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Exploring Children's Experiences in a Targeted Compassion-Based Intervention

By

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Committee in Charge:

Professor Frank C. Worrell, Chair

Professor Susan Holloway

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# **Exploring Children's Experiences in a Targeted Compassion-Based Intervention**

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By

Jordan Karr

## Abstract

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Doctor of Philosophy in Education

University of California, Berkeley

Professor Frank Worrell, Chair

Psychologists have become increasingly interested in the concept of compassion and its role in promoting psychosocial wellbeing. As individuals experience compassion for others, compassion from others, and self-compassion, they set in motion a series of physiological processes that support emotion-regulation and prosocial interactions. There has also been a rise in the development of individual and group interventions that guide participants to develop greater compassion for the purposes of improving their mental health, prosocial behaviors, and physiological responses to stress. Meta-analytic findings of compassion-based interventions with adults show significant, moderate effects on compassion, self-compassion, mindfulness, depression, anxiety, psychological distress, and wellbeing. Preliminary evidence suggests compassion-based, group interventions may be effective targeted strategies for supporting youth who are at-risk for developing internalizing disorders. In this dissertation, I present a study examining the experiences of five fourth-grade students in a compassion-based, group intervention targeting internalizing symptoms. Guided by interpretive phenomenological analysis, semi-structured interviews were used to examine participants' emotional experiences of the intervention and to elicit participant feedback on the helpfulness and usefulness of the intervention. Children's artwork from the intervention was analyzed collaboratively to gather detailed descriptions of participants' thoughts and emotional states during the creation and presentation of their art projects. Finally, audio recordings of group sessions were used to gather information on children's interactions and field notes were analyzed to examine my own experience of facilitating the intervention.

*Keywords:* compassion-based intervention, targeted intervention

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## Exploring Children's Experiences in a Targeted Compassion-Based Intervention

Compassion is an affective experience that involves an empathetic concern for suffering and a motivation to alleviate that suffering (Geotz, Keltner, & Simon-Thomas, 2010). Compassion is an ancient concept that has been discussed by various spiritual traditions over thousands of years (Dalai Lama, 2001; Goetz et al., 2010; Jinpa, 2015). In recent decades, the scientific community has become increasingly interested in the role of compassion in promoting mental health (Gilbert, McEwan, Matos, & Ravis, 2011; MacBeth & Gumley, 2012), prosocial behaviors (Chierchia & Singer, 2016), and healthy responses to stress (Cosley, McCoy, Saslow, & Epel, 2010).

The compassion literature focuses on three types of compassion: (a) compassion for others, (b) compassion from others, and (c) self-compassion (Gilbert, 2014; Kirby, 2016). Compassion *for others* involves an empathetic concern for the suffering of another and the motivation to alleviate it. It is from the self and directed toward others. Compassion *from others* involves another person's empathetic concern for one's own suffering and a motivation to alleviate it. It is from others and directed toward the self. *Self-compassion* is the experience of empathetically recognizing one's own suffering and having the motivation to alleviate it. It is from the self and directed toward the self.

Researchers have examined if the three types of compassion offer benefits to psychosocial wellbeing (Cosley et al., 2010; Gilbert, 2014; MacBeth & Gumley, 2012; Neff, 2003). Perhaps not surprisingly, individuals who rate themselves higher on scales of self-compassion report fewer symptoms of psychopathology (MacBeth & Gumley, 2012). There is also preliminary evidence that offering compassion to others, as well as receiving compassion from others, can offer benefits to the self. In one study, individuals who rated themselves as more compassionate towards others, were more likely to accept help and displayed less physiological reactivity during a stressful situation (Cosley et al., 2010). In another study, graduate students who reported a greater openness to receiving compassion from others, reported fewer symptoms of anxiety and depression (Gilbert et al., 2011).

Gilbert (2014) offered a theoretical framework for understanding how compassion supports mental health and why some individuals have more difficulty experiencing compassion than others. His theory is grounded in evolutionary psychology, as well as research on the neurophysiological correlates of compassion. As individuals experience affiliative emotions, such as compassion, they set in motion a series of biological processes, including the release of oxytocin and increased vagal nerve activity (Geotz et al., 2010; Gilbert, 2014; Insel, 2010; Porges, 2007). These biological functions support individuals in bonding with others and regulating their negative emotions (Gilbert, 2014). However, according to Gilbert's theory, some individuals may struggle to access affiliative emotions. For example, people who experience childhood adversity or who develop insecure attachment styles may develop a fear of one or more of the three types of compassion. Subsequently, these individuals have less access to the benefits of affiliative states. This neurophysiological imbalance can lead to maladaptive levels of shame, self-criticism, and loneliness.

As researchers and psychologist have become increasingly interested in the benefits of compassion, there has been a rise in the development of individual and group interventions that support participants in cultivating greater compassion (Gilbert, 2014; Jazaieri et al., 2013; Neff & Germer, 2013). There are several empirically supported compassion-based interventions,

including compassion focused therapy (Gilbert, 2014), mindful self-compassion (Neff & Germer, 2013), compassion cultivation training (Jazaieri et al., 2013), cognitively-based compassion training (Pace et al., 2013), and cultivating emotional balance (Kemeny et al., 2012). These interventions have noteworthy similarities and differences with regard to their theoretical underpinnings and content (Kirby, 2016). However, all of these interventions share a focus on cultivating compassion in a secular manner although they are rooted in Buddhist practices (Kirby, 2016). Each of these compassion-based interventions contains its own uniquely designed set of formal mindfulness and compassion meditations, as well as informal practices, such as compassionate breaks (Neff & Germer, 2013) and compassionate letter writing (Gilbert, 2014). Therefore, the specific activities, the sequence of topics, and the content of lessons and homework vary across interventions.

Compassion-based interventions have predominately been developed for and studied in adults (Gilbert, 2014; Jazaieri et al., 2014; Kemeny et al., 2012; Neff & Germer, 2013; Reddy et al., 2013). Kirby, Tellegen, and Steindl (2017) conducted a meta-analysis of 21 randomized control trials (RCTs) of adult compassion-based interventions. Overall, compassion-based interventions were found to have moderate effects on compassion ( $d = 0.55$ ), self-compassion ( $d = 0.70$ ), mindfulness ( $d = 0.54$ ), depression ( $d = 0.64$ ), anxiety ( $d = 0.49$ ), psychological distress ( $d = 0.47$ ), and wellbeing ( $d = 0.51$ ) when both waitlist and active control studies were included in the analysis. The majority of studies included in the meta-analysis examined compassion-based interventions with non-clinical populations. Thus, compassion-based interventions show potential for effectively reducing anxiety, depression, and other forms of psychological distress in the general population. Additionally, compassion-based interventions appear to promote the positive outcomes of mindfulness, self-compassion, and compassion for others.

Although research on compassion-based interventions for adults is growing, few studies have examined the impact of similar interventions designed for youth (Bluth, Gaylord, Campo, Mullarkey, & Hobbs, 2016; Ozawa-de Silva & Dodson-Lavelle, 2011). The limited studies examining compassion-based interventions with youth have found that the lessons and activities of the adult interventions can be adapted in ways that children and adolescents find acceptable, useful, and engaging (Bluth et al., 2016; Ozawa-de Silva & Dodson-Lavelle, 2011). Moreover, these studies have identified important areas in which compassion-based interventions can improve in order to become more developmentally appropriate and culturally relevant for diverse populations of youth (Bluth et al., 2016; Ozawa-de Silva & Dodson-Lavelle, 2011).

The compassion-based intervention literature is small and even smaller with regards to children and adolescents. According to a review paper by Kirby (2016), there has only been one empirical study examining a compassion-based intervention with adolescents, which was reported on in two papers (Pace et al., 2013; Reddy et al., 2013). Since this review, only one other study (Bluth et al., 2016) has examined a compassion-based intervention with adolescents to my knowledge. Additionally, a paper by Ozawa-de Silva and Dodson-Lavelle (2011) is the only article in which a compassion-based intervention designed for and piloted with pre-adolescent children is discussed. Given the value of compassion for promoting mental health (Gilbert et al., 2011; MacBeth & Gumley, 2012), healthy responses to social stress (Cosley et al., 2010), and prosocial behaviors (Kemeny et al., 2012; Weng et al., 2013), it is important for researchers to develop compassion-based interventions for youth and study how these interventions are experienced by children and adolescents.

Compassion-based, group interventions may be particularly effective targeted strategies for supporting youth who are struggling with internalizing symptoms. Compassion-based



interventions have been shown to consistently reduce symptoms anxiety and depression in adults (Kirby et al., 2017). In addition, one study found adolescents who participated in a compassion-based intervention reported a decrease in their symptoms of depression (Bluth et al., 2016). Researchers should consider if compassion-based interventions yield similar benefits in pre-adolescent children.

Given that compassion-based, group interventions have primarily been examined in non-clinical populations, these interventions may not be the most appropriate treatment for youth diagnosed with mental health disorders. However, there is a need to develop and improve universal and targeted interventions that prevent the development of psychopathology in children who have not been diagnosed (Heathfield & Clark, 2004). In schools, universal interventions refer to preventative efforts geared toward entire student populations and targeted interventions refer to preventative efforts delivered to students who are considered “at-risk” (Heathfield & Clark, 2004). There are several reasons a student may be considered at-risk for developing a mental health disorder. A student could be identified as at-risk because she shows early signs of a disorder or because she exhibits some symptoms of a disorder but does not fully meet criteria for a diagnosis (Heathfield & Clark, 2004). A student could also be considered at-risk because she is a member of a population subgroup that experiences a heightened prevalence of a disorder (Heathfield & Clark, 2004). By helping participants regulate their negative emotions and access affiliative states, compassion-based interventions can support youth who are at-risk for developing anxiety disorders, depressive disorders, or emotional disturbance.

When teaching compassion to elementary-aged children, it is helpful to define compassion in simple terms. However, some of the creators of compassion-based interventions have defined compassion as an emotion that contains several interrelated components (Jazaieri et al., 2013; Neff, 2003). Geshe Thupten Jinpa (2015), who is the principal English translator for the Dalai Lama and the author of compassion cultivation training, defined compassion with four core components: (a) awareness of suffering, (b) sympathetic concern, (c) a wish to see the relief of that suffering, and (d) a responsiveness or readiness to help relieve that suffering. Kristen Neff (2003) who developed the mindful self-compassion program defined self-compassion with three components: (a) being mindfully present with one’s own suffering, (b) seeing one’s own suffering as part of the common human experience, and (c) responding to one’s own suffering with kindness. Paul Gilbert (2014), who developed compassion focused therapy, defined compassion with two core components: (a) sensitivity to suffering in self and others and (b) commitment to trying to alleviate and prevent that suffering. In striving for simplicity, the definition I use in this dissertation is most similar to the definition used by Gilbert. For the purposes of this paper, compassion is defined as a recognition of suffering and a readiness to help. Although these definitions have particular differences, they all hold that compassion involves both a component of empathetic concern and a component of motivation.

In this paper, I describe a study examining children’s experiences in a compassion-based group intervention targeting internalizing symptoms. Guided by interpretive phenomenological analysis, semi-structured interviews were used to examine participants’ emotional experiences of the intervention and to elicit participant feedback on the helpfulness and usefulness of the intervention. Children’s artwork from the intervention was analyzed collaboratively to gather rich and detailed descriptions of participants’ thoughts and emotional states during the creation and presentation of their art projects. Audio recordings of group sessions were used to gather data on children’s interactions in the group. Finally, my own field notes were used to examine my experience of facilitating the intervention.

In the first section of the paper, I present the theoretical foundations of compassion-based interventions. This section will begin with a discussion of compassion from Buddhist perspectives. Many of the practices and activities involved in empirically supported compassion-based interventions are derived from Buddhist perspectives on compassion. I then summarize the evolutionary psychological perspective on compassion with a special focus on the physiological, behavioral, and experiential correlates of compassion. Evolutionary psychology is a useful framework for understanding how compassion-based interventions may offer benefits to individuals in the areas of prosocial behavior, mental health, and stress reactivity. Next, I discuss the literature on the benefits of compassion and compassion-based interventions. Following the literature review, I argue that compassion-based group interventions are a promising strategy for supporting students who are at-risk for developing internalizing disorders. I then describe the present study and my findings regarding children's experiences in a targeted compassion-based intervention. Finally, I discuss the implications and limitations of these findings.

### **Theoretical Foundations of Compassion-Based Interventions**

All of the empirically supported compassion-based interventions are secular in the sense that they utilize practices and teachings that are in accordance with the values of all belief systems, including atheism (Dalai Lama, 2001; Kirby, 2016; Ozawa-de Silva & Dodson-Lavelle, 2011). Nonetheless, many of the practices and teachings within these interventions are based on Buddhist traditions (Kirby, 2016; Shonin et al., 2014). Psychologists, neuroscientists, and other researchers have also influenced the development of compassion-based interventions by studying the unique physiological, phenomenological, and behavioral correlates of compassion (Geotz et al., 2010). By studying the experience and evolution of compassion, researchers have contributed to our understanding of the underlying mechanisms through which compassion interventions yield mental and physical health benefits (Gilbert, 2014; Kirby, 2016).

**Buddhist traditions.** In his chapter, "Compassion in Buddhist Psychology," Makransky (2012) examined compassion from three leading Buddhist traditions: (a) Theravada, (b) Mahayana, and (c) Vajrayana. Each of these traditions offers teachings on compassion that gave rise to the practices and activities in compassion-based interventions. Shonin, Van Gordin, and Griffiths (2014) summarized the major differences amongst these three schools of Buddhism as follows: (a) the Theravada traditions are marked by greater adherence to early Buddhist teachings, (b) the Mahayana traditions are characterized by the greater emphasis on compassion and the empty nature of reality, and (c) the Vajrayana traditions focus heavily on the bond between students and their teachers or gurus, as well as the esoteric practices used to cultivate understanding of the true *nature of the mind*. All three major schools of Buddhism share many common beliefs. Much of what I summarize in the section on Theravada traditions is shared by the Mahayana and Vajrayana schools, which developed later. Likewise, many of the Mahayana teachings also apply to the Vajrayana school, which was the most recent of the three major schools to develop.

In this section, I provide a summary of compassion as it is understood by the three major schools of Buddhist traditions. I also define and explain important Buddhist terms and concepts related to compassion. Finally, I detail practices for cultivating compassion that have grown out of these traditions and are being used in contemporary compassion-based interventions. The information provided in this section does not exhaust or fully cover the multitude of complex

understandings, interpretations, and practices endorsed by various Buddhist traditions. Rather, this section provides a summary of important Buddhist teachings related to compassion so the reader may have a foundational understanding of the historical and theoretical contexts in which compassion cultivation practices were developed. It is important to honor and give credit to the Buddhist people and traditions that developed these practices, which have been adapted and utilized in the compassion-based interventions that psychologists and other practitioners have recently developed.

***Theravada traditions.*** The Theravada traditions of Southeast Asia were developed from and rooted in the early teachings of the Buddha. In this section, I introduce four important topics that are related to compassion and derived from the early teachings of the Buddha: (a) the nature of suffering, (b) mindfulness, (c) interconnectedness, and (d) equanimity. I will also discuss examples of practices in modern compassion-based interventions that draw upon these topics.

*The nature of suffering.* In Buddhist traditions, compassion is understood as a wish for others to be free from suffering (Makransky, 2012). Thus, an overview of how suffering is defined in the Theravada traditions is helpful for understanding the Theravada framework of compassion. Individuals suffer for obvious reasons, such as physical and mental forms of pain, which are typically associated with the word suffering. However, the Theravada traditions also emphasize other forms of suffering, which may be less familiar to individuals who have not studied Buddhist teachings.

According to Theravada teachings, suffering happens because of the transient nature of reality, as well as self-centered conditioning. Given that all things will pass, be lost throughout life, or lost inevitably through death, Theravada Buddhists argue that reality is transient in nature (Makransky, 2012; Shonin et al., 2014). From this perspective, material possessions and pleasant experiences are considered fleeting and ephemeral. Therefore, attachments to such things cause suffering (Makransky, 2012; Shonin et al., 2014).

Early Buddhist texts also assert that individuals suffer from the self-centered perspective through which they view the world. Self-centered conditioning refers to the mind's attempt to view the self as an independent entity that is separate from the rest of the world (Makransky, 2012). Theravada teachings hold that the self is actually part of a constantly changing and interconnected universe. Suffering is created and maintained through unconscious mental habits seeking to construct a fabricated world that is unchanging and separate from the self. Compassion occurs as individuals deepen their understanding of suffering and gain wisdom into the causes of suffering in themselves and others. Many of the practices used in compassion-based intervention were derived from Buddhist practices aimed at deepening insight into the nature of suffering

*Mindfulness.* According to early Buddhist texts, mindfulness is necessary to become aware of the unconscious mental habits that create and maintain the suffering of transience and self-centered conditioning (Makransky, 2012; Dalai Lama, 2001). Mindfulness is the process of cultivating "conscious awareness of present experience without judgment" (Makransky, 2012, p. 4). An individual may begin practicing mindfulness by focusing on her breath with an attitude of nonjudgment and repeatedly turning her attention back to her breath if distracting thoughts arise. As she continues to strengthen her mindfulness practice, she may begin to practice meditating on other aspects of present experience, such as sensations, emotions, and thoughts. As Buddhist practitioners learn to mindfully recognize their own mental habits and conditioned patterns of thought, they gain insight into the nature of suffering in themselves and others, subsequently deepening their compassion (Makransky, 2012).

Contemporary compassion-based interventions guide participants through activities to practice mindfulness (Gilbert, 2014; Jazaieri et al., 2014; Neff & Germer, 2013; Reddy et al., 2013). To introduce mindfulness, participants are first guided to focus on a particular object, such as the breath (Jinpa, 2015). During a breath-focused meditation, an individual may concentrate on her inhalations and exhalations while using mindfulness to stay present with her breath if distracting thoughts arise. By setting an intention to focus on her breath with an attitude of nonjudgment, meditators improve their ability to remain focused. For example, during a breath-focused meditation, a participant may judge her breath as being too short or shallow. Next, she may wonder why her breath is not as smooth or deep as it ought to be. Participants are instructed to simply acknowledge these judgmental distractors and return to the focus of their meditation. Participants improve their ability to focus on their breath through consistent and repeated mindfulness practice.

On the basis of the mental stability cultivated through breath-focused mindfulness practice, participants are then guided to meditate on their own thoughts, feelings, and emotions (Ozawa-de Silva & Dodson-Lavelle, 2011). When participants become nonjudgmental observers of their own thoughts, they subsequently become aware of the mental habits that promote or sustain positive emotions and behaviors, as well as their mental habits that promote or sustain unwanted emotions and behaviors (Ozawa-de Silva & Dodson-Lavelle, 2011). For example, as a participant gains the ability to focus on her present thoughts, she might learn that she has a tendency to ruminate on future events that she cannot control or that she has a tendency to respond to her own mistakes with excessive levels of self-criticism. Thus, early Buddhist teachings, as well as contemporary compassion-based interventions, teach mindfulness as a foundational tool for focusing, becoming a nonjudgmental observer, and gaining insight into the nature of mental suffering.

*Interconnectedness.* Theravada teachings also discuss the importance of reflecting on the interconnected nature of reality (Makransky, 2012). According to these teachings, when people consider how deeply interconnected they are and realize how their wellbeing is fundamentally intertwined with the wellbeing of others, feelings of empathy and compassion are cultivated automatically (Dalai Lama, 2001; Jinpa, 2015). Contemporary Buddhist practitioners have expressed concern that modern individualistic cultures prioritize individual autonomy and overlook interdependence. Thus, seeking help and relying on others is often considered to be a sign of weakness in individualistic societies (Jinpa, 2015).

The topic of interconnectedness is present in compassion-based interventions (Gilbert, 2010; Jinpa, 2015; Ozawa-de Silva & Dodson-Lavelle, 2011). For example, interconnectedness is covered explicitly in topic five of cognitively-based compassion training (Ozawa-de Silva & Dodson-Lavelle, 2011). In this lesson, participants are guided to recognize how their lives are intertwined with the lives of other people and how humans rely on each other to survive (Ozawa-de Silva & Dodson-Lavelle, 2011). Lessons on interconnectedness are built into compassion-based interventions because a felt sense of interdependence with others nurtures appreciation, gratitude, and compassion for others.

*Equanimity.* As an individual becomes more aware of the conditioned mental habits that contribute to suffering in herself and others, she develops greater compassion (Makransky, 2012). However, compassion alone may be subject to biases and, therefore, early Buddhist teachings emphasize that compassion should be fostered in conjunction with equanimity. Equanimity involves freeing oneself from the biases of attachment and aversion so an individual may remain calm in the face of the ups and downs of life (Makransky, 2012). Equanimity also

involves relating to all beings equally and being unaffected by categories, such as friend, stranger, and enemy (Jinpa, 2015; Shonin et al., 2015).

Equanimity strengthens compassion by protecting individuals from their own attachments, aversions, and biases, which can lead to inequality and differential treatment (Makransky, 2012; Jinpa 2015). For example, if an individual sees a homeless person on the ground in pain, she may not have a compassionate response as her mind is preoccupied with aversions and biases related to the homeless person's appearance. Equanimity is the process of becoming aware of aversion, attachments, and biases so the mind may consistently function in a calm and impartial manner.

In line with this principle, compassion-based interventions guide participants to cultivate and extend compassion to all living beings (Jinpa, 2015; Ozawa-de Silva & Dodson-Lavelle, 2011). Buddhist teachings suggest beginning this process by cultivating compassion for the self and loved ones, and then extending feelings of compassion outward towards strangers and enemies (Dalai Lama, 2001). Cognitively-based compassion training and compassion cultivation training include lessons on compassion for the self, loved ones, strangers, enemies, and all beings (Jazaieri et al., 2014; Ozawa-de Silva & Dodson-Lavelle, 2011). Through these practices, participants become familiar with the biases that arise when they are confronted with the suffering of individuals from these various groups. Over the course of an intervention, a participant may realize she has a tendency to respond to her own suffering with harsher judgements and more destructive self-criticism than when she responds to the suffering of a loved-one (Neff, 2003). Additionally, a participant may realize that it takes much more to provoke her compassion for strangers than her compassion for close friends (Jinpa, 2015). By bringing such tendencies to a level of conscious awareness, participants cultivate equanimity and greater control over their own reactions to the suffering they encounter.

One can experience compassion without equanimity. However, equanimity is needed to gain control of one's own compassionate response, rather than allowing one's emotions to be hijacked by aversions and attachments (Jinpa, 2015). Of note, it is important to distinguish equanimity from indifference or apathy. Indifference and apathy are associated with passivity, lack of caring, and disengagement. In contrast, equanimity involves actively engaging with suffering in a calm manner (Jinpa, 2015). Thus, through equanimity, one can discern if something is good or bad and then calmly choose to promote those things that are good and lessen those things that are bad (Dalai Lama, 2001).

***Mahayana traditions.*** The Mahayana traditions of Buddhism emerged in India in the first century, A.D. (Makransky, 2012). These traditions grew out of the Theravada school and therefore the two schools have many similarities. However, the two schools have noteworthy differences related to how they conceptualize compassion. In the Theravada traditions, wisdom or insights into the causes and nature of suffering set Theravada Buddhists on a path to *enlightenment*, understood as liberation from suffering. Compassion is thought to co-occur with this process, meaning that a Buddhist practitioner becomes more compassionate on her journey towards enlightenment. Thus, wisdom is understood as the central factor that liberates individuals from suffering, whereas compassion is considered to be a byproduct of that journey (Makransky, 2012).

In the Mahayana traditions, the embodied experience of compassion brings about further insights, deepening one's wisdom (Makransky, 2012). From this view, compassion and wisdom are intertwined, building and fostering one another. Compassion is thought to be a core component and central force that causes and inspires movement toward enlightenment.

Therefore, the Mahayana traditions are said to give compassion a more central role in the Buddhist path (Makransky, 2012; Shonin et al., 2014).

In the Mahayana framework, Buddhist practitioners gain wisdom through the experience of cultivating compassion. One important realization that is fostered through compassion is insight into the empty nature of phenomena (Makransky, 2012). The notion that all phenomena are empty is a metaphysical viewpoint in the Mahayana teachings that sets these traditions apart from those of the Theravada school. In the Mahayana traditions, phenomena are not only transient and interconnected but also void of self-existence (Dalai Lama, 2001; Makransky, 2012; Shonin et al., 2014). For example, a wooden chair may appear to be a unified object that exists in itself. Nonetheless, according to Mahayana teachings, no such entity can be found given that this chair is actually inseparable from its countless conditions, its innumerable parts, and the indiscernible totality of its causes (Dalai Lama, 2001; Makransky, 2012). A seemingly isolated chair, upon further investigation, cannot be removed from the various individuals who created it, the tools and materials they used, the saw mill where its wood was cut, the trees from which the wood grew, the water and sunlight that fed those trees, and so on. Each of these causes is connected to a multitude of other causes that eventually relate each thing to all others. The empty nature of reality refers to the idea that each phenomenon that we experience lacks “the sort of isolated self-existence that it appeared to have prior to investigation” (Makransky, 2012, p. 11).

In the Mahayana traditions, the embodied experience of compassion naturally deepens one’s wisdom of the empty nature of reality (Makransky, 2012). During a compassionate state, a Buddhist practitioner exercises her mind in a way that transcends dualism and escapes the self. This experience is thought to provide a greater understanding of how phenomena, including the self, are empty and undivided from all others (Dalai Lama, 2001; Makransky, 2012). In accordance with these ideas, the Tibetan practice of *tong-len* meditation was created (Makransky, 2012). In this practice, individuals imagine breathing in the suffering of others and offering their own wellbeing and resources through the out-breath (Makransky, 2012; Shonin et al., 2014). Through this imaginative exercise, Tibetan Buddhist practitioners familiarize themselves with the true empty and undivided nature of reality (Makransky, 2012).

Compassion-based interventions draw on Mahayana practices in the design of their activities. For example, in compassion cultivation training, participants engage in an active compassion practice based on *tong-len* (Jinpa, 2015). In this formal sitting practice, participants visualize themselves taking away the pain and sorrow of others as they breathe in and sharing their own joy and happiness as they breathe out (Jinpa, 2015). Although realizing the empty nature of reality is not explicitly discussed as a goal of this active compassion practice, the meditation itself is based on *tong-len* (Jazaieri et al., 2014).

***Vajrayana traditions.*** The Vajrayana traditions grew out of the Mahayana traditions and spread across the Tibetan and Himalayan regions of Asia (Makransky, 2012). The Vajrayana traditions are characterized by their focus on teaching *Buddha nature* (Makransky, 2012), also called the original nature of the mind (Shonin et al., 2014). In this school, it is taught that beneath all patterns of self-centered conditioning and attachments lies the boundless emptiness of Buddha nature (Makransky, 2012; Shonin et al., 2014). Buddha nature can be accessed and understood via the esoteric practices of the Vajrayana traditions (Makransky, 2012; Shonin et al., 2014). Vajrayana teachings consider compassion to be something that naturally manifests when one unleashes their Buddha nature from the conditioning and attachments created by the mind (Makransky, 2012).

The Vajrayana practitioner focuses on the innate capacity for compassion and underlying Buddha nature within all beings (Makransky, 2012). To do this, Vajrayana meditators bring to mind deities and other compassionate figures who represent and embody compassion, wisdom, and Buddha nature in order to ignite their own Buddha nature. When a practitioner focuses on a figure of compassion who has realized her Buddha nature, her own unrealized Buddha nature is reflected back to her, and she is able to access it. Similarly, in compassion focused therapy, participants engage in an exercise where they bring to mind a compassionate person and imagine what it would be like to be this person (Gilbert, 2010). In this activity, a participant may focus on what the compassionate person's voice sounds like, how her muscles feel, what her posture is like, and how she is breathing as she imagines this compassionate person. The hope is to familiarize participants with how it feels to be compassionate, which is an ability they innately possess.

The practices of compassion-based interventions guide participants to develop mindfulness, reflect on their interconnectedness with others, cultivate equanimity, and meditate on compassion. The activities in these interventions are grounded in Buddhist teachings from the Theravada, Mahayana, and Vajrayana schools. It is important to appreciate the various Buddhist traditions that gave rise to many practices currently used in compassion-based interventions. Nonetheless, an endorsement of Buddhist metaphysical principles and supernatural beliefs is not necessary for participating in compassion-based interventions. Moreover, such an endorsement is not needed to understand how compassion-based interventions offer benefits to participants. All of these interventions are designed to be secular in nature (Gilbert, 2014; Jazaieri et al., 2014; Kemeny et al., 2012; Neff & Germer, 2013; Reddy et al., 2013) and the benefits of compassion-based interventions are grounded in scientific research (Chierchia & Singer, 2016; Cosley et al., 2010; Gilbert et al., 2011; MacBeth & Gumley, 2012).

**Evolutionary psychology.** The developers of compassion-based interventions incorporate ideas from Buddhist traditions in the content and structure of their courses and therapies. Researchers also utilize evolutionary psychology to make sense of how and why compassion-based interventions are helpful. The distinct physiological, phenomenological, and behavioral correlates of compassion, which have allowed researchers in evolutionary psychology to argue that compassion is a unique emotion (Geotz et al., 2010), have also led researchers to speculate that all three types of compassion may have a wide array of benefits (Chierchia & Singer, 2016; Cosley et al., 2010; Gilbert et al., 2011; MacBeth & Gumley, 2012).

Evolutionary psychologists are interested in understanding the human brain, as well as mental health problems, in terms of Darwinian natural selection and sexual selection (Buss, 2009; Gilbert, 2014). For example, when trying to understand an emotion, such as compassion, evolutionary psychologists have focused on the adaptations for survival and mate choice offered by this emotion. Within the evolutionary treatment of compassion, scientists have postulated several explanations for the emergence of this affective state (Geotz et al., 2010; Gilbert, 2014). For example, humans likely evolved to have compassionate responses to their offspring who are born earlier in the developmental process and more dependent than the offspring of other mammal species (Bowlby, 1969; Geotz et al., 2010). Moreover, individuals who displayed more compassion may have been more likely to be selected as mating partners (Geotz et al., 2010; Gilbert, 2014). Compassionate individuals may have also been more likely to survive because of the cooperative relationships they were able to form with non-kin and because they were more

successful within cultures that valued cooperative norms and punished selfishness (Geotz et al., 2010).

Like every emotion, compassion has its own unique behavioral, neurological, and physiological correlates (Geotz et al., 2010). According to evolutionary theory, human emotions and corresponding neurophysiological systems evolved to help humans survive and reproduce (Geotz et al., 2010; Gilbert, 2014; Irons, 2014). When individuals experience compassion, they activate the neurophysiological system associated with this affective state (Gilbert, 2009, 2014). The benefits of compassion-based interventions are brought about by the neurophysiological correlates of compassion, which regulate negative emotions and promote affiliative behaviors and relationships (Gilbert, 2014; Irons, 2014).

In describing the theoretical framework of compassion focused therapy, Gilbert (2014) summarized three important neurophysiological emotion systems: (a) the soothing and contentment system, (b) the threat-protection system, and (c) the seeking-acquiring system. In the following sections, I describe each of these three systems, as well as how they relate to one another. Compassion-based interventions may offer benefits to participants by supporting participants in regulating and restoring balance to these neurophysiological systems (Gilbert, 2014).

***Soothing and contentment system.*** The vulnerability of human offspring, the need for affectionate and caring mating partners, and the benefits of coordinating with non-kin have led humans to evolve into organisms wired to experience compassion. Thus, compassion is associated with distinct physiological and behavioral correlates. Gilbert (2014) termed the neurophysiological system for experiencing affiliative emotions, such as compassion, the *soothing and contentment system*. The soothing and contentment system involves activation of the parasympathetic nervous system, including decreased heart-rate and increased vagal nerve activity (Geotz et al., 2010; Gilbert, 2014). Additionally, it is within the soothing and contentment system that humans experience increased oxytocin, a hormone that helps individuals feel safe, promotes affiliation, and calms parts of the brain involved in threat-detection (Gilbert, 2014; Insel, 2010; Porges, 2007). When humans are receiving or offering compassion, their bodies relax and their hormones prepare them to connect with others.

Compassion is also associated with particular observable behaviors. During a compassionate state, the human face offers a visual display of empathetic concern by furrowing the eyebrows, orienting the head and body forward, and relaxing the lower face (Eisenberg et al., 1989). Furthermore, humans communicate compassion through hand-to-forearm touch (Hertenstein, Keltner, App, Bulleit, & Jaskolka, 2006), and through voice (Simon-Thomas, Keltner, Sauter, Sinicropi-Yao, & Abramson, 2009). These behaviors further stimulate the physiological components of the soothing and contentment system, such as the parasympathetic nervous system and oxytocin output (Gilbert, 2014). Not only does compassion facilitate particular physiological and behavioral reactions, but also the abovementioned behaviors trigger compassion and its physiological correlates. In compassion-based interventions, participants learn compassion cultivation practices that activate the soothing and contentment system in order to regulate negative emotions, to foster connections with others, and to increase feelings of safety and peacefulness (Gilbert, 2014; Neff, 2003).

***Threat-protection system.*** In addition to the contentment and safety system, Gilbert (2014) discussed two other neurophysiological emotion systems, both of which evolved to motivate important thoughts, actions, and emotions that have helped humans survive and reproduce. The second system discussed was the threat-protection system. This system allows



humans to detect and respond to danger and to feel anger, disgust, and anxiety (Gilbert, 2014). This system includes activation of our sympathetic nervous system, including increased heart rate and muscle tone, as well as activation of the hypothalamic-pituitary-adrenal (HPA) axis (Gilbert, 2014; Irons, 2014). The threat-protection system evolved to help humans survive external threats but can also be activated after external threats have passed, leading to pervasive and aversive emotions and moods (Gilbert, 2014; Irons, 2014). Emotions associated with the threat-protection system are often what people present with and seek relief from through therapy (Gilbert, 2014).

Shame, frustration, and disappointment are also related to the threat-protection system. The function of these negative emotions is to motivate humans to protect themselves from the threat of being unwanted or being seen as unhelpful (Gilbert, 2014). Given that humans have evolved into incredibly social and communicative animals, the possibility of being unwanted, unhelpful, or undesired can feel threatening.

Compassion-based interventions support individuals in regulating the emotions of the threat-protection system by stimulating the soothing and contentment system (Gilbert, 2014; Irons 2014). The mechanisms by which the soothing and contentment system regulates the threat-protection system are grounded in evolutionary science on mammalian development (Irons, 2014). Mammals, especially humans, invest far more time nurturing, caring for, and protecting their offspring than other animals (Irons, 2014). During these interactions, infants signal to their caregivers when they are distressed and caregivers respond with attentiveness, touching, vocal tones, and care. Over historical time, the experience of mammalian caregiving interactions gave rise to neurophysiological changes that created and strengthened the soothing and contentment system (Irons, 2014). Thus, it is not surprising that researchers have found oxytocin to be involved in the regulation of the HPA axis (Gilbert, 2014; Insel, 2010; Porges, 2007). These same mechanisms persist beyond infancy, into childhood, adolescence, and adulthood allowing compassion and affiliative relationships to help regulate negative emotions associated with the threat-protection system throughout life (Gilbert, 2014; Irons, 2014).

***Seeking-acquiring system.*** The third neurophysiological system Gilbert (2014) detailed was the seeking-acquiring system, which evolved in order to support humans in seeking out or securing resources and skills. When individuals feel motivated to work, excited about learning, or a competitive drive, this neurophysiological system is activated. Like the threat-protection system, the seeking-acquiring system also involves activation of the sympathetic nervous system (Gilbert, 2014). However, in contrast to the negative emotions of the threat-protection system, the seeking-acquiring system promotes the feelings of excitement, joy, and desire. Unfortunately, some individuals have come to associate the positive emotions of the seeking-acquiring system with negative experiences or a fear that something bad is going to happen. For example, those who experienced abuse as children may connect joy or excitement with aversive memories and thus need support in accessing or staying with these positive emotions (Gilbert, 2014).

Researchers have also raised concerns about societal and cultural factors that might influence the balance and regulation of neurophysiological systems (Gilbert, 2014; Twenge et al, 2010). Gilbert (2014) argued that Western capitalist societies overstimulate the seeking-acquiring system because of the significant emphasis such societies place on individualism, competitiveness, and achievement. According to this theory, Western societies prioritize individuality over affiliative and community-oriented ways of living, leaving individuals with fewer opportunities to experience a break from their seeking-acquiring systems and fewer

opportunities to access the benefits of their soothing and contentment systems. Similarly, Twenge et al. (2010) argued that significant increases in symptoms of psychopathology in Americans between 1940 and 2010 coincided with a series of societal-level changes related to individualism. It is important to note that these findings are limited as it would be impossible to prove a causal link between individualism and psychopathology on a macro-level. Further, Chakkarath (2010) argued that claims made about individualism in Western culture are grounded in Eurocentric scholarly traditions that fail to attend to important differences within populations. These generalizations can lead to stereotypes about individuals who are considered to be from Eastern societies and, thus, should be viewed with skepticism

Instead of generalizing about individualism in Western cultures, it is perhaps more helpful to consider the same topic on a micro-level. If an individual grows up in a household that places an excessive emphasis on achievement and individuality, might she experience heightened feelings of isolation and fatigue, especially when goals are not met? When faced with a new or challenging task, a person's ability to activate her soothing and contentment system may allow her to seek out or accept support from knowledgeable others. Cosley and colleagues (2010) found individuals who scored higher on a compassion scale to be more likely to accept help from others during a stressful task. When attempting to solve a new or confusing problem, the soothing and contentment system supports individuals in seeking out assistance from others for the purposes of collaboration or emotional support. When undertaking new or challenging work, it is important that the emotions of the seeking-acquiring system are balanced with those of the soothing and contentment system to promote collaboration and emotional support, as well as to protect individuals from feelings of isolation and fatigue.

These three neurophysiological systems evolved to support humans in experiencing emotions that have been important for survival and reproduction. For various reasons, individuals can develop overactive threat-protection systems or seeking-acquiring systems. Compassion-based interventions guide participants to better regulate and restore balance to these systems in order to promote mental health, healthy reactions to stress, and prosocial behaviors.

### **Benefits of Cultivating Compassion**

Grounded in Buddhist and evolutionary psychological perspectives, compassion-based interventions have been designed to improve the health and psychosocial wellbeing of participants. Empirical studies have examined if compassion and compassion-based interventions are associated with improvements in mental health, responses to stress, and prosocial behaviors. In the following sections, I summarize research on compassion, compassion-based interventions, and these three sets of outcomes.

**Compassion and mental health.** Researchers have been interested in how compassion relates to security of attachment and symptoms of psychopathology (Gilbert; 2014; Macbeth & Gumley, 2012). Gilbert (2009) suggested that both attachment and one's capacity to experience compassion are influenced by early experiences. If a child experiences parental neglect or abuse, then that child may come to associate affiliative emotions, such as compassion, with fear, danger, or stress (Gilbert et al., 2011). Subsequently, this person may be less likely to trust others, develop and maintain important relationships, and enjoy affiliative or compassionate experiences. Given that compassion is important for promoting feelings of safety, contentment, and closeness to others, researchers and practitioners have suggested that fear of compassion can contribute to symptoms of psychopathology (Gilbert et al., 2011; Jinpa, 2015).

Using the Fears of Compassion Scales, Gilbert and colleagues (2011) explored the associations among fear of all three types of compassion and measures of attachment style, depression, and anxiety in therapists and students. In students, all three types of fears of compassion predicted insecure attachment styles. In therapists, fear of self-compassion and fear of compassion from others were associated with an anxious attachment style. All three types of fears of compassion were linked to depression and anxiety in students. In therapists, fear of self-compassion and fear of compassion from others was correlated with depression. These findings led the authors to conclude that attachment styles, fear of compassion, and symptoms of psychopathology interact in important ways that should be explored further.

Studies have consistently shown self-compassion to be an important factor in promoting mental health. MacBeth and Gumley (2012) conducted a meta-analysis of 20 samples from 14 studies that examined the relationship between Self-Compassion Scale (SCS; Neff, 2003) scores and symptoms of psychopathology. The SCS measures self-compassion using three components: (a) self-kindness, (b) common-humanity, and (c) mindfulness. Thus, individuals scored high in self-compassion on the SCS when they reported being able to respond to their own suffering with kindness, viewing suffering as part of the human experience, and being able to remain present with their suffering (MacBeth & Gumley, 2012; Neff, 2003). Studies were included in the meta-analysis if they measured depression, anxiety, or general symptoms of psychopathology through self-reports or interviewer ratings. The authors found a large, statistically significant association between self-compassion and psychopathology ( $r = -0.54$ ,  $p < .0001$ ). The ability to recognize one's own suffering and respond to it with kindness appears to be an important factor for promoting mental health.

Given the associations between compassion and psychological wellbeing, researchers have examined if compassion-based interventions can improve mental health. An early systematic review of 14 studies looking at compassion focused therapy as a treatment for mood disorders found general support for compassion focused therapy in reducing symptoms of depression (Leaviss & Uttley, 2015). Shonin and colleagues (2015) conducted a systematic review of Buddhist-derived loving-kindness and compassion meditation programs for the treatment of psychopathology and found general support for the capacity of such program to produce significant improvements in positive and negative affect, psychological distress, and positive thinking. Finally, a meta-analysis of 21 RCTs found adult compassion-based interventions to have moderate effects on symptoms of depression, anxiety, and psychological distress when both clinical and nonclinical samples were included in the analysis (Kirby et al., 2017). It is important to note that compassion focused therapy is the only compassion-based intervention extensively examined in samples of individuals diagnosed with a psychological disorder (Kirby, 2016). Overall, compassion-based interventions appear to improve mental health outcomes for participants. The group interventions may be most appropriate for supporting mental health in nonclinical populations. Compassion focused therapy, an individual therapy approach, is the most empirically supported program for individuals with mental health diagnoses.

**Compassion and stress.** When individuals experience compassion, they bring a lightness and nonjudgmental attitude to stressful situations instead of the heavy worrying, anxiety, and loneliness that often arises as a default response to stress (Jinpa, 2015). The relationship between compassion and the parasympathetic nervous system led Cosley and colleagues (2010), to conduct a study examining the association between compassion and physiological responses to stress. Fifty-nine participants took an online survey measuring their levels of compassion prior

to completing a series of stressful tasks. During the tasks, some participants were offered supportive feedback by an evaluator and others were not. Participants who rated themselves higher on the compassion scale interacted more with the supportive evaluators and subsequently showed lower blood pressure, heart rate, and cortisol levels in response to the stressful task. The authors concluded that compassion may open people up to social support and subsequently improve physiological responses to stress.

The physiological correlates of compassion have led other researchers to investigate if compassion-based interventions can influence the body's stress response. Pace and colleagues (2013) found practice frequency in cognitively-based compassion training to be associated with reduced inflammatory measures associated with chronic stress in an adolescent sample. In another study, Kemeny et al. (2012) found participation in the cultivating emotional balance program to be associated with diminished blood pressure reactivity following a social stress test. These two studies suggest compassion-based interventions may improve participants' physiological responses to stress.

Other researchers have examined if compassion-based interventions influence participant reports of perceived stress. In one study, participation in the mindful self-compassion program was associated with small but significant decreases in reported perceived stress (Neff & Germer, 2013). Participation in a program titled, Making Friends with Yourself (Bluth et al., 2016), which adapted the mindful self-compassion curriculum for teens, has also been correlated with improvements in perceived stress. In a study examining cognitively-based compassion training with foster youth, 62% of the adolescent participants reported the intervention to be *very helpful* and many reported using lessons from cognitively-based compassion training to deal with stressful situations and to cope with negative emotions, such as anger. In contrast, Jazaieri and colleagues (2014) found compassion cultivation training to reduce emotional suppression but to have no effect on perceived stress.

Compassion training programs guide participants to become aware of stress and suffering, as opposed to ignoring or suppressing it. Nonetheless, two studies suggest compassion-based interventions may support the body in recovering from stressful situations. More research is needed to discern why some studies have found that participants experience reductions in perceived stress and other studies have not.

**Compassion and prosocial behaviors.** According to Buddhist thinking, individuals become motivated to act compassionately by making an emotional connection with compassion and by understanding its benefits (Jinpa, 2015). By setting an intention to cultivate compassion and by reflecting on the joy compassion brings, individuals develop intrinsic motivation to act compassionately (Jinpa, 2015). These ideas align with preliminary neuroscience findings that the human brain may have the capacity to intrinsically motivate compassion through the dopaminergic reward system (Kim et al., 2009).

Batson and colleagues (2008) hypothesized that helping behaviors are motivated by other-oriented feelings, such as empathy, sympathy, or compassion. The authors referred to this theory as the empathy-altruism hypothesis. The empathy-altruism hypothesis holds that altruism is driven by empathetic concern for others and that egotistical or instrumental benefits are an accidental consequence of altruistic behavior. Researchers hoping to test this hypothesis have examined if the momentary experience of compassion motivates altruistic behaviors in social psychological experiments. In one experiment, participants observed another individual receiving electrical shocks. Those participants who reported feeling compassion for the other person offered to receive shocks for that person, even when they had the option of leaving the

experiment (Batson et al., 2008). This experiment adds support to the notion that compassionate states promote altruistic and prosocial behaviors.

Other researchers have investigated if compassion-based interventions enhance prosocial responses in participants. Kemeny et al. (2012) examined if the cultivating emotional balance program could improve participants' ability to detect negative emotions in others. An increase in this skill could improve one's capacity to notice and respond to suffering in others. They found participants demonstrated a greater ability to recognize facial expressions of emotion when presented with an image of a suffering individual. Participants also completed an activity to examine if the intervention had an impact on semantic networks related to compassion. Participants were asked to identify whether or not letter strings were spelled correctly when presented directly after images of people. The letter strings were presented quickly and consisted of words related to compassion (e.g., empathy, compassion), disgust-related words (e.g., disgust, sickening), neutral words (e.g., magazine, briefcase), or nonwords (e.g., ypmateh). Participants were more likely than controls to respond to pictures of suffering individuals by selecting words related to compassion and helping, rather than words related to disgust or nonwords. The authors concluded that the intervention was associated with increased prosocial responses, including the ability to recognize negative emotions in others and the activation of a semantic network related to compassion.

In a different study, Weng and colleagues (2013) examined whether compassion training increased altruistic redistribution of funds during the redistribution game. In the game, a victim was treated unfairly and the participants had an opportunity to use their own funds to influence the victim's treatment. After the training, compassion trainees spent more money to redistribute funds to the victim and these changes were greater than those in the active control group. The authors concluded that compassion training programs can produce generalized effects on social behavior.

Empathy and compassion appear to be important motivators of altruistic and prosocial behaviors (Batson et al., 2008). From the evolutionary perspective, compassion evolved in part to motivate prosocial interactions with family members and non-kin (Geotz et al., 2010). From the Buddhist perspective, individuals can become more caring and altruistic by reflecting on the benefits of compassion and setting a personal intention to cultivate it (Jinpa, 2015). Finally, there is some empirical support for compassion-based interventions increasing prosocial responses in participants (Kemeny et al., 2012; Weng et al., 2013). More research is needed to fully understand how compassion-based interventions can promote prosocial behavior.

### **Potential for Supporting Youth**

Compassion-based interventions have been adapted for adolescents (Bluth et al., 2016; Pace et al., 2013). In one study, adolescents who participated in the "Making Friends with Yourself" program (Bluth et al., 2016) reported greater self-compassion and life satisfaction, as well as lower levels of depression than waitlist controls. Researchers have also examined if cognitively-based compassion training for adolescents can affect participants' physiological responses to stress and psychosocial wellbeing (Pace et al., 2013; Reddy et al., 2013). Adolescent participants did not differ on measures of psychosocial functioning (Reddy et al., 2013) or physiological markers of stress (Pace et al., 2013) after the training when compared to waitlist controls. However, practice frequency during the program was correlated with increases in hopefulness and a trend toward decreased anxiety (Reddy et al., 2013), as well as reductions in

physiological markers of chronic stress (Pace et al., 2013). These studies suggest compassion-based interventions could promote healthy responses to stress and psychosocial wellbeing in adolescents who practice frequently.

Cognitively-based compassion training has also been adapted for children in elementary school (Ozawa-de Silva & Dodson-Lavelle, 2011). Cognitively-based compassion training for children follows the same 8–10 week sequence of lessons as the adult program but activities are modified to be developmentally appropriate (Ozawa-de Silva & Dodson-Lavelle, 2011). The program was piloted at an elementary school and consisted of two 25–30 minute sessions per week (Ozawa-de Silva & Dodson-Lavelle, 2011). Sessions began with short mindfulness activities. The researchers reported short meditations focused on sensations to be the most appropriate for the children. The short meditations were followed by an activity, story, or game that engaged students in thinking about the weekly topic. The researchers reported the children were interested in the program topics, such as interconnectedness and equanimity, and able to grasp the core components of the lessons through activities, games, and stories. Additionally, teachers reported that their classroom environments benefited from having students participate in the program. Following the program, some teachers decided to integrate lessons on compassion into relevant pieces of their curricula, such as lessons on Martin Luther King (Ozawa-de Silva & Dodson-Lavelle, 2011).

The few studies investigating compassion-based interventions with adolescents and children revealed that these interventions can be adapted for youth in ways children and adolescents find helpful and enjoyable (Ozawa-de Silva & Dodson-Lavelle, 2011; Reddy et al., 2013). Moreover, there is preliminary evidence that compassion-based interventions for youth can help promote mental health (Bluth et al., 2016; Reddy et al., 2013) and that practice frequency may correlate with improved physiological reactions to stress (Pace et al., 2013).

**Potential as a targeted intervention.** Compassion-based group interventions could play an important role as an effective targeted strategy in a comprehensive school-based mental health service delivery model (Heathfield & Clark, 2004). School-based mental health systems have been criticized for taking a reactive approach to mental health service delivery whereby schools wait to provide services until a student develops symptoms that are severe enough to meet criteria for a mental health diagnosis (Heathfield & Clark, 2004). In order to improve school-based mental health services, preventative programs should be put in place that support both entire student bodies (universal interventions), as well as subgroups of students (targeted) who are considered at-risk for developing serious mental health and behavioral issues, such as emotional disturbance or social maladjustment (Heathfield & Clark, 2004).

The potential for a compassion-based intervention to improve the psychosocial wellbeing of participants has led researchers to suggest it could be a helpful targeted intervention for youth who are considered at-risk (Ozawa-de Silva & Dodson-Lavelle, 2011; Reddy et al., 2013). For instance, researchers examining cognitively-based compassion training for adolescents piloted a program for foster youth in the fall of 2008 (Ozawa-de Silva & Dodson-Lavelle, 2011; Reddy et al., 2013). Foster youth are more likely than other children to be exposed to significant childhood adversity, such as maltreatment or neglect, and to develop mental health disorders (Vinnerljung, Hjern, & Linbald, 2006). Several of the participants enrolled in the pilot program expressed enthusiasm for the intervention. One girl reported practicing every day for a month and explained how the program greatly improved her outlook on relationships (Ozawa-de Silva & Dodson-Lavelle, 2011). The authors noted that more work was needed to make the intervention culturally relevant to diverse groups of students.

Following the pilot program, a study was conducted examining cognitively-based compassion training with a second sample of foster youth (Reddy et al., 2013). Qualitative results showed that participants felt the program was helpful and engaging. Eighty-seven percent of participants reported they would recommend the program to a friend and 69% of participants were able to provide an example of using cognitively-based compassion training principles in their daily lives. Fifty-six percent of those examples were related to anger management and 16% were related to stress management (Reddy et al., 2013). In this study, adolescents found the compassion-based intervention to be useful and engaging.

Meta-analytic findings reveal that participation in compassion-based interventions has been consistently associated with reductions in symptoms of depression and anxiety in adults (Kirby et al., 2017). Participation in one compassion-based intervention for adolescents was associated with decreased symptoms of depression (Bluth et al., 2016). Therefore, a compassion-based group intervention may be particularly effective as a targeted strategy for youth who are at-risk for developing an internalizing disorder. By engaging the soothing and contentment system, promoting feelings of safety and connection to others, and increasing prosocial behaviors, compassion-based interventions may support students in decreasing their feelings of sadness, worry, isolation, loneliness, and self-criticism.

## **The Current Study**

Compassion-based interventions are a promising strategy for supporting the social-emotional and behavioral functioning of youth who are at-risk for developing mental health disorders. However, more research is needed to improve the cultural and developmental appropriateness of compassion-based interventions and to understand how children make sense of the lessons and activities involved. A greater understanding of children's experiences during compassion-based interventions will inform and enhance the design and delivery of such interventions in the future.

The primary aim of this study was to gather detailed descriptions of participants' emotional experiences of the intervention, their perceptions of the program's impact on their functioning at school and at home, and their interpretations of particular group activities. These findings will support the development and delivery of similar interventions in the future. Interpretative phenomenological analysis (IPA) was chosen as the most appropriate method to address the primary aim of this study given the focus of IPA on detailing the unique features of particular lived experiences (Starks, Brown, & Trinidad, 2007). The goal of IPA is to generate rich descriptions of how individuals experience phenomena of interest (Pietkiewicz & Smith, 2014).

A secondary aim of the study was to examine the nature of participants' interactions within the group and how such interactions evolved over the course of the intervention. Through the collection and analysis of audio recordings, rich and detailed descriptions of student interactions during group sessions were analyzed. Given that the intervention was designed to support participants in developing greater compassion, special attention was placed on how participants attended and responded to expressions of negative emotions in group. The goal of this analysis was to provide a thorough account of how participants responded to each other's expressions of sadness, frustration, anger, loneliness, anxiety, and other negative emotions throughout the intervention.

The third and final aim of the study was to detail and analyze my own experience of facilitating a targeted compassion-based intervention in a school setting. My own reflections on the process of setting up the intervention, building rapport with the participants, facilitating the intervention, interacting with teachers and parents, and ending the intervention may provide insights that are informative for practitioners running future compassion-based interventions or other groups in schools. The analysis of my experience also supported me in uncovering many of my own biases and added clarity to my findings.

## **Method**

### **Study Site**

This study was conducted at an urban elementary school in a Western state. According to data collected from the Education Data Partnership (2017), 70% of students at the school receive free and reduced-price meals. Additionally, 52% are African American, 20.1% are Latino, 10.5% are Asian, 11.1% are White, 2.2% are two or more races, 1.5% are Filipino, and 1.3% are American Indian.

### **Participants**

In accordance with the guidelines put forth by Pietkiewicz and Smith (2014) for conducting IPA, the sample for this study was small to enable a detailed case-by-case analysis. Additionally, participants were selected purposefully to identify a defined group for whom the findings are relevant (Pietkiewicz & Smith, 2014). Five fourth-grade students participated in the intervention study. Four of the five participants were African American and one of the students was of Indian descent. Two of the five participants were bilingual but English was the dominant language spoken by all five participants. In addition to English, one of the participants spoke Hindi and another student spoke Amharic.

Students were selected if their level of need was appropriate for a targeted group intervention for internalizing problems. All five participants presented with some degree of internalizing symptomology, such as social withdrawal, sad facial expressions, sadness vocalizations, nonverbal expressions of worry or fearfulness, anxious vocalizations, or low self-esteem. However, students were not chosen for the intervention if they had received special education services under the primary eligibility category of emotional disturbance, if they had ever been diagnosed with an anxiety disorder, a depressive disorder, or post-traumatic stress disorder (PTSD), or if they have previously failed to respond to multiple small group interventions. Additionally, students were not chosen for the intervention if they had a history of suicidal ideation. A more intensive or individualized treatment approach would be more appropriate for such students. One student was selected because he had slightly higher levels of social-emotional and behavioral functioning to make the group heterogeneous with regard to severity of internalizing issues. It can be helpful in group counseling interventions to include some students who have higher levels of functioning than others so that the higher-functioning students can model desired behaviors and be positively reinforced by the facilitator (Perusse, Goodnough, & Lee, 2009).



## **Researcher's Background, Experiences, and Biases**

As a White male researcher pursuing a doctoral degree in school psychology, my positionality inherently impacted the study. There is a large social distance between my own sociocultural background and that of the participants (McAvoy, Winter, Outley, McDonald, & Chaves, 2000). I grew up in a community with different social norms, vocabularies, histories, and traditions than the students who participated in the study. Therefore, my insight into the experiences and perspectives of the participants was limited and it was important for me to continuously and systematically reflect on my own personal assumptions and biases.

My training as a school psychologist likely strengthened my ability to respond empathetically during interviews with participants (Lambart & Barley, 2001). Additionally, because I facilitated the intervention, I developed a strong rapport with each participant prior to the interviews and artwork presentations. Thus, I was easily able to create a safe space for participants to discuss their experiences. My ability to create a safe space for interviewees was especially important for those participants who struggled with symptoms of anxiety. These participants may have felt nervous discussing their experiences with a less familiar researcher.

It is also possible that participants felt pressured to describe the intervention favorably because I had both facilitated the intervention and conducted the interviews. Additionally, my positionality as a White male adult could have led participants to feel pressured to describe the intervention favorably when speaking to me. Nonetheless, given the age of the participants and their presenting problems, it was more important to support participants in feeling comfortable during the interviews by interviewing them myself. I assured participants that their feedback would not impact our relationships and that their opinions could help me improve the program for students in the future.

## **Measures**

**Semi-structured interviews.** One-on-one semi-structured interviews are an appropriate method for conducting IPA given that this method allows for researchers to engage with participants in real time and for researchers to flexibly ask follow-up questions when necessary (Pietkiewicz & Smith, 2014). Participants were interviewed half-way through the intervention and after the intervention was complete. Questions were designed to cover students' emotional experiences of the intervention, their perception of what they had learned and how they grew, as well as what they liked and did not like.

Smith and Dunworth (2002) suggested two general guidelines that are especially important for conducting interviews with children in a qualitative study: (a) being flexible in order to meet the needs and capabilities of each child and (b) checking the accuracy and reliability of your understanding of the child's account. Instead of interviewing participants for one hour or more, which is typical for IPA studies (Pietkiewicz & Smith, 2014), interviews with participants were between 25 and 45 minutes, depending on the capacity of the interviewee. Before the interview, time was set aside to allow each child to play with toys and talk about personal interests as these practices have been suggested to maximize each child's confidence and enthusiasm for the interviewing process (Smith & Dunworth, 2002).

In IPA, interviews should be designed to get as close as possible to the phenomena of interest without leading the participants (Pietkiewicz & Smith, 2014). Thus, several questions or prompts were designed to provide a context guiding the interviewee to describe their experiences

in detail: (a) “Pretend I am a new kid at school. Tell me about the compassion group that you go to,” (b) “Please describe a time when group was special or important to you,” (c) “Please describe a time when group was hard for you,” and (d) “What was it like for you on the last day of group and how did it feel when group was over?” A list of all the questions in the interview schedule is available in the Appendix. In accordance with IPA guidelines (Pietkiewicz & Smith, 2014), the interview schedule was not intended to be fixed or prescriptive. Rather, during each interview, the questions were adapted to fit the context and to probe deeper into interesting issues that arose.

**Artwork presentations.** Many of the group activities in the intervention involved art-projects centered around the topics of interconnectedness, self-compassion, compassion from others, and compassion for others. Mitchell, Theron, Stuart, Smith, and Campbell (2011) offered guidelines for incorporating artwork into the research methods of qualitative studies. These authors argued that participants should be engaged in the collaborative analysis and understanding of their own drawings. By prompting participants to describe their artwork and asking follow-up questions, I collected information on participants’ interpretations of their artwork. In line with suggestions from Mitchell and colleagues (2011), a thematic analysis of the artwork attended to both the drawn content, as well as participants’ interpretations of their artwork. Each participant completed two artwork presentations.

**Observations.** All of the group sessions were audio-recorded. When group members expressed negative emotions, such as sadness, loneliness, fear, or anger, audio recordings were revisited and selected segments were transcribed. These observations captured student interactions before, during, and after instances of participants expressing negative emotions.

**Field notes.** Immediately following interactions with teachers or parents, as well as following group sessions, I took notes detailing my own experience of these events. The notes included reflections on my own emotional experience of facilitating the intervention, mistakes I made, decisions that I felt were effective, and my own biases. I began taking field notes in the pre-intervention stage of the study in order to collect information on my own experience of introducing the intervention to teachers and parents, as well as working to gain their trust. I continued writing field notes until the end of the intervention.

## **Procedure**

Ethical approval from the UC Berkeley IRB, as well as appropriate consent, assent, and permission forms, were secured prior to the beginning of the study. All of the semi-structured interviews, artwork presentations, and group sessions were audio-recorded. Audio recordings were kept in a locked safe until transcription. Transcripts were then anonymized and tapes destroyed following transcription. Relevant artwork was collected and kept in a locked safe until the analysis of the artwork. Field notes were typed on a computer immediately after interactions with parents or teachers, as well as after each group session. Field notes were also anonymized.

The analysis of semi-structured interviews was guided by the IPA procedures put forth by Pietkiewicz and Smith (2014). In the first stage of analysis, interviews were transcribed, closely read several times, and annotated. Initially, the notes focused on my own thoughts and impressions of the experiences each participant chose to share. The accuracy of my interpretations was checked through the bracketing of my preconceptions (Pietkiewicz & Smith, 2014; Wajnar & Swanson, 2007). Bracketing was achieved by keeping a reflective diary of the assumptions, confusions, and emotional reactions that occurred while reading the transcripts and

by seeking critiques of my interpretations through ongoing consultation with a colleague who has experience conducting qualitative research (Pietkiewicz & Smith, 2014; Wajnar & Swanson, 2007). Findings from the bracketing process were summarized and presented in the results section.

Once transcripts of semi-structured interviews were read and annotated several times, I began to identify statements that related directly to the phenomena of interest. Statements were identified for their content (i.e., what the students discussed), language use (i.e., metaphors, excitement, pause, repetition), and context (i.e., what was happening when the statement was made). Next, similarities and patterns among these statements were noted and used to create emerging themes. For example, one emerging theme was titled, the group as a uniquely kind environment. At this point, my interpretations were reviewed by a colleague who is a school psychology doctoral student and who has been trained in qualitative research and methods. After looking over my emerging themes, my colleague offered me feedback on how to improve the title of this emerging theme, as well as the titles of other emerging themes, to better capture the experiences that participants chose to share. Additionally, my colleague gave me feedback on emerging themes that he felt were inaccurate and emerging themes that he felt needed to be added. Once I adjusted the emerging themes based on my colleague's critiques, my colleague reviewed the emerging themes again and approved of my findings.

Once my colleague and I agreed on the accuracy of the emerging themes, I searched for conceptual similarities among emerging themes. Emerging themes were grouped into clusters of master themes. Master themes and subthemes were then organized into tables.

Suggestions put forth by Mitchell and colleagues (2011) were used to guide the thematic analysis of the artwork. Children's artwork was collected and their artwork presentations were transcribed. Transcripts were read several times and the artwork was looked over repeatedly while taking detailed notes relating to the phenomenon of interest. Initially, the notes focused on my own thoughts and impressions of the experiences each participant chose to share in their artwork and artwork presentations. Once transcripts and artwork were looked over several times, I began to identify patterns in the data to create emerging themes. Before grouping emerging themes into master themes, participants were asked to review my interpretations to further involve them in the research process (Mitchell et al., 2011). I described my impressions to the participants and they provided me with feedback on my interpretations. Interpretations were then altered based on participant feedback. Next, I looked for conceptual similarities across emerging themes. Finally, emerging themes were grouped into master themes on the basis of conceptual similarities. Master themes and subthemes were then organized into tables.

Once selected segments of group sessions were transcribed and anonymized, they were closely read several times and annotated. Initially, the notes focused on describing the interactions amongst participants during these observations. Quotes were identified for their content (i.e., what the students discussed), language use (i.e., metaphors, excitement, pause, repetition), and context (i.e., what was happening when the statement was made). Next, similarities and patterns among these descriptive notes were identified and used to create emerging themes. At this point, my interpretations were reviewed by a colleague who is also a doctoral student studying school psychology. After emerging themes were checked and altered as appropriate, I searched for conceptual similarities amongst emerging themes. Emerging themes were grouped into clusters of master themes on the basis of conceptual similarities. Master themes and subthemes were then organized into tables.

Once field notes were anonymized, they were closely read several times and annotated. Initially, the notes focused on describing my own experience of facilitating the intervention. Statements were identified for their content (i.e., what I wrote about), language use (i.e., metaphors, excitement, pause, repetition), and context (i.e., what had taken place prior to writing that field note). Next, similarities and patterns among these annotations were identified and used to create emerging themes. I then searched for conceptual similarities amongst emerging themes. Emerging themes were grouped into clusters of master themes on the basis of conceptual similarities. Master themes and subthemes were then organized into tables.

**Intervention.** This intervention was designed by creating developmentally appropriate games, activities, stories, and art projects for children that align with selected topics and themes discussed in adult compassion-based interventions. Suggestions put forth by Ozawa-de Silva and Dodson-Lavelle (2011) and Reddy et al. (2013) were incorporated into the design of lessons for this intervention.

I delivered the intervention at the participants' elementary school. The intervention consisted of two 30-minute sessions per week and lasted 10 weeks. In line with recommendations put forth by Reddy et al. (2013), I had experience delivering both individual and group counseling services to children in school settings prior to the beginning of the intervention. Both teachers and parents received weekly consultation for up to 20 minutes per week. Consultation was used to stay updated on student functioning at school and home, as well as to learn more about the practices of compassion that exist in the students' classrooms and family cultures. Finally, consultation was used to collaborate with parents and teachers to help lessons from the group generalize to other settings. Teacher consultation took place in person at the school site. Parents had the option of participating in consultation in person or over the phone to accommodate for their busy schedules. All five parents chose to participate in consultation over the phone. Consultation typically lasted roughly fifteen minutes. Two parents participated in consultation eight times, one parent participated in consultation six times, and two parents participated in consultation three times. The overall sequence of topics covered in the intervention included the following: (a) rapport building, (b) mindfulness (c) interconnectedness, (d) recognizing emotions in others, (e) compassion in my family and community, (f) cultivating compassion for a loved one, (g) self-compassion, and (h) cultivating compassion and equanimity.

**Rapport building.** The first week of the intervention focused on building rapport and practicing group agreements. During the first session of the intervention, group agreements were created and organized into a group constitution. For the remainder of the intervention, students began each session by reviewing group agreements and ended sessions by reflecting on how they felt the group respected the agreements that day. During the first week, the group also participated in activities that encouraged them to learn about each other in a fun and light-hearted manner. During the first session, students interviewed each other and then introduced their interview partner to the rest of the group. During the second session, students were prompted to draw their own families and then to present their family to the rest of the group. Students were reminded about group agreements when necessary and praised when they behaved in a manner that demonstrated adherence to the group agreements.

**Mindfulness.** During the second week of the intervention, participants began learning several mindfulness practices. In response to Ozawa-de Silva and Dodson-Lavelle (2011), the mindfulness activities were short and focused on the breath or bodily sensations. These mindfulness practices were named *mindful tools*. As participants gained experience with different mindful tools, their teachers and parents were provided with laminated copies of the

instructions for each of these activities so the participants could use their mindful tools in class or at home. For the remainder of the intervention, students continued to practice their mindful tools each session. Each session began with a review of the constitution, followed by a mindful tool. Later on in the intervention, self-compassion exercises were added to each participant's folder of mindful tools.

During the second week of the intervention, the group also played collaborative board games to continue building rapport and practicing group agreements. While playing board games, students were reminded about group agreements when necessary and praised for following agreements. At the end of each session, students were guided to reflect on how they followed the group agreements.

***Interconnectedness.*** During the third week of the intervention, students engaged in activities that cultivated feelings of interconnectedness, as well as feelings of gratitude for important people in their lives. In the first activity, students drew a web of support. In this activity, students drew a circle representing themselves in the center of a page. Next, students filled up the page with other circles, each representing an individual in their life who supports them. Each student then shared their web of support with the group. Participants were guided to focus on how it felt to be connected to and supported by family members, adults at school, peers, and other important people in their lives. In the following session, each student drew a picture for or wrote a letter to one of the individuals from their web of support. The picture or letter was intended to focus on gratitude. Students either drew a picture of the individual engaging in a supportive act or wrote her a letter thanking her for her support.

***Recognizing emotions in others.*** A key component of compassion is the ability recognize suffering. Therefore, during the fourth week of the intervention, children learned about and practiced identifying emotions in others. This phase of the intervention began with a discussion of positive and negative emotions. To begin, children were guided to name as many emotions as they could in 90 seconds. Students then worked as a group to divide the emotions into two groups: (a) positive emotions and (b) negative emotions.

After the introductory activity, children participated in a game where they picked pictures out of a hat. The pictures showed images of people expressing negative emotions in various situations. For example, one picture showed a student sitting alone in the lunch room, frowning and crying. Once the picture was taken out of the hat and shown to the group, whoever raised their hand first was called on and asked to identify the negative emotion in the picture and the student to their right was asked to think of one way they could offer compassion to the individual in the picture. Students were guided to reflect on how it felt to offer compassion to individuals in the pictures.

The final activity in this phase of the intervention was called emotion charades. Students took turns picking pieces of paper out of a hat. Written on each piece of paper was the name and illustration of an emotion. A student then acted out that emotion to the group. Students earned points when the rest of the group could accurately identify the emotion they were acting out.

***Compassion in my family and community.*** Ozawa-de Silva and Dodson-Lavelle (2011) noted that more work was needed to ensure the activities of compassion-based interventions could be delivered in a manner that is culturally relevant for diverse populations of children. In response to this suggestion, the fifth week of the intervention was devoted to activities that prompted children to reflect on their own familial and cultural traditions of compassion. In addition, children were guided to draw connections between activities in group and previous experiences with their families, schools, and communities throughout the entire intervention.

In one activity, each student drew a tree that illustrated the origins of important values and traditions related to compassion from their family or community. On the roots of each tree, students wrote the source of these values or teachings. For example, students chose to write the names of grandparents, civil rights activists, and religious texts. In the branches and leaves of the tree, students wrote compassionate principles or practices that their family valued, such as volunteering, giving to charity, or helping relatives who are in need.

In the second session, students were asked to draw a compassionate figure from their family or community engaged in a compassionate act. This could be a parent, grandparent, teacher, or other community member. Participants were then guided to write down what that compassionate figure's voice sounded like, what she was doing with her body, and how her body felt while she was engaged in the compassionate act. The purpose of this activity is to familiarize participants with what compassion feels like and looks like, while simultaneously honoring a compassionate figure from their family or community.

***Cultivating compassion for a loved one.*** In the next phase of the intervention, students practiced cultivating compassion for a beloved friend or family member. During the sixth week of the intervention, students spent both sessions working on an art project. Students were instructed to draw a picture of a friend or family member and to write a negative emotion that this individual sometimes feels. For example, a student could draw a picture of her mother and write "sad" next to the drawing. Next, students were asked to write one example of how they could support or help their friend or loved one. If a student did not want to write, she had the option of drawing the compassionate act instead. That same student might have written "give her a hug" or drawn a picture of herself hugging her mother. Students were also asked to reflect on how it felt to imagine offering compassion to a friend or loved one.

***Self-compassion.*** In the next phase of the intervention, the students focused exclusively on cultivating feelings of compassion and loving-kindness for the self. During the first session, students learned and practiced *compassionate self-talk* as a strategy for responding to their own difficult emotions with kindness. Each student created a list of characteristics she liked about herself and shared that list with the group. Participants were told to use compassionate self-talk to remind themselves of their strengths when they felt upset.

Participants spent the rest of the session working on an art project about self-compassion. Each participant drew a picture of themselves feeling a difficult emotion and responding with self-compassion. For example, a student could have drawn a picture of themselves feeling sad after receiving a low grade on a task and then practicing compassionate self-talk to remind themselves of their strengths. While students worked on their drawings, I read them a story I wrote about an elementary school girl who struggled with feelings of sadness, isolation, and worry. In the story, the protagonist meets a magical tree who sends her on an adventure to become a *kind warrior*. Kind warriors was also the name given to our group. The protagonist goes on a journey to find a series of cards, each of which teaches her a new tool for cultivating feelings of calmness, peacefulness, or self-compassion.

In the following session, students learned a tool titled *imagine a friend*. During imagine a friend, students were instructed to think of three supportive statements they could say to a friend who was feeling sad or worried. Next, each student was instructed to alter those statements so that each statement was directed towards the self. Laminated copies of instructions for compassionate self-talk and imagine a friend were added to each participant's folders of mindful tools so they could use the tools in group, during class, or at home. Participants spent the rest of the session completing their self-compassion art projects while I finished reading them the story

about the elementary school girl becoming a kind warrior. Following the story, the students engaged in a discussion about the protagonist and compared the story to their own experiences.

***Cultivating compassion and equanimity.*** During the final six sessions of the intervention, the students created a large poster. The poster included several encompassing circles. The center circle represented the self and, within it, students wrote or drew examples of self-compassion. Around the center circle was a larger circle that represented friends and loved ones. Within this circle, students wrote or drew examples of compassion for friends or loved ones. Around that circle was a larger circle that represented strangers. Within this circle, students wrote or drew examples of compassion for strangers. Finally, in the outermost circle, students wrote or drew examples of compassion for those that bother them.

In these final sessions, students reflected on how it felt to offer compassion to individuals of different categories (i.e. friend, stranger, those that bother you, and self). Students were also taught about *fierce compassion*. Fierce compassion involves prioritizing one's own safety and wellbeing while offering compassion to others. As part of this discussion, students brainstormed ways to offer compassion to individuals who are homeless without putting themselves in danger. The goal of this discussion was to prevent participants from engaging in behaviors that might be dangerous, such as approaching strangers in their community without adult supervision. Finally, participants were guided to reflect on how they grew and what they learned over the course of the intervention, as well as how they would continue using lessons from the group in the future.

## Results

### Semi-Structured Interviews

Three major themes were identified from semi-structured interviews: (a) the group as a community of playfulness and creativity, (b) the group as a safe space for social-emotional learning, and (c) varying needs for generalizing their new skills outside the group. As seen in Table 1, each major theme corresponded with its own set of further subthemes. For purposes of brevity, I have included a limited selection of the available quotes supporting each theme. Pseudonyms were used to protect the identities of each participant.

**The group as a community of playfulness and creativity.** All five participants described the group as a space to be playful and creative. Moreover, participants explained that play and creativity helped them engage with the intervention. Within this major theme, four subthemes emerged: (a) enjoying the playfulness of activities, (b) using humor to offer compassion, (c) using art to practice and communicate, and (d) a desire for more play.

***Enjoying the playfulness of activities.*** All five of the participants focused on the playfulness of particular activities while describing moments from the group that they enjoyed. For example, the emotion charades game was especially memorable and engaging for Jasmine because play was at the center of the experience. She explained,

My favorite was when you had to look at the person and see like what kind of face they are making, raise our hands, and tell them like you look mad, sad, excited.... I like how we like, when you had to pick it and they was making silly faces. Some of them was so easy to get and some were so hard.

Likewise, Naomi enjoyed the playfulness of the emotions charade game. She said,

And then we like play a cool game. We have played like emotions and it was very fun. You have to like see what the person is doing. You have to guess what it is when the person acts it out.

For Naomi, the lesson on emotion identification was fun because the experience felt like a game. The activity involved acting out emotions and guessing what other group members were doing. These participants mentioned practicing emotion identification during the activity but focused more heavily on the playfulness or silliness of the experience.

**Using humor to offer compassion.** Participants continued to focus on opportunities to be playful, even when describing moments that involved feelings of sadness, worry, or frustration. When a participant expressed a negative emotion during group, the rest of the participants were encouraged to respond with compassion. Participants would often begin this process by making jokes, silly faces, or funny sounds in an effort to cheer up the participant who was upset. When prompted to reflect on a memory from group that was special or important, Naomi mentioned “the time in group when people were feeling sad and we did things to cheer them up.... It was happy and funny. I like making jokes.” Similarly, Anthony chose to describe his memory of offering Jasmine compassion. Anthony explained,

Jasmine got mad and like she was saying the answer but she didn’t raise her hand so she didn’t get the point for it.... She got mad so we needed to cheer her up.... Cheering her up by like making faces.

These participants found their own creative and comical ways to support group members who were upset. Naomi and Anthony remembered these moments as valuable, special, and enjoyable.

**Using art to practice and communicate.** Throughout the interviews, many participants spoke about activities that involved art and creativity. Participants enjoyed drawing, creating pictures or cards, and coloring. For example, Anthony enjoyed using art to illustrate a compassionate act. He said,

The time that was special was like, we did like this art thing. It like represents doing something helpful.... I like drawing. Like we draw a picture and add details or words of what’s going on. Like, in my picture, we were jumping on a trampoline and they were getting sunburnt and so I went to get my mom to get them help.

Arjun also chose to describe his experience of an art activity focused on compassion. He noted that “when we drew our families because we care about them.... It felt good because I care about my family. I like to draw.” Opportunities to draw and be creative were central to the positive experiences reported by these participants. Drawing provided participants with a familiar and entertaining medium for expressing ideas learned in group.

**A desire for more play.** Four participants continued to focus on play while offering suggestions for how the intervention could be improved. Naomi noted that she enjoyed the interview activity and wished there were more opportunities to do it again. In her explanation, she highlighted the playfulness and silliness of the activity. She said “I wish we did more interviewing.... Going with friends and asking them questions like the silly questions about spinach and would you rather.” Daniel also expressed a desire for more time and space to move freely and to be playful. He said,

I wish we had a bigger space so we could move around and play. In third grade, she [Daniel’s third grade teacher] used to take us outside.... We had fresh air and a lot of space and she asked me what I liked about being outside and I said the birds squeaking.



These participants felt the group could be improved by increasing the number of playful activities in the curriculum, adding opportunities to play outside, or moving to a larger space.

**A safe space for social-emotional learning.** All five participants discussed how the group offered them a safe space to learn about emotions and relationships. Within this major theme, four subthemes emerged: (a) creation of a safe space, (b) learning about and experiencing compassion, (c) managing difficult emotions, and (d) promotion of growth-mindset.

**Creation of a safe space.** All five participants explained that the group agreements, as well as certain activities, supported them in feeling peaceful, comfortable, or safe in group. For example, Anthony discussed feeling safe enough in group to share personal information that he would have typically kept secret. He felt safe sharing these experiences with the group because he trusted everyone to honor the agreement of confidentiality and to respond to each other with compassion. He explained,

One time that was hard for me was when I talked to everyone about the hard time I have been having with my family, like my parents arguing and that was hard to explain.... Like group is a helpful place and like people would be respectful.... After I shared about my parents fighting, I mean they weren't like fighting, just like arguing, it was like as if you guys were being helpful and I felt better and like I had someone to talk to who like wouldn't tell other people like not tell other people what we talked about.

Similarly, Daniel discussed feeling peaceful and content during an activity that involved drawing his support system. Although Daniel felt sad that his father lived in another country, the web of support activity allowed him to focus on his family in a comfortable way. He explained,

Drawing about our families cus like my mom and my dad are like important to me.... In my family, my dad is in another country and my grandmother is in another house and I feel sad because there are no kids in my house to play with. The activity made me comfortable.

Later in the interview, Daniel extended his feelings of comfort to his experience of group in general. He said "it feels comfortable and I want it to go all year. We talk about if I feel angry, sad, being safe. I just don't want to end." Both participants perceived group as a safe and comfortable environment. This sense of safety was fostered through activities that allowed participants to focus on their support systems in a comfortable manner and through important group agreements like confidentiality.

**Learning about and experiencing compassion.** Four participants described group as a place to learn about or practice compassion. They either described a concept related to compassion, which they learned in group, or highlighted an experience of compassion from group that was particularly memorable. For example, when asked to describe the intervention to an imaginary student, Arjun said,

I would say it is about helping you to be kind to other people and it helps you be kind to people, even the people who bother us and strangers.... Cus even if sometimes they do something mean and you can still be compassion with them because maybe something bad happened to them before.

Arjun described group as a place where he could learn about compassion and kindness. He seemed excited to share his insights, which had been a recent topic of discussion during the cultivating compassion and equanimity phase of the intervention.

Daniel chose to describe a time when group members worked together to offer him compassion. When he was asked to discuss a time from group that was special or important to him, Daniel said,

The day I was sad because the teacher was mad at me. That she thought I stole it, the pencil, but I didn't and now she knows I didn't and she's not mad at me.... Because you and Arjun and Anthony wanted to make me laugh. They were feeling sad for me and thinking about me and wanted to make me laugh.

He was then asked to use a poster of emotions to pick out some feelings that would further describe his experience of receiving compassion. He chose "silly, happy, grateful, and helpful." Arjun felt the intervention taught him interesting information on relationships and compassion. Daniel perceived group as a place where he could enjoy the positive emotions brought about by experiencing compassion from others.

**Managing difficult emotions.** All five participants described group as a place to learn strategies for managing difficult emotions. Some participants spoke about the utility of mindful tools, which they used to cope with feelings of frustration, sadness, worry, or anger. Other participants discussed how the overall experience of group supported them in coping with difficult emotions. For example, Daniel said,

It is a place where you manage yourself to be kind to others and to be kind to yourself ... like tell yourself not to worry and stuff.... I worry about my test sometimes. Am I failing? Maybe I get bullied? Maybe I will put my score down and stuff?

Daniel described how group supported him in managing difficult emotions caused by stressors at school.

Similarly, Jasmine chose to reflect on her experience of using the mindful tool called mindful feet to manage her difficult emotions. She said,

I like when I am having a hard day and my head hurts and I am stressed or mad cus like somebody did something and I am like so mad and I wanna say something but I calm down myself. I calm myself down. One time when I was in class today and there was something I had to do, I got this feeling we was gunna have to do something hard. I was in class and had my feet on the ground and I fisted my toes up and then I like let it go. I was exercising my feet.... It felt massage-ful and it got all my stress outta me and like calm myself down.

Jasmine described her experience of using a mindful tool as "massage-ful," suggesting the mindful tool helped her feel comfortable in the midst of a stressful situation.

**Promotion of growth mindset.** Two participants explained how lessons from group helped them challenge the notion that their abilities, intelligence, and talents are fixed traits. Group supported these participants in viewing their current abilities as things that could be developed through practice and effort. For example, Daniel explained,

Also, we learn it helps you learn, that it can be good to not win cus you work hard and don't make the mistake again.... So like you make a mistake and you learn and you learn not to make the mistake again. It can be good to make mistake.

The group helped Daniel view his mistakes as opportunities to grow and succeed, rather than viewing his mistakes as evidence of inherent flaws. Similarly, when asked to describe the group to an imaginary student, Naomi said that "if you come to kind warriors and you are not good at something, then we can talk about the things we need to practice on so we can have success." For Daniel and Naomi, the intervention was an experience that promoted a growth-mindset.

**Varying needs for generalizing their new skills outside of group.** Although some participants were able to generalize skills from the intervention to their homes or classrooms with ease, others found it difficult to do so. Similarly, although some participants felt hopeful that skills from the intervention would support them in the future, others did not. Some

participants felt ambivalent or uncertain about seeking out emotional support beyond the intervention. Four subthemes emerged within this major theme: (a) needing more structure for generalization, (b) skills generalize to other settings, (c) ambivalence about finding emotional support beyond the group, and (d) hopefulness for the future.

***Needing more structure for generalization.*** Four of the participants discussed challenges they faced while attempting to use mindful tools outside of group. For some of the participants, it was difficult to identify an appropriate moment to use a mindful tool in class. Others did not feel comfortable using the mindful tools at home. For example, when asked about his experience using mindful tools outside of group, Anthony said,

Not really. I don't really do it not in group.... I just don't really feel like comfortable with like that in class.... I haven't really told my mom or dad about it. Like when I talk to them they really bring other things up ... like talk about a time where I was like bad or something.

Anthony did not feel comfortable using mindful tools in class. He also worried that if he discussed mindful tools with his parents, it would trigger a conversation about mistakes he had made in the past.

Similarly, Jasmine said,

Yeah cus I don't wanna be like messing in my desk and stuff and my teacher don't like that. Yeah like we could make an M like this [shows with hands] and tell her like that that we gotta use mindful tools.

Jasmine felt worried that if she searched for her folder of mindful tools in her desk, her teacher would think she was off task. She then offered a suggestion for how she could signal to her teacher that she wanted to use a mindful tool, expressing a desire for more structure to support her in using the tools in class.

***Skills generalize to other settings.*** Four participants discussed at least one time when they successfully used a skill or lesson from group at home or at school. These participants described using mindful tools in class, at recess, at practice, or at home. For example, Jasmine said,

I like showed my parents and they were like let's do it one time together.... They was like "it is cool that Mr. Jordan gave you this" and my mom said she is gunna use it. I can like do it like this [demonstrates a mindful tool] and get my strength on and then release and like relax like exercises and I feel calm.

Later in the interview, Jasmine chose to describe a time when a group activity led her to engage in a prosocial behavior outside of group. She said,

When we had to like write notes about someone who appreciates us and I gave it to my friend at the cafeteria cus she gave me yogurt and she has like been there for me. I don't go to breakfast much but when I do, I say, "hi best friend."

Jasmine was able to practice mindful tools with her parents. In response to a lesson on interconnectedness, Jasmine gave a letter of gratitude to her friend as a token of her appreciation.

Likewise, Naomi was able to practice her mindful tools with her mother and also used a mindful tool at basketball practice. She said,

Yes, I showed them [mindful tools] to my mom and we did them together. Also, at basketball, I got really mad and I used them inside my head to feel calm.... Yes, because I did not have the paper but I can just do them in my head.

For these students, limited structure was needed to generalize skills from the intervention to certain settings.

***Ambivalence about finding emotional support beyond the group.*** For two students, the end of the group brought about mixed feelings and contradictory ideas about finding emotional support in the future. Anthony and Daniel expressed feeling sad or worried about the group ending because they had been relying on it for emotional support. At the same time, these students could identify potential sources of emotional support for the future. For example, Anthony said,

I also feel like worried like if I have something I wanna share, I will probably have to share with my mom. I like to share at group but I guess that will be ok. Like sometimes we go in her room and like close the door cus we could talk in private.

Likewise, while Daniel reflected on the emotional experience of group ending, he said, I am sad cus like I like being in this group and I wanna be in this group forever ... cus I get to share like my emotions with this group and I tell other people in the group what makes me sad or mad or happy.

Later in the interview, Daniel was asked if he could think of any individuals that he could talk to if he was feeling sad or worried in the future. He said “my teacher, my mom, or my friend.” Both participants identified individuals they could seek emotional support from when feeling a difficult emotion in the future. Nonetheless, these participants sensed that they were losing a valuable source of emotional support and felt uncertain about relying on friends and family to meet these needs in the future.

***Hopefulness for the future.*** Four of the students expressed feeling hopeful that skills or lessons from group would support them during challenging situations in the future. For example, Anthony explained, “I hope it [mindful tools] will help me if I am like sad or angry about my like family or something else like that or if I am having trouble doing something or being calm.... I think it will help.” Anthony felt hopeful that the mindful tools would help him regulate his emotions during future family conflicts. Jasmine felt hopeful that she could use skills from group to manage feelings of frustration that would likely arise as she takes on difficult tasks throughout her academic career. She said, “I hope group will help me like go to college and like be a better person cus like college is a lot of work and like I get frustrated and stuff and maybe group will help me with that.” These participants felt hopeful that the lessons learned in group would support them in regulating their emotions during future stressful situations.

## **Artwork Presentations**

Two major themes were identified from artwork presentations: (a) experiencing a peaceful sense of pride and (b) confronting difficult emotions. As seen in Table 2, each major theme corresponded with its own set of subthemes. For the purpose of brevity, I have included a limited selection of the available quotes supporting each subtheme.

***Experiencing a peaceful sense of pride.*** During their artwork presentations, participants expressed feeling peaceful, comfortable, and proud. This major theme involved three subthemes: (a) celebrating sources of compassion in my family or community, (b) feeling proud of myself, and (c) cultivating feelings of peacefulness.

***Celebrating sources of compassion in my family or community.*** All five of the students discussed feeling confident, brave, or proud while presenting a piece of artwork illustrating compassionate individuals from their families and communities. For example, while describing his web of support, as seen in Figure 1, Arjun said “it is a web of all the people we care about like my mom and my first-grade teacher and my big sister and other people.” When asked why

he included those individuals in his web of support, he explained, “because they support me.” When asked to use the poster of emotions to describe how he felt while drawing his web of support, he said, “I pick proud and happy because I am happy to have such a great family.” During the web of support activity, Arjun felt proud while thinking of his support system.

Likewise, Naomi discussed her artwork, as seen in Figure 2, with a tone of excitement and pride. She said,

So this is my roots of compassion. So on like the roots I wrote grandpa, grandpa, helping people for good, church, aunties, and uncles, Rosa Parks, charity, and then aunts and uncles ... cus that’s the people who teach me stuff like I put helping homeless for good cus like my aunties and uncles and me, we went to go feed the homeless.... It like made me be confident in myself and so yeah.

When asked to pick out two emotions to describe how she felt while drawing her roots of compassion picture, Naomi said “proud and brave.” During these projects, participants celebrated the sources of compassion in their families and communities.

***Feeling proud of myself.*** Three of the students discussed feeling proud of themselves during their artwork presentations. For example, while presenting a picture illustrating a compassionate act, Arjun said,

I draw me smiling cus I am happy to help him and him frowning cus he is sad ... that someone took his toy.... I felt proud cus I am happy. Proud to help my brother. It felt nice.

Arjun presented a picture, shown in Figure 3, of himself offering compassion to his brother. Arjun felt happy and proud while drawing this picture.

Likewise, Jasmine described her artwork, as seen in Figure 4, depicting her family supporting homeless individuals in her community. She said,

I am proud to help the homeless with my cousin and my grandma and I am brave cus I did it for the first time. My sister helped the homeless with her school and that made me feel happy. If like my sister do it and I can do it too and that makes me feel happy.

While reflecting on the emotional experience of creating the drawing, Jasmine said she felt proud and brave. These art projects encouraged students to take pride in their own acts of kindness and compassion.

***Cultivating feelings of peacefulness.*** Three participants reported feeling peaceful while creating or reflecting on their artwork. While presenting a drawing he made about compassion, Daniel said,

My brother got hurt, so I got the teacher and this is her. So I told the teacher. I didn’t know how to draw her so this is how I drew her.... His mouth is like this cus he is hurt and I am smiling cus I am helping him cus I am happy to help him.

When asked to pick two emotions to describe how he felt while he was drawing the picture, Daniel chose “proud and peaceful.”

Jasmine chose to present a letter of gratitude that she wrote to her to her best friend. She decorated the letter and drew a picture at the top. She said,

It feels nice cus I like to write and I never get to write and I like to write letters to people who show me and stuff... [points to the letter and begins to read] “You are the best.

You’ve been there for me and you know I’ve been there for you.”

Jasmine was then asked to pick out some feelings to describe the emotional experience of creating the letter. She said, “happy and peaceful and, oh [emphasis added] brave, also brave because my dad always tells me to be brave cus sometimes I be shy.” In addition to feeling

proud and inspired while creating and presenting their artwork, these participants also felt a calm sense of peacefulness and joy.

**Confronting difficult emotions.** Certain art projects created opportunities for participants to reflect on and deepen their understanding of negative emotions. The identification and contemplation of difficult emotions was a recurring theme in participants' artwork presentations. This major theme involved two subthemes: (a) identifying difficult emotions and (b) exploring the thought-feeling connection.

**Identifying difficult emotions.** During their artwork presentations, three participants identified and illustrated a difficult emotion that they had experienced. For example, Anthony presented a drawing, shown in Figure 5, illustrating an act of self-compassion. Anthony drew himself practicing the mindful tool, imagine a friend, to cope with feelings of frustration that arose while completing his homework. While reflecting on the emotional experience of drawing this picture Anthony said he felt,

Worried cus like I don't know if I will make it to middle school and that has pretty much never happened to me where I am like worried if I am gunna have to be like sent back to do it again.

Anthony illustrated himself feeling frustrated during an assignment and, while presenting this picture, expressed feeling worried about his school performance more broadly.

Naomi also presented a picture illustrating an act of self-compassion. In her picture, Naomi drew herself practicing a mindful tool to cope with feelings of nervousness and stage-fright. During her presentation, she said "so like that's me on the stage and I was doing like feeling nervous and that's some of my family." These participants used their self-compassion art projects to identify and contemplate difficult emotions.

**Exploring the thought-feeling connection.** Two of the participants explored the connection between their thoughts and feelings during artwork presentations. As Anthony continued to describe his experience of creating his drawing of self-compassion, he said,

It felt like my mindset is like believe in yourself and I like am gunna make it.... It's like if I keep digging down about my bad thoughts, then I might not find compassion for myself ... like thinking about bad things that happen to my family. If I think happy thoughts, then I go up from digging.

Anthony discussed the interaction between his thoughts and feelings with the metaphor of digging. In his metaphor, he digs deeper into his feelings of sadness or worry as he contemplates negative thoughts. As he ruminates on negative thoughts related to his family, his feeling of sadness and worry worsen. However, he explained that he can interrupt this cycle and promote happiness by changing his "mindset" and by reminding himself that he is "gunna make it." On his picture, Anthony also wrote the words "I have faith in you."

Naomi also discussed the interaction of her thoughts and feelings while presenting her self-compassion picture. Naomi drew herself on stage before a performance. She explained,

I felt nervous and I need to be confident for myself. So then I was hoping to myself that "I can do this, I can do this" and then I started to do this [perform on stage].

Naomi illustrated herself using self-talk to regulate her emotions in this stressful experience. Naomi was not only nervous about performing but also worried that people would judge her for her feelings of nervousness. She explained how she "thought that like some people would say like 'how would you be nervous on the stage? nobody is nervous on the stage.'" Despite her fears, Naomi said she also felt "peaceful" in the picture "cus I knew if someone said that, I could just ignore it and I knew I was being calm and not nervous a lot." Naomi considered two

strategies for responding to her feelings of nervousness. First, she could remind herself of her ability to perform by thinking “I can do this.” Next, she could remind herself of her ability to ignore criticism from others. In response, Naomi explained that she would be able to decrease her feelings of nervousness and promote her feelings of calmness. Both participants demonstrated, through examples, the connection between their thoughts and feelings.

## Observations

Participants expressed negative emotions during the intervention on eight occasions. The audio-recordings of these moments were transcribed and analyzed for themes. Three major themes were identified through the analysis of these observations: (a) a culture of compassion and humor, (b) experiential learning, and (c) conflicting values. As seen in Table 3, each major theme corresponded with its own set of subthemes. For the purpose of brevity, I have included a limited selection of the available quotes supporting each theme.

**A culture of compassion and humor.** A pattern emerged in how participants responded to negative emotions expressed throughout the intervention. On the fourth session, Daniel entered the room teary eyed and frowning. This was the first instance of a student communicating a negative emotion during a group session. In response, the other participants were prompted to think of a way to offer Daniel compassion. Some participants decided to cheer Daniel up by telling him jokes. Daniel laughed and reported feeling “a little better.” As the intervention progressed, participants began to use this moment of offering compassion through humor as a model for offering compassion to others. During the second half of the intervention, the group began to utilize other strategies for offering compassion but only after humor had already been attempted and deemed ineffective. This major theme included two subthemes: (a) exploring compassion through humor and (b) exploring compassion with other strategies.

**Exploring compassion through humor.** The use of humor to offer compassion to individuals in group was a recurring theme. On all eight observations, participants either told a verbal joke, made silly noises, or made silly faces in an attempt to support a fellow participant. For example, on the sixth session, Jasmine entered the counseling room and began to cry. Jasmine’s expression of sadness prompted Daniel to reflect on what had occurred one week earlier when he became upset during group. Daniel asked the group “What about like last time when I was getting mad? We could make a funny face.” In response, Arjun told a joke in an attempt to make Jasmine laugh. He asked the group “Why did the chicken cross the road? To get to the other side. I got another one. What’s a car’s favorite book? An autobiography.”

Participants also used humor to offer compassion to Anthony on the ninth session. Anthony stopped working during a group activity and said “I can’t really like think of anything because it’s like my parents really argue. They don’t like do anything else.” Anthony explained that he was feeling “sad” and, in response, Arjun decided to tell a joke. Arjun said, “What’s a frog’s favorite exercise? Jumping jacks.” Next, Jasmine began to sing in a funny voice. She chanted “Amazing grace, how sweet the sound.” After hearing the jokes and Jasmine’s signing, Anthony began to laugh. During every observation, the group responded to expressions of negative emotion with attempts to offer compassion through humor.

**Exploring compassion with other strategies.** Although humor was always the first strategy for offering compassion during group, it was not always an effective strategy. Sometimes participants did not want to hear a joke while they were feeling sad or frustrated. During the second half of the intervention, group members began to ask each other to offer

compassion without humor. Participants responded by flexibly brainstorming and attempting new strategies for compassion.

The first instance of the group deviating from humor occurred on the tenth session. During a group activity, Naomi began to cry and explained that she was feeling “sad.” In response, Arjun asked her if she would “wanna hear a joke?” Naomi shook her head side to side to indicate that she did not want to hear a joke. Next, Anthony suggested that the group should “say something nice for them. Make them feel confident.” Following Anthony’s suggestion, the group began to give Naomi compliments. Jasmine told Naomi, “You are so beautiful and I like your smile and you always look cute.” Arjun said, “I like your shoes,” and Daniel said, “You are nice a lot.”

Likewise, on the 18<sup>th</sup> session, Daniel began to cry and explained that he was feeling “sad.” Immediately, Anthony began to make silly noises. He said “goo goo goo goo boo bing bing” but Daniel did not respond. Daniel shook his head side to side to communicate that he did not want to hear a joke. The group was then prompted to brainstorm other strategies for offering compassion to Daniel. Arjun suggested that the group could “ask him what is going on” and Naomi suggested that the group could “do a mindful tool.” Over the course of the intervention, a pattern emerged in how the group offered compassion to each other. The primary strategy for offering compassion was always humor. However, during the second half of the intervention, participants became less receptive to receiving compassion through humor. In response, student would brainstorm and attempt alternative strategies for offering compassion.

**Experiential learning.** On all eight instances of a student expressing a difficult emotion, the group practiced an important skill from the intervention. On three of the observations, the group even discussed and reflected on the skills they had just practiced. These moments offered opportunities for participants to deepen their understanding of emotions and to practice compassion in real time. This major theme included three subthemes: (a) practicing compassion, (b) discussing emotions, and (c) reflecting on doing.

**Practicing compassion.** On all eight observations, participants practiced offering or receiving compassion. On five of the observations, one or more prompts were required to guide group members to offer compassion to the individual who was upset. For example, on the fourth session, Daniel began to cry. I then prompted the group to think of “one thing we can do to make Daniel feel better.” In response, Arjun suggested that the group should “look out for him” and Naomi suggested that the group should “tell a funny joke.” Next, Anthony asked the group “Why did the chicken cross the road? Because he had a bloody nose.” Expressions of negative emotions during group created opportunities for participants to practice offering compassion to others with scaffolding.

However, participants did not always require scaffolding to begin supporting one another. On three occasions, group members began to offer compassion to a fellow participant without prompting. For example, on the 18<sup>th</sup> session, Daniel began to cry after the group voted in favor of playing a game that he did not want to participate in. In response, Anthony immediately began to make funny noises in an attempt to support Daniel in feeling happier. Anthony practiced compassion without prompts or guidance. He was accustomed to practicing compassion through humor and offered compassion to Daniel on his own.

**Discussing emotions.** During seven of the eight observations, one or more participants practiced emotion identification or engaged in a discussion about emotions. For example, when Daniel began to cry during the fourth session, I prompted him to “pick two feeling words from



the emotions poster to describe how you feel.” In response, Daniel walked over to the poster of emotions and picked “sad and uncomfortable.”

Expressions of negative emotions also led to rich discussions of the universality of challenging experiences and difficult feelings. For example, in session nine, Anthony expressed feeling sad because his parents had been arguing at home. I explained to the group that “sometimes parents argue and it can be really difficult for us.” I also asked the group, “Who else has heard your parents argue before?” Daniel responded, “Me,” and Naomi said “I have.” I then asked the group, “How does it feel when we hear our parents argue?” Arjun said “sad” and Naomi said “angry.” Anthony said that he was feeling “sad” as well. This moment not only offered Anthony a chance to identify his feelings but also offered the group an opportunity to collectively normalize Anthony’s experience.

**Reflecting on doing.** On three observations, participants were guided to reflect on the experience of practicing an important skill from group. For example, on the sixth session, the group told jokes in an attempt to make Jasmine feel happier. Afterwards, I asked the group “What did we just do?” Anthony answered “give her joy” and Arjun said “compassion.” On this observation, the group reflected on a compassionate interaction moments after it occurred. They not only practiced compassion but also deepened their understanding of what compassion is.

Similarly, when Jasmine became upset during the eighth session, the group made funny faces in order to support her. I then asked the group, “What do we call what just happened,” and Naomi answered “compassion.” Next, I asked Naomi, “How did it feel to offer Jasmine compassion,” and she answered “happy and helpful.” With guidance and prompting, Naomi was able to reflect on the emotional experience of offering compassion to another group member.

**Conflicting values.** During two observations, Jasmine expressed feeling concerned that the group was discussing a topic or acting in a manner that conflicted with her own values. One example of this occurred on the ninth session when Anthony said he felt “sad” because his parents had been arguing at home. Although some participants began to brainstorm strategies for offering Anthony compassion, Jasmine objected to the discussion. She explained, “My family said not to talk about things like that.” As the group continued to discuss the experience of witnessing parents argue, Jasmine shouted “It’s none of your business.” Although this discussion was intended to support Anthony by offering him compassion and normalizing his experience, Jasmine felt the content of the discussion was too personal for school. Jasmine valued privacy and became upset when the group discussed information she considered to be private.

Another conflict occurred on the 18<sup>th</sup> session when Daniel began to cry after the group voted to play a game that he did not want to participate in. Although some participants began to offer Daniel compassion without prompting, Jasmine did not feel like compassion was an appropriate response. She explained, “Well life is unfair sometimes.” Anthony attempted to persuade Jasmine to empathize with Daniel and said, “Come on Jasmine, don’t do that ... you can’t just say that like that just like right here.” Jasmine was unmoved. She replied, “Well that’s how my family come to me and that’s how other people are gunna come.” Although some participants had become accustomed to offering compassion to group members who felt sad, Jasmine did not agree that compassion was justified in this instance. According to Jasmine, people experience many injustices and inequalities throughout life and, therefore, Daniel should not expect to receive compassion simply because he did not get his way. Jasmine felt it was more important to have realistic expectations about fairness in the world than to offer Daniel compassion in this moment.

## Field Notes

Three major themes were identified from the analysis of field notes: (a) the importance of relationship building, (b) the need for cultural humility, and (c) the importance of self-care. As seen in Table 4, two of the major themes contain a set of subthemes but one theme, cultural humility, does not contain subthemes. For the purpose of brevity, I have included a limited selection of the available extracts supporting each theme. In addition to using pseudonyms to protect the identities of participants, pseudonyms are also used to protect the identities of participants' teachers.

**The importance of relationship building.** The value of building relationships with important adults in participants' lives was a recurring theme in my field notes. These relationships helped me understand and support participants throughout the intervention. This major theme included two subthemes: (a) building relationships with parents and (b) building relationships with teachers.

***Building relationships with parents.*** By communicating with participants' parents consistently, I gained the trust of parents, learned about the history of each participant, and received feedback about the intervention itself. For instance, through my consistent contact with Naomi's mother, I developed a better understanding of Naomi's family history, as well as her internalizing symptoms. After the 15<sup>th</sup> session of the intervention, I wrote,

The conversation I had yesterday with Naomi's mom clarified so much about Naomi's behavior. During the pre-intervention interview, Naomi's mom did not share any of this [Naomi's trauma history] with me. I feel grateful that she is comfortable sharing Naomi's experiences of grief and loss with me now so I can connect this information to what happens in group. Naomi visited her sister's grave yesterday. Today in group she was sad and distant. At the end of the session she asked if she could add an agreement about 'not giving up on hard times' to the group constitution.

Naomi's mother trusted me more as the intervention progressed and, subsequently, she shared more information with me about Naomi's past. These conversations provided me with a context to better understand Naomi's behaviors.

Similarly, the conversations I had with Daniel's mother informed my understanding of his experience in the intervention. For example, Daniel's mother updated me whenever Daniel used his mindful tools at home. She also gave me feedback about a specific activity that made Daniel upset. After consulting with Daniel's mother on the fifth week of the intervention, I wrote,

I feel great that Daniel showed his mom the tools and that he is using them at home. I am also glad she told me that he felt left out during the art activity when I asked everyone to draw their families. Consultation has been so valuable as a source of information about these kids, how they are generalizing the skills, and how I can improve the intervention.

This conversation led me to have a follow-up conversation with Daniel to learn more about why the activity had made him upset. By having ongoing contact with parents, I stayed up to date on the stressors in participants' lives, strengthened my understanding of their presenting problems, and improved the intervention.

***Building relationships with teachers.*** In my field notes I also discussed the importance of the relationships I built with participants' teachers. I wrote about my feelings of gratitude for the teachers who were willing to make time collaborate with me. For example, before the

intervention began, I interviewed teachers at the site to identify students that might be a good fit for the intervention. After one of these interviews, I wrote,

I am so glad I helped Ms. Smith set up her classroom last week. She is so busy and tired from the first week of school. I could tell she was eager to get back to prepping for lessons but she took time out of her day to talk to me about her students. Without her, I wouldn't know who to recruit for the group.

I relied on the fourth-grade teachers to support me in finding students that would be a good fit for the intervention. I felt I was able to gain their trust and increase their willingness to collaborate with me by supporting them in their classrooms.

Maintaining a strong relationship with the teachers continued to be an important part of facilitating the intervention throughout the entire project. During our seventh consultation session, Ms. Walter and I brainstormed ways to support students in using their mindful tools to deal with difficult emotions in the classroom. After the consultation session, I wrote "I am glad Ms. Walter and I have built a strong rapport. She is open to new strategies for supporting the students in using the mindful tools in class. She spent her whole lunch working on this." I could not have facilitated the intervention without the help of the teachers. It was necessary to build and maintain trusting relationships with them.

**The need for cultural humility.** Another recurring theme in my field notes was cultural humility. I wrote about the need to become more aware of my own cultural biases, as well as the need to be oriented towards the cultural identities and values of the participants. For example, when Anthony expressed feeling sad about an argument that occurred between his parents, I guided participants to offer Anthony compassion and attempted to normalize his experience. However, Jasmine became resistant to the discussion because she felt I was asking the group to share personal information. She explained how her parents had advised her to refrain from discussing personal information at school.

After this session, I wrote,

I made an assumption that the students would be comfortable with a discussion about parental conflicts. In retrospect, the conversation may have been more successful if I had begun by reassuring everyone that they did not have to share anything that they did not feel comfortable sharing. Additionally, in the future I should remind students about relevant group agreements, such as confidentiality, when sensitive topics come up.

Family privacy is clearly important to Jasmine. This was probably a blind spot for me because my parents never felt compelled to emphasize privacy to the same degree as Jasmine's parents. It is a privilege to have parents who have always been treated well by the school system and who, subsequently, trust the school system.

Although the discussion felt comfortable for me, it did not feel safe for Jasmine. Our different reactions to the topic were likely due to differences in our upbringings. In my field note that day, I focused on the importance of honoring Jasmine's preferences about privacy and sharing, which I felt I had overlooked. I also brainstormed strategies to support her in feeling comfortable when sensitive discussions came up in the future.

During another group session, Daniel became upset after the group voted to play a game that he did not want to participate in. In response, participants began to offer Daniel compassion and I praised them for their kindness. However, Jasmine was again resistant to the discussion. She felt like Daniel was unreasonably upset over an insignificant problem. Jasmine explained how her parents taught her to have realistic expectations about fairness and to be tough when small problems occurred. After the session, I wrote,

When Daniel became upset, I was excited that the group began to offer him compassion. However, in that moment I did not consider Jasmine's perspective. To Jasmine, it was more important for Daniel to be tough and to adapt on his own. Her feelings were based on lessons from her parents about how "life is unfair." I need to remember to honor other values, such as toughness, which have been important for Jasmine growing up in her environment. I need to remember that I can value compassion and toughness at the same time. It is also important to help participants differentiate between big and small problems. Jasmine will likely appreciate this.

In this field note, I described the need to model compassion in a manner that was more accessible to Jasmine. For example, if I had guided participants to empathize with Daniel but also reminded Daniel of his own resilience and ability to handle small problems, Jasmine may have been more comfortable with the discussion. Such an interaction would have still been an example of compassion as long as it involved an awareness of Daniel's suffering, as well as a desire to help him feel better.

**The importance of self-care.** A third major theme identified in my field notes was the importance of self-care. This theme describes the difficult emotions I felt while facilitating the intervention and the strategies I used to cope with these emotions. This major theme includes two subthemes: (a) emotional impact and (b) self-care strategies.

**Emotional impact.** Following group sessions, teacher consultations, and parent consultations, I reflected upon my own emotional state. Sometimes, I discussed feeling sad, frustrated, or worried in response to specific conversations. For example, during the seventh week of the intervention, I reflected on my experience of learning about Naomi's family history and the loss of her sister. After a consultation session with her mother, I wrote,

Naomi was so young when she saw the incident. The story is affecting me. I don't feel like doing anything tonight or talking to any of my own housemates. I just kinda feel like watching TV and going to bed early. It is just such a sad story.

After Naomi's mother told me the details of her sister's death, I felt sad and lethargic. Moreover, I expected this sluggish feeling to last for the rest of that day.

In other field notes, I discussed feeling exhausted from the more general experience of balancing my job as a school psychologist with my work conducting this intervention. For example, after the eighth session of the intervention, I wrote,

I do not feel like I had the patience or focus that I normally do. When Jasmine kept getting distracted, I just felt so frustrated. I usually am calmer and more patient. I think I am just tired from the long week. On Tuesday, I broke up a fight, conducted a suicide risk assessment, and didn't leave the school till nearly 6 pm.

In addition to feeling the impact of the stressful conversations I had with participants, teachers, and parents, I also felt exhausted by the many other responsibilities I had as a school psychologist. In my field notes, I described how the accumulation of work-related stressors made it challenging to facilitate the group intervention.

**Self-care strategies.** In order to cope with difficult emotions and work-related stressors, I would meditate and exercise. In my field notes, I discussed how these self-care strategies offered me benefits. Sometimes, I wrote about using the same mindful tools I had taught the participants in order to cultivate feelings of confidence and calmness prior to group sessions. Other times, I described practicing other mindfulness and compassion meditations, which I had learned in previous experiences. I felt that these meditations helped me stay energized and supported me in processing difficult emotions.

For example, after the 12<sup>th</sup> session, I wrote, Before group, I was feeling distracted and inattentive. My mind was racing. I was so worried about writing that report for tomorrow and I was having trouble getting in the right mindset for group. Meditating helped. I hadn't been able to focus like that in a while. I meditated on the tightness in my chest and shoulders. This is where I felt the anxiety. At first, it was uncomfortable but, after a few minutes, the feelings began to diminish. Eventually, I could not feel them [the anxious feelings]. I felt a very light and joyful spaciousness in their place.

In this field note, I reflected on my own experience of using a meditation to cope with difficult emotions in preparation for facilitating the group. I noted that, for much of the meditation, I felt uncomfortable. However, at the end of the meditation I described feeling happy and less worried about my other responsibilities.

In other field notes, I discussed using exercise as a coping strategy. After Session 13, I wrote how "I feel tired and dazed. It was so hard to keep all the kids focused. I am excited to go climbing. It always re-energizes me." In my field notes, I discussed using exercise to restore my energy when I felt tired from work. My own self-care practices helped me process negative emotions, cope with stress, and remain positive throughout the intervention.

## **Bracketing**

In this section, I summarize assumptions, confusions, and emotional reactions described in my bracketing journal. The bracketing journal helped me identify some of the ways in which my biases influenced my reading of the transcripts. This process improved the precision of my findings and strengthened the accuracy of the analysis.

Perhaps unsurprisingly, one of my biases highlighted in the bracketing process was my desire to facilitate a successful intervention. During the analysis, I reacted with pride and excitement as I read statements that I considered to be evidence of the intervention's success. Prior to the study, I was aware of my own desire to conduct an effective intervention but, as I bracketed these emotional reactions repeatedly, I gained a better understanding of the pervasiveness of this bias. To ensure that my interpretations were grounded in the content of the transcripts and not my own desire to be an effective practitioner, I reviewed these segments of the transcript several times and discussed them with my colleague.

Other important insights were discovered as I journaled about feelings of confusion that arose during the analysis. Upon further review, I found I was often confused when my own biases had distorted my interpretations of participants' remarks and artwork. For example, while reading over the artwork presentations, I noted feeling confused that Daniel, who identified as Muslim and of Ethiopian descent, and Arjun, who identified as Hindu and of Indian descent, had not included any religious or historical figures on in their roots of compassion drawings. In contrast, Naomi, Jasmine, and Anthony, who identified as African American and Christian, had each written the names of religious figures or cultural icons, such as Rosa Parks, Martin Luther King Jr., Michelle Obama, or Jesus Christ. I wondered if I had not explained the activity well to Daniel and Arjun. I even wondered if they were simply less engaged in the activity than the three other participants. Upon further reflection, I realized that I had made assumptions about how each participant would respond to the roots of compassion activity. I assumed the activity would prompt Daniel and Arjun to recall Indian, Hindu, Muslim, or Ethiopian individuals who

were well known for their compassionate values. Instead, Daniel and Arjun focused on relatives and community members who taught them about the importance of charity and helping others.

By assuming Arjun and Daniel would include religious figures or cultural icons on their roots of compassion trees, I was also making assumptions about the role of religion and culture in each participants' upbringing. However, just because a participant is Muslim, does not mean that the Prophet Muhammed will be a salient religious figure that she decides to include on her roots of compassion tree. My assumptions were likely routed in my desire to create an activity that was culturally relevant to the diverse group of participants in the study. I hoped each participant would include at least one well known individual from her sociocultural background in her artwork to demonstrate the cultural relevance of the activity. The feelings of confusion that arose in reading these transcripts were important to label. By bracketing my feelings of confusion, I was able to identify some of my own biases and enhance the clarity of the analysis.

### **Discussion**

The primary aim of the present study was to explore student experiences in a targeted compassion-based intervention for children with internalizing symptoms. An interpretive phenomenological analysis of semi-structured interviews identified three major themes regarding student experiences in the intervention. The first major theme, the group as a community of playfulness and creativity, emphasized how opportunities to play and be creative were central to the positive experiences reported by participants. Games, art projects, and playful interactions supported the participants in learning about compassion, mindfulness, and emotions. The second major theme, the group as a safe space for social-emotional learning, highlighted the trust and comfort participants felt in group. This sense of trust and comfort enabled participants to feel safe discussing and learning about emotions and relationships. The third major theme, varying needs for generalizing their new skills to other environments, described the different experiences students had utilizing skills learned in group in other settings. For example, although some participants found it easy to practice their mindful tools at home or in the classroom, others did not.

Participant experiences of particular art activities were examined through a collaborative analysis of artwork presentations. Two major themes were identified in the analysis of artwork presentations. The first major theme was titled a peaceful sense of pride. Participants reported that art projects cultivated feelings of pride and bravery, as well as feelings of comfort and peacefulness. The second major theme, confronting difficult emotions, described how some participants identified and examined their own negative emotions while creating their artwork.

A second aim of the study was to provide rich and detailed accounts of participants' interactions during the intervention with a special focus on participants' responses to expressions of negative emotions. Three major themes were identified from the analysis of observations. The first theme, a culture of compassion and humor, highlighted participants' consistent use of humor as a strategy for supporting fellow group members. Participants did explore other strategies for offering compassion, such as reassurance and compliments, but humor was always the initial strategy that participants would attempt. The second theme, experiential learning, detailed how participants practiced important skills, such as compassion and emotion identification, during each instance of a student expressing a negative emotion. On three observations, participants even engaged in a reflective discussion about the skills they had just practiced. The third theme was titled conflicting values. This theme described how, on two

observations, one participant became resistant during a group discussion because she felt the conversation was in conflict with her own values.

The third and final aim of the study was to gather a rich and detailed description of my own experience facilitating the intervention. The thematic analysis of my field notes revealed three major themes regarding my experience. The first theme, the importance of building relationships, emphasized the importance of having strong relationships and consistent communication with the parents and teachers of the participants. I felt that these relationships and interactions were fundamental to the success of the intervention. The second major theme, the need for cultural humility, highlighted the need to reflect on my biases and to be oriented towards the cultural identity and values of each participant. The third major theme, the importance of self-care, described the difficult emotions and work-related stressors that I experienced while facilitating the intervention, as well as the strategies I used to process those emotions and to remain energized.

## Implications

**Designing interventions for children.** Previous researchers have posited that adult compassion-based interventions can be adapted for youth in ways that children and adolescents find engaging and helpful (Ozawa-de Silva & Dodson-Lavelle, 2011). The findings from the current study provide useful information for researchers and practitioners designing similar interventions for children in the future. While reflecting on their favorite memories from the intervention, participants focused heavily on activities that involved creativity, as well as activities that were playful. Participants especially enjoyed learning about compassion through humor. However, humor will not always be an effective strategy for offering compassion. Practitioners should be prepared to encourage students to brainstorm other strategies for practicing compassion when humor seems like an inappropriate response. By responding to suffering with humor, it is also possible that participants were bypassing difficult emotions, avoiding empathy, or responding in a superficial manner. Participants who have a fear of compassion, could have been using humor to circumvent affiliative states. For these reasons, it is important that participants develop the ability to offer compassion using a variety of methods. Overall, humor appears to be helpful at the beginning of a compassion-based intervention to introduce children to compassion in a manner that feels familiar and comfortable. However, participants should be taught to check-in with the suffering individual before offering them compassion through humor and to use other strategies for offering compassion.

Ozawa-de Silva and Dodson-Lavelle (2011) also described how participants in cognitively-based compassion training for children were able to engage in short mindfulness exercises focused on physical sensations. The participants of this study were able to learn and use three short mindfulness exercises focused on the breath or other bodily sensations. Participants also learned two short exercises on self-compassion. Participants reported that these tools were helpful for regulating difficult emotions, such as sadness, worry, fear, and frustration, as well as restlessness and hyperactivity. Compassion-based interventions can be adapted to create programs for children that are engaging, useful, and developmentally appropriate.

**Compassion, mental health, and stress.** There is preliminary evidence that compassion-based interventions for youth can reduce symptoms of psychopathology (Bluth et al., 2016; Reddy et al., 2013) and improve physiological responses to stress in participants (Pace et al., 2013). The themes identified in this study describe several possible mechanisms through which

compassion-based interventions could improve children's outcomes in these areas. For instance, participants reported that the mindful tools were helpful for managing a variety of emotions and dealing with an array of stressful situations. Participants also noted that the group agreements fostered a sense of safety and trust, which allowed them to feel comfortable learning about and discussing sensitive topics, such as emotions and relationships. By teaching students to use tools that support them in regulating difficult emotions and by providing them with a safe space for social-emotional learning, compassion-based interventions may support the psychosocial wellbeing of participants.

Experiential learning and art projects represent additional therapeutic components of the intervention. During art activities, participants confronted their negative emotions through a creative medium. By illustrating stressful experiences and drawing acts of self-compassion, participants imagined offering themselves compassion and coping with feelings of worry, sadness, frustration, and fear. Throughout the intervention, participants also practiced important skills from the group in real time. Whenever a participant expressed a negative emotion, the group engaged in an experiential learning process whereby they practiced offering or receiving compassion or identifying their emotions. Sometimes, immediately after practicing compassion, participants would engage in a reflective discussion. All of these activities and experiences are potential pathways through which compassion-based interventions may decrease internalizing symptoms and improve participants' responses to stress.

**Compassion and prosocial behaviors.** The findings from this study are also in agreement with preliminary research suggesting compassion-based interventions can promote prosocial behaviors (Kemeny et al., 2012; Weng et al., 2013). During observations, participants brainstormed and practiced strategies for offering each another compassion. By practicing compassion in real time and then reflecting on the experience, participants may become more comfortable offering and receiving compassion. Thus, experiential learning represents a potential pathway for promoting prosocial behaviors in participants.

Participants also discussed using mindful tools in a variety of social contexts to cope with feelings of frustration and anger. As participants use their mindful tools to regulate their emotions while playing sports, participating in games at recess, and spending time with family, they may become more joyful, compassionate, and open to prosocial interactions with others. Compassion-based interventions may also promote prosocial behaviors by teaching students useful tools for regulating their emotions in social situations.

**Neurophysiological systems.** From the evolutionary perspective, compassion-based interventions support participants by restoring balance to their neurophysiological emotion systems (Gilbert, 2014; Irons, 2014). As a participant cultivates feelings of compassion, she activates her soothing and contentment system, which regulates negative emotions from the threat-protection system and supports her in connecting with others (Gilbert, 2014; Irons, 2014). Findings from the current study are in agreement with the evolutionary perspective on compassion-based interventions. Participants reported feeling comfortable and peaceful while creating artwork focused on compassion, suggesting that the art projects activated participants' soothing and contentment systems. Participants were also taught mindful tools, which included both mindfulness and self-compassion exercises. Participants found the mindful tools to be useful for regulating difficult emotions from the threat protection system, such as fear, worry, and self-doubt.

**Cultural humility.** Ozawa-de Silva and Dodson-Lavelle (2011) mentioned the need to improve the cultural relevance of compassion-based interventions for diverse youth. Findings



from the current study provide practical tips for facilitating compassion-based interventions that are oriented towards the cultural identities of diverse children. For example, in their artwork presentations, participants reported feeling proud and brave while illustrating the sources of compassion in their own families and communities. Activities that honor the compassionate figures in participants' lives may strengthen the cultural relevance of similar interventions in the future.

Findings from observations and field notes suggested further strategies for improving the cultural relevance and cultural humility of the intervention. While encouraging students to participate in intimate discussions about their own emotions and relationships, special attention must be given to honoring sociocultural or personal differences surrounding issues of privacy and trust in schools. One of the participants of this study reported that her parents instructed her to avoid sharing personal information at school. To her dismay, other participants openly discussed personal topics with the group. It is always important to honor a student's desire to not share private information and to respect the historical context behind that student's beliefs about privacy and trust in schools. A student's desire to not share private information could be grounded in her personal experiences, family teachings, or larger sociocultural context. For example, Diamond and Gomez (2004) explained how some working-class African American families find it difficult to trust schools and educators because of the history of racism and discrimination in the American education system. In addition to validating and accepting each participants' stance on sharing personal information in a school-based counseling group, steps can be taken to support students in feeling safe when personal topics are brought up. Practitioners can remind students about confidentiality and assure students that they will not be forced to share information that they feel uncomfortable sharing.

Similarly, while encouraging participants to respond compassionately to expressions of negative emotions during group, it is important to respect how each participant understands fairness and differentiates between small and big problems. For example, one participant felt frustrated that the group was offering compassion to a student who had experienced what she felt was a small problem. In responding to her resistance, it was important to validate and respect her interpretation of the situation. A student's willingness to offer compassion to others who are experiencing small problems could be grounded in her personal experiences, family teachings, or larger sociocultural context. For example, Collins (2016) explained how members of racial ethnic minority groups must prepare their children to anticipate unfair circumstances and discrimination at school and in the workforce. This participant's parents may have taught her to overcome small problems on her own in an attempt to prepare her for a world of injustice. If her parents were indeed teaching her this lesson in an attempt to help her avoid future suffering, this style of parenting would also be thought of as compassionate.

Practitioners should also consider integrating a lesson on small versus big problems into compassion-based intervention curricula. In this lesson, students could participate in an activity or discussion covering the subjective nature of suffering. For example, students could recall a problem that felt big to them but small to others. The lesson could also support students in learning compassionate ways to respond to peers who feel sad or worried, even if the problem seems small. In such situations, students can respond to one another by simultaneously offering compassion and by supporting each other's inner resilience. For example, a student could say, "I am sorry you feel sad right now. I also know how strong you are. Would it help to do a self-compassion tool? We can do it together if that helps."

**Generalizing skills to other environments.** Mendelson and colleagues (2010) discussed the importance of involving teachers in the implementation of mindfulness interventions to support the generalization of skills to the classroom setting. Likewise, my field notes described the importance of building relationships and consistently communicating with teachers to support students in using skills from group in class. Still, many participants expressed a need for more supports to help them practice their mindful tools in class. In future interventions, practitioners should consider providing one or two lessons on mindfulness and compassion to participants' entire general education classes to normalize the use of mindful tools in class and to decrease student fears about appearing off task while using a mindful tool. Additionally, if classrooms have a calm-down area, students could use an agreed upon signal to indicate to their teachers that they would like to go to that area to practice a mindfulness or self-compassion exercise.

Future interventions should also include more activities that prepare students for the end of the intervention. It may be helpful to conduct joint sessions with both parents and students to create a plan for how students will receive support at home once the intervention is complete. If necessary, students should be referred for continuing services.

**Burnout.** There is a shortage of school psychologists in the country and this shortage is due, in part, to the stressful nature of the job (Huebner, 1993). Organizational factors, including limited resources, ambiguous roles and job descriptions, and overwhelming assessment caseloads, all lead to burnout (Huebner, 1993). Interpersonal factors, such as a lack of supervision and peer support, as well as intrapersonal factors, such as low self-esteem and a lack of training, can also lead to burnout (Huebner, 1993).

In my field notes, I described the emotional impact of learning about the traumas that students had experienced, responding to crises, and having an overwhelming caseload. At times, I felt exhausted, sluggish, sad, or worried. My field notes also discussed two strategies that were helpful for coping with my job-related stressors. Through meditation, I was able to process difficult emotions, de-stress, and cultivate feelings of joy. Additionally, exercise helped me feel energized on days when I felt tired and sluggish. Supervisors should monitor the caseloads of their supervisees to ensure they are not feeling overwhelmed. Additionally, supervisors should make time to check-in with their supervisees on days when they have responded to a crisis or learned about a child's traumatic history. School psychologists should consider using relaxation techniques, meditation, exercise, and hobbies to cope with stress throughout the work week.

### **Study Strengths and Limitations and Conclusion**

It can be difficult for young students with internalizing symptoms to feel comfortable answering questions and sharing personal information with an adult. My training as a school psychologist prepared me to support participants in feeling comfortable during semi-structured interviews and artwork presentations. Additionally, because I also facilitated the intervention, I built a strong rapport with each participant prior to collecting the qualitative data. This rapport further supported participants in feeling comfortable and open to sharing their experiences.

Other strengths of the study included the small sample size and the use of four qualitative measures. The small sample size allowed for a rich and detailed examination of student experiences and student interactions. Each qualitative measure added a complementary perspective to the study, allowing for the examination of student experiences of the intervention,

student experiences of particular art activities, student interactions during group, and my own experience of facilitating the group.

The study was limited by my dual role as both the facilitator of the intervention and the researcher collecting qualitative data. Participants may have felt pressured to provide positive feedback to me about the intervention. In future studies, researchers should examine participants' experiences in a compassion-based intervention that they did not facilitate. Finally, because of the small sample size, the study could not assess the efficacy of the compassion-based intervention for improving participant's mental health, responses to stress, or prosocial behaviors. Quantitative studies with large sample sizes are needed to assess if compassion-based interventions lead to reliable improvements in important outcomes.

Compassion-based interventions are a promising targeted strategy for supporting the psychosocial wellbeing of children in schools. The qualitative findings from this study have implications for both research and practice. Further studies are needed to evaluate whether compassion-based interventions provide reliable benefits to children.

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## Appendix

### Mid-Intervention Interview Questions

1. Pretend I am a new kid at school. Tell me about the compassion group that you go to?
2. Tell me about a time that group was special or important for you?
3. Kind Warriors is part of a research study and I am looking for ways to make it better. What is something that you wish was different about group?
4. Please describe something you have learned from your family or community that reminds you of compassion or the things we do in group.
5. What is something that you hope group will help you with?

### Post-Intervention Interview Questions

1. Pretend I am a new kid at school who is curious about our group. What is this compassion group that you are in? What is it all about?
2. Please describe a time in group that was special or important for you.
3. Please describe a time in group that was hard for you.
4. Kind Warriors is part of a research study and I am looking for ways to make it better. What was something that you wish was different about group?
5. What was the last day of group like for you? How did it feel to end group?
6. Pretend I am a kid at school who has never heard of the word compassion. What is compassion? What is important about compassion?



Table 1

*Major Themes and Subthemes Arising from Analysis of Semi-Structured Interviews*

Major Themes	Subthemes	Participants
The group as a community of play and creativity	Enjoying the playfulness of activities	Naomi, Arjun, Jasmine, Anthony
	Using humor to offer compassion	Naomi, Daniel, Anthony
	Using art to practice and communicate	Naomi, Arjun, Daniel, Anthony
	A desire for more play	Naomi, Arjun, Daniel, Anthony
The group as a safe space for social-emotional learning	Creation of a safe space	Naomi, Arjun, Jasmine, Daniel, Anthony
	Learning about and experiencing compassion	Naomi, Arjun, Daniel, Anthony
	Managing difficult emotions	Naomi, Arjun, Jasmine, Daniel, Anthony
	Promotion of growth-mindset	Naomi, Daniel
Varying needs for generalizing their new skills outside the group	Needing more structure for generalization	Naomi, Arjun, Jasmine, Daniel, Anthony
	Skills generalize to other settings	Naomi, Arjun, Jasmine, Daniel
	Ambivalence about finding emotional support beyond group	Daniel, Anthony
	Hopefulness for the future	Naomi, Jasmine, Daniel, Anthony

*Note.* Semi-structured interviews were analyzed using interpretive phenomenological analysis to identify major themes and corresponding subthemes.

Table 2

*Major Themes and Subthemes Arising from Analysis of Artwork Presentations*

Major Themes	Subthemes	Participants
Experiencing a peaceful sense of pride	Celebrating sources of compassion in my family or community	Naomi, Arjun, Jasmine, Daniel, Anthony
	Feeling proud of myself	Arjun, Jasmine, Daniel
	Cultivating feelings of peacefulness	Arjun, Jasmine, Daniel, Anthony
Confronting difficult emotions	Identifying difficult emotions	Naomi, Daniel, Anthony
	Exploring the thought-feeling connection	Naomi, Anthony

*Note.* Artwork presentations were analyzed collaboratively to identify major themes and corresponding subthemes.

Table 3

*Major Themes and Subthemes Arising from Analysis of Observations*

Major Themes	Subthemes	Session
A culture of compassion and humor	Exploring compassion with humor	4, 6, 8, 9, 10, 13, 18, 19
	Exploring compassion with other strategies	10, 13, 18, 19
Experiential learning	Practicing compassion	4, 6, 8, 9, 10, 13, 18, 19
	Discussing emotions	4, 8, 9, 10, 13, 18, 19
	Reflecting on doing	6, 18, 19
Conflicting values	n/a	9, 18

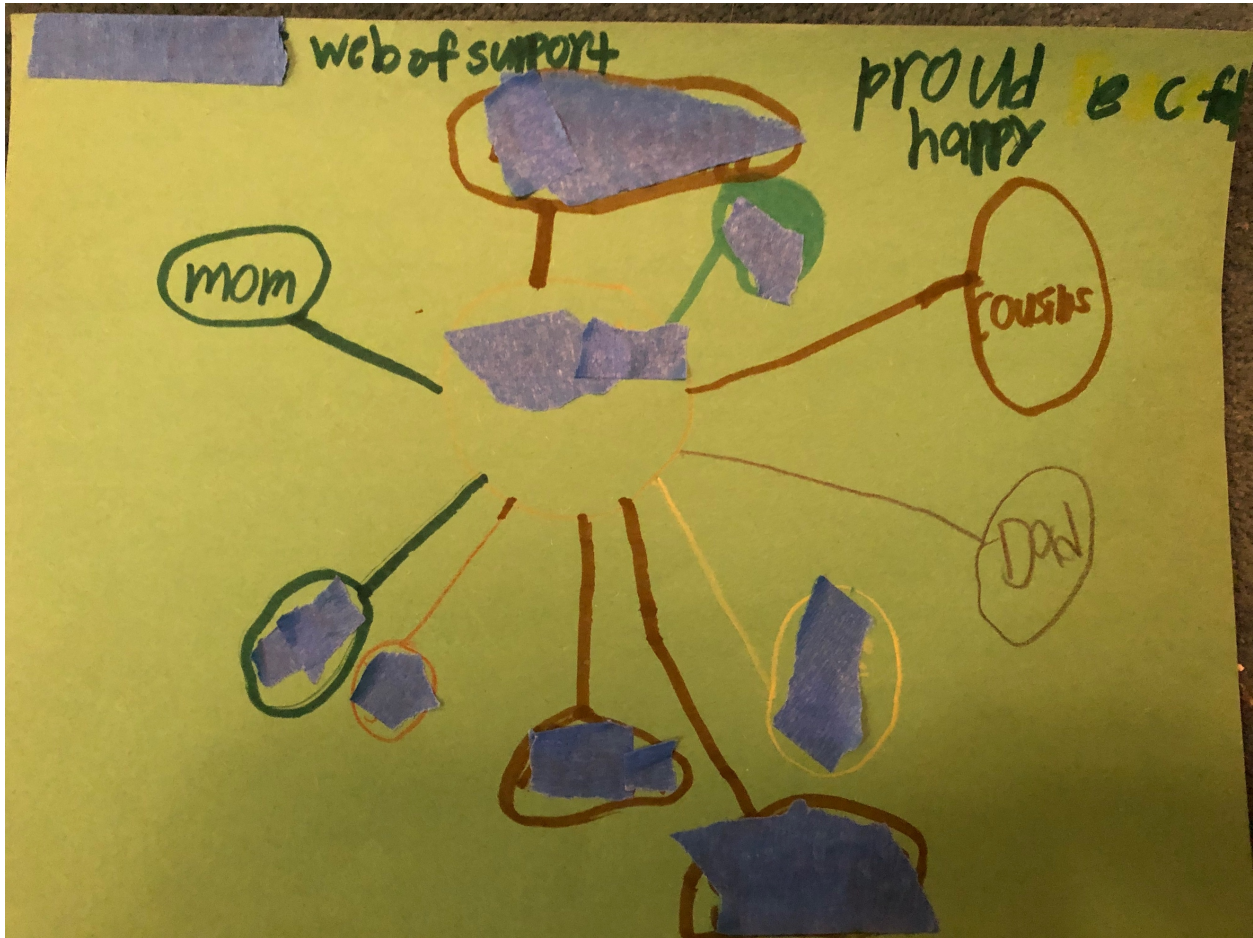
*Note.* Whenever a participant expressed a negative emotion during a group session, audio-recording were revisited and transcribed. These observations were analyzed for major themes and subthemes.

Table 4

*Major Themes and Subthemes Arising from Analysis of Field Notes*

Major Themes	Subthemes	Frequency
The importance of relationship building	Building relationships with parents	32
	Building relationships with teachers	26
The need for cultural humility	n/a	7
Importance of self-care	Emotional impact	15
	Self-care strategies	12

*Note.* A total of 71 field notes were written. Twenty were written immediately following group sessions, 16 were written after teacher consultation sessions, and 29 were written after parent consultation sessions. In addition, six field notes were written immediately following important interactions with teachers or parents during the pre-intervention stage. Field notes were analyzed for themes to examine my own experience of facilitating the intervention. The total number of field notes corresponding to each theme are listed in column three.



*Figure 1.* In his web of support, Arjun illustrated his family members and friends who supported him.



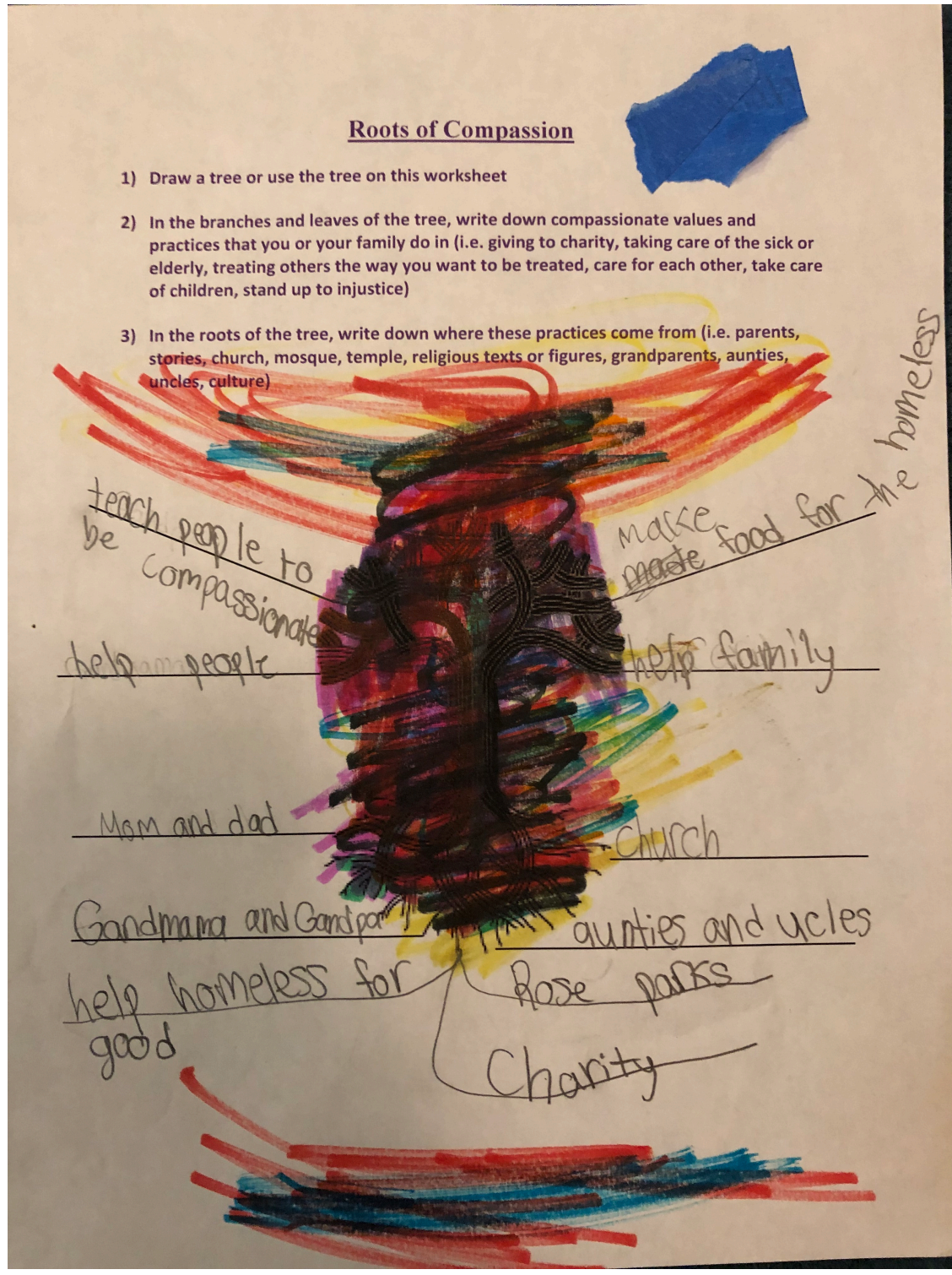


Figure 2. In the branches of her roots of compassion tree, Naomi wrote compassionate practices and traditions that her family engages in. In the roots of the tree, she drew the sources of these compassionate practices.



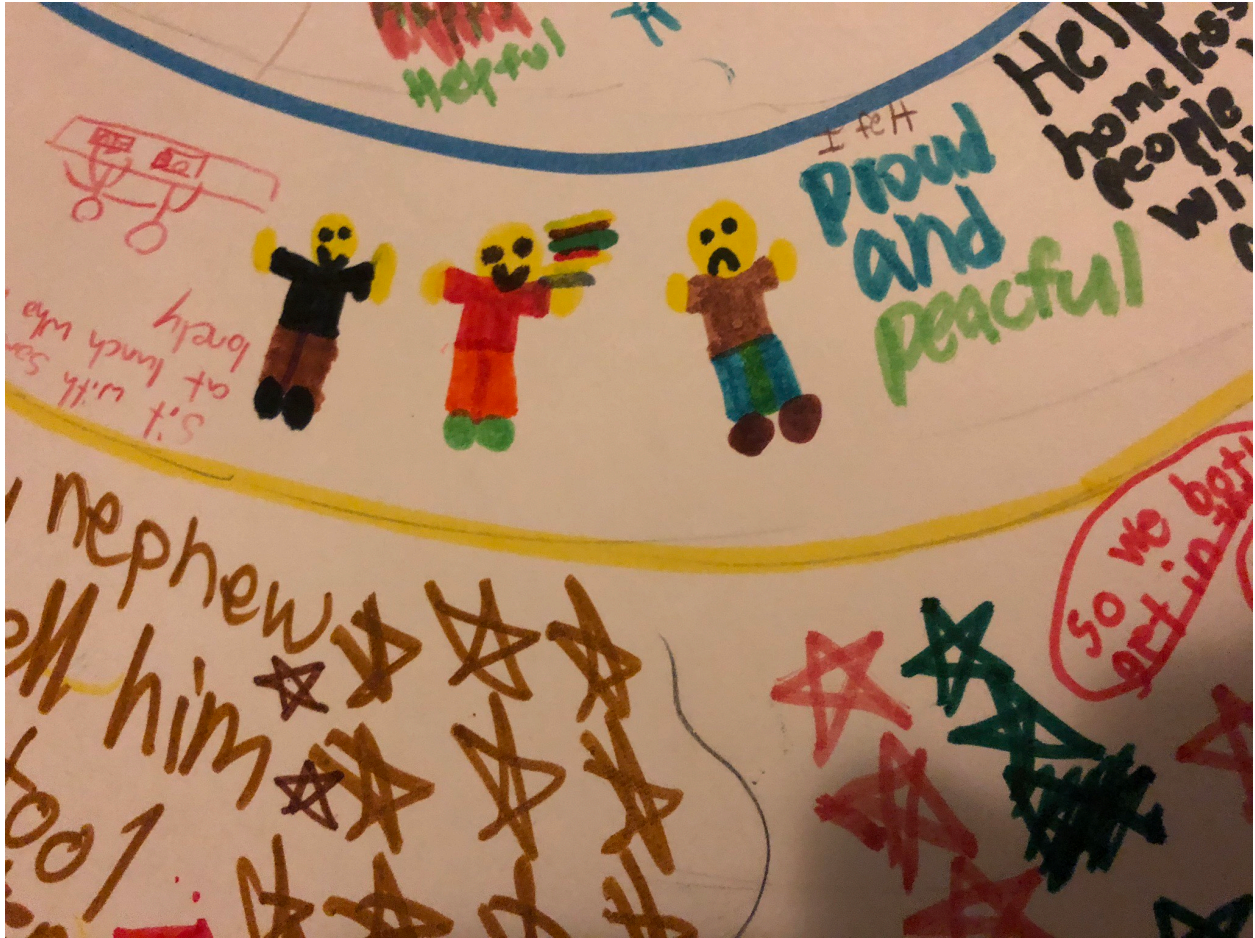
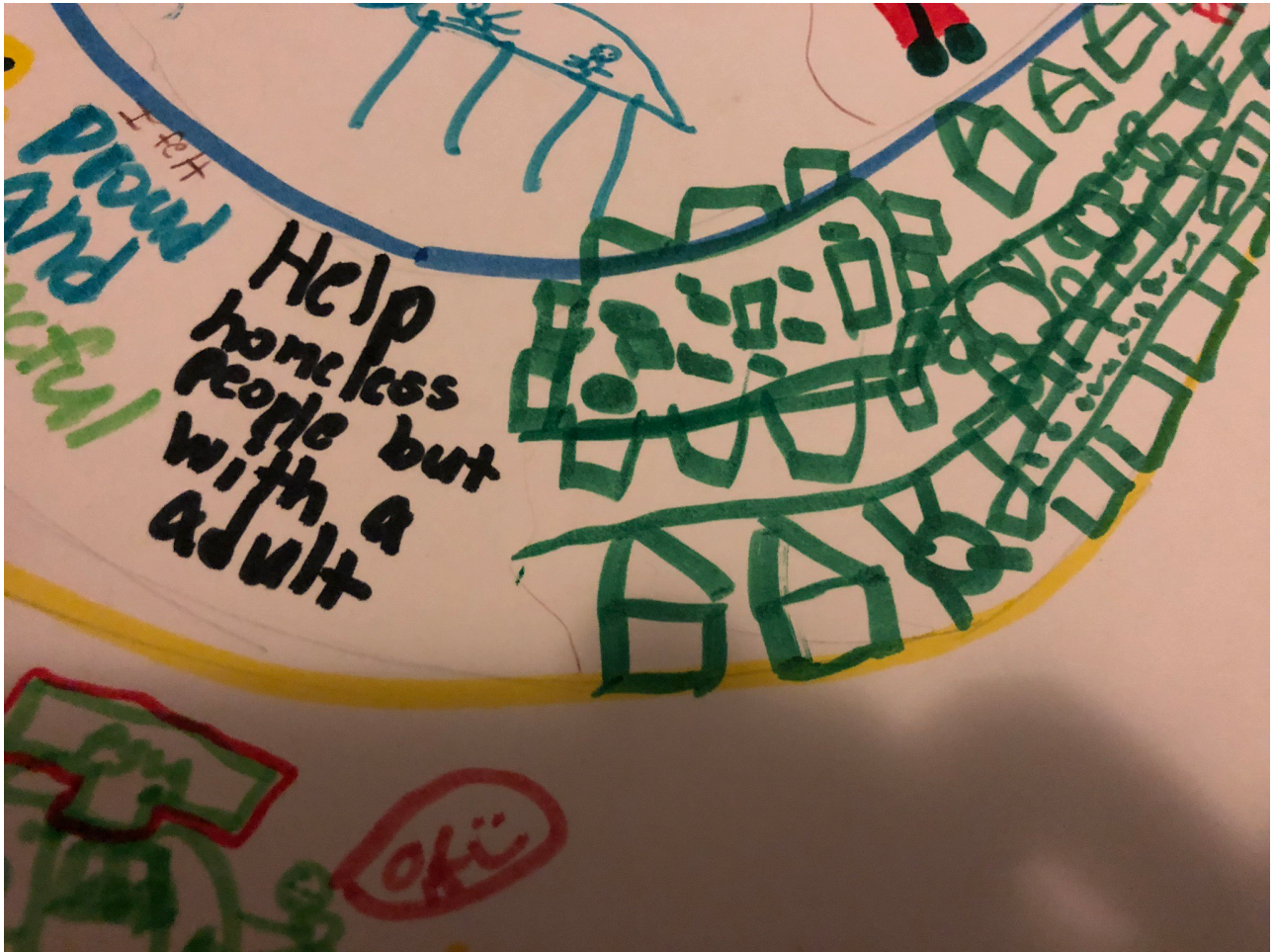


Figure 3. Arjun drew himself offering compassion to his brother by sharing his toys.



*Figure 4.* Jasmine drew her family offering compassion to homeless people by giving them food. She drew a dinner table surrounded by a homeless encampment with many tents.





*Figure 5.* On the left, Anthony drew himself practicing the mindful tool, imagine a friend, to cope with feelings of frustration. He drew himself saying “It’s too hard” while attempting to complete his homework. He then drew another body, which he explained was also himself, saying “I have faith in you.” On the right, Anthony drew positive emotions above the ground and negative emotions below the group.