How to Apply Mindfulness to Your Life and Work

Shifting Focus through Mindfulness: How to Grow Love and Compassion out of the Seeds of Suffering

the Main Session with

Jack Kornfield, PhD and Ruth Buczynski, PhD
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Dr. Buczynski: Hello everyone and welcome. I’m Dr. Ruth Buczynski, a licensed psychologist and President of the National Institute for the Clinical Application of Behavioral Medicine. I’m so glad that you’re here.

We have a wonderful session with a very special person, one who I’ve had the privilege to get to know much better in the past year. I’m so excited to have you have a chance to get to know him more as well.

Our guest is Dr. Jack Kornfield. We’re going to be talking about healing patients with mindfulness. We’re also going to be talking about the practitioner in that process.

First, though, let me say hi to you, Jack. It’s good to see you.

Dr. Kornfield: Hi Ruth. It’s a pleasure to see you again.

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How Mindfulness Training Changes the Approach to Healing

Dr. Buczynski: Let’s jump right in and start with this question: How can mindfulness training change a practitioner’s approach to the philosophy of healing and their practice of healing?

Dr. Kornfield: The first thing that’s really important for a practitioner, whether you’re a mental health practitioner or you’re a nurse or physician working on the front line, is this: in order to tend to the needs of those you’re working with, you need to have a way to center yourself – to listen and to bring a quality of beginner’s mind and presence to them and to the situation. Mindfulness can really support all this.

“To tend to the needs of those you’re working with, you need to have a way to center yourself – to listen and to bring a quality of beginner’s mind and presence to them.”

All the modern neuroscience research shows that with even some weeks of training, it’s possible to quiet the mind, regulate oneself better, and approach stressful situations with a greater sense of equilibrium. The patients will feel it and you will feel it, because you’re there and more present.

It allows for a deeper kind of connection between the two of you, in
whatever form of healing you’re involved in, and it allows that to be navigated in a wiser way.

**Dr. Buczynski:** I know that for a lot of us, we’re very driven to trying to help the patient. A lot of that involves thinking diagnostically: Where have I seen this before? What might this be? Do I know how to fix it?

I wonder if that perhaps gets in the way of the connection between the practitioner and the patient.

**Dr. Kornfield:** These are the different dimensions of our skill. We need to bring experience and thoughtfulness and knowledge to our work with patients.

Many studies have shown that when there is a deep sense of presence and connection with the patient, whether it’s in the health or mental health field, the patient feels received with their own dignity and nobility, which is a Buddhist term for, “recognizing and valuing each being that you meet, including yourself.”

When that connection is made, then there’s an establishment of trust and willingness to go along – to be an agent in their own healing and every part of the healing process.

A deep sense of presence serves the patient and at the same time, it serves the healer to be in touch with their own capacity for connection and presence. The beautiful thing is these things can be developed and trained.

**Dr. Buczynski:** Jack, are saying that for the practitioner to be involved in mindfulness is a form of self-care?

**Dr. Kornfield:** It is a form of self-care, and it is also a form of establishing a more nourishing, less inwardly fraught or hurried or stressful connection with the work that they love to do.

I was talking with a good friend, Dr. Rachel Remen who is a healer and on the faculty of Stanford Medical School and UCSF.

At one point, we talked about doing grief retreats for physicians and nurses, because the medical system has so disappointed the initial impulse to be present as healers in the lives of people.

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"Mindfulness is a form of self-care.”

We’ve lost so much of that mysterious alchemy of healing in the modern rush of technology and the commercial problems of running modern medicine.

For it to work, in a sustainable way, we need, as healers, to find the capacity to come back to our self, to
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quiet our minds, to listen to our hearts and our intuition, and to meet our patients with the wholeness of ourselves, because it nourishes us. Our patients will respond to that.

How Identification Creates the Idea of Self

Dr. Buczynski: Moving on Jack, let’s talk about this whole process of paying attention to your own mind. Specifically, I’d like to think a little bit about identification and how identification creates our idea of the self.

Dr. Kornfield: In the Buddhist psychology that I learned, the process of creating identity or identification is something that’s studied and quite central – we can identify with anything.

We can identify with our thoughts, our political point of view, our family history, our body, our tribe, and some of that identification is useful. We need to remember our social security number and our zip code, and we have to have a respect for our ancestors and the culture and community that we live in.

We also can create a great deal of suffering if we identify in a rigid way. For example, I was talking with a patient, a person I know who was recently diagnosed with Parkinson’s and of course was going through all the inner fear and turmoil of “What will this mean for my life? How many more years will I have?” These are all the questions that someone who gets a significant diagnosis goes through.

People can feel terribly isolated, but as we sat together, at one point, I asked him to do a visualization with me – to imagine the other people in the U.S., although I know there are listeners around the world, who this very day are receiving some significant diagnosis whether it’s Parkinson’s or MS or something like that. I asked him if he could begin to imagine it.

All of a sudden I said, “Breathe, quiet yourself, and feel the collective concern – the fears that you have that are shared by others, the love of their families, the whole system of medicine and care that’s being mobilized and realize that you’re not the first person to go through this. You’re in a wave of being cared for and connected with so many others.”

When he did that, he realized that it wasn’t personal to him alone. It was also part of the human condition that we go through – the difficulties whether they’re physical or emotional.
He could shift from feeling, “Oh poor me,” and “Why did this happen to me,” and “I’m all alone in this” to realize how this is part of our human journey that’s been shared for so long – we know how to navigate this.

That was the next beautiful step. I said, “You are like a well-fitted ship, and you’ve gone through all kinds of rough seas. You know how to navigate this. It’s built within you, and you received it from the thousand generations of ancestors who’d survived and gone through difficult things. It’s not you alone.”

His identity began to shift, and he realized that he was part of something so much bigger that had healing and courage in it. That was completely different than the small sense of self that he had begun with.

Dr. Buczynski: He still identified with it as a person who just received this diagnosis, but it shifted in the process of seeing himself in a bigger whole.

Dr. Kornfield: That’s right. He was not taking it quite as personally and therefore he didn’t experience himself as being isolated. He didn’t get all of the wrought, difficult emotions that come from feeling isolated or being overwhelmed or not knowing how to deal with it.

This capacity to shift identity, or to go from what is sometimes called the small sense of self – what is called the body of fear in Buddhist psychology – to a sense of dignity, a sense of capacity to deal with difficulty or kind of inner empowerment is part of the gift of mindfulness training.

Both mindfulness and other complementary practices of compassion and loving kindness begin to train us both as healers or physicians or mental health professionals and nurses as well as the patients we work with if we offer this to them – to sense that inner empowerment.

Is the Self an Illusion?

Dr. Buczynski: Jack, you’ve said that self is an illusion. Can you tell us more about that?

Dr. Kornfield: I’d like to read you a passage from *Time* magazine if I may.
In that article, a whole special issue on modern neuroscience, they write, “After more than a century of looking for it, brain researchers have long since concluded that there’s no conceivable place for a *self* to be located in the physical brain.” In that research, the *self* simply does not exist.

What that means in the combination of modern neuroscience and the contemplative sciences is that *self* is a construct that grows out of this complex of thoughts, feelings, and this process of identification.

That means that *self* is quite malleable. There’s no fixed *self*, but we are constantly creating *self* with the stories we tell, the beliefs we have, and what we choose to identify with.

Because there is no fixed self, it’s possible to meet someone who is in some way lost, suffering terribly – has created a sense of self inwardly that has tremendous suffering – and we want to help them discover that this created sense of self is not who they really are. That is not all of who they are.

When we know this in ourselves – when you know that you’re not just your personal history, or you’re not just the family that you were born in, but that you were born with a spirit, a soul with a kind of inner capacity of wakefulness and freedom that no one can take from you – when we know that in ourselves, then we can sit with a patient who’s just been diagnosed with cancer or the person who comes in with depression and know that that’s not all of them.

When you look at Nelson Mandela walking out of 27 years in Robben Island Prison with the great magnanimity and graciousness and freedom of spirit that he had which not only changed South Africa but changed the imagination of the world, we know that others can put your body in prison, but no one can imprison your spirit.

That sense of freedom of spirit is what is independent of a fixed identity. We can point to that. We can embody that. We can impress that on our patients.

**Dr. Buczynski:** As you were just saying that “You can put your body in prison, but no one can imprison the spirit,” I was thinking also that you can put your body in a disease. Not that we put it in, but your body can grow into a disease. It doesn’t mean your spirit has to.
Dr. Kornfield: Exactly. I have a community member and friend, for example, who has had MS for a number of years and she became so clear that she was not her diagnosis, so she is getting the best of medical care and treatment that’s possible. She’s doing all kinds of profound self-care – Qigong and energy work – those kinds of healing.

She also decided to go around the world and visit places over the decade. She made a list – her “bucket list” of the things that she wanted to do. She took up Tango, and she went to Buenos Aires.

This woman is living a life of spirit that shows what’s possible when you don’t identify with the suffering. You tend to it. You respect it, but we are so much more than that.

Dr. Buczynski: I’m sure that a part of this is timing. When a person comes to us, especially a newly diagnosed person, they are suffering… That’s their experience. That’s almost their entire experience. Perhaps that is the wrong time to say, “You’re more than that.” Saying that could just make them feel not understood or not respected for how intense and overwhelming this experience is.

Dr. Kornfield: Yes. What you’re talking about, Ruth, is so critical. We have to meet people where they are first and bring a kind of respectful attention to their experience.

When they feel met and feel understood through our personal mindfulness – we’re actually there with them in an embodied and feeling way – then the cells of their body, whether you call it the mirror neurons or whatever we’re learning in modern neuroscience about the interconnectedness of human beings, start to relax and realize, “All right. I’m in this, but we’re together. I feel met. This is someone who’s seen this or been through this or watched this with others.”

They begin to realize, “Okay, we can do this.” With an inner sensitivity which mindfulness allows, we find the rhythm that allows us at the right point to acknowledge their fears – to acknowledge their emotions and trauma.

We help them find the resources inside to hold that and then to invite them to see a bigger perspective. We give them the tools and the practices that will say, “All right. Now, how do I move with this?”
I think this is part of the art of healing. The first is to meet someone without a great agenda. In an odd way, and I don’t know if we’re allowed to say this, but our professional work is really an act of love.

When you can enter the relationship with your clients or your patients with the spirit of love and with loving-awareness, they feel it, you feel it, and it changes the whole game.

**How to Let Go of the Suffering**

**Dr. Buczynski:** Back to the whole conversation we were having about how we can over identify with our experience, our suffering... How do we let go of it?

**Dr. Kornfield:** There are a variety of wonderful tools to help us let go.

One of the first tools to use, which mental health professionals have known for a long time, is naming or acknowledging.

Very often, people don’t know or haven’t learned how to know what they’re feeling or thinking.

In the conversation and the deep listening that comes when we’re present for another, we might veer back and say, “Oh it sounds like you’re really afraid” or “It sounds like this makes you quite upset or really angry,” or whatever it happens to be.

They may know that they’re upset, but they didn’t realize, “I’m so pissed I could kill that person.” Or “I didn’t realize I was this terrified! I just thought I felt agitated.”

By naming it, we use one of the great tools of mindfulness meditation. Inwardly, we can train to acknowledge the feelings or thought structures, and I’ll use an image from the Buddhist tradition – it’s as if we bow to them and say, “This is sadness. This is doubt – the doubting mind. This is fear.”

The moment you can acknowledge and say, “Oh, this is the doubting mind,” you’re no longer in it. You can identify it, but you’re no longer identified with it.

You recognize this pattern – the doubting mind – by naming it and acknowledging it with a bow inwardly.
Sometimes you can do this with a little sense of humor – “Oh here you are again. Thank you for telling your stories.”

The whole sense of identity begins to shift, and we’re no longer caught in the experience as much as we are becoming the witness, the awareness, or the mindful, loving-awareness that can say, “Yes, this is part of our human experience, but it’s not all of who we are.”

**Dr. Buczynski:** What if we’re identifying with roles, for example, the role of “I’m a physician” or “I’m a father” or another role like that?

**Dr. Kornfield:** There’s tremendous suffering that comes if we over-identify with a role.

A friend of mine is a San Francisco police officer. When she comes home, if she can’t take off her belt with the gun and the radio and all those “police” things and become mom to her kids – if she still inwardly carries the attitude and the role of checking out what’s going on and interrogating people and watching for difficulty – she’s not going to be a very healthy mother.

It won’t be great for her kids, and quite honestly, it won’t be good for her soul.

Again, these ideas aren’t talked about in the language of *love* or *soul* in medical or the mental health profession, yet when I use these words, they resonate with us.

When you’re a parent, more than anything, you love your children, and to be able to love and care for them, means that you have to put down your other roles and assume the role of the father or mother who is attentive and playful and a disciplinarian when necessary – all of the beautiful things that you can offer as you mentor and tend your child.

Then you put that role down, and you go into the clinic or the hospital or whatever it is, and you take up a different role. You’re not the father or mother to your patients. You are the healer.

“To be able to take your lab coat on and off or to be able to shift roles is one of the descriptions of inner freedom.”

To be able to take your lab coat on and off or to be able to shift roles is one of the descriptions of inner freedom.

Again, trainings in mindful awareness let us see when we’re taking a role to be who we are rather than using that role with skillful means.
Dr. Buczynski: I wonder if you could share the story of Mitch, and I know you’ve written about many people.

He was a recovering drug user who went to a retreat. He had a troubled history – a gambling father who had abandoned him and was replaced by an abusive stepfather – and in high school, he began a drug habit.

Dr. Kornfield: I can’t exactly remember what happened with him, so tell me a little bit more. Then I’ll talk about it. This is great.

Dr. Buczynski: Here’s what happened. Through support groups, he was able to marry and become a father and develop a career, but here’s the point that I’d like to talk about now.

At the retreat, his constructed roles as father, engineer, husband, and so forth began to fall apart, and he fell back into feelings of terror, worthlessness, and anger from his youth.

You were talking to him and asking him if those stories about himself – that he was worthless – were true, and he said, “No, I contain these things, but they’re not who I am.”

Dr. Kornfield: I remember that story now very well, and I can see him.

It’s as if we get possessed by our personal history. There are certain stories that we have been told, for example, from family or teachers – “You’ll never amount to anything” – and we’ve used these stories in some way to protect ourselves.

When there’s so much chaos or pain around us, we, as children, tend to take it all on as something that is our fault, and we denigrate ourselves or feel inadequate. If we felt like the big people around us, or were as bad as they look, it would be even more terrifying. It gives us some sense of agency.

What happened to Mitch is he got quiet enough that he could see his mind telling these stories and wanting him to believe them. It was almost like they were luring him as in the luring of Odysseus by Scylla and Charybdis.

They were luring him into an old identity that said, “You’re unworthy. You’re no good. Nothing good will come of you.”

But, because he’d been practicing both mindfulness and loving kindness, he realized that these stories didn’t have his best interest in mind. They were trying to “mug him in the back alley.”

He could name them, and he could say. “Oh these are stories of unworthiness.” He could say, “Thank you for
your story-telling; thank you for your opinion.”

He could discover the space of love – loving kindness – for himself that was not identified with those stories, and this allowed him breathing room to begin to change his life.

"Because he’d been practicing both mindfulness and loving kindness, he realized that these stories didn’t have his best interest in mind.”

Dr. Buczynski: That’s very interesting to hear how that worked for him, because I think a lot of us have old stories that come up from time to time.

As we experience that, it’s almost like this wave, probably for us also, of unworthiness that is just like what he felt. What you’re saying is that his meditation and loving-kindness practice is what he fell back on, and it worked for him.

Dr. Kornfield: It gave him the inner space to recognize what was happening within his own mind and to not be caught up or identified in the ways that he had been before. He felt a new level of freedom.

I remember hearing a dialogue that happened with Ram Dass who is a spiritual teacher and good friend.

At some point, he was teaching about the Hindu perspectives that he’d learned in India. Someone raised a hand and said, “But Ram Dass weren’t you raised in the Jewish tradition? Why are you teaching all these Eastern practices? Do you not value your own heritage?”

Ram Dass said, “Well, I was. I was bar mitzvahed and I had a Jewish upbringing, and I really respect and value the mystical tradition of the Kabbalists and the Hasidic tradition. There are many, many beautiful things in the Jewish tradition.” Then he went on, and he said, “But I want you to remember, I’m only Jewish on my parents’ side.”

He was very witty as well as profound in that remark – what he was saying is much akin to what I said about Nelson Mandela. Our identity is only partly shaped by the external events of our life – there is a spirit born in you that is inherently free. This is the dignity and nobility of each being.

You see this when you see a young child, an infant, coming in with those shining eyes and spirit: “Wow, here I am, incarnated on this earth and all kinds of things will happen. At times, there might be difficulties, trauma, tragedies which I have to work through, but they do not necessarily define who I am.”

“Our identity is only partly shaped by the external events of our life – there is a spirit born in you that is inherently free.”
For someone to meet with a patient in a medical or mental health setting and to be able to bring in that quality of our own inner freedom and understanding of human dignity and love for the human spirit is transformative in itself.

**Focusing on the Body to Heal the Mind**

**Dr. Buckzynski:** A lot of mindfulness works with the body, focusing on the body as a way to heal the mind. Can you talk about why that is?

**Dr. Kornfield:** Certainly. There are foundations or basic trainings in mindfulness that include body, feelings, and thought structures. For almost everyone, to learn to bring mindfulness to the body is helpful in establishing a ground of well-being, integration, and connectedness.

The modern neuroscience research on mindfulness shows that through mindfulness training, affect regulation grows and the ability to attend to conflict in a balanced way increases. There are all kinds of capacities that grow. Many of them grow through connecting the mind and body together.

James Joyce wrote this line about a character in one of his books. He said, “Mr. Duffy lived a short distance from his body,” and part of what happens for us in modern life is that we get so busy and speedy and on our devices and tending to our to-do-list that we lose touch with our breath.

We lose touch with our feet on the earth, with the environment that we’re seated in. We don’t see the golden glow at sunset and the lavender color reflected in the rain puddles after the storm.

We don’t see the eyes of our loved ones or children when we get home, because we’re so disembodied and busy trying to manage and get through our experience.

One of the great gifts and grounds in mindfulness training is the tending to and connecting to the breath – to the body sensations that we have and how they inform our ability to be aware of emotions and thoughts.
Most people, when they begin to pay attention to their body, can also feel how their emotion, their fear, their joy, their love, and even their depression are reflected in their body.

When they come to their body with mindful and loving attention, that all begins to disentangle – first as they hold those experiences in an entirely different way.

Mindful and loving attention allows them to begin to release because they are attending to them rather than denying them or pushing them under the rug.

**Why Distinguishing Between Feelings and Emotions Is Important**

**Dr. Buczynski:** Why is it important to distinguish feelings and emotions when practicing mindfulness?

**Dr. Kornfield:** When we don’t distinguish or see them clearly, we get lost or identified in them.

A little earlier when we were talking about part of the gift of sitting together with another person, and at times, helping to acknowledge, “Oh, it sounds like this must be really frightening for you,” and the person you are with takes a deep breath and says, “Oh yeah. It’s really scary,” and that’s never been let out to anybody before.

As a matter of fact, this person didn’t even want to feel it fully – there was the fear of being overwhelmed.

With our presence and our own mindfulness, we provide the container that can allow us to, first, acknowledge and recognize and then to hold, with some balance, especially difficult emotions that otherwise tend to drive or overwhelm us.

The capacity to recognize them and to be present for them – as you say, to distinguish them in some way – is really critical to mental health and well-being.

That’s the kind of thing that we can train patients to do – a systematic training in mindfulness for the *self*.

You learn to do this in a simple systematic way – it’s the kind of course I’ve taught for you and the *National*
Institute where people learn these systematic trainings. You get to do it in yourself, and then you can pass it on to other people.

You say, “Here’s a way you can learn to become more mindfully in touch with what is there in your body and to relax with it, so the tensions that you carry can be both respected and released – so that the emotions that are there can be honored and you can find a stability and a balance that allows you to navigate these difficulties.”

**What It Means to Think Skillfully**

**Dr. Buczynski:** What does it mean to think skillfully?

**Dr. Kornfield:** Thinking is a wonderful servant and a poor master.

If anybody sits quietly for even five minutes and says, “I’d like to pay attention to my body seated on the earth – to feel this life breath – to quiet myself,” and then says to their mind, “But please don’t think too much,” 95% of the people who try it are initially unsuccessful.

What they notice is what is called “the mad monkey mind.” It is the thought stream of worries and plans and reruns and concerns all trying to figure things out – and it’s almost unstoppable.

But when you look more attentively at the thought stream, which is natural – the mind produces thoughts the same way that salivary glands produces saliva –it’s just part of the job..., but when you look at the thought stream, you can also see that 95% of your thoughts are reruns.

It’s as if you’re stuck in some old motel late at night with the shopping channel on or one of those old movies that you’ve seen too many times. You can’t turn it off, because the off switch is broken.

You realize that there are thoughts that don’t have your best interest in mind. There are thoughts that are repetitive and obsessive, because underneath, there’s anxiety.

There are thoughts about the past and about things that you can’t change.
That thought process keeps you from really being alive. It keeps you from seeing the person next to you. It keeps you from looking out the window of your car and seeing that the waterway you’re crossing is the one people have traveled to from all over the world to see – this amazing view. I live in San Francisco and the view is magnificent!

Thought streams like these keep you from attending fully to the world or the person in front of you.

To not be so identified with thoughts, to recognize the thought stream, and to use it when appropriate is where you want to be.

It’s important to be able to plan – to take time. “I’m going to sit now and really look at this problem and turn it over in my mind and think about the best ways to solve this conflict or this situation. These are all the skillful uses of thought.

But the rest of it you can learn to let go of or let it be in the background without judgment and come to be more present.

There’s a cartoon in the New Yorker that I like that shows a car crossing the vast Utah desert landscape, and there’s a roadside billboard that says, “Your own tedious thoughts next 200 miles.”

What this really talks about is the untrained mind. If we haven’t learned to become mindful of thoughts, and we haven’t realized that they can be used to plan in appropriate ways and to direct and set our attention skillfully and that they also can be let go of so we can be present for our life in other ways, then we’re lost in them.

There are whole other ways to be that are healthier for ourselves and for the people that we work with.

**How to Shift the Focus: From Unworthiness to Love**

**Dr. Buczynski:** I want to shift our conversation now to our internal focus – how to move from the focus of unworthiness into one of love. I read somewhere that the Dalai Lama was at one point surprised that Westerners had such a prevalent sense of unworthiness.
**Dr. Kornfield**: We, a number of us who are Buddhist teachers, were at a meeting together with the Dalai Lama, and someone asked him about unworthiness and self-hatred.

He speaks quite good English, but he’d never heard the word self-hatred. “Self-hatred?” he said a whole bunch of times. “What does self-hatred mean?” and he tried to get his translator to understand it.

Apparently, in the Tibetan culture, there isn’t much self-hatred, but after he reflected for a while, he looked back, and he said, “This is a mistake. Why would anyone hate themselves?”

Then he asked, looking around the room at these 20 people or so, “Do the students you work with experience or have you experienced this self-hatred?” Almost every hand went up.

Then, we had the conversation about how, within our culture, there is a level of self-criticism and self-judgment and self-hatred that often shows itself as soon as people try to become quiet and do the inner work of the heart.

Whether it’s the physical healing of our bodies that we need to do or the healing in mental health, but very often one of the first barriers that we come against is this lack of self-worth and self-valuing.

Then you might ask: where does that come from?

I can’t say all the reasons, but when I see even the orphans in the Tibetan Children’s Village who are some of the happiest children I’ve ever seen on earth, I realize that within the Tibetan and many, many traditional and indigenous cultures, children are held.

Children are valued. They’re put on your lap. They’re physically held.

In Bali, you don’t let a child touch the earth for the first six months or year of their life. They’re held all the time. More than that, they’re integrated into a village and community where they feel a sense of meaning and purpose and connection.

Within our culture, the extended family is gone. You see people spending a lot of time in isolation – one person in a car or one person in a room.

There are many ways within our own culture where a deep sense of connection and belonging and meaning
hasn’t been established.

What takes its place – often when we have drama as most of us do in the background – is the feeling that “something is wrong with me.” There’s shame. There’s guilt. There’s unworthiness. These become the default mode for a lot of people.

Dr. Buczynski: Jack, how can practitioners, at least practitioners who are dealing with people from the West, help to combat this sense of unworthiness?

Dr. Kornfield: There are a whole variety of beautiful trainings. There are skillful means to work with this. Two that I like to use a great deal are the trainings in loving kindness and complementary trainings in compassion or forgiveness.

Traditionally, the training in loving kindness and well-being which has been done for thousands of years can really transform people’s lives.

Sometimes I’ll suggest to someone that they do a year of this practice and direct it towards themselves. They’ll say, “But I feel so unworthy. I can’t love myself. I try to envision and hold myself with loving kindness or care, and it feels self-centered or egotistical or I feel unworthy.”

The first step in training for Westerners is not to love oneself, but rather to envision and think of those people whom you love the most where it’s not conflicted – where it’s an easy and natural love.

As you remember them, even as you’re listening now, think of someone you love a lot where it’s not terribly conflicted.

Your well-wishing can come up quite naturally – may you be safe – may you be healthy or healed – may you be protected – may you be held in this loving kindness – may you see your value – and because you love this person, you feel that well-being.

We will train people in the art of extending loving kindness toward one or two or three people they care about a great deal and where it naturally opens a channel of love.
The next step is to turn their attention and imagine that these people who they care about are looking back at them and wishing well to them.

It turns out they wish the same thing – they love you, too! They wish: may you, too, be safe and protected – may you, too, be healed or healthy – may you be happy as you would wish for me – may you be held and feel your value and be held in loving kindness.

In that way, people can begin to receive the loving kindness without judgment when it comes from people they care about.

Finally, there’s a step in which a person is invited to put their hand on their heart or in some inward way hold themselves and begin to repeat those same well-wishing words that came from their most loved people. They begin to feel what it would be like to hold oneself in a caring way.

It takes a while. It’s a training or process just as we would train to learn to play the piano. It would take months of lessons to play even moderately well. Just as we learn to be a surgeon, or we learn the skill of carpentry – these are inner skills.

I like the story of this man who wrote a letter to the IRS and said, “I have not been able to sleep, because I cheated on my 2011 taxes. I’ve enclosed a cashier’s check for $2,000. If I still can’t sleep, I’ll send the rest.”

If course, it’s kind of a joke, but at the same time, it speaks about our human capacity and need to attend in a training way to something step by step.

The fact that loving oneself is difficult for people in this culture is actually where we need to turn our attention. By doing so, it begins to transform healing.

The physical healing practices that come through contemplative life also direct loving kindness for healing toward the illness in your body and the psychological healing practices rest on a ground of self-acceptance and self-love.

Here again, it’s interesting that we are talking to health and mental health professionals with language that is not generally used in our profession. Yet, of course, it’s what matters to people.

It matters that we feel love in our lives and that we can offer our love. It matters that the work that we do
somehow is carried also by our care or love for our patients, and that’s why I’m allowing myself to use this language today.

An additional dimension of this training is compassion. When love meets pain, it transforms itself into compassion. Compassion doesn’t mean pity, “Now there, there...You’re separate from me.”

Compassion is a natural resonance of the heart with the sorrow of another. When we feel the compassion of someone else, it begins to hold us. It begins to transform the difficulty we’re in – It gives us strength and openness to be able to navigate these difficulties.

Let me tell you a story if I may. I was teaching with Pema Chodron, who is a very wonderful American Tibetan nun and teacher, at a large event in San Francisco. There were probably 2,000 or 3,000 people, and the focus of our seminar was on compassion. After we did our teaching, we did a question and answer dialogue period.

A young woman stood up with very raw emotion – her partner had committed suicide just a week or two before. Suicide is a very agonizingly complicated event – for those left behind, there is grief and loss. There’s also regret – How did this happen? There’s confusion – Could I have done more. What could I have done? There’s guilt. There’s shame. There’s anger: How dare they?

She was flooded and overwhelmed with all those emotions. She was filled with guilt and shame.

Pema worked with her for a time to have her get her breath, feel her feet on the earth, and to bring in the holding of compassion so that all these emotions – the confusion, suffering, shame, and guilt – could be held in the great arms of compassion.

You could begin to feel her settle down and breathe again almost as if she could come back into her body from that trauma.

It was giving her the resources and stability to come back. I could feel her loneliness – how isolated she felt.

I looked around the room, and I said, “How many others of you have had the experience of a family member or someone really close to you commits suicide.” I tell you, Ruth, maybe 200 people stood up. It must have been 8% or so.
I said, “Would you please look at this young woman,” and I asked her to keep her eyes open and just look around the room. It’s as if it turned into a temple and into a sacred moment, because they looked at her with so much compassion—“We have been through this. We have suffered this.”

She could see that they were still standing. They still had their life force in them and that it was possible. There was some kind of communion in that moment that she needed, and that was part of the healing—the blessed healing cords that go between us in this sacred work that we do.

**How Love Is Covered Over with Fear**

**Dr. Buczynski:** Jack, you’ve said that love is our true nature, but it’s often covered over with a protective layer of fear. Can you talk a little bit more about this?

**Dr. Kornfield:** To begin with, I use an image of this gray, clay Buddha that was famous in Thailand just as one might go into a Catholic church and see the beautiful images of Jesus, Mary and the saints.

These are images—they’re not idols. They’re reminders of the dignity, beauty, and nobility of every being.

This Buddha was honored, because it was so old. It was huge, and it was 800 or 1,000 years old. It had been there for a long time. People would go and visit it this Buddha because it was an ancestral and important figure, but it started to crack.

One of the monks in the monastery was curious about how it was built and took his flashlight and peeked into the cracks. To his surprise, a glint of gold light came out. He looked in another crack, and there was a glint of gold there as well.

They chipped away a little more and found that underneath this layer of clay was the largest and one of the most beautiful golden imagines of the compassionate Buddha that had ever been cast in Asia.

It had been covered in clay to protect it from marauding armies, typhoons, hurricanes, and thieves who would steal it, so the clay had served as protection for all these centuries.
I see this as a metaphor for us – we’re born in this mysterious way into human incarnation and we come with our beautiful, open eyes and open hearted spirit that every infant has, but then we empower the difficulties of incarnation: the inevitable pleasure and pain, gain and loss, success and failure, praise and blame. Everyone listening has these opposites – our human incarnation is woven with them.

When our human incarnation is painful or difficult, when there’s loss and blame and all the others, to protect ourselves, we create a layer of our own defenses.

For some, it might be indifference. For some, it might be turned inward to an unworthiness or depression. For some, it will be the layer of not allowing love to come into our lives: “Don’t touch me. Don’t come too close.”

All of us have our different layers of defense. Yet underneath is this radiant being who, from the beginning incarnation, wants to love and be loved and wants to feel connected with the world.

And we are connected – we are the world itself created in our bodies, in our form.

Certainly the mental health work of reconnecting ourselves with the child of the spirit that is in everyone, is one of the great gifts.

Mindfulness is also called Beginner’s Mind. Zen Master Shunryu Suzuki Roshi wrote famously, “The goal of meditation is to always keep our beginner’s mind, to keep a sense of freshness in our relationships, in our care for ourselves, and to live in the reality of the present.”

We know that when we meet people who have a beginner’s mind – who are open-minded, who are present, who are attentive in a loving and caring way – that illuminates the part of us that wants to come alive and be present. It is a gift of communion between us.

Dr. Buczynski: Thanks. I’m afraid we have to stop here. We’ve already run out of time. Time goes by so fast.

I want to say thank you for spending time with us this evening, but also I want to thank you for all of the time you’ve spent writing and thinking and preparing for your life’s work – your work has taught so many of us, and because you’ve taught meditation teachers, mindfulness has rippled out to so many people.
I just want to say thank you, Jack.

**Dr. Kornfield:** I want to thank you, too, and I’d like to end with a 30 second story from Zen Master Thich Nhat Hanh where he says, “When the crowded Vietnamese refugee boats met with storms or pirates, if everyone panicked, all would be lost. But if even one person on the boat remained calm and centered, it was enough. They would show the way for everyone to survive.”

I see the healers and the physicians and nurses and those who are listening to this session as that person in the boat.

When you meet the difficulties and train yourself in these beautiful arts of presence and loving kindness, compassion, and centeredness, you become the person in the boat of the world that sees the dignity, beauty, and possibility in every person you meet and they will light up.

You transform them by this kind of presence.

Thank you for the opportunity to talk about this.

**Dr. Buczynski:** Thank you and take good care, Jack.

**Dr. Kornfield:** I will. Take care, Ruth.
About the speakers . . .

**Jack Kornfield, PhD** is one of the leading Buddhist teachers in America. A practitioner for over 40 years, he is one of the key teachers to introduce mindfulness and vipassana meditation to the West. His approach emphasizes compassion, loving kindness and the profound path of mindful presence, all offered in simple, accessible ways in his books, CDs, classes, and retreats.

**Ruth Buczynski, PhD** has been combining her commitment to mind/body medicine with a savvy business model since 1989. As the founder and president of the National Institute for the Clinical Application of Behavioral Medicine, she’s been a leader in bringing innovative training and professional development programs to thousands of health and mental health care practitioners throughout the world.

Ruth has successfully sponsored distance-learning programs, teleseminars, and annual conferences for over 20 years. Now she’s expanded into the ‘cloud,’ where she’s developed intelligent and thoughtfully researched webinars that continue to grow exponentially.