

## **The effect of singlesession mindful lovingkindness- compassion meditation on dysfunctional expression and rumination of anger**

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The purpose of this study was to test the effect of mindfulness-compassion meditation on dysfunctional expression and rumination of anger. Using the State-Trait Anger Expression Inventory- Korean version (STAXI- K), 30 university students were selected based on the descending order of scores. The students were divided into treatment group and control group with 15 students in each group. A single-session mindfulness-compassion meditation was administered to the treatment group and with psychological education for anger modulation to the control group. In both, the groups, the state of anger and anger expression were measured immediately before and after the treatment, and 24 hours after the experimental session, anger rumination was evaluated. The treatment group showed higher presentmoment awareness, increased self-compassion towards acquaintances and general people than the control group. As the main outcome, the treatment group showed improvement in anger control and the reduction in the state of anger. In addition to the increased modulation of present anger, anger memory rumination and cause rumination were also blocked more effectively in the treatment group than in the control group. The results revealed that mindfulnesscompassion meditation improved the functional expression of anger and discontinued the chain of anger rumination through changes in mindfulness and self-compassion. In the present study, we have also discussed the implications and limitations of this study and the possible future research issues.

Mindfulness meditation employs the full range of perceptible experience as possible objects of mindful awareness, for example, bodily or other sensory experience, affective states, thoughts, or images. Illustrative of this approach and often seen as a particularly useful technique is the mindfulness practice of moment-to-moment attending to breathing. The aims of breath awareness within the Buddhist perspective are (among others): (1) to use an observable, easily perceptible and constantly available physical stimulus (the breath) as object of investigation of mind-body awareness; (2) to utilize continuous attention to the breath to improve the capability of moment-to-moment volition-driven concentration; (3) and to employ a rather simple object of observation (which is intimately related to physical mental and emotional functioning) as a starting point for more complex objects of awareness.

A recent review of the literature suggests that MBT is a beneficial intervention to reduce negative psychological states, such as stress, anxiety, and depression . This

review identified 39 studies totaling 1,140 participants receiving MBT for a range of conditions, including cancer, generalized anxiety disorder, depression, and other psychiatric or medical conditions. Effect size estimates suggest that MBT is associated with strong effects for improving anxiety and mood symptoms in patients with anxiety and mood disorders. In other patients, this intervention was moderately effective for improving anxiety and mood symptoms. These effect sizes were robust and unrelated to number of treatment sessions or publication year. Moreover, the treatment effects were maintained over follow-up. These findings suggest that mindfulness-based therapy is a promising intervention for treating anxiety and mood problems in clinical populations. Loving-kindness meditation (LKM) aims to develop an affective state of unconditional kindness to all people. Compassion mediation (CM) involves techniques to cultivate compassion, or deep, genuine sympathy for those stricken by misfortune, together with an earnest wish to ease this suffering.

The perception-action model of empathy states that observing and imagining another person in a particular state activates a similar state in the observer (Preston & DeWaal, 2002). Consistent with this view are neuroimaging studies suggesting that observing or imaging another person's emotional state activates parts of the neurocircuitry, especially the insula and the anterior cingulate cortex, which are involved in processing that same state in oneself.

Very little data exist on LKM and CM as a clinical intervention method. A study by Gilbert and Procter (2006) developed a treatment method the authors called compassionate mind training. The treatment consists of 12 weekly 2-hour individual sessions. The therapy targeted self-criticism and shame to enhance self-compassion by encouraging clients to be self-soothing when they are feeling anxiety, anger, and disgust. The treatment incorporates techniques of monitoring and cognitive behavioral therapy, dialectical behavior therapy , and acceptance and commitment therapy . The authors tested the treatment protocol in a small group of patients. The study reported that the patients probably met criteria for personality disorders and/or chronic mood disorders.

Meditation practices, especially mindfulness meditation, have become a popular and novel enhancement to contemporary cognitive behavioral treatments. Encouraging patients to experience the present moment nonjudgmentally and openly can effectively counter the effects of psychological distress.

Buddhist phenomenology and meditation practices expand the range of investigated subjective mental states to include the full gamut of positive, negative, and neutral experiences manifested in thoughts, moods, emotions, images, and other mental

content. It could, nevertheless, be argued that comparisons of studies examining effects of very short-term directing of positive attention with studies of long-term LKM or CM training may not be appropriate because very different mechanisms may be activated by directing LKM for a few minutes to a stranger (Hutcherson et al., 2008) versus a systematic training in which participants spend many hours confronting repeated efforts to send LKM or CM to oneself, loved ones, or even enemies. Examining the effects of these practices in a laboratory by giving brief instructions to novices goes against the very basic Buddhist assumption that these abilities take considerable time and practice to develop. Therefore, it is quite possible that the training has very different effects when comparing novices with experts who have practiced for decades