

Exeter and Oxford) and another is in development in Aberdeen. However, Master's programmes do not necessarily prepare people to teach; this depends on which route participants choose to take. The entry requirements vary according to the focus of the course and the desired outcome.

There is, at the time of writing, no accreditation as a mindfulness teacher, but rather a set of guidelines and a comprehensive process for the assessment of competencies in teaching that are based on the well established criteria of the Centre for Mindfulness in Worcester, Massachusetts and teacher competency rating scales developed in the UK. Nevertheless, for healthcare professionals who wish to begin to use mindfulness with clients, it will probably be helpful to have some reflective supervision and support from an experienced mindfulness teacher before beginning and during training.

For counsellors and psychotherapists, regardless of orientation, who wish to incorporate mindfulness into their therapeutic work and the development of their practice, attending an eight-week MBSR/MBCT course is a good first step and potentially of enormous benefit. They may then take the routes described above, or engage in one of a number of CPD programmes that integrate mindfulness and individual therapy.

The requirements of research and the increased demand for mindfulness teaching are resulting in a call for a pragmatic response to teaching mindfulness. However, there is considerable debate around the level of experience and training necessary for running mindfulness-based groups, depending on the specific intervention being taught. Until research confirms this one way or the other we will not know if someone can teach as effectively from a brief experience of practice as someone whose practice has long been a part of their daily life.

Mindfulness practice, ancient as it is, is in its infancy as a Western therapeutic approach. We are just beginning to explore its potential. As teachers and practitioners we can be supported in our work by taking as guidelines for good practice the

underpinning foundations of mindfulness: acceptance – non-judging – patience – trust – letting go – compassion. ■

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Learning

Vidyamala Burch, co-founder of Breathworks, outlines five mindful steps to wellbeing



Breathworks is a social enterprise community interest company (CIC) based in Manchester UK.¹

All our activities are based on providing training in self-management mindfulness skills to people living with chronic pain and other long-term health conditions or stress of any kind. Training is also offered to professionals with an interest in mindfulness. Although founded in the UK, Breathworks trainers are now working in many countries, including Sweden, Brazil, Ireland, Germany, Portugal, Belgium, Holland, Turkey, Spain and Australasia.

Breathworks is unusual in that it emerged primarily from my personal experience of using mindfulness for over 20 years to successfully manage severe spinal pain following two major episodes of surgery and a car accident. The theoretical basis of the work came later, based on a careful analysis and evaluation of what I already knew was effective from my experience and that of the many people I had taught. In addition, Breathworks has drawn on the mindfulness-based stress reduction (MBSR) programme developed by Dr Jon Kabat-Zinn, Emeritus Professor of Medicine at the University of Massachusetts Medical School. I attended a five-day professional training programme with Dr Kabat-Zinn in 2001. We have also used validated quantitative and qualitative research methods on our taught courses, which we started running in 2001, and have incorporated feedback from these in our development.

Breathworks was founded as an organisation in 2004, when I was joined by fellow long-term mindfulness practitioners, Sona

to live with chronic pain

Fricker and Gary Hennessy. Recently a charitable wing, the Breathworks Foundation, has been established to fund collaborative research projects and provide bursaries to enable those on low incomes to attend our courses.

Core principles

Mindfulness

Mindfulness is notoriously difficult to define: it is a subtle, multifaceted quality of awareness that is not easily reduced to a few words. Perhaps the most commonly used evocation comes from the founder of mindfulness in western health care, Jon Kabat-Zinn: Mindfulness, he says, is 'a particular way of paying attention: on purpose, in the present moment and non-judgmentally'². Another more behavioural definition is: 'Live in the moment, notice what is happening and make choices in how you respond to your experience rather than being driven by habitual reactions'³. Central to mindfulness is the understanding that human beings have the capacity for self-reflexive consciousness, i.e. an ability to be objective about subjective mental, emotional and physical experiences. In the case of thinking, this is sometimes described as looking 'at' thoughts rather than 'from' thoughts⁴, and it is key to moving from being over-identified



SONIA FRICKER, BREATHWORKS CIC

with passing experience to having perspective on what is happening.

The emphasis on present moment awareness recognises that this moment is the only moment in which we can act: past moments are only memories that we cannot change directly, and future moments are only ideas. But with a realistic appraisal of thoughts, emotions and bodily sensations as they are perceived in the present moment we can move from a passive, reactive mode of behaviour to one that is infused with initiative and choice.

Primary and secondary suffering

When a person is living with pain, illness or stress, the real problem is a tendency to be dominated by the unpleasant side of life. No one

likes to suffer, and it is common to become trapped in aversive and avoidant states of mind, often experienced as a generalised 'mass' of suffering, accompanied by feelings of frustration, weariness and general negativity. When trapped in aversion in this way, however, one rarely turns to face what is actually going on. This leads to one becoming a victim of ideas about the pain or difficulty one is experiencing rather than the actual experience. Mindfulness undercuts this by teaching us how to investigate present-moment experience with a precise and detailed awareness (see case study above).

With mindfulness, one is able to tease apart the perceived suffering and learn to make the vital distinction between what we call at Breathworks *primary* and *secondary suffering*. *Primary suffering* is the stressor, whatever the cause. For example in the case of physical pain, the primary suffering is the unpleasant sensations felt in the part of the body that is hurting. *Secondary suffering* is all the ways that we react to the primary suffering; all the different ways we resist it and say, 'I don't want this to be happening to me'. Most people find that this secondary suffering is the cause of the majority of their distress, and it usually seems to manifest within the two broad extremes of avoidance (blocking) and overwhelm (drowning), as shown in the chart on p8. It seems that most people cycle through these two poles, running away from unpleasant experience until they become exhausted, and

Case study: Lucy

Lucy had lived with back pain since a lifting accident when she was 16 years old, followed by a diagnosis of spondylolisthesis and a spinal fusion operation (aged 18). She had tried many therapeutic approaches – both medical and complementary – to help manage her symptoms over the years. Having been told by one consultant that her pain was 'normal given her abnormal spine' and that she would 'never work', she subsequently completed three academic degrees, and is building a career in teaching and research. Attending a Breathworks mindfulness course was instrumental in her recovery. It provided her with a set of tools such as pacing and meditation to integrate fully into her life and to help her cope with the pressures and deadlines of academia. She found the course unique in its philosophical stance of fostering an awareness and acceptance of pain in any given moment, rather than being trapped in an agenda of 'resisting', 'fighting' and trying to 'remove' the pain. She has seen that through adopting a 'moment to moment' approach to chronic illness and pain, the grief or panic that all-too-often attended the fear that she might be in pain for life can be reduced, if not removed entirely. Rather than feeling consumed by pain, the methods and approaches gave her a means of living well in everyday life.

then falling into a loss of perspective and low mood. Eventually they pick themselves up, and before they know it they are back into blocking. So the key question is: how to get out of this cycle and learn to maintain a middle ground of being alive and awake to whatever the present moment contains without reacting? In other words, how can one learn to accept the primary suffering and to reduce or overcome the secondary suffering – leading to the overall experience of suffering being lessened, often dramatically?

The five-step process

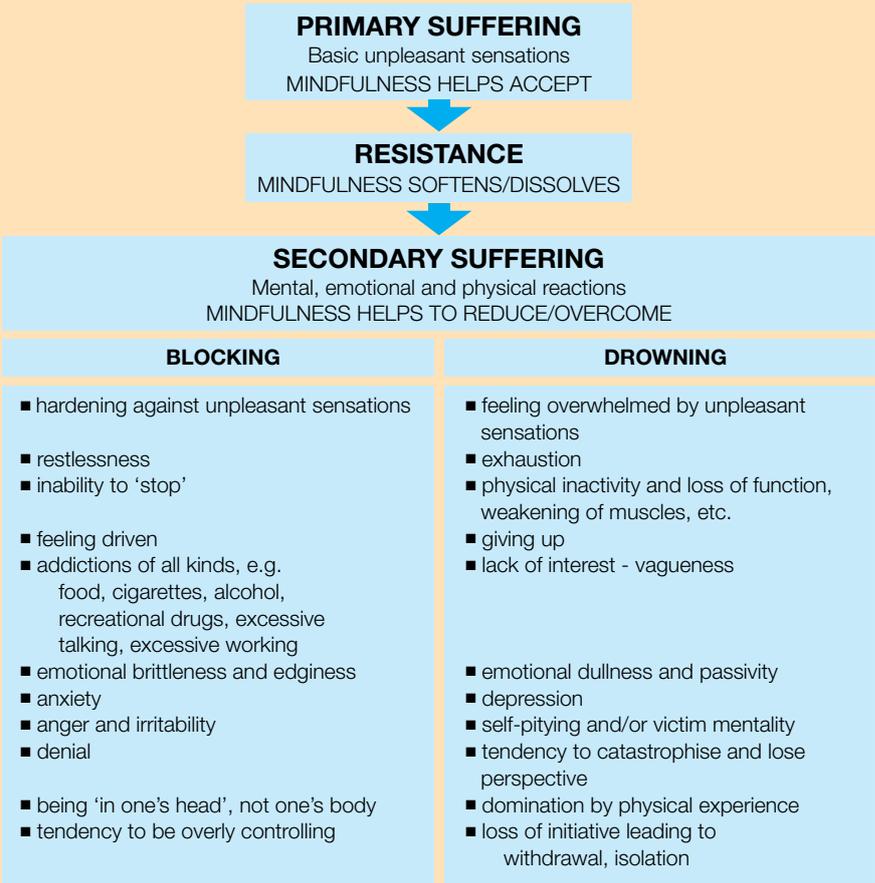
Breathworks courses guide participants through mindfulness training in five steps.

Step one: Awareness

The first step is simply to learn to be aware in a general sense. Many people have never considered the possibility of choosing to be aware in the moment, let alone using that awareness as a point of personal transformation. The place to start is training in present-moment embodied awareness through practices such as breath awareness and body scanning, which involves paying detailed attention to parts of the body slowly and sequentially from head to toe.

Step two: Move towards the unpleasant

The second step is perhaps surprising and certainly counter-intuitive. It involves opening to the unpleasant aspects of present-moment experience. If we accept that secondary suffering is caused by resistance and aversion to unpleasant experience, then the key to overcoming it is finding a way of engaging with unpleasant experience in a non-reactive, non-aversive way. We teach this through body-based mindfulness practices such as the body scan, in which one gradually becomes saturated with body awareness (including any unpleasant aspects of the experience) in an invitational and non-threatening way. A metaphor for this gradual saturation is going for a walk on a misty day. You start off dry and at some point realise that you are completely drenched, though you don't know at what point you became wet. Body awareness in the body scan



Adapted from *Living well with pain and illness. The mindful way to free yourself from suffering* by Vidyamala Burch (Platkus, 2008), with permission from the publisher.

Figure 1. Primary and secondary suffering

arises in a similar way.

In turning towards unpleasant experience we can also discover, crucially, that primary suffering is a process, not a 'thing'. For example, people living with chronic pain can realise how the pain that has been dominating their lives is simply a flow of unpleasant sensations that is never the same from one moment to the next. Gradually, with mindfulness, the density of pain is teased apart, and becomes just one aspect of the flow of life.

Step three: Seek out the pleasant

Seeking out the pleasant is every bit as important as moving away from the unpleasant. When locked into aversive habits of resisting the unpleasant, we inevitably harden ourselves to a whole band of sensitivity and awareness, which includes numbing our ability to appreciate pleasure, beauty or love. So on the basis of having softened resistance to the unpleasant in the second stage, we now become like an explorer searching for hidden treasure by paying attention to the pleasant sensations in the moment. This brings

with it a wonderful discovery: that there is always something pleasant in our experience if we know how to look for it. It is important to learn how to pay attention to and enjoy these experiences as a counterbalance to being dominated by the unpleasant side of life.

Step four: Broadening awareness and cultivating equanimity

On the basis of the previous steps, the training is now to rest in a broad and open field of awareness that is characterised by stability and equanimity. If we imagine that we are examining experience with a close-up lens in steps two and three, in step four it is as if we pull back to a wide-angle perspective on experience (see the exercise: 'Opening to the whole of experience', p9). Rather than being focused on the precise details of the sensations of pain or pleasure, the training is to cultivate stability so that the habits of pushing away the unpleasant and clinging to the pleasant are undermined. If we imagine that the passing momentary experiences are like waves on the

Exercise: Opening to the whole of experience

Bring your awareness to your whole experience as you sit reading these pages. Notice the contact between your hands and the paper and the broader sense of your body on the chair. Gather your awareness around the breath for a few moments. See if you can feel from the inside how the breath gently rocks the body, and allow your weight to settle down onto the earth with each out-breath. You might imagine that you are floating on a gentle ocean swell, being rocked by the constant, rhythmic movement.

Imagine that all the different aspects of your experience in this moment are taking place within a broad and open field of awareness. Let everything rise and fall with a fluid sense of change and flow, neither pushing away painful experience nor clinging to things you find pleasant. You will probably find that you relax for a moment and then get caught up in particular experiences. Never mind. Every time you notice a moment of resistance or clinging you can relax back again into a sense of breadth and openness. Allow your awareness to be centred deep in your belly.

Let your awareness be open and inclusive, including everything, whether it is an internal experience or something you perceive through your senses, such as a sound.

ocean, then mindfulness enables us to cultivate ballast so we can be like a streamlined yacht, able to chart a clean course through the sea, rather than a dinghy bobbing about at the mercy of the waves. Another important way to cultivate stability is to learn to rest awareness deep in the body, which is of course paradoxical for people living with pain and illness, as the natural habit is to try to escape the body. However, as already indicated, this escape agenda is the cause of secondary suffering, and coming home to the body is a crucial way to overcome the reactive cycle.

Another aspect of broadening awareness is to become aware of other people and the wider world. People living with pain, illness and stress commonly become self-focused and introverted. With mindfulness, we learn to turn this habit on its head and use any experience as an opportunity for empathy rather than a cause of isolation. By getting to know ourselves we get to know the human condition as we realise that we all have similar experiences and tendencies based on the deep instincts of trying to avoid unpleasant experiences and find happiness. With this perspective, it is because of one's own experience of pain and suffering that one is able to empathise with others, which of course gives pain a very different meaning.

Step five: Learning to respond rather than react

This step is the behavioural outcome of the previous four steps. On the basis of accurate moment-by-moment awareness, which includes an honest appraisal of unpleasant and pleasant experiences with a broad and stable attitude, one is able to break out of

a reactive cycle and live with a sense of choice and initiative. This is what it means to live mindfully. Each moment presents a new opportunity to have an intelligent and accurate response to one's perceptions and to create the conditions for an increasingly rich and fulfilling life, no matter what unavoidable primary suffering is present.

These five steps are taught in a variety of ways at Breathworks, with the main principle being to provide participants with a toolkit of different mindfulness practices. They can then adapt these to their own circumstances to give a self-management focus and utilise them for the rest of their lives. The core modules are: breath-awareness; three formal mindfulness-meditation practices (body scan, mindfulness of breathing and kindly awareness); mindful movement; mindfulness of daily life and pacing; and mindfulness of thoughts and emotions⁵. All these methods help participants to accept primary suffering and overcome secondary suffering in the ways outlined in the five-step process.

Applications

'Living Well' courses

The gold standard for delivering the Breathworks approach to mindfulness is an eight-week 'Living Well' course consisting of one 2.5 hour session per week with a full day session in week nine to consolidate learning. Participants are required to do mindfulness practice at home between sessions using CDs and workbooks. Although the original programme at Breathworks was 'Living Well with Pain and Illness', this is being increasingly adapted to a range of other applications, as outlined below. Many health professionals are also finding

useful and effective ways to incorporate aspects of the programme into their clinical and therapeutic work with patients suffering from physical, mental and emotional pain of any kind.

Distance learning

Distance learning involves weekly one-hour phone calls, allowing participants to be guided through the Breathworks programme week by week. The course is supported by CDs of led meditations, a handbook and workbook and an interactive web forum. One of our trainers is piloting a 'teleclass' version of our 'Living Well with Stress' course, using teleconference calls for groups.

'Living Well' in schools

'Living Well in Schools' is one of a number of pilot projects under the Government's 'Targeted mental health in schools' (TaMHS) initiative, which aims to support the development of innovative models of therapeutic and holistic mental health support in schools for children and young people aged five to 13 years, who are experiencing or at risk of mental health problems, and their families. Breathworks is training teachers, psychologists, nurses and social workers to deliver a tailored mindfulness programme for children within Bury Education Authority in Greater Manchester. This consists of mindful movement and short meditation sessions. Children and families who have participated are already reporting clear benefits in their lives as well as an impact on school performance and classroom behaviour. Examples include a teenage boy who has been able to reduce the dose of drugs he takes to control his behaviour; a family who are able to get their autistic son to sleep more readily; and a school nurse who

Case study: Mindfulness in education

Kerry, a school specialist psychiatric nurse, attended our 'Living Well in Schools' training and is successfully using the techniques she learned to help young people who are excluded from school. Along with offering individual support, Kerry mainly works with small groups that meet on a regular, usually weekly, basis. She has also set up some young people's peer support groups. Mindfulness provides a way of explaining their physical reactions to problematic situations and bringing them back to the 'here and now'; helping them to stop and think rather than 'blowing a fuse'. It gives them more time to think of consequences. Kerry teaches a variety of techniques such as acknowledging and letting go of thoughts, breath awareness, the three-minute breathing space and sitting and standing mindful movements.

has been able to help young people who have been excluded from school using mindfulness-based approaches (see box above).

Social prescribing

In January 2009, Salford Health Matters, a Community Interest Company (CIC) that delivers GP services in Salford, commissioned two eight-week mindfulness-based interventions for patients with anxiety, depression and social phobia as part of an ongoing social prescribing project. These had stable attendance with seven and four participants respectively completing the courses. A four-week short course was also delivered to 10 participants. These were led by Breathworks trainer, Dr Tim Duerden, and psychotherapist Rita Kelleher, both based at the University of Salford. They used an integrated approach combining aspects of the Breathworks course with cognitive approaches. Initial outcomes based on patient evaluations and health professionals' observations of the patients were very positive. These included reductions in antidepressant dosage negotiated with GPs, reductions in the frequency of GP consultations; patients completing the programme when they had not generally persisted with group interventions, and engaging in training courses after long-term unemployment. Of particular note were participants with depression who reported that they were now aware of ruminative and anxiety-inducing thought processes and could choose whether or not to engage in them. In the words of one participant who had been out of work with depression for four years: 'My kids always knew where I was – in bed. Now they don't know where I am, as I am out and about. The black bubble that has been around

me all these years has burst!' Salford Health Matters is currently exploring the commissioning of a rolling programme of mindfulness courses.

NHS and University staff stress courses

Several organisations have commissioned Breathworks courses to help staff deal with stress. These include the Norfolk and Waveney Mental Health NHS Foundation Trust (NWMHP), and the University of Salford.

Wigan Working Neighbourhood Fund Programme

The Communities and Local Government's Working Neighbourhoods Fund (WNF) incorporates the Department for Work and Pensions' Deprived Areas Fund (DAF) to create single funds at a local level. WNF provides resources to local authorities to tackle worklessness and low levels of skills and enterprise in their most deprived areas. Wigan Borough Partnership, which serves one of the most deprived areas of the country, has recently commissioned Breathworks to deliver 12 'Living Well with Pain and Illness' programmes as an innovative method of helping people on incapacity benefit to improve their lives. The commission came after an NHS manager took part in an eight week 'Living Well' programme in Manchester.

Other projects

As mindfulness gains recognition there have been increasing calls for the development and delivery of the Breathworks approach. These have led to:

- running a 'Living Well' course for service users of Mind in South Wales who suffer from schizophrenia, bipolar disorder, depression and anxiety

- 'Living Well' courses for people with acute/crisis mental health conditions and for carers
- internet-based interactive mindfulness practice programmes that can be rolled out in different languages
- mindfulness training on a rehabilitation programme for patients with chronic pain conditions in Sweden, supported by the European Union
- courses for young people suffering from eating disorders
- classes at an open-access drug and alcohol charity.

Practitioner training

Breathworks offers a variety of training programmes for healthcare professionals. These include an introductory two-day workshop for those wanting to begin to integrate the principles of mindfulness into their work. The Breathworks Foundation course consists of three two-day modules offering training in mindfulness in daily life; mindful movement and three mindfulness meditation practices, and can serve as preparation for training as a trainer. Accredited Breathworks training qualifies participants to deliver the eight-week Breathworks 'Living Well' programme. This is run as three residential weeks or (from 2011) as a series of weekends, and the main entry requirement is an existing personal mindfulness practice. Participants are required to lead their first course under supervision as part of the accreditation process.

Ongoing research

Data has been collected using recognised questionnaires⁶ since Breathworks courses started. All measures have consistently shown statistically significant changes between pre- and post-programme mean scores in fields such as pain experience; quality of life; depression; confidence in activity despite pain; and sense of choice in response to unpleasant physical sensations, feelings and thoughts. Qualitative analysis undertaken over a four-year period as part of a PhD project has demonstrated that the changes are maintained over time⁷. The Human Pain Research Group, within the Clinical Neurosciences Group at The University of Manchester,

is currently conducting research into the therapeutic mechanisms of mindfulness-based pain management in patients with chronic musculoskeletal pain. Patients undergo a series of tests before and after the programme, such as sustained attention tasks, EEG scans and questionnaires. The data from this study is due to be analysed in the second half of 2009 with a view to publication in 2010, and further details on all the above projects can be found on the research page of the Breathworks website: www.breathworks-mindfulness.co.uk ■

Vidyamala Burch is the co-founder of Breathworks CIC, drawing on her own experience of using mindfulness to manage chronic pain following spinal injuries. She regularly runs mindfulness programmes as well as training others internationally in her approach. She has written Living Well with Pain and Illness: the mindful way to free yourself from suffering (Piatkus, 2008) and has made a number of led meditation CDs. www.breathworks-mindfulness.co.uk

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Compassionate mind training

Compassion-focused therapy is based on an evolutionary model which recognises that many of our emotions and motives evolved millions of years ago. The focus of compassionate mind training is on balancing our minds via the ability to experience compassion, writes **Paul Gilbert**



Psychological therapists would probably all agree that therapy should be conducted in a compassionate way that is respectful, supportive and generally kind to people¹. Rogers articulated core aspects of the therapeutic relationship involving positive (non-judgmental) regard, genuineness and empathy – which may loosely be seen as compassionate². More recently, helping people to develop self-compassion has evolved as a therapeutic strategy³⁻⁶. Developing compassion for self and others as a way to enhance wellbeing has been central to Buddhist practice for two and a half thousand years⁷⁻⁹. The practice of various aspects of compassion increases wellbeing and affects brain functioning, especially in the areas of emotional regulation¹⁰.

There are many ways in which compassion can be conceptualised and defined, but at its simplest, the 14th Dalai Lama, HH Tenzin Gyatso, defines compassion as, 'A sensitivity to the suffering of self and others, with a deep commitment to try to relieve it'^{3,4}. Compassion-focused therapy (CFT) refers to a way of conducting therapy and orientating oneself within one's therapy. It is multimodal, and emphasises the importance of the patient experiencing the mind of the therapist as compassionate, the interventions that they engage in as compassion focused, and the skills they practise (e.g. attentional

training, generating alternative thoughts, behavioural exposures and experiments, emotional engagement) as coming from a compassionate motivation. CFT is rooted in the science of mind, and so its theoretical and evidential basis is derived from the full range of psychological sciences such as developmental psychology, social psychology, evolutionary psychology and neuroscience.

Philosophical position

The philosophical position of CFT arises from observations on the nature of mind and of life. We call these 'reality checks' and they are used to offset pathologising^{3,4,11}.

Evolved mind: The first reality check is the recognition that our brains, bodies and minds are the products of evolution¹². Like other animals we have brains that come with capacities for certain emotions (e.g. anger, anxiety, disgust, joy, lust); a range of defences (e.g. fight, flight, submission), and archetypal motivational systems (e.g. to form attachments or seek status). These 'old brain' motives and competences are the driving forces of much of what we do and think. Over the last two million years, the path of human evolution has given rise to a new type of brain that is also capable of reflection, meta-cognition, mentalising, fantasising and ruminating, and with a particular capacity for a sense of 'self', self-awareness, and a need for a self-identity. These 'new brain' competences and talents can interact with old brain motives and passions leading to the best and