

Loving-kindness meditation and counseling.

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Accession Number:297915505Full Text:Loving-kindness meditation (LKM) is a type of mindfulness-based meditation that emphasizes caring and connection with others. LKM incorporates nonjudgmental awareness of the present moment, which enhances attention, presence, acceptance, and self-regulation; it also entails directing caring feelings toward oneself and then others and emphasizes both self-care and interconnectedness. Thus, LKM is suitable for helping clients forge healthy connections with themselves and others. This article examines the use and implications of LKM in counseling.

Mindfulness meditation is effective in combating stress, increasing wellbeing, and improving interpersonal relationships (Baer, 2003; Kabat-Zinn, 2003; Shapiro & Carlson, 2009). Within the mindfulness tradition loving-kindness meditation (LKM) incorporates nonjudgmental attention to the present moment and a focus on cultivating compassion and a sense of connectedness with self and others (Chodron, 1996; Kristeller & Johnson, 2005; Salzberg, 1995). Mindfulness entails a purposeful, nonjudgmental awareness of the present moment (Kabat-Zinn, 2005); LKM emphasizes cultivating a specific mental state (Weibel, 2007). Like other mindfulness practices, LKM incorporates ways of being that can be practiced outside of formal meditation.

Loving-kindness, often known by the Pali term metta (Kristeller & Johnson, 2005), is a Buddhist concept related to acceptance and satisfaction with oneself, which in turn leads to love and acceptance of others (Chodron, 1996). The practice traditionally begins with oneself (Salzberg, 1995, 2005); however, metta also describes an intention to transcend self-focused preoccupation so as to experience all-encompassing love and caring for others (Kristeller & Johnson, 2005). In sum, metta incorporates the ability to cherish all aspects of oneself, humankind, and ultimately, the entire universe (Salzberg, 1995).

Mindfulness-Based Stress Reduction (MBSR; Kabat-Zinn, 2005) is a manualized eight-week program that has had positive outcomes in a variety of research and clinical settings (for reviews see Baer, 2003; Kabat-Zinn, 2003; Shapiro & Carlson, 2009). MBSR includes LKM to provide participants with insight into the sense of empowerment that arises when one uses a calm, centered, focused mind to evoke

feelings of love, kindness, and goodwill. KabatZinn (2005) found that LKM can both generate positive feelings and facilitate the letting-go of resentment and other negative emotions. LKM principles are useful for alleviating stress, boosting well-being, and improving interpersonal relationships (Baer, 2003; Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008; Kabat-Zinn, 2003; Shapiro & Carlson, 2009). This article describes the use of LKM, metta, in counseling, and the implications of doing so.

The primary goal of both counseling and LKM is to alleviate suffering (Fulton & Siegel, 2005). Other outcomes psychotherapy and LKM may share are decreasing pathology, improving mental states, and promoting healthy human development (Shapiro & Carlson, 2009). Moreover, like cognitive-behavioral therapy (CBT), a primary goal of all meditation is to train the mind to disengage from habitual reactions and ways of thinking (Fulton & Siegel, 2005; Kristeller & Johnson, 2005). Walsh and Shapiro (2006) in fact defined meditation as "a family of self-regulation practices that focus on training attention and awareness in order to bring mental processes under greater voluntary control and thereby foster general mental well-being and development and/or specific capacities such as calm, clarity, and concentration" (pp. 228-229).

However, CBT is goal-oriented; the attitude of an LKM practitioner is one of nonstriving, acceptance, and nonjudgment (Chodron, 1996). This may seem contradictory, but although the benefits of meditation arise from the practice, they are not its overt goals. The difference is in the mindset of the meditator (Salzberg, 1995). Although the benefits of LKM are understood, the actual intention of the meditator is to become mindful, aware, and nonjudgmental while attempting to generate warm, caring feelings. **Consequently, the benefits manifest from what practitioners contribute to the practice rather than what they seek to gain from it. This is an important distinction.** Certain principles provide a framework for developing the intention of loving-kindness.

CORE PRINCIPLES OF LKM

LKM involves discovering one's true, essential, nature, which in the Buddhist tradition is pure, noble, and lovable (Chodron, 1996; Salzberg, 2005; Shapiro & Carlson, 2009). Practicing LKM with an attitude of curiosity and wonder leads to eventually to the ability to cherish one's own qualities (Chodron, 1996). The process of becoming more appreciative of oneself entails reconnecting with self by healing one's awareness of, and relationship with, internal thoughts, emotions, and physical sensations (Kristeller & Johnson, 2005; Weibel, 2007). **In turn, the capacity to love and celebrate self enables people to recognize the essential nature of others, thereby forging a sense of connection. Through LKM individuals recognize that, like themselves, all beings have a desire to be happy** (Salzberg, 1995). **Recognition of this bond facilitates the other core principle of LKM: interconnectedness.** The practice of LKM cultivates a connection with self (attention to thoughts, feelings, physical sensations; Weibel, 2007), other people, and ultimately the entire cosmos.

More specific to counseling, LKM cultivates a sense of social connection, which is critical to psychological health and optimal functioning (Seppala, 2009). Projecting love and kindness outward toward others increases positive feelings of connection and can lessen feelings of separation and loneliness.

LKM IN COUNSELING

Clients seek counseling for a variety of psychological (intrapersonal) and sociological (interpersonal) reasons (Fulton & Siegel, 2005). Intrapersonal issues include such difficulties as depression, guilt, shame, low self-esteem, and external locus of control (Fulton & Siegel, 2005; Young, 2009). I view intrapersonal issues as a lack of connection with self because they relate to problems with internal thoughts, feelings, and sensations (Weibel, 2007).

Interpersonal issues encompass problems in relationships, such as conflict, resentment, anxiety, or sadness with respect to intimate partners, children, parents, co-workers, etc. They can be viewed as a lack of connection with others (Hutcberson, Seppala, & Gross, 2008). **Many presenting issues in counseling arise from lack of connection with self or others.** The core principles of loving-kindness specifically relate to befriending the self (intrapersonal) and connecting with others (interpersonal)--useful interventions to address many clinical issues.

Metta-Informed Counseling

The intention of loving-kindness can be generated with or without meditation (Weibel, 2007); thus, metta principles can be infused into the counseling process regardless of how receptive clients are to meditation. Loving-kindness teaches people not to identify with negative emotions and self-judgments and to recognize their own essential nature (Shapiro & Carlson, 2009). According to the Buddha, "You can search throughout the entire universe for someone who is more deserving of your love and affection than yourself, and that person is not to be found anywhere. You yourself, as much as anyone in the entire universe, deserves your love and affection" (as cited in Salzberg, 1995, p. 31).

The concept of self-acceptance and self-love is often painful for many people to embrace (Neff, 2011). However, improvement in self-worth, which includes self-esteem and self-efficacy, is a common curative factor in counseling (Young, 2009). CBT addresses this by examining, countering, and disputing irrational or unhelpful beliefs and thoughts (Walsh & Shapiro, 2006). Person-centered therapy uses the core counseling skills of empathy, congruence, and unconditional positive regard to help clients diminish the gap between their perceived and their ideal self (Rogers, 1957). **Incorporating the principles of loving-kindness is another approach to addressing a client's lack of self-worth and increasing**

connection with others (Fulton & Siegel, 2005).

Counselors can illustrate how the practice of loving self-observation illuminates the fact that feelings of shame, unworthiness, and self-recrimination cause needless suffering (Shapiro & Carlson, 2009); a loving mind is able to observe all emotions and thoughts that arise without being affected (Salzberg, 1995). This helps clients separate their feelings and experiences from their essential selves. As clients gain clarity about their unique positive qualities, counselors can facilitate exploration of personal values and meaning.

One metta-informed intervention is to guide clients through a Buddhist contemplation practice that facilitates befriending oneself. The first step is for clients to recall good things they have done and consider their potential for goodness. Next, clients recall ways they have tried to help others and times they cared enough to reach out to others. Finally, clients contemplate times they demonstrated positive behavior, such as acting skillfully or making difficult choices, and incidents of honest, loving, or trustworthy behavior (Salzberg, 2005). This can be practiced during sessions or as homework. Clients may need help initially to come up with examples, such as being reminded of pets or plants they cared for or skills and talents the counselor has noticed. This practice retrains clients to recognize their strengths and positive qualities.

Another strategy for integrating metta principles into counseling involves generating positive emotions, which fosters psychological and physical health (Fredrickson, 2001). Since LKM has been shown to improve mood (Carson et al., 2005; Fredrickson et al., 2008; Leppma, 2011; Seppala, 2009), **counselors can help clients use LKM-related phrases to increase their joy and happiness or encourage them to celebrate joys and successes. Counselors can also teach negative-thought substitution, in which clients first use the mindfulness technique of nonjudgmentally labeling their thoughts and then replace negative thoughts with a compassionate phrase, prayer, or affirmation (Kornfield, 2008).**

LKM often begins, like mindfulness meditation, in a seated position, eyes closed, with the focus on the breath. Clients may set the intention of loving-kindness by **bringing their attention to the area of the heart** (Fredrickson et al., 2008; Shapiro & Carlson, 2009). **Once meditators feel centered, they generate tender feelings by imagining a cherished loved one. Once feelings of love and caring are evoked, meditators then turn those feelings toward themselves** (Salzberg, 2005). **As they relax into the feelings of warmth and love, they silently repeat certain phrases.** The four traditional phrases are variations of: (a) May I be safe; (b) May I be happy; (c) May I be healthy; and (d) May I live with ease (Shapiro & Carlson, 2009). Then the circle of caring feelings is gradually expanded to others, typically a benefactor and then loved ones, neutral people, difficult people, and

ultimately the entire universe (Salzberg, 2005). With each group, meditators silently repeat the traditional or other meaningful phrases, changing the word "I" to the category or name of the specific focus of the meditation (e.g., May all beings live with ease or May Carlos be happy). Consistent practice over time allows meditators to access feelings of kindness, compassion, and acceptance toward self and others, as well as sense a connection with all other beings. The desire for safety, happiness, health, and peace for oneself and others is the foundation for using metta-related concepts in counseling.

LKM Practice in Counseling

Mindfulness-related meditation has been integrated into psychological approaches to treating stress, anxiety, depression, relationship problems, borderline personality disorder, substance abuse, binge eating disorder, insomnia, bipolar disorder, and psychotic symptoms (Shapiro & Carlson, 2009). Because meditation often raises awareness of challenging inner states (Fredrickson et al., 2008, p. 1059), counselors must time interventions carefully. The only reported complication arising from beginning meditation practice outside of intensive retreats is "the emergence of traumatic memories or existential anxieties" (Walsh & Shapiro, 2006, p. 233). These are typically mild and short-lived, and counselors can use their clinical skills to address them (Walsh & Shapiro, 2006).

My suggestion for introducing the topic of LKM is to ask clients what they know about meditation. Building upon their responses, counselors can then summarize the research and benefits of mindfulness and LKM. They can explain that mindfulness is a particular way of paying attention (Kabat-Zinn, 2005), and LKM emphasizes cultivating positive emotions and connections (Weibel, 2007). Therefore, meditation can be learned and practiced without subscribing to any particular faith, tradition, or philosophy (Kabat-Zinn, 2005).

If the client is amenable, the counselor can explain LKM practice and principles and then guide the client through an LKM; scripts are available in books, CDs, and on-line (e.g., Buddha Dharma Education Center, Inc., 1999, <http://www.buddhanet.net/metta.htm>; Mindfulness Awareness Research Center, n.d., <http://marc.ucla.edu/body.cfm?id=22>). **Counselors can, and should, tailor the wording for meditation to each client. It is also critical that counselors obtain feedback from clients about the wording chosen. Counselors are cautioned to make it clear that if clients do not like a certain wording, or if the words evoke negative connotations, they can be easily modified.**

Often clients will wish to begin their practice by imagining sending love and tenderness toward people they love and that love them, or even pets, rather than themselves. Encourage clients to take as much time as necessary to work up to directing loving feelings toward themselves. According to Shapiro and Carlson

(2009), this process is facilitated when counselors practice metta principles in counseling (patience, compassion, understanding, kindness, acceptance, and positive regard toward the client).

A crucial component of LKM is to practice gentle nonjudgment about the client's ability to meditate (Salzberg, 2005). People beginning any meditation practice have a tendency to judge their "success." **Counselors can remind clients that their intention to practice loving-kindness when beginning the meditation is more important than what transpires during the meditation.** The mind naturally wanders, and counselors can teach clients to gently bring their minds back to the meditation without judging their performance. *Shapiro, Carlson, Astin, and Freedman (2006) suggested that people can acquire a positive attitude toward meditation by using explicit affirmations, such as May I bring kindness, curiosity, and openness to my awareness* (p. 377). Helping a client to practice nonjudgment toward self gives the counselor an opportunity to encourage the client to experience greater self-acceptance generally.

IMPLICATIONS FOR COUNSELORS

Although research on LKM is in its infancy, there is empirical evidence of its benefits. For example, LKM reduced anger and physical pain in chronic pain patients (Carson et al., 2005); reduced physiological stress response (Pace et al., 2010); increased both emotional and cognitive empathy (Leppma, 2011); and increased social connectedness in college students (Hutcherson et al., 2008; Seppala, 2009). Finally, LKM improved life satisfaction, social support, life purpose, relationships, and physical health (Fredrickson et al., 2008).

Mental health counselors who have experience with Buddhist philosophy, meditation, and loving-kindness principles can incorporate metta into their counseling approach. Facilitators do not have to be specifically trained in LKM to promote positive outcomes (Leppma, 2011; Weibel, 2007). Nevertheless, I believe that counselors who choose to incorporate LKM should embrace the spirit of metta to help clients through the process of transforming their perspectives and ways of being (Kabat-Zinn, 2005). Moreover, experts recommend that those facilitating mindfulness-related meditations themselves meditate regularly (Kabat-Zinn, 2003, 2005; Shapiro & Carlson, 2009).

It is also important for counselors introducing metta to be knowledgeable about multicultural competencies. They need to assess whether LKM principles or meditation is appropriate to a client's emotional state and belief systems, and use wording congruent with the client's personal worldviews. Most major religions--e.g., Buddhism, Hinduism, Christianity, Islamic Sufism, Hassidic Judaism, and Kabbalah--recognize some form of meditation practice (Walsh & Shapiro, 2006). Thus, counselors should assess a client's spiritual beliefs during intake, respect

the client's values, and collaborate with the client on treatment approaches (Young, 2009). The primary intent of metta, however, is to cultivate a sense of compassion, caring, kindness, and love toward self and others (Weibel, 2007), which is universal across religious, spiritual, and humanistic belief systems (Kristeller & Johnson, 2005).

Finally, counselors are encouraged to preserve the integrity of the core metta principles when incorporating LKM, through training, reading, consultation, research, and practice in meditative, spiritual, and Buddhist philosophies. **It is important not to view meditation as "just another therapeutic technique"** (Kabat-Zinn, 2003, p. 227). A reductionistic approach to using mindfulness and LKM in counseling undermines the rich multidimensional nature of meditative disciplines (Walsh & Shapiro, 2006). Rather than being prescriptive, mindfulness and metta involve ways of being based on maintaining particular attitudes and intentions (Kabat-Zinn, 2005) that are elements of a process that leads to greater altruism (Walsh & Shapiro, 2006). The practice of mindfulness and metta principles enables clients to channel their own energy to promote their growth and healing (Kabat-Zinn, 2005). A balanced emphasis on both traditional Western counseling theory and meditative concepts promotes a positive, multicultural, wellness-based approach to counseling.

CONCLUSION

This article describes ways in which mental health counselors can infuse loving-kindness principles into their work. These principles coincide with the general goals of counseling. Metta principles can also help counselors to foster a positive therapeutic alliance by increasing empathy, wellness, presence, and positive emotions (Shapiro & Carlson, 2009). More than 30 years of research in mindfulness (Kabat-Zinn, 2003) and burgeoning research in loving-kindness and compassion (e.g., Garson et al., 2005; Fredrickson et al., 2008; Hutcherson et al., 2008 Weibel, 2007) provide solid support for using these principles in counseling.

REFERENCES

- Baer, R. A. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice*, 10, 125-1413. doi: 10.1093/clipsy/bpg015 Buddha Dharma Education Association, Inc. (1999). Loving-kindness meditation. Retrieved from <http://www.buddhanet.net/metta.htm>
- Carson, J. W., Keefe, F. J., Lynch, T. R., Carson, K. M., Goli, V., Fras, A. M., & Thorp, S. R. (2005). Loving-kindness meditation for chronic low back pain: Results from a pilot trial. *Journal of Holistic Nursing*, 23, 387-304. doi:10.1177/0898010105277651

Chodron, P. (1996). *Awakening loving-kindness*. Boston, MA: Shambhala Publications. Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist*, 56, 218-226. doi: 10.1037/a0013262

Fredrickson, B. L., Cohn, M. A., Coffey, K. A., Pek, J., & Finkel, S. M. (2008). Open hearts build lives: Positive emotions, induced through loving-kindness meditation, build consequential personal resources. *Journal of Personality and Social Psychology*, 95, 1045-1062. doi: 10.1037/0003066X.56.3.218

Fulton, P. R., & Siegel, R. D. (2005). Buddhist and Western psychology: Seeking common ground. In C. K. Germer, R. D. Siegel, & P. R. Fulton (Eds.), *Mindfulness and psychotherapy* (pp. 28-51). New York, NY: Guildford Press.

Hutcherson, C. A., Seppala, E. M., & Gross, J. J. (2008). Loving-kindness meditation increases social connectedness. *Emotion*, 8, 720-724. doi: 10.1037/a0013237
Kabat-Zinn, J. (2003). *Mindfulness-based interventions in context: Past, present, and future*.

Clinical Psychology: Science and Practice, 10, 144-156. doi:

10.1093/clipsy.bpg016 Kabat-Zinn, J. (2005). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness* New York, NY: Bantam Dell. (Original work published 1990.)

Kornfield, J. (2008). *The wise heart: A guide to the universal teachings of Buddhist psychology*. New York, NY: Bantam Books.

Kristeller, J. L., & Johnson, T. (2005). Cultivating loving kindness: A two-stage model of the effects of meditation on empathy, compassion, and altruism. *Zygon: Journal of Religion & Science*, 40, 391-407. doi: 10.1111/j.1467-9744.2005.00671.x

Leppma, M. (2011). *The effect of loving-kindness meditation on empathy, perceived social support, and problem-solving appraisal in counseling students* (Unpublished doctoral dissertation). University of Central Florida, Orlando, FL.

Mindfulness Awareness Research Center (MARC; n.d.). *Lovingkindness meditation*. University of California Los Angeles. Retrieved from <http://marc.ucla.edu/body.cfm?id=22>

Neff, K. D. (2011). Self-compassion, self-esteem, and well-being. *Social and Personality Psychology Compass*, 5, 1-12. doi:10.1111/j.1751-9004.2010.00330.x

Pace, T. W. W., Negi, L. T., Sivilli, T. I., Issa, M. J., Cole, S. P., Adame, D. D., & Raison, C. L. (2010). Innate immune, neuroendocrine and behavioral responses to psychosocial stress do not predict subsequent compassion meditation practice time. *Psychoneuroendocrinology*, 35, 310-315.
doi:10.1016/j.psyneuen.2009.06.008

Rogers, C. (1957). The necessary and sufficient conditions of psychotherapeutic personality change. *Journal of Counseling Psychology*, 21, 95-103.
doi:10.1037/h0045357

Salzberg, S. (1995). *Loving-kindness: The revolutionary art of happiness*. Boston, MA: Shambhala Publications.

Salzberg, S. (2005). *The force of kindness*. Boulder, CO: Sounds True.

Seppala, E. (2009). *Loving-kindness meditation: A tool for increasing social connectedness*. (Doctoral dissertation, Stanford University). Retrieved from <http://ezproxy.lib.ucf.edu/login?url=http://search.proquest.com/docview/305007725?accountid=10003>

Shapiro, S. L., & Carlson, L. E. (2009). *The art and science of mindfulness: Integrating mindfulness into psychology and the helping professions*. Washington, DC: American Psychological Association.

Shapiro, S. L., Carlson, L. E., Astin, J. A., & Freedman, B. (2006). Mechanisms of mindfulness. *Journal of Clinical Psychology*, 62, 373-386. doi:10.1002/jclp.20237

Walsh, R., & Shapiro, S. L. (2006). The meeting of meditative disciplines and Western psychology: A mutually enriching dialogue. *American Psychologist*, 61, 227-239. doi:10.1037/0003066X.61.3.227

Weibel, D. T. (2007). *A loving-kindness intervention: Boosting compassion for self and others* (Doctoral dissertation, Ohio University). Retrieved from <http://ezproxy.lib.ucf.edu/login?url=http://search.proquest.com/docview/304817410?accountid=10003>

Young, M. E. (2009). *Learning the art of helping: Building blocks and techniques*. Toronto, ON: Pearson Education.

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