



MIND & LIFE

Mind & Life Podcast Transcript

Jenny Mascaro – Compassion in Healthcare

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Opening Quote – Jenny Mascaro (00:00:04): *One thing I think is really important is to notice how interconnected we are, where compassion then naturally can emerge. And just the profound nature of that awareness can touch upon so many different problems that we're all facing. So the intentional dissolution of that "me versus them" attitude—that evolution has hardwired into us, by the way—it really is probably one of the most effective things for pulling on the threads of that tapestry of suffering that are hurting so many.*

Intro – Wendy Hasenkamp (00:00:45): Welcome to Mind & Life. I'm Wendy Hasenkamp. My guest today is biological anthropologist and contemplative researcher Jenny Mascaro. Jenny is an Associate Professor at Emory University School of Medicine, and also Lead Scientist for Spiritual Health in the Emory Woodruff Health Sciences Center. Her research weaves together meditation, compassion, biology, psychology, and healthcare, and as you'll hear in today's episode, she's breaking new ground in how we can study compassion in the real world. I've been lucky enough to know Jenny for many years, and her work has always struck me as cutting edge. She's really pushing the boundaries and thinking about ways that we can measure these key constructs like compassion, which is a really critical issue for contemplative science, because it's not something that you can easily directly observe. So I love diving into this with her in this episode.

(00:01:41) A few highlights from the show. Jenny offers some clarity on the definition of compassion and how it relates to empathy. There are a lot of links here to previous episodes, like with Roshi Joan Halifax and Matthieu Ricard. If you want to dive deeper, you can just scroll back in your feed and check those out as well. We discuss the biological basis of compassion, and what we're learning about how compassion can be influenced by societal norms. This takes us to the topic of training compassion, which is Jenny's expertise. And she shares about the main program she's been studying for well over a decade now, Cognitively-Based Compassion Training. And as she's unpacking the skills trained in this program, we get into an interesting discussion about the complexity of self-compassion. This is something that's often debated in our field, and Jenny gives a really helpful explanation of the nuance there.

(00:02:34) In the second half of the show, we dive into Jenny's fascinating work in the healthcare system, working with hospital chaplains. If you're not familiar with chaplains, as I wasn't, she gives a great overview of their important work supporting both patients and staff in hospital settings in many, many ways. And then we talk about how Jenny has incorporated compassion into chaplain's education, and how that leads to benefits for patients. Specifically, we get into her approach of linguistic analysis, or looking at subtleties of language, and how we might be able to use language as a measure of compassion as it shows up in human interactions.

[\(00:03:12\)](#) There's a lot more in the episode too, and also in the show notes. So as always, check those out for more information on Jenny's work, including a link to a really fantastic essay she wrote for our Insights project. It's about the science of compassion.

[\(00:03:27\)](#) If you've ever had to interact with the healthcare system in the United States, and I'm sure in many other countries, you know firsthand what a stressful environment it is, which is actually counterproductive to promoting health. Bringing more compassion into this system is going to be crucial as we face the next decades. So I deeply appreciate Jenny's work in this arena. And underneath the numbers and the findings and the metrics, her work is moving us towards a deeper understanding of interconnectedness—of breaking down walls between self and other, which is really the most important work we can be doing. So I hope you enjoy this conversation as much as I did. It's my great pleasure to share with you, Jenny Mascaró.

Wendy Hasenkamp [\(00:04:09\)](#): It is my great pleasure to be joined today by Jenny Mascaró. Jenny, welcome and thank you so much for being here.

Jenny Mascaró [\(00:04:20\)](#): Oh, it's an absolute pleasure. It's really nice to talk with you.

Wendy Hasenkamp [\(00:04:23\)](#): I usually like to start with the background of the guest and understanding how they got to be doing the work that they're doing. One of the things that I appreciate so much about your work is the perspective you bring from anthropology, and your training in anthropology. It's such a needed and often overlooked perspective in contemplative science. So I'm really curious how you got interested in biological anthropology, and then how the meditation part came into your work.

Jenny Mascaró [\(00:04:50\)](#): Yeah, it was a very winding path, as most people's paths are. So I have, for as long as I can remember, been really interested in animal cognition and in particular, primate cognition. So through college and past college, I really was interested in studying primate social cognition and pro-social behavior, with a lens towards evolutionary theory and trying to understand the evolution of these traits and skills that we often think of as uniquely human, but which are clearly traceable to our closest living relatives, and more and more to many different species. So in college, I was an anthropology major with a strong interest in chimpanzee and bonobo social cognition. I had planned to somehow study that, and I wasn't quite sure how, but I just knew... and I was reading every book that Frans de Waal wrote and couldn't get enough of reading about, trying to understand, do chimpanzees and our closest living relatives have empathy? Do they behave compassionately? How would we understand if they did? And so that was going to be the path.

[\(00:06:08\)](#) I took a long time off before graduate school, but when I finally found my way to graduate school, it was to a biological anthropology program where I intended to do neuroimaging with chimpanzees. Emory has a primate research center; they, at the time, had chimpanzees that they would do PET scanning with. So I came to Emory with that intention and I set out to do that type of research. And pretty quickly, in my first year in graduate school, I realized a couple of things. One, it's really hard to do that research for a number of reasons, both ethically and practically. And then the other thing that I realized was just how little we know about human social cognition, and how interesting some of those questions are just with humans, without even thinking about questions of evolution. Or at least, informed by questions of evolution, but just trying to get a basic understanding of what are the brain and body systems that support things like empathy and compassion and pro-social motivations.

(00:07:16) So that was my very winding path, and there were a number of other little dead ends along the way, but that's sort of the summary of it.

Wendy Hasenkamp (00:07:25): That's awesome. And then so where did the contemplation start to weave in?

Jenny Mascaro (00:07:29): Yes. So I had long had a personal interest in contemplative practices, primarily mindfulness. I was an anxious kid and also a very serious athlete. And the combination of high anxiety and very serious in any type of performance means that you seek out ways to handle anxiety, and to try to optimize your way in the world. And so when I was in high school, I started to read books by Thich Nhat Hanh and started to do mindfulness practices primarily. And then sustained those, but parallel with starting graduate school, Emory had a number of incredibly innovative partnerships and research tracks that were just emerging. And I was just the luckiest person to find myself interested in questions of social cognition and brain variation and these types of questions, alongside seeing colleagues who were starting research programs to understand what happens when people embark on compassion meditation and mindfulness meditation. And so being alongside these dialogues with Tibetan Buddhists and Tibetan Buddhist scholars, it just was this natural pathway to try to merge the two into what was my hope to be sort of a novel area of research.

Wendy Hasenkamp (00:08:59): Yeah. Well, it has been. That sounds like a really perfect alignment of all of your interests. That's so awesome.

Jenny Mascaro (00:09:05): Yeah. It was very lucky.

Wendy Hasenkamp (00:09:07): Yeah. So your interests in social cognition and prosocial stuff then really explains why you've ended up spending so much of your career studying compassion, which has been so fascinating. So I would love to dig into that with you. And maybe we can just start with some definitions, because I think it's a term [compassion] that is thrown around a lot and people have different ideas of what it might mean. And there's also a lot of conflation sometimes with empathy, and in the scientific world, we tend to tease those apart. So can you speak a little bit to how you think about compassion from a scientific perspective?

Jenny Mascaro (00:09:41): Sure. So I generally use a definition that is consistent with people like Roshi Joan Halifax, who defined compassion as having various core elements, which are an attention to someone who's suffering, coupled with some type of empathic arousal. So to some extent, feeling their suffering, along with and what seems to typify compassion is a motivation to help, and an intention to help. So at base, that's the way I think of compassion and its relationship to other attributes or skills like empathy or sympathy. So that motivation and intention to help aspect is crucial, and that's kind of how we think of it, at least to start with. And then along with that, or moving out from there, there seem to be a number of other features and important conditions, but that seems to be the base definition that many in the field use, and that I really like to use.

Wendy Hasenkamp (00:10:49): Cool. So just to kind of flesh it out in terms of contrasting with empathy, or differentiating it from empathy... So if a person sees another person who is experiencing pain, for example, can you speak a little bit to what might happen subjectively for us in those different states?

Jenny Mascaro (00:11:08): Yeah, so I think there is that attention and sort of salience of noticing that the other is in pain, and that this is important, this is worth paying attention to. And then there is the empathy component, which is to some extent or to some degree, feeling that suffering, even if it's a fleeting sort of empathic overlap. But then what comes next is, the phrase that I love in describing this is an "appetitive drive to nurture" or help. That's a phrase that comes from animal research on maternal caregiving. So an appetitive drive to nurture, this sort of hunger or motivation to help to do something, to comfort, to ease the suffering, to solve the problem. I think phenomenologically or experientially, it comes as that real sort of drive or motivation that feels like, I really want to help this being, this person or being.

Wendy Hasenkamp (00:12:11): So it's not just kind of experiencing or... well, sympathizing is another word that is sometimes thrown in, but experiencing of suffering with another person, but then there's this added component of the motivation to help.

Jenny Mascaro (00:12:23): Right. That's what is described theoretically. I think that's borne out in the research on empathy and compassion, and how they are differentiated experientially and empirically—going beyond just sitting with an overlapping empathic experience, going beyond that to some real motivation and drive to act.

Wendy Hasenkamp (00:12:48): And you spoke about, of course, your interest in evolutionary influences and biology and how primates come to have these prosocial motivations and things like that. So I know there's been a lot done around compassion in humans and evolutionary bases for that. Can you speak a little bit to what the current thinking is there?

Jenny Mascaro (00:13:11): Yeah, I'll do my best. I think there are several lines of thought that are interesting with respect to that question. One thing in trying to understand what compassion is, and how the brain and body support compassion, one of the things that has helped with understanding that is looking at mammalian caregiving. So the idea here is that with mammalian evolution, what typifies that evolutionary sequence of events was you have now a system of parental caregiving. In most mammals that's maternal caregiving, where moms are raising helpless pups, and need a system or a set of bodily systems to notice when that pup is in danger and suffering—often that's through alarm calls and cries for help—and then this appetitive drive to help that sort of altricial offspring.

(00:14:14) And so one line of thought that comes from evolutionary biology and similar fields is trying to think through the evolution of those systems. Along with that is a scientific need to understand how humans have potentially elaborated on those systems. So is it the case that humans have those same systems, just expanded, or are there other neural and cognitive systems overlain on those more ancient mammalian systems that help us do what we do? So that's one line of thought that goes along with thinking through the evolution of compassion and empathy.

(00:14:59) The other thing that I think is equally interesting that comes from anthropological thought is trying to understand human variation. Anthropologists are often interested in questions of evolution, but alongside that are questions of just how flexible humans are throughout time and space, context, culture. And so part of that is recognizing and trying to understand the vast variability that we see, and where does that come from. So alongside these questions of the evolution of compassion are really interesting questions of, why is it that some people are more compassionate than others? Why is it that some contexts pull compassion from people, and push it away in other contexts? And so some of these questions are interesting in an anthropological sense and point us to try to understand, what are the

things that people do that make them more compassionate, either explicitly or implicitly? What are the things that people do, either explicitly or implicitly, that make us less compassionate? So I would say those are the two kind of parallel lines of anthropological interest in this topic.

Wendy Hasenkamp (00:16:18): Yeah. Both of those are so interesting. From the biological side, at least I've heard a lot of talk around oxytocin and hormonal influences like that, and I'm sure there's many other biological factors that play in. And then I do think it's so fascinating from the more societal and cultural side and social side, what are the factors that can enhance or facilitate compassionate responses? And what is the role of cultural norms? I just think about the society, kind of Western industrialist, capitalist society we live in... You wrote a fantastic article for Mind & Life's Insights project recently that I was looking back over. And I think you mentioned some things about work on priming, and [how] if you think about self-focused things or efficiency, you're less likely to have prosocial or compassionate responses—which is kind of what our entire society is based on. So what are some things that can help shift us in the social realm, cultural realm, towards compassionate responses?

Jenny Mascaro (00:17:27): Yeah, it's a fantastic question. One of the main things that gets us out of the bed in the morning is to try to understand those kinds of questions. And so one thing is I think the two domains are certainly interrelated. What I mean by that is, this question of the hormonal systems and the neural systems that support compassion and empathy are not unrelated to the idea that these things are pushed and pulled and modified. And from an evolutionary perspective, it makes sense that compassion is modifiable and context dependent, for all kinds of reasons. Evolution didn't shape us for romance, you know? *[laughter]* Evolution works on the process of natural selection. And often the result is going to be context dependent behavior, especially among humans, who are so variable and living in so many environments.

(00:18:32) So back to our definition of compassion as having these core elements, I have again learned much of what I pretend to know from Roshi Joan Halifax, who points to all of these other non-compassion elements that affect whether we're compassionate or not. And so those are things like, do we feel capable of being compassionate? Do we have self-efficacy to behave compassionately? Do we have the knowledge about what can help in any given situation? And even further upstream are questions around who is worthy of compassion. So, are we judging that the person or the being that's suffering is part of our in-group or our out-group, and are they someone that we should help? There are these contextual factors that influence whether we help or not, and whether we feel compassion or not.

(00:19:38) And the reason I started this with the notion that that's not unrelated to questions of hormonal systems—it seems very clear that oxytocin may be a key neuropeptide that helps us understand that context-dependent nature. Early on, the research on oxytocin was like, okay, here's this "love molecule" that's going to make everyone feel bonded and look one another in the eye, and feel compassionate towards one another. More recently, the research indicates that it is perhaps best thought of as a neuropeptide that is related to in-group and out-group dynamics, in really much more complex ways.

(00:20:18) – *musical interlude* –

Wendy Hasenkamp (00:20:33): That's fascinating about what we're learning about oxytocin, and how it seems to actually almost enhance experiences of in-group, or preferences, or the ways that we treat people who we think of as in-group members more compassionately. So that just makes me think about efforts to expand who we consider our in-group... And then of course, that makes me think of a lot of

the work that you've done with compassion training. And so that leads us into the next thing I wanted to chat with you about, which is the idea that compassion is trainable and these programs that you've been working with to help different populations engage more with compassion. So do you want to share about the programs you've been using?

Jenny Mascaro (00:21:16): Sure. Yes, absolutely. And you're so right that as soon as we start thinking about all of these factors that influence whether we're compassionate or not, and who we're compassionate towards and when, we start to be able to identify factors that can help us train up compassion. And so we, for about the last 15 years, have been studying a compassion intervention that was inspired by and developed from a very, very old Tibetan Buddhist tradition called the lo-jong or mind training tradition. At Emory, as I said earlier, I was just very much right place, right time, just as they were starting to develop and manualize and research this program. The amazing story behind it that I think is germane to our current day, is that there was a student who approached a Tibetan Buddhist scholar at Emory because there was a suicide on campus. The student approached Geshe Lobsang Negi and said, "Is there something that you can do, that you could bring for the students because there's so much suffering?"

(00:22:29) And so Cognitively-Based Compassion Training (CBCT) was born from that discussion, and from that student's amazing insight. And we've been studying it for about the last... almost 20 years at this point, amazingly enough. And so this is a manualized intervention that works off of that exact idea: that compassion is, on the one hand, something that every human being is capable of—by virtue of being born in a human body, we are capable of compassion—but that is also trainable. And so, it goes through a sequence of exercises and didactic information to train up these various aspects and factors that we know are important for enhancing compassion.

(00:23:22) And to your point, the idea here is to not just enhance compassion to the people that we may naturally feel compassion towards, but rather to see if we can expand our in-group to people for whom compassion may be very, very difficult. And then the idea is that by training up these aspects and walking through these mind training exercises, we naturally come to feel more compassion in more experiences, and in more corners of our life, and in a way that's more sustainable.

(00:23:59) So that's the research that we've been doing, and really it's been about trying to understand how can we bring this to people who could benefit, and how can we do it in a way that's feasible and palatable and accessible, and then what happens to people when we do that. So yeah, it's a great joy to do that research.

Wendy Hasenkamp (00:24:24): That's awesome. Do you want to step through the different kinds of skills and concepts that are trained in the program?

Jenny Mascaro (00:24:31): Sure, absolutely. So Cognitively-Based Compassion Training, as I said, it emerges from this ancient Tibetan Buddhist tradition, and it walks through a series of didactic teachings and exercises in such a way that it begins with a foundational or nurturing moment, almost like an attachment prime, that calls people to ground themselves in the experience of compassion and safe attachment.

(00:25:02) And then it proceeds to a strong component of attentional awareness, and in training up attention, with the idea that the compassion elements of the training are going to be really difficult if we can't at least sit still and have some attentional capacity. So it begins with some mindfulness,

mindfulness to breath or other somatic states, and then proceeds to mindfulness to mental contents. So in training the ability to have those meta awareness skills that let us notice our emotions, notice our mental contents, notice our physical experiences in a way that will then let us sit with the next components.

(00:25:51) The next components being the compassion components. The first one is a self-compassion piece that walks through and cultivates an awareness and appreciation for ourselves as human beings, and as fallible human beings. So an awareness of the things that get in our way, the things that cause us suffering, and an ability to feel compassion for ourselves such that we have that motivation to care for ourselves. And that's thought to be really fundamental for all kinds of reasons, not least of which, because it allows us to then extend that compassion outward, which is very difficult to do when we can't extend it to ourselves.

Wendy Hasenkamp (00:26:36): Is that a particularly hard section for Westerners to approach? Because I hear a lot about people struggling with self-compassion.

Jenny Mascaro (00:26:45): It's such an interesting and hugely complex question. I know that I've heard Buddhist scholars debate this notion of self-compassion, Buddhist scholars like John Dunne, and I would be very hesitant to mess up an answer to that question, which would be very easy to do. But just to say that this question of whether Westerners in particular have trouble with it, I'm not sure, but I think humans have trouble with it. The tendency to judge is so hardwired in us for everything, and most potently to judge ourselves. So the tendency to have trouble extending compassion to ourselves in such a way that allows us to move on and feel compassion for others does seem to be quite difficult.

(00:27:39) I think another piece of an answer that I think is equally important is that... Part of the reason it's a tricky answer is because self-compassion often gets, I think confused a little bit as something that is easy, or that is synonymous with self-care. I think it's not antagonistic to self-care, but it's not the same thing as cutting yourself a break and leaving it there. I think a large part of it, and a large part of it within CBCT, is really cultivating the motivation and intention to emerge from the things that we do to cause ourselves suffering. And that is very difficult, and it makes it such that we have exercises and things that we need to do. It's not a passive thing.

Wendy Hasenkamp (00:28:34): Oh, I really appreciate that nuance. The way you just defined that, as commitment to freeing ourselves from suffering. I think that's a really helpful way of thinking about self-compassion. Sorry, I derailed. You were talking about the steps.

Jenny Mascaro (00:28:49): Right. So after self-compassion, the next sequence are really compassion elements. So, contemplation of and exercises to cultivate feelings of interdependence and interconnectedness. So noticing how interconnected we are in every second of our lives. Another element is moving beyond the reification or the cartoonization of the people that we interact with and are connected with. So moving beyond thinking of people as friends or enemies, moving beyond these sort of two-dimensional cartoon versions of the people around us. And then moving towards cultivating an endearment, a sense of care and concern and empathy for those people that we are so intimately connected with.

(00:29:45) And then the final step is sort of an engaged compassion element. So really setting an intention to not just sit with the empathy and care we have for others, but to really set intentions to actively engage compassionately with those others. And so the idea is by stepping through these

thought exercises, as well as these contemplative exercises, compassion and engaged compassion sort of naturally emerges.

[\(00:30:15\)](#) – musical interlude –

Wendy Hasenkamp [\(00:30:46\)](#): I would love to hear about a current, really large project that you've been working on in the medical system, and hospital systems, with chaplains. So wherever you want to start with that... maybe it'd be helpful for our audience just to understand what chaplains are, what they do, because I know, actually really before engaging with your research, I wasn't too familiar myself with this amazing group of folks.

Jenny Mascaro [\(00:31:11\)](#): Yeah, and neither was I. This is another case in my research career where I was in the right place at the right time and incredibly fortunate. I started to do research in the School of Medicine, and the real focus and impetus moved and shifted slightly from what's often sort of a basic science framework to a more applied set of research projects. So moving beyond what happens in the brain when people do compassion meditation to questions of how can we bring these practices that seem to have a good evidence base for helping people, how can we bring those into novel places in medicine where there is so much suffering—and where there's so much suffering both from patients and their family, but also, as we have seen during the pandemic, from the providers and all the people who care for patients.

[\(00:32:11\)](#) And so we started that line of research, and a very early partnership became one with the Spiritual Health department in our very, very large hospital system. So the Spiritual Health department at Emory oversees chaplains who work in the hospital system, as well as a training program to train new hospital chaplains. And I didn't know much about hospital chaplains in advance of doing this research either, but they are a group of healthcare professionals that, first off are present in many hospital systems. Something like 70% of hospitals have a chaplaincy service. And they are really called to and trained to recognize the vast landscape of suffering that patients experience, and more and more that is a diversity of patients. So not just, "Let's get a Christian chaplain to help Christian patients," but rather this is a group of healthcare professionals who are trained and employed to help people of all faiths, or of no faith, who are suffering.

Wendy Hasenkamp [\(00:33:27\)](#): Wow, so do they learn about lots of different religions?

Jenny Mascaro [\(00:33:31\)](#): It's interesting, they tend to come from a very deep personal faith tradition, and by and large that is a Christian faith tradition, at least in our neck of the woods. But a huge part of the training is learning how to address the suffering of patients of other faiths. So listening to, advocating for, appreciating, understanding, connecting with people based on their faith and their needs, or offering help beyond spiritual and religious concerns.

[\(00:34:10\)](#) So the other thing that is really important that I've come to realize about what they do is, in our modern biomedical system where the demands of all of the different types of clinicians are increasingly bombarded—and physicians, nurses, but even social workers are so often called to address other aspects of patient needs beyond the spiritual and emotional and social concerns—it is often chaplains who are in the place to address those needs. So modern chaplains are not just addressing religious and spiritual needs, but they are often doing a lot of socio-emotional care, and even beyond that, they're doing a lot of helping patients connect with doctors and identifying places of

misunderstanding or mistrust. They are doing so much of the work that helps patients feel heard and understand their situation—much more practical in nature than I would've ever realized.

(00:35:23) So they're this incredible group working in our hospital systems, and we have just had this amazing partnership with Spiritual Health, in trying to understand how the wisdom and practices that come from a Tibetan Buddhist background and come from this Cognitively-Based Compassion Training program that we've been working with, how can we leverage that in partnership with Spiritual Health? And so that's sort of an overview of what we've been doing. And then we have a number of really fun projects along those lines.

Wendy Hasenkamp (00:35:57): Yeah. So how did this work get started? Were you training the chaplains themselves in the beginning?

Jenny Mascaro (00:36:04): Exactly. So it was this very organic partnership where it began with a really simple recognition, on the part of the Spiritual Health faculty who were training new chaplains, that CBCT might be a really wonderful addition to chaplaincy training. So the scientific question is, is this a really intentional research-based method for bolstering a resilient and broadly encompassing compassion that chaplains need? And so we did some small pilot studies to incorporate CBCT into the training program for new hospital chaplains.

(00:36:48) And then this really amazing thing happened where chaplains started to report that they were using some of the thought experiments, some of the exercises with their patients. So chaplains would report that they would start to work with a patient who was distressed because they felt like their family was ignoring them. And the chaplains started to report using these ideas and exercises, especially to address feelings of isolation, feelings of anger that patients have towards the family members around them.

(00:37:24) And so we started to think really intentionally about whether there was a way to specifically merge what chaplains are doing, and what they're called to do, with some of these exercises and practices and content from CBCT. So we developed a program that we... You know, we always have to come up with an acronym.

Wendy Hasenkamp (00:37:46): Of course. *[laughter]*

Jenny Mascaro (00:37:47): The program that we research is called Compassion-Centered Spiritual Health, or CCSH. And the idea is that it is a real merging of Spiritual Health with Cognitively-Based Compassion Training, such that chaplains in our system, and increasingly in other systems, are trained to conduct spiritual health consultations and interactions with patients with this new tool in their tool belt, with compassion-based exercises that they can bring to patients. But the other part of the program that's really fundamental is that it has a very intentional sequence of exercises that the chaplain does before even entering the room with the patient.

Wendy Hasenkamp (00:38:33): Oh, interesting.

Jenny Mascaro (00:38:34): Yeah. So there is this sort of sequence where the chaplain is doing these deliberate, intentional things to bolster their endearment toward the patient they're about to see, to bolster their own calm, their own presence, their own self-efficacy and confidence towards helping the patient. And then they go into the room, and there is a sequence of skills and behaviors and cognitions

that the chaplain does to understand the patient, to meet them where they are, to identify their needs, and then to identify practices and things that they can bring to the patient to ease their suffering, and then that they can leave the patient with to continue to access after the chaplain leaves, to give them the skills that they can use throughout their hospital stay and beyond, to feel connected, to feel safe, and to feel well.

Wendy Hasenkamp (00:39:37): Wow, that's fascinating. What's coming to mind is, I feel like in some ways it's like teacher training—like you would train people to then be teachers of Cognitively-Based Compassion Training or something like that, which is done in many different interventions, you know, you train teachers. But in this case, I've never heard anything quite like this. It's different because it's also really attending to the interpersonal dynamics that a chaplain finds themselves in. Just like you were describing, that kind of preparation phase of, how are they going to engage with this person? That's so fascinating and it sounds like it could be so applicable in many different caregiving types of situations—for doctors or staff or therapists or... I can think of lots of different professions where this would be so useful. Anyway, that's amazing.

Jenny Mascaro (00:40:26): Yeah, that's a great insight. I think you're right. I think there are many, many analogous situations where someone is entering into a relationship with others, and that relationship goes better when we are prepared in these ways. The idea is that there can be this intentional way of preparing to ease into that relationship. And I think you're very right that, that is both a part of other training programs, but also could be leveraged and could potentially be helpful in other domains. It's almost without fail, when I present our research, I'm always nervous (because I'm always nervous), *[laughter]* but I'm especially nervous in biomedical contexts where the stereotype is that doctors in the crowd may balk at some of this work. And it's without fail, the opposite.

Wendy Hasenkamp (00:41:24): I was going to ask you how it's received.

Jenny Mascaro (00:41:27): Yeah. One thing is that healthcare professionals—this isn't unanimously true, but—are aware of chaplains and what they do, and are very appreciative of what they do to help patients. So there's already an appreciation for what spiritual health clinicians or chaplains do. But there is also, often a reaction that I get is, can we do this? Can we go through this training program? And so that I think will be a next step. A first step is trying to understand if this works, and if it does, how? But then if it does, is it something that others in these many pockets of healthcare could be trained in, such that they similarly have the sort of preparation to enter into these clinical relationships.

Wendy Hasenkamp (00:42:16): Yeah. And now my mind is just going all over the place and thinking, what about teachers, or what about police force, or congress, you know, politicians?

Jenny Mascaro (00:42:26): Oh, goodness.

Wendy Hasenkamp (00:42:26): So many professions are involved in... you're going to come into contact with someone in this certain way, and to just put intention to that is... wow. I love what you all have developed. So yeah, what kinds of things have you been finding?

Jenny Mascaro (00:42:42): So the research alongside the development of this program has been such a delight, in part because it's really pushed us to learn new methods and new ways of trying to understand if this is effective. Because although I came from a neuroimaging background, we're not going to be able to put patients into a scanner immediately after they interact with a chaplain. And yet,

we want to try to understand the richness of what's happening in these interactions, beyond just self-report. Self-report has a place, and we use it for sure, but especially for trying to understand a lot of these interpersonal factors and dynamics and skills we don't have conscious access to... So it's really hard to self-report on how you're more compassionate if you're in with a patient.

[\(00:43:36\)](#) So one of the things that we have moved towards is doing more ambulatory measurements, because we are quite literally walking around the hospital, shadowing chaplains. And a big part of that has been ambulatory audio recordings, where we will collect audio recordings of chaplain-patient interaction and try to identify, both quantitatively and qualitatively, what is happening in the room within that interaction that helps us understand whether there is benefit, and how there is benefit.

[\(00:44:12\)](#) So the last, I would say, five years or so of our research has really been doing a deep dive into some of these linguistic assessment tools. Because to my mind, I could be very wrong, but it's hard to think of a better way to feasibly tap into the richness of these interactions beyond understanding the language, and the words that people are using, and the spaces that people are giving one another to speak, and to hold really deep emotions and really difficult emotions. So we've been really doing a lot of linguistic behavior and linguistic research to try to understand what is helpful and how. And so that's an area of research that I'm very new to and learning a ton about, and it's really been just so fun.

[\(00:45:04\)](#) – *musical interlude* –

Wendy Hasenkamp [\(00:45:30\)](#): I think that is such a cool method of measuring and thinking about how we can assess compassion. Because like you said, it's a complicated construct to measure, and self-report can only go so far—for a lot of reasons, there's a lot of limitations there. So I love these "in the real world," "in the moment" assessments. So how does this work? Do you actually come in with a little recorder? Because it seems like that might be invasive or, if they know they're being recorded, are they going to say something different, that kind of thing?

Jenny Mascaro [\(00:46:02\)](#): Absolutely. That's part of the reason we've moved to this method, is because it is something that, we can just pop an audio recorder into the chaplain's pocket, and then we're not in the room. So in some sense, it's less invasive because then researchers are not in the room when there is a consultation between these chaplains and the patients, or the family members, or the healthcare providers. Of course, it is in some ways invasive, on both sides. So we obviously conduct informed consent with patients and with the chaplains. The thing that we've come to realize, in large part because of a huge wealth of research that's come before us, is that when people are being audio recorded for research, they behave surprisingly naturally. We're pretty quick to forget that we're being recorded, especially in a context like this where it's a professional environment where people are doing their jobs, and they are focusing on what they're doing, and then on the patient's side where they have so much on their mind.

[\(00:47:09\)](#) We have a lot of patients who don't consent to be in the research, and so we don't do research with them. And that may bias what we get. It may be that patients who are not wanting to participate in research like this are somehow different from patients who are willing to. But even if there is that bias, which we really do have to keep in mind, we are still able to learn a good bit. I do think that, what we hear from the chaplains is that maybe the first session or two that's recorded, they feel a little weird, and then they kind of get used to it and behave pretty naturally.

Wendy Hasenkamp (00:47:43): What are some examples of the kinds of language, or you mentioned even space, just the kind of specific metrics that you can determine, and do you see shifts from this training?

Jenny Mascaro (00:47:55): Yeah, so we're still digging into the research because I think I could analyze these data for the rest of my career quite easily. But so far, some of the interesting things that we have learned are that there are clearly, from our research at least, types of language that seem to almost bridge a relationship between compassion and patient benefit. By that I mean, what we see in the data is that when chaplains report that they are compassionate, and when their patients then report a benefit from the chaplain's visit, we can see that there are certain types of language that seem to bridge that—that seem to, in scientific terms, mediate that relationship. That's sort of the mechanism by which, at least in part, compassion is being conveyed.

(00:48:49) And so the really interesting thing is that the type of language that seems to confer a benefit is an other-oriented linguistic style. That's not a huge surprise. For example, when chaplains use more we/us language, compared to I/me language, patients get more of a benefit. When chaplains use more social language, words like together and connected, patients benefit. And the really interesting thing is that, based on previous research, there's a pattern of linguistic behavior that seems to connect those two types of language—an other focus and a social focus—to a confident leadership style of speaking. So the people who have done this research point to this as a linguistic style that really effective leaders seem to have, where they are focused on others, they are socially and collectively oriented, and they are confident in nature. And so together, this pattern of sort of confident, other-oriented language seems to be the type of language that chaplains use that is of most benefit to patients.

(00:50:10) And so then the next question of course is, does our training program affect that? And it does seem like it does. So chaplains who have gone through CCSH training use more of these types of language than chaplains who haven't. And so there's so much to do to try to understand that, but it's some of our newer research that we're really excited about, because it's not something we could have asked chaplains about, or we really could have known without studying it in this way.

Wendy Hasenkamp (00:50:43): Right. That's so interesting. And so are the outcomes for the patients psychological outcomes, or are they clinical outcomes?

Jenny Mascaro (00:50:50): Yeah, good question. So the finding that I was just referencing is with depression symptoms. We measure patient distress level before the chaplain goes in, and then we give them depression inventories afterward. And what we see is benefit primarily in terms of depression symptoms, but then we also see benefit in terms of some more positive psychological factors, like self-efficacy to handle difficult emotions, and some of these more positive psychology factors or constructs.

Wendy Hasenkamp (00:51:22): Do you have any plans to incorporate any biological sampling with this population?

Jenny Mascaro (00:51:28): Yeah. Great question. It would be so interesting to incorporate biometrics. Again, we really have our eye closest to patient burden in this research, because many of the patients that we're doing research with are severely ill, and so it's really difficult to ask them to provide a biological sample. But we have done some preliminary looking at chart data that we can collect, and we haven't seen anything yet. Those kinds of data are a lot messier. But some of the questions when you start to move into a public health domain with really big samples would be things like, do patients'

length of stay decrease? Their use of pain medication, and especially opioid medications, is that reduced for patients who see a chaplain, and in particular see a chaplain who's particularly compassionate? So you need really big samples to ask those kind of questions, and we're in the process of trying to do that kind of work.

Wendy Hasenkamp (00:52:29): Oh, very cool. And then for the things that you found—where these particular styles of speaking and word choice and things like that, you're finding that they're having more benefit for the patients—are you then going to loop back that into the training, so that you specifically encourage that kind of thing?

Jenny Mascaro (00:52:48): That's such a fantastic question, because that's exactly one of the things that's on our mind. You know, I have these incredible mentors, like Chuck Raison, and one of his earliest insights was that this is an iterative process. We can use what we're learning to then go back and further refine the training, or it can be used in other types of training. And so especially given what we're finding, if it is the case that there is this sort of confident leadership type of communication that is particularly effective, can we ramp that up even more? Can we identify how that is trained up? How is it that chaplains come to feel comfortable, and likely to speak with these types of linguistic patterns? And so, you're so right. That's exactly where our mind is, is what can we do with these to even improve on what we're doing so far?

Wendy Hasenkamp (00:53:46): Well, I really love this research. It's so multifaceted. And it's such a complex situation that you're trying to get a handle on scientifically, which is so challenging, and I love the approaches that you're bringing into it.

(00:53:58) I'm also just thinking about COVID and the pandemic for the last several years, and the extraordinary toll that that's taken on healthcare workers. And this is the system that you're working in, so I'm wondering, has that played in as well, with the chaplains' work and any extension into the other healthcare staff?

Jenny Mascaro (00:54:20): Definitely, in ways that I couldn't have imagined. When I started to work in the medical setting, part of the impetus and the motivation was trying to understand what bolsters sustainable compassion among healthcare providers. Because it's so clear that compassionate healthcare is a huge part of what helps patients feel better, and yet the systems that we live in and the systems that providers work in provide so many barriers to compassion. So that was already on our mind. The second reason it was already on our mind is because a huge part of what hospital chaplains do is not just address the suffering and needs of patients and their family, but also healthcare providers and provider teams. So if there is grief, an unexpected death, if there is conflict, the healthcare chaplains are often in the position to help with that. So that was already on our mind and something we were interested in, but the pandemic just put that on steroids.

(00:55:28) Healthcare providers are experiencing, and have experienced, so much moral injury and moral distress during the pandemic, and burnout is off the charts. But even beyond burnout, just the feeling of working in an unsafe, morally distressing environment has absolutely taken a toll, and we all have seen that. So a lot of what we've been doing more recently is trying to see whether this Compassion-Centered Spiritual Health training and intervention can be leveraged for healthcare provider teams. And we're using similar methods as we use with patients to try to understand what's beneficial, but it's very clear that hospital chaplains are in a fantastic place to try to address the needs of individual healthcare providers, but also of teams that really need to work together with kindness and

compassion and efficiency to really be successful. So yeah, that's what we've been doing a lot of recently.

Wendy Hasenkamp (00:56:36): The chaplains just seem like such an amazing group of folks and all of the services and help that they provide in that arena.

Jenny Mascaro (00:56:43): Yeah. I will never forget the experience of my mentors and colleagues bringing my awareness to this. One of my colleagues told me that at the time, chaplains in our healthcare system saw 120,000 patients in the previous year, and now it's even more. And they see almost that many providers and staff. And so you start to realize the amount of immense effort and care that they provide, and then also what an incredible potential there is for bringing new practices, and for optimizing care that they have. So yeah, my jaw hit the floor when I heard those numbers, and really we've never looked back because it just is staggering. Another case of people around me doing amazing stuff that I didn't appreciate until really having it pointed out to me.

Wendy Hasenkamp (00:57:39): Yeah. So as we're kind of coming to a close, I was wondering, for you, how engaging with research around compassion and thinking about this for so long in your career, how has this changed you and your... maybe experiences of compassion, or just the way you look at it?

Jenny Mascaro (00:57:58): Yeah. I mean, another example of why I feel so incredibly fortunate—it would be impossible for this not to affect me in ways that I benefit from so much. So one thing is, it's wonderful to have a professional excuse to practice mindfulness and compassion meditation. And so that's just a great joy. And to be around compassionate people who are doing this type of research can't help but rub off on you.

(00:58:28) The other cool thing, that I've noticed more recently real examples of it, are ways that the scientific literature on compassion almost primes me to notice things that happen in daily life. Things that I wouldn't necessarily have noticed without knowing the research on compassion. It helps me feel slightly more compassionate than I would be otherwise. It helps me notice compassionate people around me that I wouldn't have noticed otherwise. And both of those are just of such great benefit, it's hard to overstate how lucky I feel to be able to do that and experience that.

Wendy Hasenkamp (00:59:17): Yeah. I love when you immerse yourself in these fields and then, like you said, there's kind of a priming effect and you start to notice things in the world that have been around you all the time, but now you're more attuned. It's kind of making me think back to, we were speaking about earlier, in the compassion training, helping people to see interconnectedness in the world, and like you said, see compassion that already exists in the world and the care that is shown to all of us all the time and... just interdependence as opposed to feeling like these reified separate selves.

(00:59:56) I don't know what your experience is, being involved in these trainings, but it feels to me like the more we can approach that view, living into that reality of interconnectedness, compassion is such a natural emergence in that state. It feels much more like you don't have to work at it. I don't know, I feel like this is something the Dalai Lama has maybe referred to as "wise selfishness." (I can't remember the term he uses. I think that's it.) Whereas you are in some way connected to everything, so caring and extending compassion is also beneficial to you. So I don't know, what do you think about just the natural, kind of organic emergence of compassion?

Jenny Mascaro ([01:00:35](#)): Right. Absolutely. One thing you said that I think is really important is sort of an intentional priming and set of thought experiences that has us notice how interconnected we are, and just the profound nature of that awareness where compassion then naturally can emerge in ways that it wouldn't if we are so fractured and so primed for the opposite—the in-group/out-group dynamics that are so harmful. So I think that is one factor that I totally agree, is hugely important, especially this day and age, where we are fractured intentionally and unintentionally in so many ways.

([01:01:22](#)) And then, yeah, the point about wise selfishness is so well taken as well. Because it becomes quite clear—it naturally emerges from that awareness of interconnectedness—that we benefit so much more from orienting to our common humanity. Our emotions and our own well-being is so vastly improved by that orientation, and with the cultivated awareness, we start to notice those things. And I think you're so right that, that is one of the fundamental principles and facets of all of this, that has the most potency for addressing the problems of our time, the things that are causing suffering to so many.

Wendy Hasenkamp ([01:02:14](#)): And as you were just speaking, it's occurring to me that, maybe to frame it as "selfishness" isn't even quite the thing... because it's almost like the self starts to dissolve. It's not like you're just doing it to help yourself, it's that actually it's just this interconnected system that we're all a part of. And let's take care of it and make it better, yeah.

Jenny Mascaro ([01:02:35](#)): Absolutely. And you start to notice the sort of tapestry of ways that that awareness can touch upon so many different problems that we're all facing. So yeah, the dissolution of that sort of "me versus them" attitude—that evolution has hardwired into us, by the way—the intentional dissolution of that, it really is probably one of the most effective things for pulling on the threads of that tapestry of suffering that's hurting so many. Yeah.

Wendy Hasenkamp ([01:03:19](#)): Well, I think that's a wonderful place to leave it. Thank you so much for all of your work. Is there anything that we didn't touch on that you wanted to speak about?

Jenny Mascaro ([01:03:29](#)): Oh... I'm sure there is, but mostly just there are so many incredible people that I'm working with and have the good fortune to work with. So there will be really good stuff to come from our team, mostly because we have these incredible young scholars and mentors who just are fantastic. So just a huge hats off to them, and appreciation of all the different people that you and I both get to work with who are so amazing.

Wendy Hasenkamp ([01:03:59](#)): Well, we will stay tuned to the future of your work. I think it's fantastic and so important working, especially in the healthcare space, it is so needed today. So thank you for everything you're doing, and thank you for taking the time to chat today.

Jenny Mascaro ([01:04:13](#)): Oh, it's been lovely. Thank you, Wendy. It's always wonderful.

Wendy Hasenkamp ([01:04:20](#)): *This episode was edited and produced by me and Phil Walker, and music on the show is from Blue Dot Sessions and Universal. Show notes and resources for this and other episodes can be found at podcast.mindandlife.org. If you enjoyed this episode, please rate and review us on Apple Podcasts, and share it with a friend. And if something in this conversation sparked insight for you, let us know. You can send an email or voice memo to podcast@mindandlife.org.*

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