecting on the Nature of Mental Experience,” aligns with descriptions of styles of mindfulness meditation that Lutz et al. characterize as “Open Monitoring,” or OM. OM is distinguished from a related mindfulness technique, “Focused Attention” (FA) by its lack of a single object of attentional focus, its openness to adventitious mental experiences including sensations, ideas, and memories, and its emphasis on de-reification. De-reification is the recognition that whatever phenomena occur in the mind, they are images or representations in the way that a photograph of a chocolate cake is not the same as a cake, or as demonstrated by the well-known surrealist painting, “The Treachery of Images,” which depicts a tobacco pipe below which is written in French “Ceci n’est pas une pipe,” which translates to, “This is not a pipe.” (Lutz, “Attention Regulation and Monitoring in Meditation.”)

¹⁷⁰ Ozawa-de Silva, *Psychotherapy and Religion in Japan*, 79.

The Naikan client must gain an awareness that their autobiographical self-image is contingent upon certain interpretations of remembered events and choices, all of which could be interpreted otherwise. Furthermore, when they are able to interpret those memories in ways Naikan encourages, they can experience healing.

The transcript selections from chaplain CBCT[®] novices presented here were chosen because they are responses specifically to interview questions about personal change and transformation. In addition, specific qualities such as eloquence and narrative clarity, as well as emotional resonance and relevance to family relationships, made them stand out as noteworthy illustrations of how practitioners reinterpret or revise beliefs and of how impactful these processes can be in the lives of individuals. Likewise, transcribed interactions with chaplains for whom CBCT[®] had not been as palpably impactful, although not as numerous, were selected for their clarity, as well as for the contrast they demonstrate in how such “null effects” are viewed by the chaplains who report them. For the sake of coherence and succinctness, several equally moving and meaningful interchanges about growth experiences and the work required to bring them about have not been included. Excerpts presented here are representative of the larger data set. When quotation marks are used within a passage of transcribed interview, they indicate that the respondent is indicating from their inflection that they are describing either a separate conversation that took place outside the interview or that they are describing points of view or opinions that they themselves are not taking within the context of the interview, as when someone describes what they were thinking at a moment in the past or in a hypothetical situation.

Contemplative Moments of Effort and Growth

In these interview segments, chaplains describe contemplative learning experiences of effort and growth that occur during some mode of CBCT[®] practice. They involve touching emotions and

significant changes of perspective during the practice that the chaplains allow to also transform and improve their wellbeing and the quality of important relationships after the practice has ended.

These effects attributed to growth experiences with CBCT[®] are described as enduring and stable.

Nicole

Some of the goals and expectations for CBCT[®] that Nicole described prior to the training included overcoming an inability to feel compassion at times. She acknowledged how important compassion and love are to her professional and religious calling as a chaplain and pastor and how much she wished to become more compassionate. Once the CBCT[®] course had begun, Nicole also talked about her sense that in some ways compassion makes her feel uncomfortable and vulnerable.

However, she also believes that using CBCT[®] specifically to become more compassionate would make her more comfortable and give her “a better life” in the long run by helping her forgive herself and others. By the end of the course, she recognized that, while CBCT[®] may have a side-effect of helping her relax and be comfortable, the technique is focused on changing her thinking and behavior with respect to relationships. The following exchange with Nicole illustrates a significant alteration in her thoughts and resultant feelings about herself, as well as one of her most important relationships.

INTERVIEWER: What has it been like for you, learning CBCT[®] concepts? The ideas of CBCT[®], how are they striking you?

NICOLE: I think that the big theme overall was the complexity of forgiveness for me and to others, to me and to others. That is, forgiveness kind of stood out of each session.

INTERVIEWER: What has that meant to you?

NICOLE: Forgiveness... I realized that I lack self-compassion, and compassion to my family, especially my dad, about what happened when I was young. And when I reflected about compassion, at first, I couldn't be compassionate [about] what happened in the past. And then, I kept reflecting, and then, we talked about impartiality. And then, that helped me to broaden my capacity and expand.

It started from self-compassion. Sometimes I cannot forgive myself [for] my mistakes, or my differences in the workplace. I look... less professional, and then I'm kind of blaming myself and then beating [myself] up. And then, I shoot a lot of second arrows... toward me. So, self-compassion that I'm not perfect, but it's fine. And that kind of relieved my anxiety level. So, it started from that [self-compassion], and then it expanded toward my dad. And he's human, you know? He has a story behind [him]. I cannot see one aspect of him in the one incident that he did to me, and then define [him as] a bad person. I cannot do that because I know him better than that [one] angle.

INTERVIEWER: So, it's kind of seeing an over-focus on this one behavior that happened instead of a person?

NICOLE: Yes.

...

INTERVIEWER: What's beneficial about practicing CBCT®?

NICOLE: It's beneficial, because I learned that sometimes I felt something, and I didn't realize why. And then [it would] just pass. But in CBCT®, when I feel something, I kind of track [it] down, and then find the root, and kind of heal it. Not completely changing the past. It can't change the past, but it can change my perspective or views, my interpretation. And then, actually, it liberated me. In that way, it's very beneficial.

I was struggling [with a] continuous negative thought cycle. That was one of the biggest obstacles in meditation and in personal life. I think CBCT® helped me to view [things] differently, actually I cut the cycle. because when I'm in the cycle, I cannot think differently. I go back and forth. But this actually cuts, and then kind of opens, and then I can think differently. Then other perspectives can jump into [my] thoughts.

INTERVIEWER: Do you think that this “breaking of the cycle that is harmful”, does your work in the CPE mode of doing your training in group and individually, does that also do this in kind of thing with negative thought patterns; or is it more CBCT® addressing it directly?

NICOLE: I don't think I understood.

INTERVIEWER: This year, you're doing a lot of different things related to practices and spirituality and your own emotions. Some of that is really very generic CPE. Everybody who does CPE, does group, does this kind of thing. But you're also doing CBCT®, which is quite unique for a chaplain to do. So, do you think that this change that you're benefiting from, do you think that would have happened even if you were not studying CBCT®?

NICOLE: Yes, but it is different. So, I had an issue before starting CBCT®. Before [I began CBCT® training], I brought that issue into [the CPE] group, and [into] individual supervision a lot. But I couldn't actually get a feeling for what other people were saying and they couldn't get how I feel. But CBCT® actually helped me and guided me how to unpack the emotions and then the issue. So CBCT® was a really different approach. I think it's different just from the CPE experience. I think it's actually more expanded.

INTERVIEWER: Would you be comfortable telling me more about the issue? It's okay if you're not comfortable, but it may help me understand the difference between how you were addressing it in supervision, and how you addressed it with CBCT®.

NICOLE: It's about my dad and family. We introduced our family history, and I did a family tree. And then, I introduced like how I perceived my dad, and [our] relationship. At beginning of CPE the residency, I did this, and then I was trapped in this negative and harmful thought about my relationship with my dad.

I blamed him a lot about our relationship, like, he did something to me, and it was hurtful. And then, a lot of the things that in my memory it brought [up] were very hurtful and harming. After I started CBCT[®], and when we went through nurturing moment and impartiality and do the gratitude part: [with] each module, I always brought [up] my feeling of my dad and it actually softened. Each module helped me to soften my feelings and it developed very slowly but continuously. Before CBCT[®] I had a supervision and group time about this thing [with my father], but at that time I couldn't hear. I couldn't hear what my supervisor said about that, but now I understand. And I can hear other people's thoughts [ideas] because I cut the harmful pattern of thoughts.

Nicole recounts here how she has internalized and utilized a variety of concepts from CBCT[®] in order to “heal” recurring thoughts, which arose each time she thought about an event between her father and herself. She demonstrates a great deal of self-awareness and logical reasoning, and it is worthwhile to unpack the process she describes of using different pieces and modules of CBCT[®] to work with her own experiences and feel more at peace with herself and with her father. Nicole mentions a problematic habit of “shooting second arrows” at herself. In CBCT[®]'s learning module three, “Self-Compassion,” the metaphor of the “second arrow” is frequently discussed. It is drawn from the “Sallatha Sutta,”¹⁷¹ a text in the Pāli collection of Buddhist scriptures, wherein the Buddha explains to a company of monastic disciples that “uninstructed” people invariably react with painful emotions whenever they feel pain, so that they redouble their discomfort. The Buddha says that it is as if someone struck by an arrow (physical pain) were immediately struck by a second arrow (mental anguish). By contrast, someone “well-instructed” in the Buddha’s teachings will remain emotionally disengaged with physical sensations both of pain and of pleasure. When Nicole is speaking about shooting arrows at herself, she is referring to her

¹⁷¹ Thanissaro Bhikkhu, “The Arrow.”

tendency to react to her own mistakes by mentally criticizing and being unforgiving toward herself. Recall that in CBCT[®], “Self-Compassion,” involves a variety of key concepts, one of which is the importance of being patient with one’s own mistakes and not expecting perfection. Increasing one’s self-compassion and patience in the face of challenges and pains requires a degree of disenchantment with idealistic expectations and acknowledging that, however undesirable, some significant degree of difficulty is natural and germane to human experience. Besides patience, another target state of module three is a sense of commitment to abandoning habits that cause suffering to oneself. The module as a whole teaches both patience with oneself and determination to change one’s habits.

Each of the concepts Nicole lists—forgiveness, not being perfect, etc.—is discussed by instructors in the compassion meditation class and is also described in printed didactic materials distributed during each learning module. These pieces of conceptual, declarative knowledge provide a logical framework for the CBCT[®] meditation steps, which often involve bringing imagery of people and situations to mind and applying reasoning to reinterpret them. When Nicole sees herself as “not perfect,” such as when she found herself unable to forgive her father even after she had tried to resolve her anger through processing with her CPE group, she tends to criticize and blame herself, ruminating on events from the past. The CBCT[®] meditation steps encourage new interpretations of past experiences by applying fresh pieces of conceptual knowledge to those images. The knowledge is not completely new; however, it has been recently reviewed through the class activities, and newly applied to process a specific situation that makes her uncomfortable. If Nicole brings to mind the knowledge that she is not perfect, and that no one is perfect, then she can see that it is not reasonable to expect perfect behavior from her father. As she examines her uncomfortable feelings of blaming both her father and herself and associated mental images, the

incongruity between what she knows and how she feels undercuts the twin expectation that neither she nor her father should make mistakes. Once Nicole replaces these expectations with the belief that everyone is fallible, the cycle of blaming self and other is interrupted. She feels free.

In order to “expand” this healing process beyond her own mistakes, she uses “impartiality.” Recall that in CBCT[®], and in the source tradition from which it comes, cultivating impartiality does not connote neutrality or a lack of emotion. Rather, it describes the ability to regard others as equal. That means they are just as deserving of compassion as “I” am, and each is just as deserving as another. Impartiality is based on the recognition that the causes of suffering are present for everyone; we all undergo difficulty, and our responses often create additional stress for ourselves and others. Similarly, the wish to be free from suffering and stress and to have happiness is present in everyone’s experience, nevertheless everyone experiences suffering in some form. Using the CBCT[®] steps, the practitioner can diagnose their unequal compassion and goodwill towards specific people. Nicole admitted to herself, “...I lack self-compassion, and compassion to my family, especially my dad...” Her account demonstrates that she was not only aware of not viewing her father impartially, as someone who makes mistakes and who suffers, but she is also keenly aware that this makes her uncomfortable. So, using CBCT[®] meditation steps,¹⁷² she revised her image of him to see him as an ordinary person. Then, she became able to direct patience and the understanding of human limitations toward him. Importantly, she experienced relief by doing so.

¹⁷² Recall from the description of Nicole’s adapted CBCT practice that she tends not to use conventional seated meditation, instead writing her thoughts in a prayer journal or bringing her intention to be compassionate to mind during her morning prayers in the hospital chapel. In describing her as using CBCT steps or even meditating, I in no way exclude her approach to incorporating CBCT into her day-to-day life.

Kim

When we spoke, Kim shared her hope that learning and practicing compassion meditation would enable her to truly see other people as human and remember that we all share the common experience of suffering and of not wanting to suffer. She recognizes that her embrace of the perspective of common humanity is not yet complete. She also takes it for granted that the more she practices CBCT[®], albeit in her own manner, the more effortless and effective her compassion will be. Even though she finds the practice challenging, she aspires to make compassionate perspectives her “second nature,” because that will make her a better minister and a better chaplain. Recall from chapter three that Kim perceives extraordinary voices and divine promptings, that she communicates with God in a secret, holy language, and that she has a strong sense of being “led by” the Holy Spirit. Kim also shared with me that she looks back on her youth with regret, because she did not yet have a habit of communicating with God and feels that she was essentially “lost.” She says that she was not heeding the guidance of the Holy Spirit at that time of her life and making choices that led to negative outcomes and hopelessness.

In the brief interchange below, Kim recounts an early learning experience while meditating when she becomes deeply impressed by a disconnect between her habitual way of seeing herself. She typically believes that she is someone who has *never* been truly cared for by another person, who has not been protected, and who has never experienced complete safety and nurturance. In her account, she moves toward a more up-to-date and perhaps more realistic image of herself as a beloved spouse with a trustworthy husband who deeply cares for her and wants her to be happy.

INTERVIEWER: I was wondering if you had any “Ah ha! moments,” either related to CBCT[®] or even during meditation.

KIM: I had an “Ah ha! moment,” I think, the first day of CBCT[®] training. When we were meditating, they told us to “look at the face of the person that has nurtured you... what did you see, what did you feel?” I can say that I really, really was into the training because my “Ah ha! moment” was that I had never felt nurtured before. I have never felt protected. I have never felt that. And so, when I began to look at a person's face and think about the things that I saw, then it's like the light bulb came on: “Wow, my husband do love me!” And, it has just been carrying on from that moment on. I think that's the only time I can say that I felt nurtured or felt protected is since I've been married with my husband. So, I can say it has increased our marriage. Our relationship is much better. It's getting better.

Kim describes another striking learning experience that occurred during the first meditation period of the day as her group was learning about some of the later modules of the CBCT[®] intensive course. In the intensive course setting, Kim had shared aloud some of what she experienced while meditating that day. When we met for our final interview, I asked her to explain more about it:

INTERVIEWER: When we were in the meeting last Thursday, we had done an initial meditation. And you shared that you really felt that you had realized something. I was just wondering if you could tell me more about it, about feeling that you had changed so much. Do you remember what I'm remembering?

KIM: I think I do remember. One of the things that I know I was talking about is my compassion toward others has heightened greatly. Because now... where I used to see people from a certain lens, I'm learning how to view people from the lens of compassion, and warm heartedness.

Have you ever heard someone say, “Some people in the world are not bad... everybody in the world is not bad!”? Well, what I've found out is, it's not so much that everyone in the world is not bad. It's just that everyone in the world has something that they're dealing with. And how they chose to deal with it may not be the way I would deal with it. So, it may appear that that person is bad or mean or inconsiderate or insensitive. But the truth of the matter is some people just deal with issues in life a little bit different than others. And I'm learning to see that. I'm learning to identify with those people who may handle or address things a little bit differently than I do, or than I would.

INTERVIEWER: Is there still room for saying that there's better ways to handle it, and not so good ways, but maybe it's not about what you thought it was about?

KIM: Yes, it's basically just that I'm notorious for trying to be in control of a lot of things, or a lot of situations. And, I'm learning that, through CBCT[®], I'm not in control. I'm not always in control. And it's okay to be vulnerable and allow somebody else to be in control and just be with them. And sometimes their definition of control may not be what my definition is. It may not be as nice as mine [laughs]. It may come off harsh at times.

In light of Kim's goal of seeing everyone as human, her narrative of recognizing that other people who do things that either puzzle or conflict with her views is modified. She begins to recognize that others are most likely trying to manage and take care of circumstances in their lives. Their attempts to "deal with" those priorities are rooted in life histories and ways of thinking that she does not necessarily share or even know about. However, her acknowledgment of not knowing what perspectives and stakes constrain someone else's choices is giving Kim more freedom to affirm someone's humanity and have compassion toward them without it being dampened by believing the person is deficient or undeserving due to a character flaw such as meanness or insensitivity.

Effort and Growth in Action and Interaction

Kim (continued)

As described in Chapter three, much of Kim's early engagement with CBCT[®] involved using skills from learning module one to increase her ability to focus on interacting with people and not allow her mind to drift. Here she recounts other ways that she uses CBCT[®] in the midst of her interactions with those around her, as well as her realization that a similar acknowledgement to what she describes above—understanding that factors and concerns that would shape her behavior may be different than those influencing another person—has been leading to changes in her demeanor towards people she has encountered in the past week.

INTERVIEWER: Has there been any kind of "Ah ha! moment" moment in your interactions when you're using CBCT[®] or a difference, like, you do something differently?

KIM: Oh yes, in how I deal with... people that's in my circle and my space, because when the main “Ah ha! moments” I had was last week, when one of the instructors was saying [that] What may be important to me may not be important to others, and that was like “Ah ha! moment.” And then I understand that if something's important to me it will upset me if it does not seem to be important to someone else [she laughs]. So, I've learned to deal with that differently now. If it's important to me, I deal with the importance of it from my perspective. I don't expect anyone else to embrace what I think is important. So, that helps with my anger. That has helped a lot.

INTERVIEWER: So, you feel different?

KIM: I feel different. My anger... As a matter of fact, I don't even think I've had any anger since last week, just because of that “Ah ha! moment.” ...I haven't been mad. And usually I go through the house upset, especially when it comes to cleaning, but while cleaning is important to me, it may not be important to all the people that live in my home. So I've learned to kind of do what I'm going to do and kind of learn to just enjoy whatever it is about my home I enjoy without fussing at everybody else. So, it has reduced my anger a lot.

This and similar experiences came up during our final interview as well. Kim appeared to be enjoying relief from feeling angry as well as relief from what she perceives to be the cause of her anger, namely, the lack of accounting for the difference between other people's priorities and perceptions and her own. Accepting this and remaining empowered to take care of what matters to her without needing her priorities to be reflected in others was a strong theme in our conversations.

INTERVIEWER: How might practicing CBCT[®] influence your behavior or your habits?

KIM: It influenced my behavior in a way to understand that people have flaws. No one is perfect. And a lot of us want to be free from suffering, because to be honest with you, I'm kind of cold. At times I can be. I'm not always as understanding. And to me, I feel like everything is common sense, when some things are not. And what I mean by that is, I expect for people to just automatically be a certain way, because it's the ethical and the right thing to be or the right way to feel. But then I realized it's not always the case. What may be important to me may not be important to someone else. Or what may be important to someone else may not be important to me. And I'm learning how to accept and respect the differences.

Null-Effects

Eric

Before studying CBCT[®], Eric said he was very open to it and hopeful that CBCT[®] would be novel and enriching, especially if there were ways it could make him more helpful to others through the work of chaplaincy and ministry. Eric experiences anxiety and a friend had encouraged him to try mindfulness exercises as a way to ease it. The following passages are from our second interview. By this point, Eric is midway through the CBCT[®] training. He emphasizes his learning of declarative knowledge of CBCT[®], “how to talk about meditation,” rather than episodic memories or procedures. We saw in Chapter four that doing sustained meditation (SM) practice on his own, Eric received a form of negative internal feedback. He felt it did not “work,” which made him more hesitant to do much meditation on his own. Throughout our second interview, he appeared to be questioning and dampening some of his former expectations for CBCT[®]. He was unsure whether his difficulties with independent seated meditation would abate as he gained more experience. Eric was also agnostic about whether CBCT[®] could help with his anxiety, noting differences between the compassion practice and the kinds of mindfulness exercises he had encountered as stress reduction techniques.

It so happened that Eric was also suffering from a strong headache while we were talking. Being in pain most likely hindered his ability to recall specific aspects of the course and of meditating on his own. Nevertheless, his answers to interview questions convey his ambivalence about CBCT[®] at this stage of learning, as well as his belief that learning about meditation and being able to discuss it represents some of his most significant and successful learning experiences so far.

INTERVIEWER: What skills have you learned so far in your CBCT[®] intensive course?

ERIC: Skills? I think it’s hard to know what the skill is that I’m learning.

INTERVIEWER: Well, it could be skills the way they're formulated by the instructors, or it could just be skills you feel like you're building.

ERIC: I think I'm in the midst of learning the way that I can talk about the meditation or talk about meditation practice in general. In the midst of it, I am also thinking about the people that I serve, while I'm learning it. Which is different than any other time I've learned meditation, because then I'm just kind of doing it or trying it. Because my mind frame is different while in the training, I feel like I'm receiving more of how to talk about meditation, of how to remain encouraged.

When doing meditation, you [can] feel like you're doing it wrong. Which out in the world I hear as people's experience: "Oh, I struggle with doing that," or "I don't know how to do that," [or] "I can't do that." I feel better equipped to respond to that kind of feedback around meditation for other people. So, in talking about meditation and in maybe guiding someone.

I think being gentle with oneself during meditation is a skill-- something that you learn from practice. I think that I'm learning that.

...

INTERVIEWER: Do you think CBCT® concepts might influence your feelings in any way, or your emotions?

ERIC: Yes, I think so. There was a quote that resonates with me. I don't know where it came from, but it says, "I can't think myself into right action, I have to act myself into right thinking." I feel like emotions fall into those kinds of categories in many ways.

INTERVIEWER: With the actions or the thinking?

ERIC: Emotion kind of sits around inside [the category] of thinking in many ways.

INTERVIEWER: Do you think CBCT® concepts are influencing your behavior?

ERIC: Yes! As I continue to receive and understand that I deserve compassion, I can think of other ways to be compassionate to myself and it be okay! Like: "Okay, don't be mad about taking the extra 10 minutes for myself, even though I'm at work." Because, I have to continue to practice this compassion with myself in order to continue to do well at it with others -- which is my work. So, yes.

...

INTERVIEWER: When doing [a CBCT®] meditation, have you ever felt a strong emotion arise?

ERIC: Probably not a strong emotion. When I have noticed things come up, I would, yes, feel them. But nothing particularly strong has come up.

...

INTERVIEWER: In your day-to-day life, what insights such as 'ah-ha!' moments or gradual perspective shifts have you had related to what you're learning in CBCT®... Maybe not during practicing CBCT®, but between a majority of your time.

ERIC: That I've learned?

INTERVIEWER: Yes, have you had a moment in your everyday life when you felt something shift or you had a little: "Oh, that's a different way of looking at that," because of CBCT®?

ERIC: Not that I can think of.

INTERVIEWER: Has your regular spiritual practice shifted after beginning to study CBCT®?

ERIC: My regular spiritual practice...

INTERVIEWER: Your Daoist practice, your prayer practice, any of the things you habitually do?

ERIC: Right. No, not very much.

INTERVIEWER: Just to get at that in a different way: if you're if you're praying, is there any quality of that prayer that you think it's influenced by having this exposure to CBCT®?

ERIC: Right. No.

INTERVIEWER: How do you find yourself applying CBCT® in daily life?

ERIC: The daily life stuff usually comes from if I'm experiencing anxiety or if I've gotten on to myself about something. Kind of how I was talking about this morning. Because I do remember the ways that I desire to be compassionate toward myself.

It's usually much easier for me to be compassionate towards others. So, listening to my thoughts and feelings and remembering to be compassionate to myself.

INTERVIEWER: Have you applied it in your attitudes or your outlook?

ERIC: I don't think so. I'm usually pretty optimistic [laughs].

INTERVIEWER: Do you think CBCT® is optimistic?

ERIC: I definitely think it's positive. I don't know if I'd categorize it as optimistic. But my outlook is optimistic, which makes me not then necessarily add more to it [laughs].

INTERVIEWER: You're satisfied, in other words?

ERIC: [laughs] Yeah, yeah.

It is apparent from these responses that Eric does not believe his experiences of learning CBCT® align with those I was attempting to investigate in our interview session. In his view, he is not yet acquiring much practical knowledge of how to meditate. Rather, he is taking in information about meditating and developing a vocabulary with which to discuss the subject with others. However, he clearly is engaging and applying one of the CBCT® concepts or perhaps *precepts* from the self-compassion module by remembering to be compassionate toward himself and to avoid criticizing himself harshly. He says that this is helpful for managing his anxiety and frustration with himself. In terms of meditation practice, then, it would appear that mindful recognition and reframing (MRR) has occurred on more than one occasion so that he was able to refrain from

“getting onto” or criticizing himself. He has not perceived any strong emotions, shifts in perspective either during SM practice during the CBCT[®] course sessions or when doing any mode of practice on his own. In addition, his other intercession practices and virtue practices have not changed since he began learning this new meditation technique. Belief revision would be unexpected in this case, given that Eric is primarily concerned with acquiring an understanding of what CBCT[®] meditation is about. This uptake of declarative knowledge has not occasioned any conflict with his existing knowledge; therefore it has not yet become necessary to alter his knowledge base or his resulting outlook.

Isaac

Isaac too tended not to claim any internal or behavioral changes to CBCT[®], although, in contrast to Eric, he was eager to internalize CBCT[®] and engaged in SM practice several times each week, as we saw in the previous chapter. Below is an interchange in which Isaac first describes his optimism that CBCT[®] can bring about positive changes in his life, though he is not yet experiencing any significant shifts. He, like several of his colleagues, believes that the practice needs to be internalized and embodied. The more thoroughly he can do that, the greater the difference CBCT[®] can make in his behavior. One small evidence that indicates to Isaac that significant changes are possible is his sense that, internally, he has quieted down.

INTERVIEWER: How might learning CBCT[®] and practicing it alter your behavior or your habits?

ISAAC: I think it has a chance of doing that.

INTERVIEWER: In the future?

ISAAC: Yes, for now I've seen traces of it, and as I internalized that, then practice it daily, I think it's going to be even more positive.

INTERVIEWER: Could you describe a trace of it that you've observed?

ISAAC: I would talk about the cultivating of silence. Having described what I said – a lot of noises in me. So CBCT[®] for my own personal [benefit], it gives me a chance to be attuned to my inner self. With the thoughts that come, as much as possible just to let them go.

For my own personal thing, it's even helping me now to be able to hear the voice of the Lord -- personally. And, when I read the Bible, as a believer, as Christian, it has come alive to me. I don't know if you understand what I'm saying. It has come alive to me. It is making sense to me.

INTERVIEWER: Maybe if you give me an example?

ISAAC: Yes. Just this morning, after everything, when I got into my car. I took my phone -- I have this Bible gate something. I was warming the car. I just wanted to know the verse of the day and they led me to the Bible verse: Jeremiah Chapter 29, Verse 11. And it said, "I have thoughts and plans for you, says the Lord. Thoughts of welfare and not harm." And so, it gives me cause to just reflect on it, just for a moment. Those words were given some meaning. It gave me reassurance and energy for the day.

INTERVIEWER: Is there something in that verse that really resonated with CBCT[®]? What were the words of the verse that seemed really to come alive because of your other study of CBCT[®]?

ISAAC: Care. God wishing me well and wishing them well -- a sense of endearment. God is so endeared to me and to them. In spite their many sufferings, in spite of all their difficulties. This is God's thoughts about me.

It doesn't mean that problems will not be there. It doesn't mean that pain will not be there. It doesn't mean that sickness will not be there. But, in their midst of all that, God's heart is so much to me. That gives me a kind of resilience. And even when I'm out of the zone, this reassures me, and I come back.

...

INTERVIEWER: How might your thoughts and emotions be shifting since studying CBCT[®] -- emotions such as anger, stress, or joy? Are these things changing or are your thoughts changing?

ISAAC: The thoughts might not change, but at least I'm prioritizing them. As to what will bring me endearment, compassion, generate energy in me, and those thoughts that might be harmful: just as they are sparks, just try to push them, just let them go. It's just like a sieve -- to filtrate. Let the harmful ones go, and the good ones that will help with my endearment, to generate some warm wholesome energy in me that I will also be able to give that to others.

As we continued to talk, Isaac explains how learning CBCT[®] may be improving his abilities to: (a) "attune to my inner self," (b) hear "the voice of the Lord," (c) read the Bible in a way that it "comes alive to me," (d) understand that God has compassion and goodwill toward him, and (e) attuning to the zone of resilience or zone of wellbeing. Isaac stops short of claiming that he is becoming more compassionate or that his thoughts are changing. Rather, he describes his use of many lessons from CBCT[®] as criteria to "filtrate" his thoughts, letting go of thoughts and feelings

that might be harmful and prioritizing thoughts that will promote target states and values, such as endearment and compassion that CBCT[®] is designed to generate.

Vanessa

The following exchange with Vanessa comes from an interview after her completion of the CBCT[®] training intensive in the second half of her CPE residency. She did not participate in earlier rounds of interviews. One of Vanessa's most memorable takeaways from CBCT[®] relates to the trauma-informed concept of the Resilience Zone,¹⁷³ often referred to in CBCT[®] as the Zone of Wellbeing. This zone is one swath of a spatial representation of humans' emotional and cognitive range, that encompasses states of high arousal, including enthusiasm, rage, and panic, as well as low arousal states such as lethargy, withdrawal, and depression. The zone of wellbeing covers mid-levels of arousal that are more conducive for caring and insight than the extremes. Vanessa shared with me how novel and helpful it was for her to become sensitive both to how vulnerable she is to being "bumped out" of the zone and the importance of getting back into it. This exchange illustrates ways she is prioritizing getting back inside the zone for the sake of her patients.

Vanessa is concerned that the style of work she does will lead to emotional numbing and burnout, because she is surrounded by people and situations which are highly emotionally charged. CBCT[®] helps her realize that she has to put effort into maintaining a sense of caring toward her

¹⁷³ The Resilience Zone (RZ) is a metaphor for a range of arousal of the human nervous system, which is used in trauma interventions and therapies as a way to coach survivors of trauma in regulating arousal levels and emotions. The Resilience Zone is the swath of arousal level at which a person is neither overwhelmed, over-stressed, and over-excited nor overly drowsy, deflated, and disengaged. Within the Zone of Resilience, there is more possibility to connect with others, think creatively, and adapt to changing circumstances. This concept is an integral component of the public health approach known as the Community Resilience Model (CRM) (Miller-Karas, *Building Resilience to Trauma*, 33–34.) In addition to helping people conceptualize the neurochemical backdrop of their behavior, CRM teaches nine skills for independently bringing oneself back into the RZ (Miller-Karas, 34–50.) This and similar trauma-informed understandings are inspired by foundational work by Daniel Siegel on the impact of traumatic experiences on cognitive development in children. Siegel's description of "windows of tolerance" is mirrored in several ways by the RZ (Siegel, *The Developing Mind*, 332–68.)

patients, towards staff, and towards her co-workers; and, to do that, she must manage her own mental and emotional fluctuations. She hopes that by doing so she will be able to stay present with each person she consults with as an individual going through what may be a unique moment in their life, even if it is run-of-the-mill in hers.

INTERVIEWER: How might practicing CBCT® be influencing your behavior and your patterns, your habits, if at all?

VANESSA: I wouldn't say drastically it's influenced my behavior and patterns. I will say that at work, because that's mostly where I've engaged CBCT® on my own, it has made me stop a lot more, even for a few minutes. Because, I really, really thrive and have a passion for 'crisis work,' like codes, deaths, and those kinds of things. And what I didn't realize was sometimes I was carrying that adrenaline, that possible anxiety, that 'Whew! let's do this kind of attitude,' into that room.

But now it's like, 'Whoa, put on the brakes. Find the time and come in with -- not even a non-anxious presence so much as a more compassionate and calm presence. "Yes, I'm here, and I'm here to care for you." I would hope that even in non-hospital settings, just any a moment of crisis or chaos, I can come back and calm and center myself before I come in.

INTERVIEWER: Has it changed your expectation of yourself when you show up for a patient?

VANESSA: Definitely, in any patient crisis, it's changed my expectation of myself. One of the things that I know I've done a few times is when I'm doing [chaplancy consultations] sometimes what'll creep in is the thought that all humans want wellbeing and not suffering. And that really changes [things] when you remind yourself of that. Especially when you're about to go into a code: "I should not only be compassionate but remember that even though this is my job and I've seen multiple codes, for this human, this family member about to engage in this moment, this is probably one of the worst things happening to them." And that has made my heart so much more tender going in: "They just don't want their loved one suffering and they don't want to be suffering," and it doesn't matter. It really has been a profound thing for me. It doesn't matter if this is my twenty-fifth code, this person is in a unique setting, even if I'm used to this. And that's really changed the way I act.

INTERVIEWER: How has it changed the way that you act?

VANESSA: I'm not as numb towards it. The other day I looked, and I've had sixty-two deaths here. And it's very easy when you're seeing that much in eleven months, to just go with it: "Oh, well, it's another person dying." Because you see so much of it. And I know it's a way of coping to be like that, but to remind yourself that for this particular person, they are not the other sixty-one people. They are not the other sixty-one families you've dealt with. This is their own personal human who doesn't want to suffer and is suffering. So, if my job is the spiritual and emotional wellbeing of them, it's not my job to fix it by any means. I can't change it. But it is my job to hold that space with them and for them.

I think you can become more attuned. You become more aware. You become more compassionate, and I think most importantly, you become more present. Unless somebody's calling my phone saying another code's going off for something really immediate, to put it quite bluntly, I don't care what anyone else needs from me in that moment. You know, I can't care. If pre-op needs an advanced directive right now: "Oh well." I know the person is going into surgery right now, but this person right here is in, I don't know how to put it any other way, but almost [in] the most suffering. This is not something any human wants. So, it just makes, to some degree, just pastoral towards people.

INTERVIEWER: In your inner life, how might your thoughts or emotions be shifting since studying CBCT®? This might not even have anything to do with work.

VANESSA: Just, like, in my own personal...?

INTERVIEWER: Yeah, how's the atmosphere for you?

VANESSA: I try to be more mindful of the moments, whether that's stress in my house, whether that's stress my other job, or whether that's just whatever life. I try to be more aware of when something is triggering in me, like anxiety, chaos that needs to be calmed. What I haven't gotten to the point of, is catching it where I feel like: "I can sit down now and engage CBCT®." That's where I would hope to be eventually. Because right now, what it has done is at least made me alert, aware that these certain things are happening, and I need to maybe take a step back for a second and claim some of that time and space [to meditate]. I just haven't done it yet.

Motivation

Compassion, the target state of CBCT® meditation, involves reorienting one's goals and motivations such that wishing for and seeking the welfare of all eclipses motivations that are narrower and more immediately self-centered. Paradoxically, this altruistic motivation does not preclude seeking personal wellbeing. In fact, it is thought to be very personally beneficial, reducing stress and improving physical health. For the chaplains, the motivation to cultivate compassion in the specific ways that CBCT® encourages varies from person-to-person and shifts continually over time. Some, like Vanessa, want to troubleshoot a specific challenge in her chaplaincy work, such as emotional numbing. Eric and Isaac also look to CBCT® as a way to be better chaplains, however, they do not identify any roles, tasks, or problems for which being more compassionate would be helpful. Nicole's and Kim's motivations, while not divorced from their chaplaincy and ministerial

work, appear to be more concerned with internal changes—overcoming the inability to forgive or being able to see others as human. Their accounts evince more desire for growth in virtues—forgiveness, impartiality—that could improve compassionate responding downstream and less on the professional instrumentality of becoming more skilled at accessing compassion.

Effort and Growth

CBCCT[®] can be characterized as a worldview-inclusive or worldview-flexible virtue practice. Virtue practices are actions, communications, and mental exercises by which practitioners change themselves. Changes may occur through a sudden or moving insight or they may develop so gradually that they are only noticeable through retrospection over a period of time, reflecting on the difference between what one would have done, said, or thought before and what seems common sense or feasible today. The specific change that CBCCT[®] is intended to bring about is the *strengthening* and *expanding* of the practitioner’s natural capacity to be compassionate. Compassion can arise naturally and without much effort, for example, when one’s own children or others whom we care about face challenges or are unfairly treated. However, compassion is not as accessible when someone whom we thoroughly resent or dislike is having a hard time. Expanding the natural capacity for compassion using CBCCT[®] means expanding its scope by finding ways to develop goodwill and endearment for people (or other beings) whose suffering might not have aroused our compassion otherwise. Strengthening compassion means that the wish for others to be free from suffering and the willingness to help alleviate it, if possible, becomes a more consistent and internalized influence on behavior and ways of thinking. All of this corresponds to what I am simply calling “growth,” while the process of investing energy and time into achieving growth, especially when presented with obstacles, I refer to as “effort.”

Growth implies more than a fleeting change. It connotes an alteration in the default perceptions and actions of someone who is working to become more compassionate such that accessing compassion becomes more natural and spontaneous. Feeling compassionate makes it more automatic to feel compassion in the future, and so on, until compassion is actually more natural than blame, disgust and other moral emotions that might arise when one is confronted with suffering. CBCT[®] can be used to dispel a single instance of anger at a fellow driver. Through MRR, the practitioner might recall that all people make driving mistakes, or they might be working on stabilizing their attention on the task of driving enough to allow the angry emotions to dissipate and have a chance to observe that the car which abruptly merged into the freeway is being driven by an anxious teenager taking a driving lesson. However, unless the accumulation of these learning experiences like this, in which anger is viewed as either unhelpful or totally misplaced, reduces the overall likelihood of “getting road rage” or improves tolerance and patience with the unexpected while in traffic, it would not constitute growth. Rather, as Isaac suggests, it would signal a “trace” or a “chance” for growth. Experiences such as Kim’s, in which she understood that her husband truly loves her and that she does indeed have the security and protection that she believed were missing from her life, are rare but not unheard of in the short timeframe over which her CBCT[®] course and our interviews were conducted.

Chapter Six: Results and Discussion

This research has taken it for granted that learning experiences shape beginning meditators' ways of enacting a contemplative intervention practice such as CBCT[®]. It also presumes that practitioners' prior knowledge furnishes relevant practical knowledge, representations of action, that they use in the learning process. While the applicability of prior knowledge of spiritual and religious practices to the contemplative learning process could certainly be argued on the basis of similar cultural meanings and phenomenal features that have become evident through qualitative interviews, from the outset these and other similarities were expected and taken into consideration in the choice of interview questions and the basic research design. To argue based on the current data set that prior knowledge of practices influences chaplains' learning would be to reason in a circle, in other words, to beg the question.

Still, specific experiences reported by chaplains illustrate that prior practices furnish a heterogeneous base of knowledge and experience that appears to organize and potentially constrain their learning of CBCT[®] procedures and concepts. Understanding contemplative learning processes will likely require information about what relevant prior knowledge novice meditators possess. Chaplains' responses also confirm that, after gaining a modest level of proficiency, chaplains can employ CBCT[®] skills to enhance their other practices. Remember that the chaplains reporting this are essentially *adepts* who nevertheless find a benefit in applying some lessons from CBCT[®] when performing practices that some of them began as young children. For example, while studying scripture, Richard shared that he began using the conceptual teachings about the universality of suffering to gain fresh interpretations of biblical stories. In addition, in their clinical work in spiritual health, when consulting with someone who is ill or grieving, many of the chaplains reported reminding themselves of a key CBCT[®] insight: the distress that may arise when empathic resonance

leads a care responder to over-identify with another person's pain is not an intrinsic component of compassion, the ardent wish for someone to be free from suffering.

From an early date I have sought to describe the ways that chaplains, as novice practitioners, make CBCT[®] meditation their own, which modules and steps they emphasize and what patterns and sequences they follow. What parts of CBCT[®] do they find difficult to “get?” When do friction and frustration arise? Detailing the variety of other practices that chaplains draw upon in learning CBCT[®] was another of the earliest research objectives to take shape in planning this qualitative study. In addition, documenting any “Ah-ha!” moments and gradual shifts in perspective or behavior that chaplains have found memorable or noteworthy has been a high priority. To better understand how this data was elicited, see appendices containing the interview questions and research timeline for this study. The first-tier research objectives, which have been explored in the preceding three chapters, are united by a working hypothesis guiding the research design, namely, that these three types of information are somehow related.

Cognitive science perspectives on conscious learning processes have informed the way that data have been collected and assembled throughout this research project. At this stage, let us analyze some of the findings using theories of two genres of *deep learning* as expounded by Stellan Ohlsson in his 2011 work, (1) adaptation of skills in the face of changes and challenges and (2) revision of belief in the face of conflict and dissonance. Whereas deep learning refers to the ability to revise any type of prior knowledge and to override the lessons of past experiences when the need arises, these genres, as well as the genre of creative insight to overcome a problem-solving impasse, are thought to unfold according to cognitively distinct processes.

Human beings' capacity for deep learning is uniquely strong and flexible, and it has enabled our species to survive diverse environments and to solve once unthinkable problems. Learning is

ongoing. Much of the knowledge we acquire is consistent and cumulative. That is, we are able to understand information ‘b’ thanks to our prior acquaintance with information ‘a,’ because these two things do not contradict one another. However, knowledge which was sufficiently workable at one point in time among one set of circumstances may not hold true in the future or in a different context. The environments in which knowledge is made sense of and applied are undergoing continual processes of change. As Ohlsson puts it: “Reality is turbulent through and through, so habits, methods, operating procedures, and techniques constantly need to be adapted to new circumstances.”

What remains is to explore or infer the ways that chaplains have profited from their prior knowledge of spiritual and religious practices to learn CBCT[®] meditation. It helps to look first at ways of practicing sustained CBCT[®] meditation (SM) before examining other modes. At first glance, there appear to be two quite distinct approaches. Some chaplains, such as Soleil, Richard, and Sebastian almost always use the audio recordings of guided meditation for SM practice. This enables them to experience most of the suggested contemplative exercises within the different modules, as well as the organizational sequence of the practice. These chaplains share some commonalities. They compartmentalize their spiritual and religious practices from CBCT[®] (or the reverse) and do not report communicating with God or the Holy Spirit while the recordings are playing. Sebastian, however noted that he was in the habit of praying afterwards, before going on to his next task. Soleil primarily used the recordings to practice while at work in the hospital, and of all three of these practitioners, she reported receiving the most benefit from CBCT[®] as a self-care resource. In addition, Soleil described her CBCT[®] training as having a beneficial effect on her other practices. She decided to use fewer words and to repeat herself less while praying aloud, which seemed “better” to her. Those who relied on the recordings did not blend it with other practices, and so one

would expect that they did not, consciously, or unconsciously, go about building the skill of CBCT[®] by adapting a related skill that they already possessed. Rather, they appear to have been gradually familiarizing themselves with authoritative and high-fidelity examples of how to do the meditation from the ground up, compiling practical knowledge of the contemplative techniques by listening to instructions and translating them into actions.

In contrast, a larger number of chaplains engaged in a sustained mode of practice by blending CBCT[®] into a religious and spiritual practice that they were more familiar with. This more closely resembles a skills acquisition process of adapting an existing skill for a new purpose. Chaplains have a great deal of practical knowledge of prayer, for example, so they either tie their CBCT[®] meditation together using points of reference from prayer or they import some of the skills, strategies, or exercises from CBCT[®] into a prayer practice. Kim, for example, seemed to benefit from being able to draw parallels between her prayers and the modules of CBCT[®], however, the CBCT[®] engagement she is practicing by the end of the intensive course is structured much like the charismatic form of prayer that she described practicing from the beginning. Far from indicating a lack of progress, the thoroughness and eloquence with which she translates skills and concepts between the two practice models (CBCT[®] and charismatic prayer) demonstrates her robust comprehension of the logics of CBCT[®] and what it is intended to accomplish.

Chelsea is another practitioner who blends prayer with CBCT[®] meditation. Her learning experience was remarkable in that she was finding it difficult to understand the instructions for and consequently to practice Modules One and Two. It is not entirely clear why, but she reported that once she began to intermix prayer with her CBCT[®] modules, she was able to have a better feel for how to observe her thoughts and monitor her attention. Prayer appears to be a type of practice that allows her to observe her mental activity without getting as absorbed, perhaps because she has a

more familiar reason why that would be helpful: having less distraction while she is in communication with the Holy Spirit.

Examples of how CBCT[®] learning enhances and is enhanced by prior knowledge are fascinating and promise to further the goal of formulating testable hypotheses, in particular, hypotheses about how people with deep spiritual and religious convictions and practices learn contemplative interventions. However, acknowledging the mutual influence between CBCT[®] and other practices has followed directly from the recognition that learning processes depend on basic cognitive needs. Learners need to associate new information with things already known. Novice practitioners need to use familiar patterns of action and thought in order to begin performing and reasoning through unfamiliar ones. Finding oneself in possession of suitable mental representations to work from, that is, meeting these basic cognitive needs does not guarantee successful learning, but it does make it *possible*.

Appendix A: Interview Question Sets

Time point 1: Background and Views (45 min):

Opening Script:

“Thank you very much for agreeing to talk to me today about possible connections between your background and your experience as a Spiritual Health Resident. Your participation is deeply appreciated.

“I want to assure you that I am not affiliated with the CPE Residency Program; I am a researcher on the research team. Our conversation today and your responses will be completely anonymous and will not reflect or be considered as part of your performance in your resident training. Rather, this will give us information about the training itself and about how residents generally experience the training.

“I am conducting interviews with chaplain residents to better understand what it is like for you during chaplain residency. Your unique and genuine perspective is a precious source of knowledge. Individuals often have different experiences with activities and situations that might seem similar, and this diversity is important to study. I am truly interested in how you see things and in what you have experienced.”

1. What is your Religious affiliation?
2. How long have you been practicing or had faith in your religious tradition?
3. How did you arrive at the religious beliefs, identity, practice, or membership that you have today?
4. Do other members of your family or long-time friends also take part in your religious tradition?
5. What religious or spiritual practices do you engage in regularly?
6. Please describe in detail how you perform your most frequent or most consistent religious or spiritual practice.
7. Is this practice something you feel you are obligated to do? Is it a duty or responsibility?
8. What is helpful or beneficial about this practice? Does it change you or your feelings or your actions? What factors affect how beneficial it is?
9. What is difficult about this practice? When might you perform it better or worse? Have you improved in your ability to practice this over time?

10. Have you ever been aware of or influenced by a presence or power, whether you call it supernatural or not, which is different from your everyday self?
11. How did you decide to train as a hospital chaplain? Why did you choose Emory?
12. What prior experience or training do you draw upon in your work as a hospital chaplain?
13. In future, how do you think you will use what you learn in chaplaincy training?
14. Do you have prior knowledge or experience with meditation or another similar practice?
15. In your opinion, what is meditation and what is it for? Why do people do it?
16. In your opinion, what is compassion and what is it for?
17. How do you feel about engaging in a secularized meditation practice like CBCT[®]?
18. How did you first hear about CBCT[®] (Cognitively-Based Compassion Training)? What do you know about it?
19. What is your motivation for studying and practicing CBCT[®]? How might CBCT[®] be useful to you in the future?

Time point 2: Early CBCT[®] Learning Experience (45 min):

Opening Script:

“Thank you very much for agreeing to talk to me today about possible connections between your background and your experience as a Spiritual Health Resident. Your participation is deeply appreciated.

“I want to assure you that I am not affiliated with the CPE Residency Program; I am a researcher on the research team. Our conversation today and your responses will be completely anonymous and will not reflect or be considered as part of your performance in your resident training. Rather, this will give us information about the training itself and about how residents generally experience the training.

“I am conducting interviews with chaplain residents to better understand what it is like for you during chaplain residency. Your unique and genuine perspective is a precious source of knowledge. Individuals often have different experiences with activities and situations that might seem similar, and this diversity is important to study. I am truly interested in how you see things and in what you have experienced.”

1. What has it been like for you so far learning CBCT[®] concepts?
2. What has it been like for you so far learning CBCT[®] meditation?
3. What have you learned so far in your CBCT[®] intensive course?
4. What is it like when you practice CBCT[®] on your own?
5. When and where do you practice CBCT[®]?
6. At present, how often do you practice CBCT[®]?
7. Would you explain to me how you practice as though you were teaching me to do it the way you do?

Invitation to Practice Script

“Today, I would like to incorporate a contemplative component into our interview. The goal is to get a sense of what it is like for you to engage with CBCT[®] meditation by discussing your practice while the experience of it is still in your working memory. Is that ok with you?”

“Let’s spend about ten minutes in silence practicing CBCT[®] to the best of our abilities. Then I will ask you a few questions about how you practiced and what it is like for you.”

[CBCT[®] meditation approx. 10 min.]

“Thank you for taking that time to meditate with me. Are you ready to continue?”

8. What was it like to practice CBCT[®] meditation just now?
9. Would you explain what you did as though you were teaching me to practice CBCT[®] exactly as you just did?
10. What did it feel like?
11. Were you able to do what you set out to do?
12. How did this practice session today compare to your usual experience of CBCT[®]?
13. How did your thoughts compare with your usual experience during CBCT[®]?
14. How did your feelings compare with your usual experience of CBCT[®]?
15. Was this practice beneficial today? If so, in what way?
16. In general, what do you think is beneficial about practicing CBCT[®]?
17. Was this practice difficult? If so, in what ways?
18. What is difficult about practicing CBCT[®]?
19. Do any aspects require extra effort?
20. Do you anticipate this changing over time?
21. Are you working repeatedly with any specific CBCT[®] skills or modules?
22. Are you using CBCT[®] to address any situations in your life?
23. What are your hopes or motivations for learning CBCT[®]?
24. What aspects of CBCT[®] do you find *un*helpful?
25. What aspects of CBCT[®] are problematic?
26. What aspects of CBCT[®] are difficult to accept?
27. Would you tell me about a time when you’ve questioned this aspect?
28. How might CBCT[®] concepts influence your thoughts? Feelings? Behavior?
29. Would you tell me about a time when you felt that your thoughts, feelings, or behavior were influenced by CBCT[®] concepts or CBCT[®] practices?

30. While practicing CBCT[®] meditation, have you ever realized something new or surprising? If so, would you please tell me about that?
31. While practicing CBCT[®] meditation, have you ever felt a strong emotion? If so, would you please describe what you were doing in your meditation and how you experienced that emotion?
32. In your day-to-day life, have you noticed any new insights, such as “ah hah!” moments or gradual changes in perspective related to what you are learning in CBCT[®]? If so, would you please share with me how you noticed this?
33. Has your regular spiritual or religious practice changed at all after beginning to study CBCT[®]? If so, would you please describe the changes or subtle shifts? Which practices were affected?
34. Has anything changed more generally in your religious or spiritual life? If so, would you tell me about that?
35. Do you find yourself applying CBCT[®] in daily life? If so, in what ways?
36. Have you applied it to any of your attitudes or to your general outlook?
37. Have you applied it in interactions with people?
38. Has CBCT[®] impacted your experience of your CPE group process?

Time point 3: Subsequent CBCT® Learning Experience (60 min):

Opening Script:

“It is good to see you today. Thank you for agreeing to talk to me again about your experience of learning CBCT® in the process of your chaplaincy training. Your willingness is deeply appreciated.

“I want to reiterate that I am not affiliated with the Spiritual Health Residency Program; I am a researcher on the research team. Our conversation today and your responses will be completely anonymous and will not reflect or be considered as part of your performance in your resident training. Rather, this will give us information about the training programming itself and about how residents generally experience the training.

“I want to understand what it is like for you during chaplain residency, and especially as you learn CBCT® and the Compassion-Centered Spiritual Health intervention. Your unique and genuine perspective is a precious source of knowledge. I am truly interested in what is developing for you and in what you are experiencing.

“Would you be willing to include a contemplative component in our interview today? The goal is to get a sense of what it is like for you to engage with CBCT® meditation now that you’ve completed the intensive training. We can do this by discussing your practice while the experience of it is still fresh. Would you be willing to guide yourself, to the best of your ability, through CBCT® for about eight minutes? And I will do the same. Then, I will ask you a few questions about how you practiced and what it is like for you. Would that be okay?”

1. Before we begin, please describe for me how you would normally go about practicing CBCT® meditation if you are on your own?

“Thank you. Now let’s take a little time to meditate in silence. I will let you know when eight minutes have passed.”

[CBCT® meditation approx. 10 min.]

“Thank you for taking that time to meditate with me. Are you ready to continue?”

2. Please describe in detail what you just did as though you are teaching me to practice CBCT® just as you do.
3. How does this CBCT® session today compare to how you normally practice it?
4. How does your experience today compare to how you normally think and feel during your CBCT® practice?

“Next, I’d like to ask you about your personal experience learning CBCT® meditation over the past two months. These questions pertain to your personal meditation practice, not the CCSH intervention.”

5. What has been the most useful strategy or idea you have learned from CBCT®?
6. How much have you incorporated formal CBCT® practice into your normal routine?
7. In the past week, have you done any CBCT® meditation? Is this typical for you?
8. What aspects of CBCT® require extra effort or discipline?
9. How has your ability to understand or practice CBCT® changed over time?
10. What aspects of CBCT® do you find problematic or doubtful?

“Next, I would like to ask you about effects on your daily life of learning and practicing CBCT® meditation. These questions pertain to your personal practice, not the intervention.”

11. Has your regular spiritual or religious practice shifted since studying CBCT®? If so, in what ways?
12. Do you perceive that practicing CBCT® influences your behavior or habits? If so, would you describe an example?
13. Have your thoughts or emotions changed at all since studying CBCT®? If so, could you describe a time when you noticed this?
14. Do you notice whether CBCT® is affecting your CPE group? If so, in what ways?
15. Have you noticed any changes in the way you interact with people that might be related to CBCT®?

“Next, I would like to ask about any significant moments of learning related to CBCT®.”

16. Would you tell me about an instance of transformation, such as an “ah hah!” moment, either during meditation practice or in your regular activities?
17. Would you tell me about a time when you realized something new or surprising while practicing CBCT® meditation?
18. Would you tell me about a time when you have felt a strong emotion while practicing CBCT® meditation?

“Finally, I’d like to know about your experience so far of implementing the Compassion-Centered Spiritual Health intervention (CCSHia).”

19. Do you prefer consulting with patients or loved-ones in the hospital using the CCSH intervention or do you prefer using your own strategies?
20. How do you decide when to do the CCSH intervention and when not to?
21. What motivates you personally to learn and implement the CCSH intervention?
22. What factors outside the hospital influence your use of the CCSH intervention? These could be ideas, attitudes, resources, or circumstances.
23. What factors inside the hospital influence your use of the CCSH intervention?
24. What can help you in implementing the CCSH intervention in the future?

Appendix B: Codebook

Preliminary Notes:

1. This is a list of *nodes*, or themes, and their definitions, which were applied to segments of transcribed interviews.
2. *Coding* is the application of a node to a segment of data.
3. If a segment is coded at a sub-node, it is simultaneously coded to the “parent” node.

Nodes and Definitions

- **Circumstances {CIR}**
 - The surrounding conditions and context of an action or experience including any causes, relationships, timing, locations, coincidences, or other potential factors that contribute to an understanding or enrich a description of what takes place.
- **Clinical Pastoral Education {CPE}**
 - The approach to training religious ministers for professional spiritual care and chaplaincy work.
 - All levels of CPE education and expertise (intern, resident, certificate, fellowship, supervisor, educator).
 - CPE pedagogy and therapeutic techniques practiced by learners and educators (group process, individual supervision, on-the-job experience)
 - The CPE program at Emory Healthcare.
- **Clinical Chaplaincy Work {CCW}**
 - Work inside the hospital to address spiritual, religious, and relational needs or distress, and promote spiritual, religious, and relational well-being and harmony by using the techniques of chaplaincy with individuals and groups.
 - The techniques of chaplaincy including open presence, deep listening, prayer, counseling, and the new Compassion-Centered Spiritual Health (CCSH) approach.
 - Chaplaincy responsibilities such as visiting patients and their loved ones, providing support and counseling to staff, conducting religious rituals or ‘services’.
 - Other tasks assigned to chaplains by hospital administration including assisting patients with advanced directives, attendance at health crises or ‘codes’, and counseling of non-compliant and disruptive patients.
- **Compassion {CMP}**
 - Kindness and sensitivity to suffering in others as well as oneself.
 - The emotion arising in response to perceived suffering and distress that includes a motivation to provide relief, prevention, and mitigation.

- A quality of deliberate action taken expressly to prevent or relieve suffering.
Note: Commiseration, the mirroring of distress that accompanies empathetic identification with suffering, *differs from* compassion but may arise alongside it. Commiseration can dampen emotional resilience and undermine compassion, as in ‘compassion fatigue’ and ‘empathic distress.’
- **Goals {GLS}**
 - The expected outcome or endpoint orienting a person’s or group’s deliberate actions and choices, which may rationalize their behavior, ambition, effort, and perception of progress.
- **Practices and Disciplines {PND}**
 - Patterned activity that is repeated in order to train character, body, or mind toward (1) improved performance of the practice or discipline, and (2) enhanced secondary abilities or virtues.
 - Instruction or engagement in such activity.
- **Cognitively-Based Compassion Training {CBCT®}**
 - A worldview-flexible compassion meditation protocol and **training course** developed at Emory University by Geshe Lobsang Tenzin Negi, PhD, which is adapted from a Tibetan Buddhist mind training practice for developing concern for others articulated in the literature on the graduated path to awakening (Tb. *lam rim*).
 - CBCT® instructional **content**, training and design, coursework, values, pedagogy, concepts, instructions, and objectives.
 - The performance or **practice** of CBCT® meditation or the pragmatic application of CBCT® concepts in daily life.
- **Subjective Experiences {EXP}**
 - Consciously and subjectively encountering, undergoing, or sensing something, and/or being affected by it
 - A phenomenon, such as a feeling or an event, that is perceived subjectively from the first-person perspective.
 - An event by which one is affected.
- **Learning Process {LRN}**
 - The experience of progression or acquisition of new knowledge.
 - The actions or steps to which such a progression is attributed.

- Personal Change {CHG}
 - The experience of a difference in some quality, behavior, or other personal attribute compared to an earlier moment in time

- Meditation {MDTN}
 - First-person descriptions of engaging in a meditation practice.
 - Description and typification of meditation techniques.

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