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COMPASSION AND WELL-BEING: THE EFFECTS OF AN ONLINE FILM-MEDIATED COMPASSION EDUCATION ON UNDERGRADUATE STUDENTS

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COMPASSION AND WELL-BEING: THE EFFECTS OF AN ONLINE FILM-MEDIATED COMPASSION EDUCATION ON UNDERGRADUATE STUDENTS

BY

THUPTEN TENDHAR

A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY IN EDUCATION

UNIVERSITY OF RHODE ISLAND

AND

RHODE ISLAND COLLEGE

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DOCTOR OF PHILOSOPHY DISSERTATION

OF

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ABSTRACT

An increasing number of college students in the US are reportedly experiencing significant levels of emotional distress and mental health challenges. College students who practice compassion have been found to have significantly lower negative emotions when compared to students who do not practice compassionate thinking. This underscores the need for compassion education programs. However, only a limited number of college students benefit from existing compassion programs because many are too busy to commit to eight or more weeks of such face to face training along with their regular course load and work schedule. This study used a quantitative method with a pre-experimental research design consisting of a one-group pretest-posttest method to evaluate the effects of a brief online, film-mediated compassion education program, *8 Steps to Great Compassion*, developed and produced for the purposes of this study. The overall findings overwhelmingly demonstrated that the brief online compassion education program resulted in a consistently positive impact on participants’ feelings of compassion toward themselves and others, and also on their sense of personal well-being. These significant and positive results give strong support for the feasibility of compassion education that can be effectively and efficiently delivered in brief online, individualized, film-mediated instructional formats. This study showed that such programs can dramatically lead to a positive change for improved health, well-being, and a more happy, more positive outlook for college students, thereby reducing negative emotions such as stress and anxiety. Limitations of this study and implications for future research are discussed.
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DEDICATION

I dedicate this work to the college students and to all those who seek meanings and flourishing for self and others. This work is also dedicated to all educators who strive to make the world a brighter place adorned with wisdom and compassion.
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CHAPTER 1: INTRODUCTION

Statement of the Problem

Today’s college students are tomorrow’s citizens and national leaders; therefore, their well-being should be promoted with utmost care. However, an increasing number of college students in the US are experiencing significant levels of psychological distress (Voelker, 2003; Keyes et al., 2012; Gallagher, 2013; Beiter et al., 2015). For example, in a study with 508 undergraduate college students ages 18-24, at least one in four participants reported symptoms of stress, depression, or anxiety (Mahmoud, Staten, Hall, & Lennie, 2012). A similar study with 1622 college students from four universities in the Northwest USA, Midwest USA, and Canada reported depression among 25% of male students and 26% of female students (Mackenzie et al., 2011).

Excessive levels of stress can cause psychological and physical impairment to students (Murphy & Archer, 1996), and experiencing persistent stress can weaken people’s immune systems (Geronimus et al. 2010; Henslin, Possamai, Possamai-Inesedy, Marjoribanks, & Elder, 2015). Moreover, personal stressors such as interpersonal relations and other emotionally straining triggers have also been identified as one of the root causes of tragic events on school campuses (Hunt, Hughey, & Burke, 2012).

Despite the increasing concerns of mental health problems on college campuses, only a small percentage of students with anxiety and depression actually seek treatment from their university health services (Regehr, Glancy, & Pitts, 2013). For example, suicide is related to mental health issues (Taliaferro & Muehlenkamp,
and suicidal thinking was reported among 13% of men and 10% of women who were accessing campus health care (Mackenzie et al., 2011). Therefore, preventing or at least addressing such mental health issues of students through nonclinical methods should also be taken very seriously because mental health problems and their treatment can cause significant adverse impact on individual behavior, personal well-being, and societal safety.

According to the United States Centers for Disease Control (CDC), violence is a significant public health problem for youth (ages 10-24) and causes serious and lasting negative effects on their mental, physical, and social health (David-Ferdon, Dahlberg, & Kegler, 2013; David-Ferdon et al., 2015). Violent incidents on school campuses are also on the rise (Drysdale, Modzeleski, & Simons, 2010), and they bring physical and mental harm to many students. Campus violence affects the lives of many students, both victims and perpetrators, in school settings (Gumpel & Sutherland, 2010). A comprehensive report compiled for the National Science Foundation concluded that prevention of youth violence must be made a national priority (Bushman et al., 2016). Many universities are instituting various emergency response plans to address violent situations on their campuses (Sulkowski & Lazarus, 2011), such as increasing counseling and student support services, crisis response teams, and enhanced campus security (Fox & Savage, 2009), including installation of CCTVs and arming campus police.

However, there is a growing need for a broader educational and prevention approaches at colleges and universities that can reach larger populations of students to address the root causes of violent behaviors. For example, Sulkowski and Lazarus
(2011) recommended respect for diversity, positive campus climate, and faculty-student connectedness as some preventive measures. Just as fire safety measures are taught and implemented in order to prevent fire hazards on campus, students should be taught and equipped with peaceful methods of reducing negative emotions before peace of mind gets torn apart by traumatic, violent incidents on campus. Therefore, teaching peace, inner-peace, and compassion is the timely need for health, wealth, safety, and happiness of college students and others.

Over decades peace education has evolved into many venues that tackle social, political, and economic inequalities, as well as violence (Harris, 2004). However, many higher education curricula are now being redesigned and taught primarily to boost the nation’s Gross Domestic Product (GDP) and to satisfy the needs of labor markets. This forces students to seek extrinsic motivation for their studies and to shy away from “non-pragmatic” values such as peace, love, compassion, and making positive contributions to humankind. Thus, alarming number of college students now are suffering from anxiety, stress, depression (Mahmoud, Staten, Hall, & Lennie, 2012; Beiter et al., 2015). Nonetheless, the pursuit of full humanity cannot be carried out in isolation or through individual efforts, but only in fellowship and solidarity (Freire, 2014). Therefore, the 21st century is timely to shift our emphasis from competition to cooperation (Noddings, 2013).

As President J. F. Kennedy once said, “We are not here to curse the darkness, but to light the candle that can guide us through that darkness to a safe and sane future.” The purpose of this study was not to blame anyone or anything for the current status of emotional and psychological health of college students. Rather, it was to
make a small contribution towards their betterment and flourishing. It is hopeful, as evidenced from neuroscientists who study neuroplasticity, that depressed brains could be transformed and changed with mental trainings such as cognitive-behavioral therapy and mindfulness (Begley, 2007).

One such approach to address the root causes of personal and societal problems, including distress, cruelty, and violence, is compassion education (Gilbert, 2005). Compassion education teaches us about the oneness of all sentient beings, including humans and animals. It emphasizes that we all have a common desire to be free from suffering and enjoy happiness in life. Compassion education offers a better understanding of how people are part of the world who have a complex but vital relationship with animals and nature. Many therapeutic innovations in the area of cognitive psychology and mind-body approaches include a new focus on topics including compassion (Kahl, Winter, & Schweiger, 2012).

Compassion is defined here as a sensitivity to the suffering of self and others, with a deep commitment to try to free all sentient beings from suffering (Dalai Lama, 1995; Neff, 2003a; Makransky, 2012). “Education” is an active process of enriching the human mind and heart that transforms perceptions, attitudes, and behaviors into constructive and purposeful forces towards the betterment of the community. The classical theories of Plato and Aristotle described the goal of education as to produce good people who possess both knowledge and personality to act on one’s knowledge in the quest of good ends (Rocheleau, 2004).

The Stanford University’s Center for Compassion and Altruism Research and Education found that domains of compassion, such as compassion toward self and
compassion toward others, can be enhanced through a systematic training program for adults (Jazaieri et al., 2013). Even a short-term compassion training was found to have significant positive impact on prosocial behavior (Leiberg, Klimecki, & Singer, 2011). Prosocial behavior includes a broad range of actions such as comforting, helping, cooperating, and sharing with the intention of benefitting one or more persons (Batson & Powell, 2003).

Compassion training was found to be a powerful method to improve intrapersonal as well as interpersonal well-being among college students (Crocker & Canevello, 2008; Neff & Dahm, 2014). Participants increased their levels of prosocial behaviors, altruism, and positive neural responses to suffering as a result of compassion training and meditation (Leiberg, Klimecki, & Singer, 2011; Klimecki, Leiberg, Lamm, & Singer, 2012; Weng et al., 2013). For example, medical patients of nurses who received compassion training during their school year and sustained it during their practice experience compassion (Salmon & Childs, 2016).

In response to these needs, many intervention programs that focus on compassion and meditation have been developed in recent years. Research studies suggest promising and positive results of these trainings. A recent meta-analysis on interventions to reduce stress among university students reported evidence on effectiveness of cognitive, behavioral, and mindfulness interventions (Regehr, Glancy, & Pitts, 2013). Self-compassion and mindfulness were also found to be influential in predicting participants’ happiness (Campos et al., 2016).

One study on the effects of compassionate thinking among undergraduate students found that students who practiced compassionate thinking have a
significantly lower frequency of negative emotions compared to students in the control
group (Arimitsu & Hofmann, 2015). Compassion and loving kindness meditations
were found to be highly promising methods to reduce stress and anxiety, and to
improve positive affect (Hofmann, Grossman, & Hinton, 2011).

**Purpose and Rationale**

The main purpose of this study is to develop and test the efficacy of a brief
film-mediated online education program for compassion toward self and others, and
the well-being of undergraduate college students.

Almost all of the existing compassion educational programs were designed for
face-to-face style group trainings that last eight weeks or longer and typically take
place on college campuses. However, only a limited number of college students can
benefit from these compassion programs because many students are too busy to
commit to eight or more weeks of such training on top of their regular course load and
work schedules. Moreover, many existing programs are costly and often time-
intensive, with additional practice assignments and requirements adding up to many
hours per week. Therefore, an alternative approach which is freely accessible, requires
less time, and is flexible and convenient may prove to be an effective strategy to build
a psychologically healthier, behaviorally peaceful, personally compassionate, and
communally supportive campus environment for all students.

**Significance of this Study**

The findings of this study may prove the value of an individualized,
electronically-delivered film-mediated compassion program that can reach thousands
of students at the same time to benefit the broader population of college students. This
study will add to the existing research on compassion. It may also contribute to a
better understanding of how compassion education increases one’s compassion and
sense of psychological well-being. The findings may introduce a new audio-visual
alternative to teaching compassion. Moreover, it will create an alternative method to
teach compassion without adding the burden of time, schedule, or economic
constraints on college students.

The findings may highlight how compassion education may help college
students reduce self-judgement, isolation, loneliness, disengagement, and negative
emotions while increasing self-kindness, common humanity, mindfulness,
engagement, well-being, happiness, and positive emotions. Thus, the findings may
better inform colleges and universities about more holistic approaches to establishing a
safer and more inclusive campus environment in times when many students struggle
with anxiety, depression, and a sense of disengagement.
CHAPTER 2: REVIEW OF LITERATURE

Overview

The following literature review will briefly introduce Buddhism and a Buddhist theory of compassion as the theoretical framework for this research study. Next, the most recent empirical studies supporting the effectiveness of compassion training methods will be reviewed. In contrast to the traditional educational practices and time-intensive retreat formats of existing compassion training programs, a social learning model will be examined as a possible approach to transmitting compassion through film-mediated techniques. Finally, a curriculum developed for the purposes of this study will be introduced.

Theoretical Framework

Buddhist Theory of Compassion

Buddhists believe that compassion is a sensitivity to the suffering of self and others, with a deep commitment to try to free all sentient beings from suffering (Dalai Lama, 1995; Neff, 2003a; Makransky, 2012). The term “sentient beings” refers to all beings who possess mind or consciousness. All who have feelings, thoughts, and emotions are considered to be sentient beings. For example, humans, cats, and dogs are all sentient beings. The Buddhist belief that everybody wishes to be happy and not to suffer is the basis of this view. This compassion theory has been utilized as the theoretical framework in conducting empirical research related to compassion and emotional well-being among college students (Neff, Kirkpatrick, & Rude, 2007; Arimitsu & Hofmann, 2015). It has also been used to develop instruments to measure
self-compassion (Neff, 2003a) and compassion towards others (Pommier, 2010).

The 14th Dalai Lama, Tenzin Gyatso, believes that the meaning of life is happiness (Dalai Lama, 2001; Preston, 2014). From the Buddhist viewpoint, happiness is a state of mind that is free from mental afflictions such as anger and jealousy (Phende, 2014). Therefore, one who has less anger has more happiness. The Dalai Lama asserts that all human beings seek happiness despite their differences in age, gender, faith, personality, language, education, or culture. According to his perspective, there is no disagreement about whether or not people want happiness, although people may think differently about how to achieve it. However, it is evident that feelings of closeness, affection, compassion, and love bring happiness (Dalai Lama, 2009). This view fits well with the Buddhist Theory of Compassion in which practitioners try to free others and themselves from suffering and its causes, based on the fundamental belief that all sentient beings like and deserve to be happy and not to suffer (Gyatso, 2017).

If the Buddhist view is valid, then why do many people, including undergraduate students, still experience distress and suffering of various kinds? For instance, there are increasing incidents of self-inflicted pain, dating violence, anxiety, depression, and shootings on college campuses that threaten the peace and well-being of all students (Whitaker & Pollard, 2014). Santideva once wrote, “Although seeking to avoid pain, they run headlong into suffering. They long for happiness, but foolishly destroy it, as if it were their enemy” (Santideva, 1997).

To understand further, the Buddhist theory of Karma must be understood, which is also known as the Law of Causality. This concept asserts that all positive
things are caused by positive thoughts and actions (Nagarjuna, 1991). The generic example is an apple seed sprouting an apple tree, and a poison seed giving birth to a poison tree. Although everybody may like an apple, that does not mean everybody plants an apple seed. Likewise, everybody may like compassion but not everybody thinks or acts compassionately. When everybody acts with compassion in their heart, there would be much less violence, pain, and suffering in the world. A verse from the *Mind Training Like the Rays of the Sun* textbook says, “The result of help is happiness, And the fruit of harm is misery. See your own condition as an example, and do not inflict harm on others” (Nam-kha Pel, 1992). This logic brings us back to the importance of empowering students with compassion education so that they can achieve their much deserved happiness and reduce their suffering.

*Compassion-Based Training*

Recently, there has been a significant increase in research studies on compassion. For example, the number of publications containing the term “compassion” in Google Scholar in the year 2000 was just 10,000. It increased to over 30,000 search results in 2012 (Jazaieri et al., 2014). Currently, in April 2019, the search result for “compassion” in Google Scholar yielded 1,130,000 results. A growing number of empirical studies examine the benefits of compassion practice, the effects of compassion meditation, and value of compassion training.

In a recent meta-analysis of 21 randomized controlled trials studying 1285 individuals who participated in interventions designed to cultivate compassion toward self and others, results showed significant positive change in scores with moderate effect sizes (Kirby, Tellegen, & Steindl, 2017). Compassion training was found to be a
powerful method to improve intrapersonal as well as interpersonal well-being among college students (Crocker & Canevello, 2008; Neff & Dahm, 2014). Arimitsu and Hofmann (2015) studied the effects of compassionate thinking among undergraduate students. They reported that the people who practiced compassionate thinking have a significantly lower frequency of negative emotions than students in the control group (Arimitsu & Hofmann, 2015). This finding is similar to that of previous studies that posited that compassion may act as a protective agent that counters negativity and supports social relationship (Pommier, 2010).

Another study found that viewing and treating oneself with compassion is a compelling way to increase intrapersonal as well as interpersonal well-being (Neff & Dahm, 2014). Studies on self-compassion have reported a positive association between self-compassion and psychological well-being (Neff, Kirkpatrick, & Rude, 2007). Self-compassion was positively correlated with self-esteem and negatively correlated with aggression (Barry, Lufkin, & Doucette, 2015). Moreover, a study with 571 undergraduate nursing students reported a positive correlation between self-compassion and emotional intelligence (Şenyuva, Kaya, Işık, & Bodur, 2014).

In a study that examined the neural processes during compassion meditation using neuroimaging, participants were observed to have stronger neural responses to all emotional sounds during their compassion meditation practice compared to when they were in a resting state. Expert meditators were found to exhibit stronger responses than novices (Lutz, Brefczynski-Lewis, Johnstone, & Davidson, 2008). Additionally, compassion meditations and loving kindness meditations were found to be highly promising methods to reduce stress and anxiety, and to improve positive
affect (Hofmann, Grossman, & Hinton, 2011).

Compassion training was found to be significantly effective in increasing prosocial behaviors as well as positive mood (Leiberg, Klimecki, & Singer, 2011). Studies have found that viewing and treating oneself with compassion is a wholesome way to increase intrapersonal as well as interpersonal well-being (Neff & Dahm, 2014). Similarly, both quasi-experimental and longitudinal studies reported that an intensive one-month of mindfulness training was related to a decline in anxiety and an increase in subjective well-being and self-compassion among community adults whose age ranged between 27-76 (Orzech, Shapiro, Brown, & McKay, 2009).

Another study conducted with 94 healthy females between ages 18-35 also reported that even a short-term compassion training caused neural changes associated with love and positive valuation (Klimecki, Leiberg, Lamm, & Singer, 2012). Findings from these studies indicate that compassion can be taught effectively, and that people can be trained in practices of compassion. Many concerned educators, spiritual teachers, psychologists, and other experts have constructed different designs and programs to teach compassion to the general population or to specific populations. Several of the most relevant training and education programs will be briefly reviewed and compared as shown in Table 1.
| Cognitive Based Compassion Training (CBCT) | Compassion Cultivation Training (CCT) | Mindfulness Self-compassion (MSC) | Compassion Integration Training (CIT) | Mindfulness Based Compassionate Living (MBCL) |
|------------------------------------------|--------------------------------------|---------------------------------|-------------------------------------|---------------------------------------------|
| Group 8-10 Weeks                        | Group 9 Weeks                        | Group 8 Weeks                   | Group 11 Weeks                      | Group and Online 8 Sessions of 2.5 hours each |

1. Attention and Stability of Mind.  
2. Insight into the Nature of Mental Experience.  
3. Cultivating Self-Compassion.  
4. Developing Impartiality.  
5. Appreciation and Affection for Others.  
6. Empathy and Engaged Compassion.

1. Intro. to settling and focusing the mind.  
2. Settling & focusing mind.  
3. Loving-kindness and compassion for a loved one.  
4. Compassion for oneself.  
5. Loving-kindness for self.  
6. Common humanity and appreciation of others.  
7. Cultivating compassion for others.  
8. Active compassion practice (tong-len).  
9. Integrated daily compassion cultivation practice.

1. Intro to self-compassion.  
2. Mindfulness.  
3. Application of self-compassion.  
4. Compassionate inner voice.  
5. Living with core values.  
6. Dealing with difficult emotions.  
7. Dealing with interpersonal relationships.  
8. Relating to positive aspects of oneself, and appreciation.

1. Calming Body and Mind.  
2. Ethical Mindfulness.  
3. Emotional Awareness.  
4. Self-Compassion.  
5. Impartiality and Common Humanity.  
6. Forgiveness and gratitude.  
7. Empathic Concern.  
8. Compassion.  
9. Appreciating Interdependence.  
10. Engaging with Discernment.

1. Why do we need compassion?  
2. Development of self-compassion.  
3. Craving and compassion.  
4. Aversion and compassion.  
5. Compassion to others.  
6. Common humanity.  
7. Compassion in action.  
8. Resourced by compassion.
The Cognitive-based Compassion Training Program (CBCT) was originally developed by Geshe Lobsang Tenzin Negi, Ph.D., for undergraduate students and adults at Emory University (Ozawa-de Silva & Lavelle, 2011). The CBCT is an eight-week program designed to cultivate greater well-being through the use of reflective practices. It was based on centuries-old thought transformation techniques drawn from the Indo-Tibetan Buddhist tradition. However, the CBCT draws upon secular or universal ethics which are not bound by any particular faith (Ozawa-de Silva & Lavelle, 2011).

The initial studies on the effects of the CBCT program have shown improvement in immune responses to psychological stressors among healthy participating adults (Pace et al. 2009). The CBCT was found to be effective in increasing hopefulness and decreasing anxiety among at-risk adolescents (Reddy et al. 2013), and to enhance empathic accuracy and related brain activity (Mascaro, Rilling, Negi, & Raison, 2012). It teaches active contemplation of empathy, loving-kindness, and compassion towards enemies, strangers, and loved ones (Ozawa-de Silva et al., 2012).

Compassion Cultivation Training (CCT), as shown in the appendix A, is a nine-week (once a week with 2 hours each session) educational program developed and offered at Stanford University (Jinpa, 2010). The Center for Compassion and Altruism Research and Education at Stanford (CCARE) described the CCT Teacher Certification Program as an opportunity for interested individuals to deepen their compassion practice while facilitating the same process in others. Results from a CCT study showed that, compared to participants in a control group, CCT participants
showed significant improvements in receiving compassion from others, self-compassion, and being compassionate to others (Jazaieri et al. 2013). In addition, a pilot study has also found CCT to be effective in reducing significant anger and pain among female patients (Chapin et al. 2014). Recently, a study on the effect of CCT reported significant improvement in participants’ life satisfaction, mindfulness, self-compassion, happiness, and overall psychological well-being, with a decrease in stress and depression (Brito-Pons, Campos, & Cebolla, 2018).

The Mindful Self-Compassion (MSC) program was developed by Kristin Neff (Jazaieri et al. 2014), a pioneering researcher in the field of self-compassion, and Christopher Germer (Siegel, Germer, & Olendzki, 2009), a leader in the integration of mindfulness and psychotherapy. According to the developers, their eight-week MCS program was aimed at helping people cultivate skills of mindfulness and self-compassion to enhance their emotional well-being. It can be learned by anyone, and it was found to be helpful in increasing one’s self-compassion, which in turn enhances emotional well-being (Neff, & Germer, 2013). Self-compassion was also found to be associated with treating oneself with kindness, recognizing one’s shared humanity, and being mindful when pondering over negative aspects of oneself (Neff, 2011).

One of the most recent programs, Compassionate Integrity Training: A Secular Ethics Approach to Cultivating Personal, Social, and Environmental Flourishing (CIT), is based on progressive developments in the fields of psychology, neuroscience, trauma-informed care, contemplative science, and peace and conflict studies (Ozawa-de Silva & Karlin, 2018). It was developed at LIFE University in Georgia, USA. The CIT is eleven 2-hour programs with the purpose of increasing environmental, social,
and individual flourishing. This program focuses on building ability to live one’s life with a recognition of common humanity, reciprocity, and kindness. According to their official website, although CIT deals with concepts and values like integrity and compassion, it is based on a secular method to improve universal ethics based on common experience, common sense, and science, rather than a particular religion or culture.

Mindfulness Based Compassionate Living (MBCL) is another recently developed compassion training program created by van den Brink and Koster (2015). The program is based on traditional practices and delivered in eight sessions using meditation, stress-reduction, and guided imagery and breathing exercises. Preliminary pilot study results with psychiatric outpatients show a significant reduction in depression and improvements in mindfulness and self-compassion (Bartels-Velthuis et al., 2016). An internet version of MBCL has been tested to determine the feasibility of delivering this type of intervention through convenient and easily accessible online methods (Krieger, Martig, Van den Brink, & Berger, 2016).

In summary, compassion education and training programs appear to have several social and psychological benefits based on existing outcome research studies (Goetz, Keltner, & Simon-Thomas, 2010). However, an analysis of the most effective existing compassion training programs shows that they are relatively lengthy, time intensive, expensive, and inconvenient. For these reasons the structure of such programs is not always compatible with the academic schedules and work responsibilities of most college students who seek compassion. The review of these existing compassion training programs points to the need for more individualized,
flexible, streamlined, and convenient compassion training programs. Internet based interventions and education programs promoting positive psychological states of mind are receiving greater attention. Online internet methods offer expanded possibilities for enhancing self-compassion and compassion for others.

*Social Learning Theory*

In his book *Social foundations of thought and action: A social cognitive theory* Bandura expanded his social learning theory into a broader theory of human action and motivation (Bandura, 1986). He analyzed the role of cognitive, self-reflective, vicarious, and self-regulatory processes in psychosocial functioning. However, his social learning theory assumes that modeling induces learning mainly through informative functions and that observers obtain symbolic images of the modeled activities rather than any specific stimuli-response relations (Bandura & McDonald, 1963). According to Bandura (1973), “People are not born with preformed repertoires of aggressive behavior; they must learn them” (p. 61). The three principal sources for learning aggressive behaviors in the modern society are (1) family, (2) subculture, and (3) mass media (Bandura, 1978) as they portray and reinforce such behaviors.

Bandura conducted an experimental study with 48 girls and 48 boys enrolled in Stanford University’s Nursery School. The study reported that all three groups of students, (1) those who observed aggression in a real-life model, (2) those who watched models depicting aggression on film, and (3) those who viewed a film portraying an aggressive cartoon character, showed significant imitative behaviors of aggression (Bandura, Ross, & Ross, 1963). Based on the data, Bandura interpreted that exposure to humans on film portraying aggression as the most significant in prompting
and shaping aggressive physical and verbal behavior in students, as shown toward the Bobo doll. Bandura believes that aggression can be transmitted, and students acquire patterns of behavior rapidly in large segments by observing models rather than through instrumental training (Bandura, 1963). Since Film Mediated Aggression reported significant results, it seems equally important to study the impact of Film Mediated Compassion. The assumption is the opposite corollary of Bandura’s model. For this study, if we assume that ‘people are not born with preformed repertoires of compassion behavior; they must learn them,’ can social learning theory and film-mediated methods be employed for use by compassion education programs?

**Development of a Film-mediated Compassion Curriculum**

The initial phase of this research was dedicated to the development and production of a film-mediated compassion curriculum based on a Buddhist theory of compassion, existing compassion curricula, and social learning film-mediated methods. The foundation of the entire curriculum was rooted in Buddha Maitreya’s *Seven-Point Cause and Effect Instruction* as taught in classical Buddhist texts such as *Lamp for the Path of Awakening* by the eleventh-century Indian scholar Atisha Dipamkara Shriññana (Atisha, 1997) and *Lam Rim Chenmo* by the fourteenth-century Tibetan scholar Tsong-kha-pa Lobsang Drakpa (Tsong-kha-pa, 2014).

This *Seven-Point Cause and Effect Instruction* for generating Bodhicitta was practiced by many renowned Buddhist masters over centuries including Atisha Dipamkara (982-1054), Tsong-kha-pa (1357-1419), Panchen Sonam Drakpa (1478-1554), and the Fourteenth Dalai Lama (Dalai Lama, 2017). “Bodhicitta” refers to an awakened or enlightened mind, a mind that is free from afflictions such as hatred and
full of compassion for all sentient beings (Santideva, 1997). It is the essence of all 84,000 teachings of the Buddha (Ribur Rinpoche, 2010). The term originates from ancient Buddhist scriptures in Sanskrit. One of the earliest and most important texts on Bodhicitta in Tibetan Buddhist tradition was written by Indian Buddhist scholar Santideva (685-763).

The curriculum was organized into eight lesson topics that are derived from theory, research, and practice. The following section will explain the basis of how each of these eight lessons were developed. The lessons presented in order were (1) Mindfulness, (2) Common Humanity, (3) Gratitude, (4) Loving-Kindness, (5) Empathetic Concern, (6) Forgiveness, (7) Self-Compassion, and (8) Compassion for Others. The lessons were scaffolded and presented in a logical sequence to support a deeper understanding toward greater compassion. The program began with Mindfulness because it serves as fertile ground for planting and cultivating compassion. This is consistent with Buddhist teachings on compassion as well as further supported by existing compassion training programs as described in table 1.

Mindfulness helps a person to realize whether or not one’s mind is in a positive and constructive state. Like seeing objects under a calm lake, a person with a calm mind may see more clearly and better realize the interconnectedness and interdependent nature that people share with each other. Therefore, Mindfulness provides the beginning step of calming the mind for greater awareness of Common Humanity, which was presented as the second lesson. This lesson focused on the commonality and oneness among human beings despite of their rich cultural or other mundane diversities. It also emphasizes on the contribution that people make in each
other’s life. For example, the food that people eat every day were harvested, cleaned, transported, sold, and prepared by many other people. Similarly, the oxygen that people breathe every second came from trees that were planted, watered, and preserved possibly by generations of people living in different countries.

Once people recognize the connections and contributions that they make in each other’s life, they feel thankful. Thus, this illustrates why Gratitude was presented as the third lesson, which discussed the importance and benefits of being thankful and appreciative. When people feel thankful to each other they may treat each other with love and kindness. Therefore, the Loving-kindness was presented as the fourth lesson, which encourages people to love and be kind to each other, rather than harming or treating each other as enemies. Loving-kindness attitude propels Empathetic concern. When a person cares enough to feel and understand other’s feelings and perspectives, then she manifests Loving-kindness. Thus, Loving-kindness logically generates feelings of Empathetic Concern, which was the topic of the fifth lesson.

When people feel Empathetic Concern toward self and others, they develop the capacity to forgive mistakes and wrongdoings. Therefore, the Forgiveness lesson followed Empathetic Concern. When a person forgives oneself of mistakes and wrongdoings, one can practice compassion toward self. Therefore, Self-compassion was presented as the seventh lesson. A person who treats oneself with kindness, acceptance, and compassion may find it easier to extend such compassion toward others. Therefore, the Compassion for Others was presented as the eighth and final step of the Eight Steps to Great Compassion program. One’s compassion becomes
great and even limitless when a person expands compassion exponentially from one individual to many others.

Each lesson followed a consistent structure of contents of (1) Introduction, (2) Concept Explanation, (3) Narrated Video and Photographic Depiction, (4) Practice Exercise, and (5) Inspirational Quote. The beginning of each lesson included a connection to the preceding lesson. The eight lessons are diagrammed in Figure 1.

*Figure 1. Diagram of the 8 Steps to Great Compassion program*

**Lesson 1 Mindfulness:** The first step on the path to great compassion is understanding mindfulness. “Mindfulness” will be defined as a two-component model that includes: (1) self-regulation of attention to present experience and (2) approaching present experience with a sense of openness, curiosity, and acceptance (Bishop et al, 2004). Mindfulness is an active way of paying attention to current occurrences in internal and external, or subjective and objective, as they unfold within or around you,
without judgment (Kabat-Zinn, 2015). Participants were instructed to focus their mind fully on the present, rather than regretting the unchangeable past, or worrying about the unknown future. Mindfulness is like an anchor that keeps people grounded with awareness and alertness in each and every moment of human life, and it can be incorporated in all our daily activities, such as walking, studying, eating, or playing.

Recent research studies have reported positive effects of mindfulness on subjective well-being (Bajaj & Pande, 2016). A previous study on mindfulness reported a significant reduction in anxiety, stress, and depression among college students after they practiced mindfulness (Falsafi, 2016). In a similar study with adolescents, Bluth and Eisenlohr-Moul (2017) reported that a mindful self-compassion intervention resulted in positive compassion, mindfulness, and well-being outcomes.

Mindfulness also serves as the fertile soil for cultivating compassion. Without mindfulness, it is difficult to realize whether one’s state of mind is positive or negative, hurting or helping, being mean or being kind (Hanh, 2016). Therefore, the mindfulness lesson serves as a foundation to build great compassion within.

**Lesson 2 Common Humanity**: The second step on the path to great compassion is common humanity. Common humanity is a living philosophy rooted in the understanding that all humans are the same in seeking happiness and avoiding suffering. Neff (2011) reported a significant association between shared humanity and self-compassion. This second lesson reminded viewers about the interconnectedness and interdependent nature of all people despite their cultural, gender, or religious differences. This relates to the mind training teaching on boundless impartiality in which practitioners are advised to abolish sectarian thoughts or discriminatory
behaviors and adopt an even-minded attitude towards all (Patrul, 2011). Social connection is an important predictor of well-being and health (Seppala, Rossomando, & Doty, 2013). By reminding the viewers that people live on the same planet, harvest from the same soil, and breathe the same oxygen, this lesson attempted to invoke a deeper understanding of how people have more in common than their differences.

The lesson explained that all people are basically related to each other through the same human genome. They depend on each other for friendship, education, medicine, economy, technology, etc. In brief, all humans share common attributes from the biological and physical to the emotional and psychological (Dalai Lama, 2015). The main reason for teaching common humanity is so that people may treat each other with kindness, dignity, and respect, as most people do toward their relatives or people with whom they are connected. This lesson might help boost one’s social support, which has proven consistently effective in reducing negative emotions and recovery from acute stress (Taylor, Dickerson, & Klein, 2002). This lesson taught and encouraged a sense of oneness among humanity.

Lesson 3 Gratitude: The third step on the path to great compassion is gratitude. Gratitude is a positive emotion that helps people recognize the intended and unintended kindness that they receive every day. It helps people to reflect on the vast network of their support, which can strengthen their hopefulness rather than hopelessness. “Gratitude is part of a wider life orientation towards noticing and appreciating the positive in the world” (Wood, Froh, & Geraghty, 2010). This lesson on gratitude reminded students how other people’s kindness and contributions helped them live a safer and more comfortable life. The viewers were encouraged to
recognize and express their thankfulness to three people whom they feel grateful for by means of an email, a phone call, or a personal meeting. A large body of evidence suggested that gratitude was strongly associated with well-being (Wood, Froh, & Geraghty, 2010).

Gratitude is a powerful tool that can transform peoples’ ordinary days into something positive and extraordinarily memorable, without cost. Gratitude represents a mental state of appreciation and thankfulness (Wood, Froh, & Geraghty, 2010), and it simply offers people deserved recognition and appreciation for their kind efforts. Gratitude might inspire people to be altruistic in response to others’ kindness. For example, in his Great Treatise on the Stages of the Path to Enlightenment, Lama Tsong-kha-pa wrote about the importance of repaying their mother’s kindness for responsible children who acknowledged her gratefulness (Tsong-kha-pa, 2014). Similarly, Atisha Dipamkara, in his The Bodhisattva’s Garland of Jewels (2012), advised, “with few wants, be content with what you have. And with gratitude repay any kindness you receive” (p. 2). Empirical study evidence suggested that expressing gratitude enhances humility, connectedness, positive behaviors, and self-improvement (Armenta, Fritz, & Lyubomirsky, 2017).

Lesson 4 Loving-Kindness: Lesson four instructed students to cultivate tender feelings based on the understanding that others’ kindness makes crucial contributions to their own well-being. “Loving-Kindness” was defined as a warm and caring feeling. It was a quality of human heart that recognizes the human connectedness and being thoughtful (Salzburg, 2011). This feeling can be expanded from the self to millions or even billions of people. In his Mettanisama Sutta, Buddha taught his followers about
eleven benefits including quality of sleep, quality of awaken moments, improved concentration, peace of mind, and higher realizations as results of cultivating loving-kindness, enhancing such thoughts, and putting them into daily practice (Buddha, 400BCE).

Loving-Kindness encourages helping rather than harming. Moreover, loving-kindness brings more positive emotions and attitudes to daily life. Therefore, viewers were encouraged to engage in three random acts of kindness toward people or animals that day. It is believed that many of the world’s problems and conflicts, including poverty, abuse, and violence, could be solved immediately if everyone treated each other with loving-kindness. Findings from a neuroscience study suggested that one’s experience in Loving-Kindness meditation might impact the structure of the brain associated with emotion regulation (Leung et al., 2013). Therefore, it might be useful in decreasing many psychological issues such as social anxiety, marital conflict, anger, and depression (Hofmann, Grossman, & Hinton, 2011).

Lesson 5 Empathetic Concern: The fifth step on the path to great compassion is Empathetic Concern. Empathetic concern is one’s ability to understand and relate to others’ thoughts, emotions, and experiences. Even though empathy may be evolutionary (Hoffman, 1981), the main purpose of teaching empathetic concern is to help people understand and therefore relate more to others’ situations, feeling, and perspectives, even when interacting with strangers. According to Barraza & Zak (2009), the use of a short-term video led to feelings to empathy towards strangers, resulting in physiological release of oxytocin and eventual feelings of generosity. People may be able to rejoice in others’ success instead of feeling jealous, and respond
with compassion to others’ sorrow instead of indifference when they develop empathetic concern. This may help increase positive emotions and reduce negative thoughts. Empathetic emotions have been recognized as a potential source of altruism (Batson, Ahmad, Lishner, & Tsang, 2016).

For the assignment, students were encouraged to have a full-hearted conversation with a person who was having a difficult day, followed by a person who was having a pleasant day. The purpose of this exercise was to understand others’ perspectives by standing in their shoes and experiencing the pain and joy of others. Empathetic concern has been found to be strongly associated with compassion, moral judgement, and warm feelings (Gleichgerrcht & Young, 2013).

**Lesson 6 Forgiveness**: The sixth step on the path to great compassion is forgiveness. “Forgiving” is releasing anger or resentment from the mind. Forgiving is willfully ending a cycle of hatred and retaliation. In *A Guide to the Bodhisattva’s Way of Life*, ancient Buddhist scholar Shantideva stated, “The mind does not find peace, nor does it enjoy pleasure and joy, nor does it find sleep or fortitude when the thorn of hatred dwells in the heart” (Shantideva, 1997). The more one understands the nature of people, the more one is able to forgive to them. The more one forgives people, the less one judges them harshly. One’s inability to forgive could be harmful because anger could lead to mental disorders, relationship disorders, and stress disorders (Worthington Jr, 2013).

Both forgiving self and forgiving others have been found to be significantly correlated with emotional empathy (Macaskill, Maltby, & Day, 2002). Therefore, this lesson discussed forgiving self as well as others. It also talked about seeking
forgiveness when one made a mistake and giving forgiveness when another committed a blunder. This way of living is conducive to developing close feelings and positive relationships because forgiveness was found to be negatively correlated with hostility and vengeance (Thompson et al., 2005). Therefore, the main purpose of this lesson was to inspire viewers to forgive themselves or others instead of holding grudges.

Lesson 7 Self-compassion: The seventh step on the path to great compassion is self-compassion. For more than a decade self-compassion has been studied from an alternative Buddhist perspective that reconceptualizes healthy psychological attitudes towards oneself (Neff, 2003b).

“Self-compassion” will be defined as “being kind and understanding toward oneself in instances of pain or failure rather than being harshly self-critical; perceiving one’s experiences as part of the larger human experience rather than seeing them as isolating; and holding painful thoughts and feelings in mindful awareness rather than over-identifying with them” (Neff, 2003a; Jazaieri et al. 2013).

Self-compassion means understanding and treating oneself with kindness amidst failure, pain, or suffering. People with self-compassion are mindful when considering the negative aspects of themselves. Self-compassion means being less critical or judgmental of oneself. Self-compassion broadens one’s focus from the individual to all humanity. It accepts oneself and one’s experiences as a part of humanity. Lack of self-compassion can manifest in a judgmental and unkind relationship with oneself (Jinpa, 2016).
Therefore, this lesson aims to motivate viewers to reduce their negative emotions, such as shame, loneliness, and self-harm, while working toward personal improvement. Self-compassion interventions have been found to be effective with adolescents (Bluth & Eisenlohr-Moul, 2017). A number of therapeutic interventions have been designed to increase self-compassion. Barnard and Curry (2011) reviewed several current interventions and evidence of positive changes in psychological well-being. For example, Compassionate Mind Training (CMT) was successfully delivered to three patients with psychiatric diagnoses and resulted in a reduction in self-criticism and increase in self-compassion (Mayhew & Gilbert, 2008). Terry, Leary, and Mehta (2013) reported that self-compassion was found to be helpful for college students to reduce homesickness and depression.

Lesson 8 Compassion for Others: The eighth and final step on the path to great compassion is compassion for others. “Compassion for Others” is a genuine concern for others’ well-being. It is the desire to free sentient beings from suffering and the causes of suffering, and to take responsibility for doing so (Dalai Lama, 2001; Tsong-kha-pa, 2014). It recognizes that, like oneself, others deserve happiness, not suffering. With compassion for others, one notices others’ issues, losses, pain, or unpleasant experiences and feels connected to society. Compassion is a strength that helps us solve many problems such as anger, fear, and loneliness (Jinpa, 2016). It also helps to increase prosocial behaviors and positive moods in order to live happy and meaningful lives (Dalai Lama, 1995). The main purpose of this lesson was to encourage viewers to be responsible, positive, and compassionate human beings.
Therefore, this research study seeks not only to develop but to test the effectiveness of this brief film-mediated compassion training when delivered as a short-term online individualized program. Unlike the programs discussed above previously and other interventions approaches that focus on face-to-face delivery of psychological and therapeutic support, the proposed study used an online delivery system as a method with a low-threshold for individualized participation. Internet-based education and intervention program have seen significant increases over the last several years for addressing problems such as stress reduction, mindfulness, social anxiety, procrastinating, and related personal difficulties. However, few online programs have focused on compassion for self and others (Krieger, Martig, van den Brink, & Berger, 2016). The present study sought to address the need for short-term, no-cost online compassion training programs, especially for young adult college students. The program is grounded in a Buddhist perspective combined with a social learning, film-mediated, online methodology.

Research Questions

This study will address four primary research questions:

1. Will college students who complete a brief, online, film-mediated compassion training program increase compassion towards themselves?
2. Will college students who complete a brief, online, film-mediated compassion training program increase compassion towards others?
3. Will college students who complete a brief, online, film-mediated compassion training program increase their sense of well-being?
4. How will participants judge the effectiveness and helpfulness of the brief, online, film-mediated compassion training program?
CHAPTER 3: METHODOLOGY

Research Design

In order to answer the above questions, a single group pretest-posttest pre-experimental design was utilized in this study. The independent variable was a brief 8 lesson, film-mediated compassion training program. The study had three dependent variables measured by the Self-compassion, Compassion for Others, and Well-being surveys. The design consisted of a sample of undergraduate college students who volunteered to participate in a film-mediated compassion education treatment. All participants were pre-tested, and demographic information was collected to understand their self-described previous knowledge and experience with compassion. A posttest was used to measure any increase in the participants’ sense of well-being and their compassion toward self and compassion toward others. The postsurvey also included questions about the length, relatability, helpfulness, and effectiveness of the 8 Steps to Great Compassion program.

Participants

The population of interest in this study was young adult undergraduate college students attending public universities across the USA. However, the sample of participants was drawn from a public university in the northeastern region of the US between 18-24 years of age (approximate enrollment of 16,000). Students had various majors and were representative of ethnic and culture diversity of this particular university.
Of the total of 202 students who volunteered for this study, 101 individuals completed the presurvey, all eight lessons, and the postsurvey. Because of age criteria, incomplete pre-surveys, and past deadlines, the final sample included 92 participants, of which 79 (86%) were female, 12 (13%) were male and 1 (1%) preferred not to say. By students’ self-reported ethnicity 7 (7.6%) were Asian/Pacific Islander, 11 (%12) were Biracial, 5 (5.4%) were Black/African American, 4 (4.3%) were Latino/Hispanic American, and 65 (70.7%) were White/European American (refer to Table 2, 3 and 4) for complete demographic results including the sample frequencies, percentages, means, and standard deviations).

By college year, 19 (20.7%) were freshmen, 11 (12%) were sophomore, 26 (28.3%) were junior, 26 (28.3%) were senior, and 10 (11%) were 5th or 6th year students. By academic majors, they represented a wide variety of departments. By religiosity, 43 (46.7%) reported as religious and 49 (53.3%) identified themselves as non-religious. Participation was confidential, voluntary, and with informed consent in accordance with the URI Institutional Research Board ethical guidelines for conducting research with human subjects.
Table 2  
*Total Sample Demographics Including Frequencies, Percentages, Means and Standard Deviations*

| Characteristic          | Frequency | Percentages | Mean | SD  |
|-------------------------|-----------|-------------|------|-----|
| **Total N = 92**        |           |             |      |     |
| **Gender**              |           |             |      |     |
| Females                 | 79        | 86%         |      |     |
| Males                   | 12        | 13%         |      |     |
| Undefined               | 1         | 1%          |      |     |
| **Age (in years)**      |           |             |      |     |
| Total N                 | 92        | 100%        | 20.39| 1.39|
| 18 - 19                 | 25        | 27%         |      |     |
| 20 - 22                 | 61        | 67%         |      |     |
| 23 - 24                 | 6         | 6%          |      |     |
| **Ethnicity**           |           |             |      |     |
| Asian / Pacific Islander| 7         | 8%          |      |     |
| Black / African American| 5         | 5%          |      |     |
| Hispanic / Latino       | 4         | 4%          |      |     |
| White / European        | 65        | 71%         |      |     |
| Biracial                | 11        | 12%         |      |     |
| **Year in School**      |           |             |      |     |
| Total N                 | 92        | 100%        |      |     |
| Freshman                | 19        | 21%         |      |     |
| Sophomore               | 11        | 12%         |      |     |
| Junior                  | 26        | 28%         |      |     |
| Senior                  | 26        | 28%         |      |     |
| 5th or 6th Year         | 10        | 11%         |      |     |
Table 3
Total Sample Demographics Including Frequencies, Percentages, Means and Standard Deviations for Organization Affiliation, Contribution to Charity, and Volunteer Hours.

| Characteristic               | Frequency | Percentages | Mean | SD  |
|------------------------------|-----------|-------------|------|-----|
| **Organization Affiliation** |           |             |      |     |
| Total N                      | 92        | 100%        |      |     |
| None                         | 31        | 36%         |      |     |
| Athletic or Sport            | 20        | 23%         |      |     |
| Environmental                | 1         | 1%          |      |     |
| Fraternity / Sorority        | 16        | 18%         |      |     |
| Holistic Health              | 1         | 1%          |      |     |
| Religious                    | 5         | 6%          |      |     |
| Social Justice               | 4         | 5%          |      |     |
| Medical                      | 4         | 5%          |      |     |
| Other                        | 4         | 5%          |      |     |
| **Contribution to Charity**  |           |             | 1.03 | 0.84|
| Total N                      | 92        | 100%        |      |     |
| Never = 0                    | 24        | 26%         |      |     |
| Sometimes = 1                | 48        | 52%         |      |     |
| Frequently = 2               | 13        | 14%         |      |     |
| Always = 3                   | 7         | 8%          |      |     |
| **Volunteered Hours**        |           |             | 34.64| 55.77|
| Total N                      | 92        | 100%        |      |     |
| 0                            | 24        | 26%         |      |     |
| 2-20                         | 38        | 41%         |      |     |
| 30-70                        | 17        | 19%         |      |     |
| 100-250                      | 13        | 14%         |      |     |
### Table 4
**Total Sample Demographics for Mother’s and Father’s Highest Level of Education**

| Characteristic       | Frequency | Percentages | Mean | SD  |
|----------------------|-----------|-------------|------|-----|
| **Mother’s Highest Education** |           |             |      |     |
| Total N              | 92        | 100%        | 3.68 | 1.26|
| No High School       | 3         | 3%          |      |     |
| High School          | 19        | 21%         |      |     |
| Associate Degree     | 12        | 13%         |      |     |
| Bachelor’s Degree    | 32        | 35%         |      |     |
| Master’s Degree      | 22        | 24%         |      |     |
| Doctorate Degree     | 4         | 4%          |      |     |
| **Father’s Highest Education** |       |             |      |     |
| Total N              | 92        | 100%        | 3.65 | 1.41|
| No High School       | 4         | 4%          |      |     |
| High School          | 21        | 22%         |      |     |
| Associate Degree     | 12        | 13%         |      |     |
| Bachelor’s Degree    | 31        | 33%         |      |     |
| Master’s Degree      | 22        | 24%         |      |     |
| Doctorate Degree     | 4         | 4%          |      |     |
Measures

Demographic Questionnaire. Thirteen demographic questions were developed for the purpose of this study to provide descriptive information about the participants including their age, gender, ethnicity, major, college year, previous knowledge and experience of compassion, religion, health activities, organizational membership, fundraising, and community service volunteer participation. (See Appendix A for all measures and items).

Self-Compassion Scale (SCS). The SCS was used to assess compassion towards self. This instrument has been used in previous research and is an established measure of self-compassion (Neff, Rude, & Kirkpatrick, 2007; Neff, Kirkpatrick, & Rude, 2007; Neff & Vonk, 2009; Neff & Pommier, 2013). The SCS consists of 26 items, which assess the positive and negative aspects of three main components of self-compassion, to create an overall self-compassion score. The SCS was designed to measure the following three dichotomies: Self-Kindness vs Self-Judgment, Common Humanity vs Isolation, and Mindfulness vs Over-Identification.

The SCS was found to have high internal consistency between items with the total score of (Andréasson, 2012) $\alpha = .87$. Using Cronbach’s alpha, the SCS total score has been found to have high consistency as reported by Van Dam et al. (2011) $\alpha = .92$, (Neff, Rude, & Kirkpatrick, 2007) $\alpha = .90$, and (Raes, 2010) $\alpha = .90$. The SCS has demonstrated good test-retest reliability over both a three-week period (Neff, 2003a) $r = .93$, and a five-month period (Raes, 2011) $r = .71$

Compassion Scale (CS). The CS was utilized to assess compassion towards others. The CS consists of 24 items using a five-point Likert scale (1=almost never,
5=almost always) and was based on the same foundational theory of compassion as the SCS (Pommier, 2010). Previous studies support the validity and reliability of the CS scale (Akin, 2008; Van Dam, Sheppard, Forsyth, & Earleywine, 2011; Tatum, 2012; Beaumont, Durkin, Martin, & Carson, 2016). The CS was designed to measure the following factors: kindness vs. indifference, common humanity vs. separation, and mindfulness vs. disengagement. The Cronbach’s alpha and split-half estimates suggested good reliability (Pommier, 2010). Cronbach’s alpha for the CS was .90. The split-half coefficient was also .90.

**PERMA Profiler Scale.** The PERMA Profiler scale was utilized to measure well-being. This instrument was developed based on Seligman’s positive psychology theory of well-being and is a recognized measure of flourishing among adults (Butler & Kern, 2016). The term “flourishing” is being used by many psychologists and social scientists to describe high levels of well-being (Hone, Jarden, Schofield, & Duncan, 2014). Dr. Seligman asserts that there are five main elements of well-being namely: Positive Emotion, Engagement, Relationship, Meaning, and Accomplishment (Seligman, 2012). The PERMA Profiler Scale contains 23 items, and it consists of items related to health, negative emotion, loneliness, and overall happiness in addition to Positive Emotion, Engagement, Relationship, Meaning, and Accomplishment. The **PERMA Profiler** questions are rated on 11-point scale ranging from 0 to 10. The PERMA Profiler Scale has been shown to successfully measure these eight domains with acceptable internal reliability (range .53-.95), test-retest reliability (range .51-.88), and support for divergent and convergent validity (Butler & Kern, 2016).
*Post Survey Lesson Feedback Questions.* In order to assess face validity of the lessons, participants were asked to respond to 13 feedback items as the final part of the post-survey. The items asked participants to rate how realistic, relatable, helpful, effective, and beneficial the lessons were. Also, participants were asked about the process of how and when they viewed the lessons or revisited any lessons. They were asked how much or how little they practiced each lesson. Finally, they were asked if this program led positive changes in themselves and the way they live overall.

**Procedures**

A recruitment flyer with brief information about the study and how to sign up was distributed through printed copies, emails, website, and Sakai sites. Invitations with the flyers to participate in this study were sent to professors in various departments to share with more than 1,000 undergraduate students, requesting their voluntary participation in this study. The flyer had an active link to a Google form as well as a QR code which could be scanned with active smartphone cameras to access the signup form.

The form asked students for their gender, age, major, and the last four digits of a phone number to serve as their research code. The researcher also visited numerous classes to introduce the study and invite students personally to sign up. Students were encouraged to ask questions regarding the program, participation, and time commitment. Most students received extra credits from their professors as an incentive for enrollment in the study. To ensure the smooth functioning of the online delivery system and the clarity of the instructions, four individuals (two graduate students, and
two non-students) were recruited to review the lessons as a pilot test and changes were made based on their feedback.

When student volunteers signed up using the Google form, they were added manually to the Sakai site for the compassion education project. The Sakai site had tabs to the pre and post surveys that were linked to Survey Monkey and video lessons that were linked to YouTube. All lessons were sequential, and watching Lesson One was prerequisite to proceeding to Lesson Two and onwards. Only after watching all the lessons students were able to complete the post survey. The participants viewed eight film-mediated compassion lessons over a short period of time. Each lesson consisted of approximately 6-10 minutes of interactive instructional information on topics related to compassion.

The lessons began with an introduction to the 8 Steps to Great Compassion followed by lessons on Mindfulness, Common Humanity, Gratitude, Loving-Kindness, Empathetic Concern, Forgiveness, Self-compassion, and Compassion for Others. A thank you email with a certificate of completion was sent to the students who completed all 8 Steps to Great Compassion lessons and post survey. A reminder email with an encouraging photographic message was sent once a week to those participants who appeared to be progressing slowly on their lessons.

Presurvey/pretest data were collected with the use of the three validated and reliable instruments, Self-Compassion Scale (SCS), Compassion Scale (CS), and PERMA Profiler Scale, to collect data on dependent variables of self-compassion, compassion for others, and sense of well-being, respectively. A demographic
questionnaire was also completed. These students volunteered to participate in the compassion study from various academic and ethnic backgrounds.

All students who volunteered to participate in this study first enrolled through Google form and then were added to the project Sakai site. From there they could select a Survey Monkey link that included an informed consent form and directions to complete the three surveys. Students who gave consent and completed the pre-survey were given access to the compassion lessons.

At the completion of the 8 Steps to Great Compassion program participants were asked to complete the SCS, CS, and PERMA Profiler scales as post-survey. They were also asked with some to provide feedback about the length, effectiveness, relatability, and helpfulness of the compassion lessons. The participants were thanked for their contribution to the research at the conclusion and received a small certificate of completion.
CHAPTER 4: FINDINGS

Overview

The findings of this study are organized in three sections. First, descriptive statistics of the dependent variables from the three measures are presented, along with the descriptive responses from the post lesson validity questions. Second, statistical findings from the tests of differences between the pre and post-survey scores of self-compassion, compassion for others, and well-being will be presented for both total scores, as well as subscale scores. Third, post-survey feedback about the validity, relatability, effectiveness, helpfulness, and benefits of the lessons will be presented. Finally, although not the primary research questions, a number of secondary and exploratory questions are addressed using comparisons of the pre and post change scores for various demographic categorical variables.

Data Analysis

Data analysis was completed in several phases. First, all survey responses were downloaded from the Survey Monkey onto an Excel sheet and reviewed for completeness. Only participants who completed the presurvey, all compassion lessons, and the post surveys were included in the analysis. Participants who completed only the presurvey were separated and will be used as a comparison group in future analyses. Second, the survey responses were numerically coded and entered into a spreadsheet format for statistical analysis. Third, the data were analyzed using Statistical Package for the Social Sciences (SPSS) Version 25. Initially, descriptive statistics were calculated on each of the variables and items, including frequencies, distributions, percentages, means, medians, modes, and standard deviations.
Descriptive statistics were used to describe the basic distribution features of the data collected for this study. Descriptive data were used to help explain categorical factors possibly contributing to the effectiveness or ineffectiveness of the treatment.

To examine answers for the three research questions, a series of paired sample $t$-tests were performed comparing the differences between pre-and post-test mean scores to determine if there were significant changes in participant’s reported levels of compassion and well-being. Specifically, $t$ tests were calculated to determine if there were statistically significant increases in self-compassion; compassion toward others; and sense of psychological well-being scores of the participants after receiving the film mediated compassion training program. Finally, secondary analyses of differences were also conducted using demographic categorical variables to further understand factors that might be contributing to improvements in compassion and well-being for some groups of participants and not for others.

**Main Findings**

*Research question 1: Will college students who complete a brief, online, film-mediated compassion educational program increase compassion towards themselves?*

To determine the increase in self-compassion, a paired sample t-test examined the difference in mean scores between pre surveys and post surveys on the Self-Compassion Scale. There was an increase of 16.6 points in the total score means from pre survey (M = 74.40) to post survey (M = 91.00). This reflects a positive change of 22.31% (95% confidence interval = 19.6 – 13.5). The results showed that the self-compassion post survey mean score (M= 91.00, SD=18.16) was significantly higher than self-compassion pre survey mean score (M=74.40, SD=16.94), t(91) = -10.91, p
<.001. The statistical null hypothesis was rejected. This result indicated that college students who completed the 8 Steps to Great Compassion, a brief film-mediated compassion educational program, significantly increased participants’ compassion towards self, as shown in Table 5.

Analysis of Self-compassion Subscales Pre-Post Differences

A series of paired sample t-tests were performed to examine whether or not there was a significant change in each of the six subscales on the Self-compassion Scale: (1) Self-kindness, (2) Self-judgment, (3) Common Humanity, (4) Isolation, (5) Mindfulness, and (6) Over identification. The results are listed below and support the overall finding that college student participants who completed the 8 Steps to Great Compassion, a brief, online, film-mediated educational program, significantly improved their scores across all six subscales as also shown in Table 5.

1) The result showed that the mean self-kindness subscale post survey score (M=17.91, SD=3.86) was significantly higher than the mean self-kindness subscale scores at pretest (M=14.64, SD=3.63), t(91) = -9.63, p <.001.

2) The self-judgment score post compassion lesson (M= 16.21, SD=4.22) was significantly higher than the mean self-judgement at pretest (M=13.11, SD=4.22), t(91) = -7.74, p <.001.

3) The common humanity score post compassion lesson (M= 14.80, SD=3.33) was significantly higher than the mean common humanity at pretest (M=12.80, SD=3.41), t(91) = -5.37, p <.001.
4) The isolation score post compassion lesson (M = 13.86, SD=3.53) was significantly higher than the mean isolation score at pretest (M=10.93, SD=3.48), t(91) = -8.05, p <.001.

5) The mindfulness score post compassion lesson (M= 15.37, SD=2.93) was significantly higher than the mean mindfulness at pretest (M=12.70, SD=2.82), t(91) = -9.22, p <.001.

6) The over identification score post compassion lesson (M= 12.85, SD=3.69) was significantly higher than the mean over identification at pretest (M=10.22, SD=3.79), t(91) = -8.51, p <.001.

Research question 2: Will college students who complete a brief, online, film-mediated compassion educational program increase compassion towards others?

To determine the increase in compassion for others a paired sample t-test examined the difference in mean scores between pre surveys and post surveys on the Compassion for Others Scale. There was an increase of five points in the total score means from pre survey (M = 99.54) to post survey (M = 104.54). This reflects a positive change of 5.02% (95% confidence interval = 6.86 – 3.14). The results of the paired-sample t-test showed that the posttest mean score on compassion for others (M= 104.54.00, SD=11.64) was significantly higher than the mean compassion for others score at pretest (M=99.54, SD=12.15), t(91) = -5.35, p <.001. This result indicates that college students who completed the 8 Steps to Great Compassion, a brief, online, film-mediated compassion educational program, significantly increased compassion towards others as shown in Table 6. However, the size of the effect and
change on the Compassion for Others Scale, although statistically significant, was smaller than the change score on the Self-Compassion Scale.

Analysis of Compassion for Other Subscales Pre-Post Differences

Paired Samples t-tests also were performed to examine whether or not there were significant changes on each of the six subscales of the Compassion for Others measure: (1) Kindness, (2) Indifference, (3) Common Humanity, (4) Separation, (5) Mindfulness, and (6) Disengagement. The results are listed below and support the overall finding that college student participants who completed the 8 Steps to Great Compassion brief, online, film-mediated educational program, significantly improved their scores across all six subscales, as also shown in Table 6.

1) The result shows that the mean Kindness subscale score post compassion lesson (M= 18.14, SD=2.55) was significantly higher than the mean kindness at pretest (M=17.41, SD=2.62), t(91) = -.3.51, p <.001.

2) The Indifference subscale score post compassion lesson (M= 16.93, SD=2.44) was significantly higher than the mean indifference at pretest (M=16.03, SD=3.00), t(91) = -3.89, p <.001.

3) The Common Humanity subscale score post compassion lesson (M= 17.40, SD=2.32) was significantly higher than the mean common humanity at pretest (M=16.60, SD=2.61), t(91) = -2.75, p = .007.

4) The Separation subscale score post compassion lesson (M= 17.10, SD=2.44) was significantly higher than the mean separation at pretest (M=16.07, SD=2.99), t(91) = -4.48, p <.001.
5) The Mindfulness score post compassion lesson (M = 17.47, SD = 2.20) was significantly higher than the mean mindfulness at pretest (M = 16.71, SD = 2.36), t(91) = -3.24, p = .002.

6) The Disengagement subscale score post compassion lesson (M = 17.50, SD = 2.52) was significantly higher than the mean disengagement at pretest (M = 16.73, SD = 2.90), t(91) = -3.25, p = .002.

Research question 3: Will college students who complete a brief, online, film-mediated compassion educational program increase their sense of well-being?

There was an increase of 17.4 points in the total score means pre survey (M = 147.32) to post survey (M = 164.72) using the PERMA Profiler. This reflects a positive change of 11.81% (at the 95% confidence interval = 21.73 – 13.07). To determine if the increase in sense of well-being was statistically significant a paired sample t-test tested the difference in mean scores between pre and post surveys on the PERMA Profiler. The results from this paired-sample t-test confirmed the statistically significant difference with the mean PERMA Profiler post survey (M = 164.72, SD = 34.02) being higher than the mean sense of well-being at presurvey (M = 147.32, SD = 35.00), t(91) = -7.98, p < .001. This finding indicates that participating college students who completed the 8 Steps to Great Compassion brief film-mediated educational program, significantly increased their sense of well-being, as presented in Table 7.
| Measure               | Pre-Test | Post-Test | Sig. |
|----------------------|----------|-----------|------|
|                      | Mean     | SD        | Mean | SD    |       |
| Self-Compassion Total| 74.45    | 16.96     | 91.00| 18.16 | .000  |
| Subscale             |          |           |      |       |       |
| Self-Kindness        | 14.64    | 3.64      | 17.91| 3.86  | .000  |
| Self-Judgment        | 13.11    | 4.50      | 16.21| 4.23  | .000  |
| Common Humanity      | 12.80    | 3.41      | 14.80| 3.34  | .000  |
| Isolation            | 10.98    | 3.47      | 13.86| 3.54  | .000  |
| Mindfulness          | 12.70    | 2.82      | 15.37| 2.93  | .000  |
| Over Identification  | 10.22    | 3.79      | 12.85| 3.70  | .000  |
Table 6
*Compassion for Others Total and Subscales Pre-Test, Post-Test*

| Measure                      | Pre-Test | Post-Test | Sig. |
|------------------------------|----------|-----------|------|
|                              | Mean     | SD        | Mean | SD  |      |
| Compassion for Others Total  | 99.54    | 12.16     | 104.54| 11.65| .000 |
| Subscale                     |          |           |      |     |      |
| Kindness                     | 17.41    | 2.62      | 18.14| 2.56 | .001 |
| Indifference                 | 16.03    | 3.01      | 16.93| 2.44 | .000 |
| Common Humanity              | 16.60    | 2.61      | 17.40| 2.33 | .007 |
| Separation                   | 16.07    | 2.99      | 17.10| 2.45 | .000 |
| Mindfulness                  | 16.71    | 2.37      | 17.47| 2.21 | .002 |
| Disengagement                | 16.73    | 2.88      | 17.50| 2.53 | .002 |
Table 7

PERMA Profiler Total and Subscales Pre-Test, Post-Test

| Measure            | Pre-Test | Post-Test | Sig. |
|--------------------|----------|-----------|------|
|                    | Mean     | SD        | Mean  | SD    | .000 |
| PERMA Total        | 147.32   | 35.00     | 164.72| 34.02 | .000 |
| Subscale           |          |           |       |       |      |
| Overall Well-being | 107.98   | 25.36     | 120.45| 24.85 | .000 |
| Negative Emotion   | 14.91    | 5.45      | 17.15 | 5.77  | .000 |
| Health             | 19.63    | 6.25      | 21.33 | 5.66  | .000 |
| Loneliness         | 4.79     | 2.86      | 5.79  | 2.84  | .000 |

Analysis of PERMA Profiler Subscale Pre-Post Differences

As with the other two dependent measures paired sample t-tests were calculated to examine whether or not there was a significant change in the five subscale categories of well-being on the PERMA Profiler: 1) Happiness, 2) Overall Well-being, 3) Negative Emotions, 4) Health, and 5) Loneliness. The results overall indicated that college students who completed the brief, online, film-mediated compassion educational program, reported significantly positive improvements that included increases in Happiness, Overall Well-Being, and Health, while lowering their Negative Emotions and Loneliness, as also shown in Table 7.
1) The result shows that the mean happiness score post compassion lesson (M=7.34, SD=1.91) was significantly higher than the mean happiness at pretest (M=6.45, SD=1.87), t(91) = -6.77, p <.001.

2) The overall well-being score post compassion lesson (M= 120.45, SD=24.85) was significantly higher than the mean overall well-being at pretest (M=107.98, SD=25.36), t(91) = -7.47, p <.001.

3) The negative emotions score post compassion lesson (M= 17.15, SD=5.77) was significantly higher than the mean negative emotions at pretest (M=14.91, SD=5.45), t(91) = -5.20, p <.001.

4) The health score post compassion lesson (M= 21.33, SD=5.65) was significantly higher than the mean health at pretest (M=19.63, SD=6.24, t(91) = -4.73, p <.001.

5) The loneliness score post compassion lesson (M= 5.79, SD=2.84) was significantly higher than the mean loneliness at pretest (M=4.79, SD=2.86), t(91) = -4.02, p <.001.

Correlations

To explore the relationships between change scores for self-compassion, compassion for others, and well-being, Pearson correlation coefficients were calculated. The results showed significant positive correlations between the change scores of Self-compassion and Compassion for Others, (r(92) = .259, p = .01, and Self-compassion with Well-being, (r(92) = .596, p = < .001. However, no significant correlation was found between Compassion for Others and Well-being change scores, (r(92) = .145, p = .168.
Post-Survey Lesson Feedback

A series of analyses was completed to explore what, if any, contribution to participant gains in compassion and well-being could be attributed to their feedback responses about how they viewed the lessons and what they thought about the lessons.

At the conclusion of the post-survey, participants were asked to give feedback about the compassion lessons by responding to various questions or statements on topics such as their viewing location, length of the lessons, realistic, relatability, practice, effectiveness, helpfulness, the most/least beneficial lesson, and positive changes in their personal life following the 8 Steps to Great Compassion educational program. Each question or statement to which they responded is listed below with their response options, followed by the resulting percentages.

Feedback Item 1. Please tell us how you WATCHED the lessons (i.e., how often per day). (Response options: One lesson a day = 1, Multiple lessons a day = 2, All lessons in same day = 3, Every other day = 40). Participants’ responses showed that 18.5% watched one lesson a day, 51% watched multiple lessons a day, 17.5% watched all lessons in one day, 13% watched one lesson every other day. There was no statistically significant difference between groups in terms of their gain in self-compassion $F (3, 88) = .12, p = .94$, compassion for others $F (3, 88) = 1.13, p = .34$, and well-being $F (3, 88) = 1.37, p = .25$.

How often they watched the lesson made no difference in their change scores at post surveying in the total scores of all three dependent variable measures. Therefore, the alternative hypotheses about the difference in Self-compassion,
Compassion for Others, and Well-being based on how often per day they watched the lessons were rejected.

Feedback Item 2. *When watching the lessons, I was in a QUIET PLACE free from distractions and interruptions.* (Response options: Some of the time=1, Most of the time=2, All of the time=3). Differences were explored in the participants’ average post survey gains in Self-Compassion, Compassion for Others, and Well-being based on whether or not they viewed the lessons in a quiet distraction free location. Overall, 4 (4 %) watched the lessons in quiet place some of the time ($M = -5.00, SD = 5.42$), 35 (38%) watched the lessons in quiet place most of the time ($M = 3.66, SD = 9.30$), and 53 (58%) watched the lessons in quiet place all of the time ($M =6.64, SD = 8.37$).

There was a significant change score in Self-compassion based on how often they viewed the lessons in quiet location. Participants who reported that they watched the lessons in a quiet place all of the time scored higher than the participants who watched the lesson in quiet place most of the time $F (2, 89) = 5.12, p = .008$. Differences between all and most groups compared with some group was not calculated due to small size (n=4) of participants who viewed the lesson in quiet location only some of the time.

Also, there was a significant change in post survey Compassion for Others scores due to quietness. Participants who reported that they watched the lessons in a quiet place all the time scored higher on Compassion for Others than participants who watch the lesson in quiet place most of the time $F (2, 89) = 4.05, p = .021$. However, there was no significant change score in well-being due to whether or not
participants were watching the lessons in a quiet distraction free environment $F(2, 89) = 1.42, p = .25$.

Feedback Item 3. We are interested in learning what you thought about the LENGTH of the lessons and the time required to watch the videos. (Response options: Too short=1, Too long=2, Just Right=3). Participants were asked to rate how they felt about length of the lessons. They selected from Too Short, Too Long, or Just Right. Out of entire sample, 85.9% rated the length of lessons as Just Right, 10.9% rated the lessons Too Long, 3.3% of student rated the lessons Too Short.

Feedback Item 4. Overall, I thought that the examples shown in the videos and photographs represented REALISTIC situations to me. (Response options: Strongly Agree = 6, Agree = 5, Slightly Agree = 4, Slightly Disagree = 3, Disagree = 2, Strongly Disagree = 1). Results showed that overall 83.7% replied that they agreed or strongly agreed that the lessons were realistic with 1% disagreed, 1% slightly disagreed, 14% slightly agreed, 47.8% agreed, and 35.9% strongly agreed.
Figure 2. The examples shown in the videos and photographs represented realistic situations.

Feedback Item 5. Overall, I could RELATE to the students and individuals shown in the lesson videos and photographs. (Response options: Strongly Agree = 6, Agree = 5, Slightly Agree = 4, Slightly Disagree = 3, Disagree = 2, Strongly Disagree = 1). Overall 83.7% agreed or strongly agreed that they could relate to the persons in the lessons. Of the total sample, 1% disagreed, 15.2% slightly agreed, 53.3% percent agreed, and 30.4% strongly agreed that they could relate to the models/actors in the video lessons.

![Relatability Chart]

Figure 3. I could relate to the students and individuals shown in the lesson videos and photographs.

Feedback Item 6. After watching each video lesson how much or how little did you actually PRACTICE what you learned and observed in the video lesson?
Participants responded eight times, once for each of the eight lessons. Practice was important because the positive feelings that arise from virtuous exercises are authentic (Seligman, 2002). Compiled results for practice are presented in Table 8.

Feedback Item 7. Did you return to REPEAT or review any of the lessons? (Response options: Did not = 0, A little = 1, Some = 2, Often = 3). Thirty-three percent responded Yes, 34% replied No, but I would like to, and 34% responded No I did not.

Feedback Item 8. How CLEAR was it to you that all 8 of the lessons are necessary to live a life with Great Compassion? (Response options: Extremely clear = 5, Very clear = 4, Somewhat clear = 3, Not so clear =2, Not at all clear = 1). Results showed that 58% of the participants understood that it was Extremely Clear that all eight lessons were interconnected and necessary to lead to Great Compassion. Thirty-eight percent responded it was Very Clear, and 4% chose the Somewhat Clear option.

Feedback Item 9. Rate the EFFECTIVENESS of each video lesson as an instructional method in teaching you the topic? (Response options: Very effective = 5, Effective = 4, Somewhat effective = 3, Somewhat Ineffective = 2, Ineffective = 1). Participants responded eight times, once for each of the eight lessons. The lesson receiving the highest effectiveness rating was the Gratitude lesson. On a five-point response scale the overall effectiveness mean was 4.44. The large majority of participants described all of the lessons as effective or very effective. Compiled results for all lessons are presented in Table 9.
### Table 8

*How Much Did Participants Report Actually Practicing What They Learned in the Lessons, Percentages, Means and Standard Deviations*

| Lesson                  | Did not = 0 | Little = 1 | Some = 2 | Often = 3 | Mean  | SD   |
|-------------------------|-------------|-------------|-----------|------------|-------|------|
| Mindfulness             | 3%          | 14%         | 44%       | 39%        | 2.18  | 0.80 |
| Common Humanity         | 2%          | 15%         | 44%       | 39%        | 2.20  | 0.77 |
| Gratitude               | 1%          | 13%         | 28%       | 58%        | 2.42  | 0.76 |
| Loving-kindness         | 0%          | 14%         | 37%       | 49%        | 2.35  | 0.72 |
| Empathy                 | 1%          | 11%         | 37%       | 51%        | 2.38  | 0.72 |
| Forgiveness             | 3%          | 26%         | 39%       | 32%        | 1.99  | 0.85 |
| Self-Compassion         | 2%          | 15%         | 51%       | 32%        | 2.12  | 0.74 |
| Compassion for Others   | 0%          | 12%         | 27%       | 61%        | 2.49  | 0.70 |
| Grand Mean              |             |             |           |            | 2.27  | 0.17 |
| Lesson               | Ineffective=1 | Ineffective=2 | Somewhat=3 | Somewhat=4 | Effective=5 | Mean | SD  |
|---------------------|---------------|---------------|------------|------------|-------------|------|-----|
| Mindfulness         | 0%            | 0%            | 12%        | 35%        | 43%         | 4.41 | 0.70|
| Common Humanity     | 0%            | 2%            | 7%         | 50%        | 41%         | 4.30 | 0.69|
| Gratitude           | 0%            | 0%            | 5%         | 32%        | 63%         | 4.58 | 0.60|
| Loving-Kindness     | 0%            | 1%            | 9%         | 43%        | 47%         | 4.36 | 0.69|
| Empathetic Concern  | 0%            | 0%            | 7%         | 46%        | 47%         | 4.39 | 0.63|
| Forgiveness         | 0%            | 0%            | 7%         | 34%        | 59%         | 4.51 | 0.64|
| Self-compassion     | 0%            | 4%            | 8%         | 30%        | 58%         | 4.41 | 0.81|
| Compassion for Others | 0%            | 0%            | 5%         | 36%        | 59%         | 4.53 | 0.60|
| Grand Mean          |               |               |            |            |             | 4.44 | 0.09|
| Lesson                 | Unhelpful=1 | Somewhat Unhelpful=2 | Somewhat Helpful=3 | Helpful=4 | Very Helpful=5 | Mean | SD  |
|------------------------|-------------|----------------------|--------------------|-----------|----------------|------|-----|
| Mindfulness            | 0%          | 2%                   | 13%                | 12%       | 73%            | 4.55 | 0.80|
| Common Humanity        | 0%          | 1%                   | 9%                 | 23%       | 67%            | 4.57 | 0.70|
| Gratitude              | 0%          | 1%                   | 8%                 | 16%       | 75%            | 4.65 | 0.67|
| Loving-Kindness        | 0%          | 0%                   | 11%                | 18%       | 71%            | 4.60 | 0.68|
| Empathetic Concern     | 0%          | 0%                   | 8%                 | 18%       | 74%            | 4.66 | 0.62|
| Forgiveness            | 0%          | 0%                   | 9%                 | 17%       | 74%            | 4.65 | 0.64|
| Self-compassion        | 0%          | 2%                   | 9%                 | 13%       | 76%            | 4.63 | 0.74|
| Compassion for Others  | 0%          | 0%                   | 6%                 | 16%       | 78%            | 4.73 | 0.56|
| Grand Mean             |             |                      |                    |           |                | 4.63 | 0.06|
Feedback Item 10. *Rate the HELPFULNESS of each lesson in guiding you personally toward a compassionate life.* (Response options: Very Helpful = 5, Helpful = 4, Somewhat Helpful = 3, Somewhat Unhelpful = 2, Unhelpful = 1). Participants rated the helpfulness of each of the eight lessons. The lesson receiving the highest helpfulness ratings was the final lesson, Compassion for Others. On a five-point response scale the overall helpfulness grand mean was 4.63. The large majority of participants felt that all of the lessons were helpful or very helpful. Compiled results for all lessons are presented in Table 10.

Feedback Item 11 & Feedback Item 12. *Please select the lesson you felt was the MOST BENEFICIAL to you; Please select the lesson you felt was the LEAST BENEFICIAL to you.* (Response options: Mindfulness = 1, Common Humanity = 2, Gratitude = 3, Loving-kindness = 4, Empathetic Concern = 5, Forgiveness = 6, Self-compassion = 7, Compassion for Others = 8, All 8 Lessons = 9. None of the Lessons=10). Participants rated how beneficial they thought each of the eight lessons were. The lesson that participants ranked as the most beneficial was Lesson 7 Self-compassion as shown in Figure 4. The lesson selected most often as least beneficial was Lesson 2 Common Humanity as shown in Figure 5.
**Figure 4.** The frequency of the number of participants selecting which lesson was the most beneficial.

**Figure 5.** The frequency of the number of participants selecting which lesson was the least beneficial.
Feedback Item 13. *Overall the 8 Steps to Great Compassion lessons have led to POSITIVE CHANGES in myself and the way I live.* (Response options: Strongly Agree = 6, Agree = 5, Slightly Agree = 4, Slightly Disagree = 3, Disagree = 2, Strongly Disagree = 1). An overwhelming majority (88%) endorsed the 8 Steps to Great Compassion program as having led to positive changes in themselves and in the way they live.

![Positive Changes in Participants and their Way of Living](image)

*Figure 6.* Percent of participants’ agreeing that the lessons led to positive changes in themselves and in the way they live.

**Secondary Exploratory Analyses**

Although not the primary focus of this study, a number of secondary analyses were conducted to explore which, if any, of the demographic descriptive categorical variables would explain any significant differences in the dependent variables of self-compassion, compassion for others, and well-being. A series of group differences were tested and each of these is reported below by the categorical descriptive variable tested.
Before examining the role of gender in their post survey change scores of self-compassion, compassion for others, and well-being, a one-way analysis of variance, ANOVA, was performed to determine if there was a significant difference in self-compassion, compassion for others, and well-being among genders in the pretest. No significant difference was found between male (M=75.25, SD=19.94) and female (M=74.34, SD=74.34) at pretest self-compassion $F(2, 89) = .06, p = .93$. Also, no significant difference was found between male (M=96.50, SD=15.86) and female (M=96.90, SD=11.59) at pretest compassion for Others $F(2, 89) = .64, p = .52$. Similarly, no significant difference was found between male (M=151.92, SD=34.34) and female (M=146.81, SD=35.44) at pretest well-being $F(2, 89) = .20, p = .81$.

Next, a one-way ANOVA was performed to examine the difference in the students’ average change scores of self-compassion, compassion for others, and well-being based on their gender. It should also be noted that there was a large majority of females in the sample and the results of statistical tests using such unequal groups may be uncertain. There was no statistically significant difference in Self-compassion scores between female ($M = 15.57, SD = 13.96$) and male ($M = 22.58, SD = 17.70$) students in terms of their self-compassion change scores, $F(2, 89) = 1.29, p = .28$. Therefore, the alternative hypothesis about difference in self-compassion based on gender was rejected. This finding supported a previous meta-analysis that reported no significant difference in self-compassion between male and female (Yarnell et al., 2015).

Differences in the participants’ average gain in compassion for others based on their gender was explored. There was no statistically significant difference between
female ($M = 5.48, SD = 8.88$) and male ($M = 1.83, SD = 9.39$) students in terms of their Compassion for Others gain, $F(2, 89) = .86, p = .42$. Therefore, the alternative hypothesis about difference in Self-compassion gain based on gender was rejected.

Differences in the students’ average improvement in well-being based on their gender. There was no statistically significant difference between female ($M = 16.59, SD = 20.90$) and male ($M = 21.42, SD = 21.65$) in terms of their gain in Well-being $F(2, 89) = .55, p = .57$. Hence, the alternative hypothesis about difference in Well-being based on gender was rejected.

**Ethnicity**

**Ethnicity and Self Compassion.** Differences in the students’ average improvement in self-compassion score based on their ethnicity: Out of 92 participants, 7 (7.6 %) out of N=92 were Asian/Pacific Islander ($M = 16.29, SD = 11.80$), 11 (%12) were Biracial ($M = 18.45, SD = 12.18$), 5 (5.4%) were Black/African American ($M = 4.40, SD = 8.76$), 4 (4.3%) were Latino/Hispanic American ($M = 31.00, SD = 12.57$), and 65 (70.7%) were White/European American ($M = 16.31, SD = 15.04$). There was no statistically significant difference among students of different ethnicities in terms of their gain in self-compassion $F(4, 87) = 2.00, p = .10$. Hence, the alternative hypothesis about difference in Self-compassion gain based on participants’ ethnicity was rejected.

**Ethnicity and Compassion for Others.** Differences in the participants’ average gain in compassion for others based on their ethnicity was explored. Out of the total sample, 7 (7.6 %) were Asian/Pacific Islander ($M = 4.86, SD = 7.19$), 11 (12%) were Biracial ($M = 7.64, SD = 10.15$), 5 (5.4%) were Black/African American ($M = 5.80, SD = 1.64$), 4 (4.3%) were Latino/Hispanic American ($M = 4.50, SD = 3.69$), and 65 (
70.7%) were White/European American (M = 4.54, SD = 9.50). There was no statistically significant difference among students of different ethnicity in terms of their gain in compassion for others $F (4, 87) = .28, p = .88$. Hence, the alternative hypothesis about difference in compassion for others gain based on ethnicity was rejected.

**Ethnicity and Well-being.** Also explored were any differences in the participants’ average gain in well-being based on their ethnicity was tested. Overall, 7 (7.6 %) were Asian/Pacific Islander (M = 15.29, SD = 22.75), 11 (%12) were Biracial (M = 19.00, SD = 15.83), 5 ( 5.4%) were Black/African American (M = 5.20, SD = 11.05), 4 (4.3%) were Latino/Hispanic American (M = 28.75, SD = 36.17), and 65 (70.7%) were White/European American (M = 17.60, SD = 21.06). There was no statistically significant difference between students of different ethnicity in terms of their gain in well-being $F (4, 87) = .74, p = .56$. Thus, the alternative hypothesis about difference in well-being gain based on ethnicity was rejected.

Overall when ethnicity of participants was explored as a factor accounting for differences in the three independent variables, no significant differences were found. Ethnicity does not appear to play a role in the participants’ responsiveness and gains as a result of viewing the compassion lessons.

**Religion**

**Pretest Differences and Religion.** To examine any significant difference in pretest scores of self-compassion, compassion for others, and well-being between participants who reported themselves as religious and non-religious, t-tests were performed. No significant difference was found between religious (M=73.88, SD=15.46) and non-religious participants (M=74.86, SD=18.28) at the pretest scores of
self-compassion $t(90) = .274, p = .785$. Similarly, no significant difference was found between religious (M=101.35, SD=10.47) and non-religious (M=97.96, SD=13.36) at the pretest scores of compassion for others $t(90) = 1.340, p = .184$. Finally, no significant difference was found between religious (M=151.70, SD=31.24) and non-religious (M=143.47, SD=37.90) at the pretest scores of well-being $t(90) = -1.127, p = .263$. Hence, the alternative hypotheses about difference in pretest scores of self-compassion, compassion for others, and well-being based on religiosity was rejected.

**Post Survey Self-compassion and Religion.** An independent samples t-test was performed to examine difference in students’ average gain score in Self-compassion based on their religiosity. Overall, 49 (53.3%) students identified themselves as non-religious and 43 (46.7%) students reported as religious. The result shows a statistically significant difference between participants with religious or spiritual affiliation ($M = 19.84, SD = 13.16$) and non-religious participants ($M = 13.67, SD = 15.16$) in terms of their Self-compassion gain $t(90) = -2.06, p = .04$). Based on these findings, those who described themselves as following a religious or spiritual tradition gained significantly higher score in self-compassion than those who identified themselves as non-religious. Thus, the statistical null-hypothesis was rejected.

**Post Survey Compassion for Others and Religion.** Differences were tested in the participants’ average gain in Compassion for Others based on whether or not they followed any religious or spiritual tradition. The independent samples t-test shows no statistically significant difference between religious ($M = 4.44, SD = 8.06$) and non-religious ($M = 5.49, SD = 9.69$) participants in terms of their gain in compassion for
others $t(90)= .55, p = .41$) in Compassion for Others. Hence, the alternative hypothesis about difference in compassion for others gain based on religiosity was rejected.

**Post Survey Well-being and Religion.** Differences in the students’ average gain in well-being based on their religious or spiritual background was evaluated. The independent samples $t$-test shows no statistically significant difference between religious ($M = 18.49, SD = 17.16$) and non-religious ($M = 16.45, SD = 23.83$) participants in terms of their gain in well-being $t(90)= -46, p = .09)$. Hence, the alternative hypothesis about the difference in Well-being gain based on their religiosity was rejected.

**Post Survey Differences and Prior Knowledge/Experience in Compassion**

To examine any significant difference in the students’ average gain in self-compassion score based on their reported prior knowledge of compassion, a one-way ANOVA test was performed for each of the dependent measures on post survey gain scores. Overall, 15 (16.3 %) had no prior knowledge of compassion ($M = 12.87, SD = 16.86$), 23 (25 %) had little knowledge of compassion ($M = 13.17, SD = 12.17$), 44 (47.8%) had some knowledge or some experience of compassion ($M = 20.73, SD = 14.75$), 10 (10.9 %) reported high knowledge of compassion ($M = 11.50, SD = 11.08$). There was no statistically significant difference between groups in terms of their gain in self-compassion $F (3, 88) = 2.46, p = .06$. Similarly, the one-way ANOVA performed to examine difference in Compassion for Others gain based on students’ prior knowledge/experience in compassion showed no significant difference $F (3, 88) = .41, p = .74$. Finally, a one-way ANOVA examined the presence of any statistical difference
in well-being gains based on students’ prior knowledge/experience of compassion.

There was no statistically significant difference between groups in terms of their gain in well-being $F(3, 88) = 1.33, p = .26$. In conclusion, the alternative hypothesis about the difference in Self-compassion, Compassion for Others, and Well-being based on students’ prior knowledge and experience in the area of compassion was rejected.

**Post Survey Differences with College Year and Developmental Level**

To examine any significant difference in participants’ average gain in Self-compassion based on their age and developmental level (late adolescence to young adulthood) as indicated by year in college, a one-way ANOVA was performed for each of the dependent measure variables. There was no statistically significant difference between groups in terms of their gain in Self-compassion $F(4, 87) = .88, p = .47$. There was no significant difference between groups in terms of their gain in compassion for others $F(4, 87) = 1.92, p = .11$. There was no statistically significant difference between groups in terms of their gain in well-being $F(4, 87) = .46, p = .76$. Overall, a participant’s year in college was not found to be a factor contributing to any differences in post survey gain scores across all three measures. Therefore, the alternative hypotheses about differences in Self-compassion, Compassion for Others, and Well-being post survey gain scores based on students’ college year were rejected.

**Training Group vs No Training Group Comparison**

An initial group of volunteers, who only completed the pretest survey and never received training because the lessons were still under production and had not been pilot tested, served as a “Comparison Group” for the purpose of exploring any possible
differences between participants who received the compassion training and those who did not. This group which only completed the pretest survey is called ‘No Training Group’. The group which completed the pretest survey, compassion training as well as the posttest survey is called ‘Full Training Group’. These groups are compared in Table 11 for their demographic information.

**Table 11**  
*No Training Group vs Full Training Group Sample Demographics Frequencies and Percentages*

| Characteristic | No Training Group | Full Training Group |
|----------------|-------------------|---------------------|
|                | Frequency | Percentage | Characteristic | Frequency | Percentage |
| Gender         |           |            | Gender         |           |            |
| Total N        | 94        | 100%       | Total N        | 92        | 100%       |
| Females        | 80        | 85%        | Females        | 79        | 86%        |
| Males          | 14        | 15%        | Males          | 12        | 13%        |
| Undefined      | 0         | 0%         | Undefined      | 1         | 1%         |
| Age (in years) |           |            | Age (in years) |           |            |
| Total N        | 94        | 100%       | Total N        | 92        | 100%       |
| 18-19          | 36        | 38%        | 18-19          | 25        | 27%        |
| 20-22          | 54        | 57%        | 20-22          | 61        | 68%        |
| 23-24          | 4         | 4%         | 23-24          | 6         | 6%         |
| Religion       |           |            | Religion       |           |            |
| Total N        | 94        | 100%       | Total N        | 92        | 100%       |
| Religious      | 37        | 39%        | Religious      | 43        | 47%        |
The pretest scores of both No Training Group and Full Training Group are presented in Table 12.

**Table 12**
Comparisons of No Training Group Pre-Survey (n = 94) vs. Full Training Group Pre-Survey (n = 92), Means, Standard Deviations, Percent Differences, and Significant level

| Variable                  | No Training Pre-Survey | Full Training Pre-Survey | t    | Difference | Sig. |
|---------------------------|------------------------|--------------------------|------|------------|------|
|                           | M   | SD  | M   | SD  |      |      |
| Self-compassion (SCS)     | 72.62 | 18.51 | 74.45 | 16.96 | -0.68 | 2.51% | 0.49 |
| Compassion for Others (CS)| 98.57 | 13.06 | 99.54 | 12.16 | -0.52 | 0.09% | 0.60 |
| PERMA Profiler            | 151.49 | 27.24 | 147.32 | 35.00 | 0.90  | -2.75% | 0.36 |

*Note. P > .05. No significant difference was found between No Training and Full Training Pre-Survey groups on all three variables.*

The compassion training group as measured by their post survey results showed statistically significant higher scores on all three dependent measures. These findings, although not a true experimental design for comparison, provide evidence that the training produced a 25.30% higher score in Self-compassion, 8.73% higher score in Well-being, and a 6.11% positive difference in Compassion for Others, as presented in Table 13. These limited findings are very encouraging and point to further research using a more true experimental design.
Table 13
Comparisons of No Training Pre-Survey Only Group (n = 94) vs. Full Training Post-Survey Group (n = 92), Means, Standard Deviations, Percent Differences and Significant level

| Variable                        | No Training Pre-Survey | Full Training Post-Survey | t    | Difference | Sig. |
|---------------------------------|------------------------|---------------------------|------|------------|------|
| Self-compassion (SCS)           | 72.62 18.51            | 91.00 18.16               | -6.83| +25.30%    | .000 |
| Compassion for Others (CS)      | 98.57 13.06            | 104.54 11.65              | -3.29| +6.11%     | .001 |
| PERMA Profiler                  | 151.49 27.24           | 164.72 34.02              | -2.92| +8.73%     | .004 |
CHAPTER 5: DISCUSSION

Today’s college student generation is recognized as one of our nation’s greatest human resources for the future. Yet an increasing number of college students in the US are experiencing significant levels of psychological distress (Gallagher, 2012; Keyes et al., 2012). Interventions that reduce stress and increase self-compassion may positively impact behavioral and psychological well-being of college students (James et al., 2016). The review of the effectiveness of various compassion educational intervention programs such as CFT, MSC, CCT, and CBCT showed potential benefits in reducing anxiety, stress, and depression while increasing satisfaction, happiness, and improved life (Kirby, 2017). However, many compassion curricula remain inaccessible to college students because most of them were designed for group training that take eight to twelve weeks and require dozens of hours of homework and practice exercises. It is difficult for college students to attend extended and often costly programs on top of their course loads and jobs. A more convenient, time efficient, and easily accessible approach is needed in the field of compassion education. Therefore, the goal of this research study was to develop and evaluate the effects of an innovative, brief, film-mediated compassion education training program that college students could freely enroll in and watched online at their convenience and in their chosen locations. An eight-lesson compassion education program was developed and produced as an online film-mediated curriculum, 8 Steps to Great Compassion. College students at a public university in the northeast were recruited as volunteers to view and complete the online eight lesson educational program. A one group pre-post design was employed to assess
changes before and after the program. Before and after surveys were completed by participants to assess the impact of the program.

The primary research questions focused on whether or not there would be increases in compassion for self and others, as well as well-being, as a result of participating in the brief online compassion education program. Also, given the newly developed nature of the program, the research gathered information from participants about their experience with the program. How did participants judge the effectiveness, helpfulness, and benefits of the program?

**Brief Online Film-Mediated Education Increases Compassion and Well-Being**

The overall findings overwhelmingly demonstrated that the 8 Steps to Great Compassion, the brief online compassion education program, resulted in a consistent positive impact on participants’ feelings of compassion toward themselves, compassion toward others, and sense of personal well-being. The results indicated a significantly higher levels of Self-compassion on post surveys (increase of 22%). College students who participated in this study gained significant increases in their Self-compassion which is positively correlated to emotional intelligence (Şenyuva, Kaya, Işik, & Bodur, 2014). The increase in Self-compassion was very important because it demonstrated that even eight brief educational interventions consisting of five to ten-minute instructional videos had potential for creating significant changes and improvements. This finding is consistent with the previously cited research literature that said compassion can be enhanced through training, and similar to previous findings related to well-being and resilience in college students (Jazaieri et al., 2013; Smeets, Neff, Alberts, & Peters, 2014).
The findings also showed a significant improvement in feelings of Compassion for Others after completing the eight lessons (5.02% increase). College students who participated in this study gained significant increases in their compassion for others. This finding supported the literature that asserted that compassion for others can be developed (Saunders, 2015). By developing compassion for others, students could actively participate in transforming their college into a more compassionate campus that is conducive to learning and development of all goodness.

The findings also showed a significant positive change from pre to post assessments of Well-being after viewing the compassion lessons (11.81% increase). College students who participated in this study gained significant increase in their personal well-being. This finding also was consistent with previous literature reporting that compassion is an important predictor of Well-being (Seppala, Rossomando, & Doty, 2013).

Self-compassion and Compassion for Others were positively correlated. This finding might corroborate the notion that it becomes easier to be compassionate toward others when one possesses compassion for self, especially when experiencing negative events in life. The findings also include a significant association between changes in Self-compassion and changes in Well-being. This finding supported the previous report on the positive association between Self-compassion and Well-being reported by Neff, Kirkpatrick, and Rude (2007), and it indicated that self-compassion plays a great role in one’s overall sense of well-being. However, Compassion for Others and Well-being did not appear to be related. This might indicate that one can still treat others with compassion even when one’s well-being is not in a positive state.
Changes in Self-compassion

When examining which aspects of Self-compassion showed significant change, several components contributed to the overall positive improvement. A significant change in Self-kindness was found at program completion. The fact that college students who completed the 8 Steps to Great Compassion were significantly higher in the subscale of Self-kindness. This is related to and also adds support to the previous research reporting that individuals with self-compassion treat themselves with kindness rather than self-criticism (Allen & Leary, 2010). Self-kindness could help college students to prepare for their emotional, as well as academic demands (Beaumont, Durkin, Hollins Martin, & Carson, 2016).

A significant change in Self-judgement was found at the post compassion lesson. The college students who completed 8 Steps to Great Compassion significantly reduced their self-judgement. This finding implied that this brief film mediated compassion lesson reduced self-judgement and increased self-compassion which was found negatively associated with shaming and eating disorders (Ferreira, Pinto-Gouveia, & Duarte, 2013). A previous study found that eating disorders were reduced as a result of practicing self-compassion (Kelly & Carter, 2015).

A significant change in Common Humanity was found at the post compassion lesson. Those college students who completed 8 Steps to Great Compassion gained a significant increase in their feelings of common humanity. This finding aligned with previous studies that reported significant association between self-compassion and shared humanity (Neff, 2011; Akin & Akin, 2015), and higher self-compassion and better perspective taking (Neff & Pommier, 2013).
There was a significant change in Isolation at program completion. The students who completed *8 Steps to Great Compassion* significantly decreased their reported feelings of isolation. An example of an isolation item from the post survey: “When I fail at something that's important to me, I tend to feel alone in my failure” (Neff, 2016). This finding is also consistent with a previous study that reported a negative correlation between Self-compassion and Isolation, and a positive correlation between Self-compassion and sense of community among adolescents (Akin & Akin, 2015). These findings together suggest that a positive sense of belonging among college students could be enhanced with compassion education such as introduced in this study.

Similarly, there were significant changes in Mindfulness on the post surveys. The college student participants gained a significant increase in Mindfulness. This finding provided important information because both mindfulness and academic self-efficacy have been reported to have a strong impact on university students’ resilience and success (Keye & Pidgeon, 2013). Therefore, the *8 Steps to Great Compassion* program might prove helpful to enhance resilience among college students. Thus, it could even potentially help to reduce college dropouts.

Finally, there was a significant change in Over Identification at the post compassion lesson. College students who completed *8 Steps to Great Compassion* significantly decreased overidentification. An example of over-identification is, “When I’m feeling down, I tend to obsess and fixate on everything that’s wrong” (Neff, 2016). This finding also supported a previous study which reported a decrease of over Identification as a result of meditation on Self-compassion (Albertson, Neff, & Dill-
Shackleford, 2014). The decrease in over identification could help college students prevent stress, anxiety, and selfish attitudes.

**Changes in Compassion for Others**

When examining which aspects of Compassion for Others showed significant change, several components also contributed to the overall positive improvement. A significant positive change in kindness was found. The fact that college students who completed the *8 Steps to Great Compassion* were significantly higher in kindness could be very helpful to reduce many behaviors that are violent and harmful in nature.

A significant change in Indifference was found at the post compassion lesson. The college students who completed *8 Steps to Great Compassion* significantly reduced their feelings of indifference toward others. This finding implies that brief film mediated compassion lessons might be helpful in sensitizing college students to the feelings, needs and well-beings of others. Such ability to understand and share others’ feeling is called empathy, and it has been identified as one of the twelve elements of emotional intelligence (Goleman & Boyatzis, 2017). As they reduce their indifference to the feelings of others, the participants might mature into more responsible citizens who understand the perspective of those in both desirable and undesirable life circumstances.

Significant increases in feelings of community humanity implies that this brief film mediated compassion program can be helpful in increasing one’s sense of belonging and a sense of oneness among college students. Thereby, many issues of inequality, injustice, and discrimination that might divide college campuses could be minimized as students realize that they all belong to one human family.
The significant feeling of separation was found to be negatively related with participant’s feelings of connectedness (similar to findings of Ingoglia, Lo Coco, Liga, & Grazia Lo Cricchio, 2011). This implies that film-mediated compassion methods might be helpful to reduce loneliness, which has been linked to psychological stress, poorer sleep, and negative physical health among college students (e.g., Pressman et al., 2005; Mushtaq, Shoib, Shah, & Mushtaq, 2014). Thus, colleges using compassion education programs could help reduce feelings of separateness among students which in turn would help increase physiological health factors such as sleep quality and reduce their mental stress.

The positive pre to post survey changes measured in Mindfulness in both Self-compassion and Compassion for Others surveys suggests that by increasing mindfulness students may become more aware and careful about what they think, what they speak, and how they behave to avoid many hurtful and harmful mental, verbal, or physical actions. These personal and interpersonal improvements could contribute to a more compassionate campus community for all students. The decrease in Disengagement represented a positive improvement and could potentially help college students to reduce anxiety, loneliness and misunderstanding. As they engage with others, they improve social relationship, feel connected, and gain better understanding of self and others.

**Changes in Well-Being**

Various components of Well-being also showed significant change. After viewing the lessons, participants were significantly higher in feelings of happiness and could have strong impact on students’ quality of life and academic gain. This finding was
similar to previous studies that reported positive association between social relationships and well-being (Diener & Ryan, 2009), and compassion as a crucial component for human flourishing (Williams, 2008). Happiness has been considered as the ultimate motivation and the highest good for human actions by philosophers throughout the history (Diener, 2009). Furthermore, a happier flourishing student would be less likely to engage in violent or harmful thoughts or behaviors.

A significant change in Overall Well-being again was related to previous findings that found compassion is an important predictor of a person’s sense of well-being (e.g., Seppala, Rossomando, & Doty, 2013). By improving students’ overall well-being, colleges could help create a positive and healthy learning environment for all as envisioned by many education philosophers, with compassion education.

The significant change in Negative Emotions as a detracting component of well-being implies that this online brief film mediated compassion education might be helpful in reducing students’ negative emotions, which can be harmful to students’ health, as well as their learning outcomes. This finding is very important because often it is our emotions that direct us what to say and how to act (Ekman, 2003). The finding contributes to the literature that found that increased compassion causes reductions in worry and emotional suppression (Jazaieri et al., 2014).

The reported change score in Health was also very significant at the post survey time. College students completing the entire 8 Steps to Great Compassion program reported that they gained significant increases in their physical health. This remarkable finding is further supported by research literature reporting that compassion has significant influence on one’s physical health (Gilbert, 2010). Although it was not
feasible in this study to collect data on or examine the health of college students, these results indicate that health improvements, as reported by these research participants, may result from brief, online, film-mediated compassion education interventions and prevention programs.

Finally, a significant decrease in reported feelings of Loneliness that previous research has associated with anxiety, poor sleep and depressed moods. Loneliness also predicted poorer social interaction, higher stress appraisals, and lower cardiac outputs among young adults (Hawkley, Burleson, Berntson, & Cacioppo, 2003). Thus, loneliness is recognized as one of the causes of poor health among college students (Zawadzki, Graham, & Gerin, 2013). One implication of this finding is that colleges could help uplift students’ moods, reduce anxiety, and increase health by teaching them compassion not through traditional semester long courses, but through easily accessible and convenient individualized online formats such as the 8 Steps to Great Compassion Program.

Post-Survey Feedback

When asked about the 1) Length of the Lessons, 2) Realistic Situations, and 3) Relatability of the video examples, 86 percent of the participants said the length was Just Right, meaning not Too Short or Not Too Long. This might have some impact on why many students found these lessons effective. Numerous studies point to the brief attention spans of today’s electronic generation of college students (Mendoza, Pody, Lee, Kim, & McDonough, 2018) and the effectiveness of brief video module lessons in mindfulness interventions (Pflugeisen, Drummond, Ebersole, Mundell, & Chen, 2016).
Although time alone may not account for attention and effectiveness (e.g., Bradbury, 2016).

Over 97 percent of participants agreed that the examples shown in the videos and photographs represented realistic situations to them. Realistic situations might bring emotional closeness, and emotional connectedness as reported to be associated with perspective-taking and empathetic concern (Ingoglia, Lo Coco, Liga, & Grazia Lo Cricchio, 2011). Similarly, Bandura’s original research studies on film-mediated aggression also highlighted the important role of the model in the imitation process of social learning (1963; 1978). Therefore, the Realistic Situation nature of the compassion lesson might have contributed to students improving their compassion. Similarly, 97 percent of students reported that they could relate to the models or actors in the videos and photos. This finding is also very important because being able to imagine themselves in the shoes of the other person is a key in empathy building that could develop into full compassion, as well as enhancing the social learning process of modeling and imitation (Bandura & McDonald, 1963).

The participants were also asked about their 1) Practice of each lesson, 2) Effectiveness of each lesson, 3) Helpfulness of each lesson, 4) the most and least Beneficial lesson for them. Seventy-six percent of participants reported that they “practiced some” or “practiced often” following each compassion lesson. Since the majority of participants not only viewed the lessons, but also engaged in the suggested practices, this might explain the significant results in the change scores following the program. Over 95 percent of the sample rated all of the eight lessons somewhat effective to very effective. Nearly all of the participants reported all eight of the lessons
as helpful. When rating the most beneficial and the least beneficial lesson, personal interest and situations likely had some influence. Self-compassion was rated the most beneficial by largest number of participants. In addition to the subject matter of each lesson and how effectively each was presented, individual differences among participants and various personal needs and interests at the time of their participating and viewing likely influenced what they chose as their most or least beneficial lesson.

Finally, possibly the most noteworthy finding of the entire research study was the overwhelming endorsement by participants that the brief online 8 Steps to Great Compassion video lessons led to significant positive changes in themselves and their way of living. This significant and positive result gives strong support to the idea that compassion education, when delivered in brief online individualized film-mediated instructional formats, can dramatically reduce negative emotions such as stress and anxiety and lead to a positive change for better health, well-being and a more happy and more positive outlook for college students.

Limitations

The single-group pretest-posttest design employed in this study was a logical first step as an exploratory research effort that can lead to a more formal study using a true experimental approach. The original design of the research was a two-group pretest-posttest comparing treatment and control conditions. When recruitment efforts were extended across several months and still did not yield enough sample size for a two-group comparison experimental design, a single group design was initiated using data from the volunteer participants who had completed the pretest survey, all eight lessons, and the post survey. Over time this sample did expand to a larger total sample
size and the study proceeded with that single group. Although not included as a true experimental comparison group, additional data were collected from an initial group of volunteers who only completed the pretest survey but never viewed the lessons since they were still under production and pilot testing. As shown in Table 13, differences between the pre-test only no-training group and the training group post-test ranged from 6% to 25% improvement in compassion for the training group. Such positive gains are encouraging of additional research using a randomized control two group experimental pre-post design to further confirm the effectiveness of the 8 Steps to Great Compassion training program.

This study had several additional limitations to the validity of the results that could possibly question the level of confidence in the findings. These limitations are discussed, and they also provide suggestions for future research (Campbell & Stanley, 1971). First, regarding the sample, the volunteering participants were recruited from only one region of the United States. Also, the participants were not representative of the undergraduate students enrolled at this particular university who represented 48 US states and over 70 international countries. More importantly, there was a large gender imbalance in the sample. Therefore, these findings have limited generalizability to this university and the broader population of university students nationally. Future studies of compassion education should strive to include samples from across the nation and multiple academic institutions to make the findings more generalizable among the college student population.

Second, although this study showed statistically significant difference in self-compassion, compassion for others and well-being at posttest, the design of this study
was a one-group pretest-posttest experimental study. A true experimental design with comparison of groups would have fewer threats to validity and yielded more valid results. Specifically, a pretest-posttest control group design also with random assignment to groups would have controlled all sources of internal invalidity (Mills & Gay, 2018). Future compassion intervention studies using a Solomon four-group design in which two groups with randomly assigned participants are pretested and post-tested while the other two groups are only post-tested would control attrition and pretest-treatment interaction (Solomon & Lessac, 1968; Fraenkel, Wallen, & Hyun, 2012).

Third, since there is no comparison group in this design as mentioned above, the positive improvements that occurred cannot be assumed solely because of the video-based compassion education program (Mills & Gay, 2018). This research design did not control for maturation and history of participants, which are recognized as threats to the internal validity of the results (Campbell & Stanley, 1971). However, maturation and history may not have affected much of these findings due to the short-time nature of this study (Mills & Gay, 2018).

Fourth, this study cannot determine whether the significant results in change scores of self-compassion, compassion for others and well-being are either temporary or long-lasting. The initial impacts of many treatments do last long. Treatments that do show significant results initially may not lead to long-lasting effects (Mills & Gay, 2018). Thus, in the future a longitudinal follow-up study may be helpful to determine the nature of the long-term versus the short-term effects of this brief film-mediated compassion education program.
Fifth, due to quantitative nature of this study, the findings including correlations and significant changes cannot be explained in depth. A qualitative study with interviews, observations, photographs and other forms of its data may further explain findings of this study and how such changes occur (Merriam & Grenier, 2019). Therefore, a mix-method study in the future would be beneficial. It may help explore relationships among variables in depth, explain and clarify relationships discovered, and cross-validate relationships found among variables (Fraenkel, Wallen, & Hyun, 2012).

Finally, it must be recognized that the measures rely solely on the self-reporting of the participants. Social science research has long recognized the limitations of self-report data gathering as it leads to social desirability and bias when using self-report surveys with college students (Miller, 2012).

**Future Directions**

It would be worthwhile to examine if the brief, online, film-mediated compassion training program would increase compassion towards self, compassion toward others, and well-being for other populations of students or non-students. For example, would older graduate students, or veteran students, or university faculty and staff respond to these lessons with similarly positive results? The same study could also be carried out with younger children and adolescents, parents, as well as with seniors so that the findings could become more applicable and comprehensive, possibly impacting an entire school, or community. One of the most promising possibilities would be how to transfer the compassion program from an online learning management system video format (SAKAI) to even more accessible technologies using social media applications adaptable for different devices such as tablets and smart phones.
Related to questions of transfer of learning, instruction does not necessarily always lead to application to real world behaviors. While this study demonstrated that people can learn and practice compassion and improve their compassion toward self and others, from the transfer of learning viewpoint how much of their compassion could be transferred to new real-life situations remains unknown. Behavioral change education and intervention programs have been shown to be most successful when following a transtheoretical change model (Prochaska, Redding, & Evers, 2015). According to this model, to change a person’s level of compassion for self and others, assessment of the stage of behavioral change is necessary to match the most compatible instructional intervention to the exact stage at which an individual is operating in order to move them forward to the next stage of change.

There are five major stages representing the stages of change (Prochaska, 2013). These are Precontemplation (Not ready to change), Contemplation (Getting ready to change), Preparation (Ready to change and planning), Action (Implementing the plan), and Maintenance (Continuing to follow the behavioral change plan). Questions of transfer of learning and behavioral change are fertile ground for future research and remain to be explored further.

Conclusion

The college students who completed 8 Steps to Great Compassion, a brief film-mediated compassion educational program gained significant increase in self-compassion, compassion toward others, and well-being. As they increased compassion for self and others, they reported lesser negative emotions, better health, and more happiness. These results support the Buddhist theory of compassion, which defines
compassion as a sensitivity to the suffering of self and others, with a deep commitment to relieve it. This research study also seemed to confirm positive effects of a film-mediated compassion educational program which lends support to Bandura’s social learning theory.

More research on the impact of film-mediated compassion educational programs is needed with samples from multiple institutions and especially participants of different developmental levels. In terms of their moral development as proposed by Kohlberg (Kohlberg, 1984), these young adults would be expected to be progressing into a postconventional stage of value formation and ethical maturity. From Buddhist viewpoints, ethical values could and should be taught to students from a very young age. Recently, a new program to teach social, emotional, and ethical lessons for students from kindergarten through twelfth grade known as Social, Emotional, Ethical Learning (SEEL) has been published by the Center for Contemplative Science and Compassion-Based Ethics at Emory University with support and guidance of the Dalai Lama (SEE Learning, 2019).

From yet another developmental perspective, the college students in this study would be considered to be in a period of psychosocial development spanning Erikson’s stages of identity vs. role confusion and intimacy vs. isolation. According to the theoretical view of Erik Erikson in his stages of psychosocial development, the college age late adolescents and young adults who participated in this research are motivated primarily to overcome isolation and establish intimacy and stable relationships (Erikson, 1959). The substantial positive gains of these participants as they experience this psychosocial stage of their own development resonate in their improvements across
the lessons that include common human connections, gratitude, forgiveness; and is reflected in their parallel decreases in loneliness, isolation, disengagement, and separation.

Dewey proposed that education is the means to the “social continuity of life,” and the existence of society depends on processes of transmission of values, as much as its biological life (Dewey, 1923). However, a significant number of society’s young adult college students today may be experiencing personal and mental health challenges because they may not have prior knowledge about self-compassion or may lack experience with the regular practice of how to genuinely extend compassion to others. Therefore, it is crucial to embed compassion as the essence of all education and institutional educational policies for a healthy continuity of individuals and the formation of a compassionate and more flourishing society.
Appendix A: Informed Consent Form for Research

IRB Approval # HU1718-217
COMPASSION EDUCATION PROJECT

You have been invited to take part in a survey research project described below. The researcher will explain the project to you in detail. You should feel free to ask questions. If you have more questions later, Dr. Bueno de Mesquita, the person primarily responsible for this study, (401) 874-2875, will discuss them with you. You must be between 18-24 years of age to be in this research project.

Description of the project:
This study explores the potential benefits of a brief film mediated compassion education for undergraduate students at the University of Rhode Island. The purpose of this study to examine whether or not a brief film mediated compassion training program can help students increase compassion towards self, compassion toward others, and their sense of well-being compared to students who do not receive the training.

What will be done?
If you decide to take part in this study, here is what will happen. You will view eight brief film mediated compassion lessons (6-10 minutes each) over an 8-day period from the project Sakai site. You will be asked to complete few multiple choice question and to do some small active assignments like doing three random acts of kindness or expressing gratitude to three people. The estimated total time commitment asked of you is 4 hours over the course of 8 days. Participants will be requested to complete survey questionnaires regarding self-compassion (SCS), compassion toward other (CS), positive emotion, engagement, relationship, meaning, and accomplishment (PERMA Profiler) scale, and some non-identifying demographic items on the day 1 and day 8 of this project.

Risks or discomfort:
There are no known or reported risks associated with learning about compassion or completing these research questionnaires.

Benefits of this study:
The potential benefits of participating in this study include learning about online psychological survey research methods, free access to a brief film mediated compassion curriculum, and gaining greater insight into one's feelings of subjective well-being and compassion for self and for others.

Confidentiality:
Your participation in this study is completely anonymous and confidential. The research does not require access to your personal information or credentials. All completed surveys will include a research code to ensure that no personally identifying information will be collected or reported.
Decision to quit:
The decision to participate in this study is up to you. You do not have to participate. If you decide to take part in the study, you may quit or withdraw at any time. Whatever you decide will in no way penalize you or effect your grade or status as a student. If you wish to quit, no further notification or actions are needed. You may simply not view the video lessons or complete any of the suggested activities or surveys.

Rights and complaints:
If you are not satisfied with the way this study is performed, you may discuss your complaints with Dr. Paul Bueno de Mesquita at (401) 874-2875, anonymously if you choose. In addition, if you have questions about your rights as a research participant, you may contact the office of the Vice President for Research and Economic Development, 70 Lower College Road, Suite 2, University of Rhode Island, Kingston, Rhode Island, telephone: (401) 874-4328.

You have read the Consent Form and your questions have been answered. By clicking YES on this survey form means that you understand the information and you

I consent
WANT TO LEARN COMPASSION? SEEKING VOLUNTEERS

Seeking student volunteers for an online research study. Learn how to become more compassionate to yourself, as well as others, and improve your sense of well-being.

Watch 8 daily 10 minutes video lessons for 8 days, and respond to surveys about your reactions. Receive a certificate of completion.

To volunteer, please click here: [Link]

CONTACT: Thupten Tenkhar
thupten@uri.edu

IRB APPROVAL NO: HU1718-217

PROFESSOR: Paul Bueno de Mesquita
paulbemd@uri.edu

Psychology Department
Appendix C: Demographic Questionnaire

1. Age:

2. What is your gender?
   1) Female, 2) Male, 3) Prefer to self-describe

3. Rate your previous knowledge and experience in compassion.
   0) No experience, 1) Little experience,
   3) Some Experience, 4) High Experience.

4. Please indicate your ethnicity. (Select as many as apply to you)
   American Indian or Alaskan Native
   Asian or Pacific Islander
   Black/African American
   Hispanic/Latino
   White/European American
   Prefer to self-describe

5. College Year: 1) Freshman, 2) Sophomore, 3) Junior
   i. 4) Senior, 5) 5th/6th Year Senior.

6. What is your major?

7. Do you identify yourself as a follower of any religion or spiritual tradition?
   1) No, 2) Yes

8. Which of the following health activities do you practice regularly? (For example, on a daily or weekly basis).
   1) Meditation, 2) Outdoor nature activities, 3) Physical exercise
   4) Yoga, 5) Other (please specify).
9. Are you affiliated with any of the following types of organization either on or off campus? (Select all that apply).
   1. Athletic or Sports, 2) Environmental, 3) Fraternity/Sorority,
   4) Holistic Health, 5) Religious, 6) Social Justice, 7) None, 8) Other.

10. Approximately how many hours of community services and/or volunteering have you completed during the past year?

11. When asked to contribute to charitable causes or non-profit organization, how often did you make a donation during the past year?
   1) Never or hardly ever 2) Sometimes 3) Frequently 4) Almost always

12. Select the highest level of education completed by your mother/stepmother?
   1) No High School Diploma, 2) High School Diploma, 3) Associate Degree, 4) Bachelor’s Degree, 5) Master’s Degree, 6) Doctorate Degree.

13. Select the highest level of education completed by your father/stepfather?
   1) No High School Diploma, 2) High School Diploma, 3) Associate Degree, 4) Bachelor’s Degree, 5) Master’s Degree, 6) Doctorate Degree.
Appendix D: Self-Compassion Scale

HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TIMES
Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

|        | Almost Never | 1 | 2 | 3 | 4 | 5 | Almost Always |
|--------|--------------|---|---|---|---|---|---------------|
| 1      |              |   |   |   |   |   | 1. I’m disapproving and judgmental about my own flaws and inadequacies. |
| 2      |              |   |   |   |   |   | 2. When I’m feeling down, I tend to obsess and fixate on everything that’s wrong. |
| 3      |              |   |   |   |   |   | 3. When things are going badly for me, I see the difficulties as part of life that everyone goes through. |
| 4      |              |   |   |   |   |   | 4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world. |
| 5      |              |   |   |   |   |   | 5. I try to be loving towards myself when I’m feeling emotional pain. |
| 6      |              |   |   |   |   |   | 6. When I fail at something important to me, I become consumed by feelings of inadequacy. |
| 7      |              |   |   |   |   |   | 7. When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am. |
| 8      |              |   |   |   |   |   | 8. When times are really difficult, I tend to be tough on myself. |
| 9      |              |   |   |   |   |   | 9. When something upsets me, I try to keep my emotions in balance. |
| 10     |              |   |   |   |   |   | 10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people. |
| 11     |              |   |   |   |   |   | 11. I’m intolerant and impatient towards those aspects of my personality I don't like. |
12. When I’m going through a very hard time, I give myself the caring and tenderness I need.

13. When I’m feeling down, I tend to feel like most other people are probably happier than I am.

14. When something painful happens, I try to take a balanced view of the situation.

15. I try to see my failings as part of the human condition.

16. When I see aspects of myself that I don’t like, I get down on myself.

17. When I fail at something important to me I try to keep things in perspective.

18. When I’m really struggling, I tend to feel like other people must be having an easier time of it.

19. I’m kind to myself when I’m experiencing suffering.

20. When something upsets me, I get carried away with my feelings.

21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.

22. When I'm feeling down, I try to approach my feelings with curiosity and openness.

23. I’m tolerant of my own flaws and inadequacies.

24. When something painful happens, I tend to blow the incident out of proportion.

25. When I fail at something that's important to me, I tend to feel alone in my failure.

26. I try to be understanding and patient towards those aspects of my personality I don't like.
Appendix E: Compassion Scale

HOW I TYPICALLY ACT TOWARDS OTHERS
Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

Almost Never  |  1   |  2   |  3   |  4   |  5   | Almost Always

1. When people cry in front of me, I often don’t feel anything at all.
2. Sometimes when people talk about their problems, I feel like I don’t care.
3. I don’t feel emotionally connected to people in pain.
4. I pay careful attention when other people talk to me.
5. I feel detached from others when they tell me their tales of woe.
6. If I see someone going through a difficult time, I try to be caring toward that person.
7. I often tune out when people tell me about their troubles.
8. I like to be there for others in times of difficulty.
9. I notice when people are upset, even if they don’t say anything.
10. When I see someone feeling down, I feel like I can’t relate to them.
11. Everyone feels down sometimes. It is part of being human.
12. Sometimes I am cold to others when they are down and out.
13. I tend to listen patiently when people tell me their problems.
14. I don’t concern myself with other people’s problems.
15. It’s important to recognize that all people have weaknesses and no one’s perfect.
16. My heart goes out to people who are unhappy.
17. Despite my differences with others, I know that everyone feels pain just like me.
18. When others are feeling troubled, I usually let someone else attend to them.

19. I don’t think much about the concerns of others.

20. Suffering is just a part of the common human experience.

21. When people tell me about their problems, I try to keep a balanced perspective on the situation.

22. I can’t really connect with other people when they’re suffering.

23. I try to avoid people who are experiencing a lot of pain.

24. When others feel sadness, I try to comfort them.
## Appendix F: The PERMA-Profiler

| #    | Label | Response Anchors                                                                 |
|------|-------|----------------------------------------------------------------------------------|
| Block1 |       |                                                                                 |
| A1   | How much of the time do you feel you are making progress towards accomplishing your goals? | 0=never, 10=always |
| E1   | How often do you become absorbed in what you are doing?                           | 0=never, 10=always |
| P1   | In general, how often do you feel joyful?                                         | 0=never, 10=always |
| N1   | In general, how often do you feel anxious?                                        | 0=never, 10=always |
| A2   | How often do you achieve the important goals you have set for yourself?           | 0=never, 10=always |
| Block2 |       |                                                                                 |
| H1   | In general, how would you say your health is?                                     | 0=terrible, 10=excellent |
| Block3 |       |                                                                                 |
| M1   | In general, to what extent do you lead a purposeful and meaningful life?           | 0 = not at all, 10 = completely |
| R1   | To what extent do you receive help and support from others when you need it?      | 0 = not at all, 10 = completely |
| M2   | In general, to what extent do you feel that what you do in your life is valuable and worthwhile? | 0 = not at all, 10 = completely |
| E2   | In general, to what extent do you feel excited and interested in things?           | 0 = not at all, 10 = completely |
| Lon  | How lonely do you feel in your daily life?                                         | 0 = not at all, 10 = completely |
| Block4 |       |                                                                                 |
| H2   | How satisfied are you with your current physical health?                          | 0 = not at all, 10 = completely |
| Block5 |       |                                                                                 |
| P2   | In general, how often do you feel positive?                                       | 0 = never, 10 = always |
| N2   | In general, how often do you feel angry?                                          | 0 = never, 10 = always |
| A3   | How often are you able to handle your responsibilities?                           | 0 = never, 10 = always |
| N3   | In general, how often do you feel sad?                                            | 0 = never, 10 = always |
| E3   | How often do you lose track of time while doing something you enjoy?              | 0 = never, 10 = always |
| Block 6 |       |                                                                                 |
| H3   | Compared to others of your same age and sex, how is your health?                  | 0 = terrible, 10=excellent |
| Block7 |       |                                                                                 |
| R2   | To what extent do you feel loved?                                                 | 0 = not at all, 10 = completely |
| M3   | To what extent do you generally feel you have a sense of direction in your life?  | 0 = not at all, 10 = completely |
| R3   | How satisfied are you with your personal relationships?                           | 0 = not at all, 10 = completely |
| P3   | In general, to what extent do you feel contented?                                 | 0 = not at all, 10 = completely |
| Block8 | hap  | Taking all things together, how happy would you say you are?                     | 0 = not at all, 10 = completely |
Appendix G: Post-Survey Lesson Questionnaire

1. Please tell us how you WATCHED the lessons.
   Response options: One lesson a day=1, Multiple lessons a day=2, All lessons in same day=3, Every other day=4

2. When watching the lessons, I was in a QUIET PLACE free from distractions and interruptions.
   Response options: Some of the time=1, Most of the time=2, All of the time=3

3. We are interested in learning what you thought about the LENGTH of the lessons and the time required to watch the videos?
   Response options: Too short=1, Too long=2, Just Right=3

4. Overall, I thought that the examples shown in the videos and photographs represented REALISTIC situations to me.
   Response options: Strongly Agree = 6, Agree = 5, Slightly Agree = 4, Slightly Disagree = 3, Disagree = 2, Strongly Disagree = 1

5. Overall, I could RELATE to the students and individuals shown in the lesson videos and photographs.
   Response options: Strongly Agree = 6, Agree = 5, Slightly Agree = 4, Slightly Disagree = 3, Disagree = 2, Strongly Disagree = 1

6. After watching each video lesson how much or how little did you actually PRACTICE what you learned and observed in the video lesson?
   Response options: Did not = 0, A little = 1, Some = 2, Often = 3

7. Did you return to REPEAT or review any of the lessons?
   Response options: Yes, revisited one or more = 3, No, I did not but I would like to = 2, No, I did not revisit any = 1

8. How CLEAR was it to you that all 8 of the lessons are necessary to live a life with Great Compassion?
   Response options: Extremely clear = 5, Very clear = 4, Somewhat clear = 3, Not so clear =2, Not at all clear = 1

9. Rate the EFFECTIVENESS of each video lesson as an instructional method in teaching you the topic?
   Response options: Very effective = 5, Effective = 4, Somewhat effective = 3, Somewhat Ineffective = 2, Ineffective = 1

10. Rate the HELPFULNESS of each lesson in guiding you personally toward a compassionate life.
    Response options: Very Helpful = 5, Helpful = 4, Somewhat Helpful = 3, Somewhat Unhelpful = 2, Unhelpful = 1
11. Please select the lesson you felt was the MOST BENEFICIAL to you.
   Response options: Mindfulness = 1, Common Humanity = 2, Gratitude = 3,
   Loving-kindness = 4, Empathetic Concern = 5, Forgiveness = 6, Self-
   compassion = 7, Compassion for Others = 8, All 8 Lessons = 9. None of the
   Lessons = 10

12. Please select the lesson you felt was the LEAST BENEFICIAL to you.
   Response options: Mindfulness = 1, Common Humanity = 2, Gratitude = 3,
   Loving-kindness = 4, Empathetic Concern = 5, Forgiveness = 6, Self-
   compassion = 7, Compassion for Others = 8, All 8 Lessons = 9. None of the
   Lessons = 10

13. Overall the 8 Steps to Great Compassion lessons have led to POSITIVE
   CHANGES in myself and the way I live.
   Response options: Strongly Agree = 6, Agree = 5, Slightly Agree = 4, Slightly
   Disagree = 3, Disagree = 2, Strongly Disagree = 
Appendix H: Pictures from 8 Steps to Great Compassion Program

GREAT COMPASSION

Introduction
Welcome aboard this journey to Great Compassion.

GREAT COMPASSION

Step 1
Mindfulness
Awareness of the present moment.

GREAT COMPASSION

Step 2
Common Humanity
Feel more connected to others.
GREAT COMPASSION

Step 3
Gratitude

Thankful for who we are, what we have, what we receive.

GREAT COMPASSION

Step 4
Loving-kindness

Warm and caring to self and others. Helping rather than harming.

GREAT COMPASSION

Step 5
Empathetic Concern

Understanding and sensitive to feelings and perspectives of others.
GREAT COMPASSION

Step 6
Forgiveness

Let go of grudges, retaliation, bitterness and hate.

GREAT COMPASSION

Step 7
Self-compassion

Transforms self-criticism to kindness and acceptance of ourselves.

GREAT COMPASSION

Step 8
Compassion for Others

Free others from suffering. Concern for the well-being of others.
Appendix I: Curriculum of 8 Steps to Great Compassion Educational Program

Introduction to 8 Steps to Great Compassion

Welcome! Thanks for joining us on this journey to Compassion. This program will lead you through the 8 steps to great compassion, based on Buddhist wisdom traditions and scientific research reports. In each video lesson you will learn how to take a step toward living a more compassionate life, and enjoying a greater sense of overall well-being. Our goal is to help you learn how to live a happy and meaningful life with compassion.

As a university student you have busy schedules with classes, work and other responsibilities. So, we have created eight brief video lessons to help you learn and deeply understand how to bring compassion into your daily life. The lessons are brief, and you can watch and listen to each lesson in less than ten minutes, during a coffee break or at your time convenient to your schedule. I hope you find each lesson helpful, and enjoy a pleasant and enriching learning experience.

As you learn the 8 steps to compassion and apply these lessons, it may change the way your think, which in turn can actually change the emotional and cognitive structures of your brain in positive ways. Previous neuroscience, medicine and psychology studies has reported that compassion significantly reduces feelings of stress, anxiety, and depression among college students.

In order to get the most benefits out of these lessons, we recommend you find a safe and quiet environment to view these lessons, free from distractions. You will gain the most benefits if you watch and listen to each lesson with an
open mind, and full attention. Please proceed to the mindfulness lesson, and take your first step towards Great Compassion. Thank you.

**A thought for the day:** “Love and Compassion are necessities, not luxuries. Without them, humanity cannot survive.” --H.H. The Dalai Lama

**Step 1: MINDFULNESS**

Hello, your first step on the path to great compassion is understanding mindfulness. Mindfulness serves as the fertile soil for cultivating compassion. Without being mindful, it is very hard to realize whether our outward actions and behaviors are positive or negative, helpful or hurtful, kind hearted or mean spirited. Therefore, lets learn more about mindfulness, what it is and how we can practice becoming more mindful in our daily living.

The first step on the path to compassion is understanding mindfulness. Mindfulness is the topic for today. This short video lesson will introduce you to the concept and benefits of Mindfulness. After this brief introduction, you will watch a short video lesson. This lesson will end with a simple instruction on how to practice Mindful Eating on your own. Following the lesson, you will be asked to share a brief reflection on your mindfulness practice.

**Introduction**

What is mindfulness? Mindfulness is an active method of paying attention to the current occurrences as they unfold within you or around you without any judgement whatsoever. Your mind focuses fully on the present moment. It does not regret the unchangeable past, nor worry about the
unforeseeable future. Like an anchor it keeps you grounded with awareness and alertness in each and every moment of human life.

Some of the benefits of mindfulness include a reduction in anxiety, stress, and depression. Scientific studies have confirmed these results specifically among college students after they have practiced mindfulness. Mindfulness has also been found to be helpful for improving concentration and academic achievement. Students who are mindful tend to be happier and more positive than those who lack mindfulness. Mindfulness can be incorporated into all of our daily activities such as walking, studying, eating, or playing. Having learned about the basics of mindfulness, let’s practice a mindfulness exercise together. Are you ready?

First, let’s pay full attention to the butterfly on the screen.
Notice the colors, the bright orange and black of the wings.
Observe the white dots around the edges and the head.
Notice how the wings gently flap in the breeze.
See how the butterfly dips into the flower as it drinks its sweet nectar.
Pause a moment and just enjoy.

We can recognize and appreciate many amazing things just like this. If we are mindful, they are everywhere, every day. As you walk around campus this week, how much will you notice?

Assignment

Having seen the mindfulness video clip, it is time to practice on your own. So, later in the day when you eat a meal, look at the food on your plate.
Pay full attention to the meal. Enjoy the fresh smell, feel its unique textures in your mouth, savor their wonderful flavors. Chew and swallow each portion mindfully. Lastly, Enjoy your meal, mindfully. Thank you.

**A thought for the day:** "Mindfulness is about love and loving life. When you cultivate this love, it gives you clarity and compassion for life, and your actions happen in accordance with that." --Jon Kabat-Zinn

**Step 2: COMMON HUMANITY**

Hello, your second step on the path to great compassion is recognizing we all belong to a greater Common Humanity. Remember in our previous lesson we learned about Mindfulness and practiced mindful observation of nature and mindful eating. Now, building upon our mindfulness, let’s learn to recognize the interconnectedness and the interdependent nature that we share with all human beings. This lesson will help you understand our Common Humanity.

Hello everyone, we are going to learn about Common humanity today. Understanding common humanity is very important for cultivating compassion. It inspires us to recognize the core values of each individual rather than ignoring or dehumanizing based on differences. This video will first, introduce you to the concept and benefits of understanding Common Humanity. We will then watch a short video clip and practice a short guided Contemplative Breathing. In the end you will be asked to submit a brief reflection on Common Humanity.
Introduction

What is Common Humanity? Common Humanity is a living philosophy rooted in the understanding that all humans are same in wanting happiness and not wanting suffering. We all live on the same planet breathing same oxygen. Whether we recognize it or not, each individual has common basic needs like friendship, education, medicine, economy, technology, and the list goes one. We are all interrelated by the human genome, and our well-being is also interdependent. Therefore, every human being deserves to be loved and acknowledged.

What are some benefits of Common Humanity?

Well, when we recognize Common Humanity, which is to see that we are just like each other, despite the seeming differences, we learn to empathize and get to know others we were perhaps intimidated to do so before. We recognize the inherent biases and assumptions and create an intention to avoid them. You will see that we feel less loneliness and more acceptance as we connect with each other. That mean that we will have no enemies but all friends. In the larger picture, justice will prevail as we eliminate prejudice and discrimination from our society. We are now going to watch a brief video that reminds us that diverse voices are watch form common humanity.

Video (Role Model)

A diverse group of standing hand in hand and chats:

We eat food

We drink water
We breathe oxygen
We feel the sun’s warmth
We share the earth
We are human
We laugh
We cry
We share
We care
We struggle
We thrive.
We love joy
We love peace
We love kindness
We love happiness
We are more alike than unalike!
We are one!

**Video (Role Model)**

Logan is a university student who is studying in the library. Susan is also a student who walks in a seat near Logan to study. Even though they both have been studying at the same university for past few years, they have never met or talked to each other before. When Susan started to study, Logan notices something familiar. He talked to Susan and came to know that they both have similar interest in computer science. They became friends.
Paul is a professor. Tashi is a college student. Paul is male. Tashi is female. Paul is elder. Tashi is younger. Paul was born in Texas. Tashi was born in Tibet. Paul practices Christianity. Tashi practices Buddhism. But they both value compassion. They are both human beings. They have so much in common. They became friends.

Susan and Taylor are both university students. They were both studying at the library. Taylor notices Susan’s long and colorful nails. Taylor started to talk to Susan who showed her nails. Taylor explained to Susan that even though she wanted to keep her nails long she couldn’t because she plays softball. Susan got excited and told Taylor that one of her best friends is also a softball player. And they have so much in common. They are ordinary human beings.

Yes, we are more alike as we have seen it in the video. It is now time to practice a brief contemplative breathing. Let’s begin by finding a comfortable position and relaxing your body.

**Assignment/Practice**

I invite you to close your eyes or simply gaze in front of you. As you inhale, allow your body to fill with fresh air. As you exhale, allow your body to soften and relax. Next, bring your attention to humanity, and reflect on basic human needs as mentioned. As you breathe in, recognize the same human desire to be happy. As you breathe out, recognize the same human desire to avoid suffering. As you breathe in, understanding the human interconnectedness. As you breathe out, understanding the human interdependence. As you breathe in, remember the importance of human friendship. As you breathe out,
remember the unimportance of human enmity. As you breathe in, feel the warmth of human friendship. As you breathe out, feel the pain of human loneliness. As you breathe in, be thankful for Common Humanity. As you breathe out, smile for goodness of Common Humanity.

If you are eyes are closed, I invite you to gently open them. Thanks for your attention and practice of Common Humanity.

A thought for the day: “Compassion become real when we recognize our shared humanity.” --Pema Chodron

Step 3: GRATITUDE

Hello - Your third step, on the path to great compassion, is Gratitude. Remember, in our previous lesson on Common Humanity we learned about how we depend on each other, for our success, and our common well-being. In this lesson, let’s utilize, your understanding of mindfulness, and of our Common Humanity, to learn more about the next step of Gratitude.

Hello, we are going to learn about Gratitude today. Understanding gratitude is very important for cultivating compassion because it is much easier to be kind when we are thankful to others. The first part of this video will introduce you to both the concept and benefits of understanding Gratitude. We will then watch a short video clip. The lesson will end with instructions for your gratitude practice.
Introduction

What is Gratitude? Gratitude is a positive emotion. It helps us to recognize the intended and unintended kindness that we receive each and every day. Gratitude helps us reflect on our vast network of support. It is an expression of our thankfulness. It assists us in building and maintaining positive social relationships. It motivates us to be kind and helpful in return for others’ kindness.

What are some benefits of Gratitude? Research reports that gratitude has an overall positive effect on our well-being. Understanding gratitude makes us more forgiving and less callous toward others. Gratitude often improves interpersonal relationships. Gratitude improves our understanding of morals and values. Gratitude is often a strong indicator of satisfaction and happiness in life.

Video (Role Model)

Let’s watch a sample video that reflects gratitude. A college student typing a gratitude email to her parents on computer. A college student making a phone call to express his thankfulness to a friend. Another college student writing a gratitude letter, and finally two college friends expressing thankfulness to each other in person.

Assignment

Having watched the Gratitude video, I think you are ready for a small homework assignment. Please think of three people for whom you feel grateful for. Reach out to three people today to express your gratitude. Do this full-heartedly. Meet one in person, call a person, and email or write to a person to
express your gratitude. Thanks for your attention. I hope you enjoyed the gratitude practice.

**A thought for the day:** “The roots of all goodness lie in the soil of appreciation for goodness.” --The Dalai Lama

**Step 4: LOVING-KINDNESS**

Hello. In just a few short days, you have completed the first 3 steps to Great Compassion - taking the steps of Mindfulness, Common Humanity, and Gratitude. Taking the fourth step, on our path to compassion, leads you to Loving-kindness. In our previous lesson on Gratitude, we learned about the kindness of others, and how to express our thanks and appreciation to others. Now let’s use your understanding of gratefulness, to deepen and practice expressing your feelings of Loving-kindness.

**Introduction**

Hello, we are going to learn about Loving-kindness today. Some of us may be wondering what is Loving-Kindness? Loving kindness is a warm and caring feeling. People with Loving-kindness wishes happiness and the causes of happiness for self and for others. Loving-kindness can be expanded from one human to millions. It can be nourished by deep understandings on human interconnectedness, and appreciation for others’ contribution in daily life. Loving-kindness encourages in helping rather than harming.

What are some benefits of Loving-kindness? Research studies on effects of Loving-kindness meditation reported an increase in positive emotions among
participants. Loving-kindness helps us to improve social connectedness. It may enhance activation of brain area that are related to empathy. Loving-kindness also helps reduce social anxiety, anger, and depression. When we practice Loving-kindness, we enjoy more positive emotions that make our day.

Having gained a basic understanding of Loving-kindness and its benefits, let’s watch a brief video together of people practicing Loving-kindness for humans and for animals.

**Video (Role Model).**

Photo depicting a young student sharing half of her sandwich for a homeless person who has a placard that says, “Seeking Human Kindness”. Two young girls helping carry a toddler who was tired from walking. A college student taking care of a dog and feeding seagulls. And a college student offering to pay for the drink of a student in front of her in line since his credit card has been declining.

**Assignment**

Having watched the Loving-kindness video, I hope you are deeply inspired. Please, practice three random acts of kindness with warm-heartedness today. You may choose to feed a roommate, you may choose to treat a stranger to a cup of coffee or tea, you may choose to pay for something for someone behind you in the grocery line, you may choose to hold the door open for someone coming behind you, or anything that is kind and helpful to others. Thanks for your attention and Loving-kindness.
A thought for the day: “Kindness is the language which the deaf can hear and the blind can see.” - Mark Twain

Step 5: EMPATHETIC CONCERN

Welcome back. Congratulations you now have completed half of your journey to great compassion. Now you are ready to take the fifth step, Empathetic Concern. Today I invite you to please focus on using the kind and warm feelings of Loving-kindness from your previous lesson, to relate to and understand the feelings and perspectives of others. Enjoy this lesson on Empathetic Concern.

Introduction

Hello, we are going to learn about Empathetic concern today. It is very important to learn Empathetic Concern because you will be not be able to practice compassion until you can feel the person’s emotions or understand his or her perspectives. I will start with an introduction to the concepts and benefits of Empathetic concern. Then, we will then watch a short video of some people showing empathy. Finally, you will be asked to write and submit a brief reflection on your Empathy practice.

First, let me explain you what Empathetic Concern is. Empathetic Concern is one’s ability of understanding and relating oneself to others’ thoughts, emotions, and experiences. People with Empathetic Concern understand others’ perspectives. Empathic concern is oriented towards another person that leads to cultivation of compassion. Empathetic persons can feel
others’ joy as well as their sorrow. It makes you rejoice in others’ success instead of feeling jealous.

What are some benefits of Empathetic Concern? Recent studies found that people with Empathetic Concern are more caring and more positive when interacting with others. For example, physicians with Empathetic Concern are connected with a higher rate of patients’ recovery. It sensitizes people and discourages them from bullying and violence. It helps to cultivate affection for others. Moreover, empathetic Concern relates to better prosocial behaviors, and creates and sustains healthy relationships among people. How do we practice empathetic concern in our daily life? Well, let’s watch a short video of some kind people expressing their Empathetic Concern as an example.

**Video (Role Model)**

**Understanding Sadness of Others**

Yesterday, Jacob saw Tessa feeling sad on campus. Instead of ignoring the incident, Jacob practiced his empathetic concern by sitting with Tessa, asking her how she was feeling, and sharing her feelings of sadness. When you develop empathetic concern within, you can easily connect to and understand others’ sadness. There are many people like Tessa who may appreciate your empathy.

**Understanding Happiness of Others**

Today, Jacob saw Tessa feeling joyful. Instead of ignoring the positive occasion, Jacob practiced his empathetic concern by sitting with Tessa and sharing her feelings of joy. When you develop empathetic concern, you can
easily connect to each other’s feelings, and rejoice their success and happiness. We all can share individual happiness with many others, like a single candle that lights thousands of other candles.

**Practice Assignment**

Having watched the Empathetic Concern video, please have fullhearted conversation with a person who is having a difficult day, followed by a person who is enjoying a happy day. Then reflect on how you and the other person are both human beings. Next, try to understand that person’s unique situation and perspectives. Put yourself in the shoes of that person and then examine your emotions. Try to understand sadness or joyous feelings of that person. Wish that person happy if the person is in pain or rejoice in that person’s success if that person is happy. Thanks for your attention!

**A though for the day:** “Empathy is seeing with the eyes of another, listening with the ears of another, and feeling with the heart of another.” -- Alfres Adler

**Step 6: FORGIVENESS**

Hello and welcome to your sixth step on the path to great compassion - Forgiveness. Taking this step if often difficult for many. But using the understanding and practice of previous lessons, such as loving kindness and empathetic concern, the path to forgiveness become easier to practice. You can practice three kinds of forgiveness: 1) Forgiving self, 2) Forgiving others, and 3) Seeking Forgiveness from others if you hurt somebody.
Applying mindfulness and awareness of our common humanity, as well as gratitude, loving-kindness, and empathetic concern for others will help you take this giant step of forgiveness.

**Introduction:**

Hello, we are going to learn about Forgiveness today. Forgiveness is very important because you cannot be compassionate as long as you held grudges against the person. This video will first, introduce you to the concepts and benefits of Forgiveness. Second, we will then watch a short video clip of practicing forgiveness. Third, I will give you a simple Forgiveness assignment.

What is Forgiveness? Forgiving is releasing anger or resentment from your mind. Forgiving is willfully ending a cycle of hate and retaliation. The more you understand people, the more you forgive them. The more you forgive people, the less you judge them harshly. You may forgive yourself or other people instead of holding grudges against.

Can you think of some benefits of Forgiveness? Forgiveness was found to be associated with lower blood pressure and less medication. It causes lower psychological tension and better relationships. Forgiveness discourages future offences to the offenders. Forgiveness liberates our mind from the inner violence and constraints such as rage and animosity. People who forgive are happier and more energetic. Let’s watch some examples of college students practicing forgiveness.
**Video (Role Model)**

Forgiving Self: Ben is a high achieving college student and a responsible leader on campus that other students look up to. But today he can’t function. He has a bad hangover. He feels terrible because last night he went to a party, and allowed himself to get wasted, and got into a fight and almost arrested. As he recalls the incident from last night, his head hurts and he feels ashamed of his behavior. He is filled with guilt and self-criticism that makes him feel even more miserable and sick. It was totally against his values. He takes a quiet moment of mindful meditation and using loving kindness, he forgives himself for his terrible actions. He renews his commitment to never make that mistake in the future.

Giving Forgiveness: Getmani and Hiranya are college roommates from different cultures. Today, Getmani brought one friend over and was deeply embarrassed when they walked in and saw a trashed-out apartment with smelly food on the counter and messy pile of dirty dishes left in the sink. This was the third time, this week, her roommate has left the apartment filthy even after she has discussed this problem with. Getmani complains at Hiranya about the matter and Hiranya gets very angry yelling back saying that she also pays the rent and she can do whatever she wants in her apartment. Hiranya shouts that she rented the apartment first and if Getmani doesn’t like it she can move out.

Getmani’s feeling are hurt and she runs to her room in tears. Later Hiranya was remorseful about her lack of understanding of Getmani’s feeling and hurtful words she spoke. She apologizes to Getmani and explains that she
was suffering from stress and depression. She promises to be more considerate to keep their apartment cleaner. Getmani also does not want to carry around anger or negative feelings towards her roommate. So, she chose to forgive Hiranya. With this example we can see how by giving forgiveness Getmani restored the positive atmosphere in their apartment.

You can also prevent many violence and create inner and outer peace by giving forgiveness.

Asking for Forgiveness: Andrew and Youngji are close college friends. Last night they had planned a dinner date at their favorite restaurant. Youngji waited at the restaurant for over an hour, but Andrew never showed up. Instead he went out with a group of his friends to watch a football game at a local sports bar. Finally, Youngji returned to her dorm alone, feeling upset and very hurt to be stood up. The next day, she saw Andrew on campus and they argued about the incident. She told him that she was angry and hurt to be stood up, saying, “that she had other friends she could have had dinner with. But she spent her evening alone waiting for him. She felt like Andrew was hurtful and did not respect her feelings at all.”

After deeper thinking about what she said, Andrew realized his mistake and how much he had hurt her, he regretted his inconsiderate and impulsive decision. Later that day, he approached Youngji again, and apologized for not calling her about his change of plans. He asked for her forgiveness, he promises to respect and consider her feelings in the future. Youngji accepted Andrew’s
sincere apology, offers him forgiveness, and they restored their close friendship.

I hope you found this video powerful and inspiring.

**Practice Assignment**

For your assignment today, please of someone you need to give forgiveness because they have hurt you in the past or think of someone from whom you need to ask for forgiveness because you have hurt them before. Reach out to one such person and practice your forgiveness since this will bring relief and inner peace for yourself and others. Thanks for your kind attention and thinking about forgiving yourself, giving forgiveness to other, and asking forgiveness from others to bring more happiness. Thank you!

**A thought for the day:** “When you forgive, you in no way change the past—but you sure do change the future.”  
—Bernard Meltzer

**Step 7: SELF-COMPASSION**

Hello – We are nearing the end of our journey and the final steps toward our goal of Great Compassion. Your seventh step on the path is Self-Compassion. Since you already have learned and practiced forgiveness in the previous lesson, learn about and practice how to forgive yourself. In doing so you are forgiven from any past mistakes, and you learn how to accept and care for oneself, in this lesson on self-compassion.

Hello, today we are going to learn about Self-compassion. Understanding and practice of Self-compassion is important because it is very
hard to cultivate great compassion for others when we treat ourselves harshly and unkindly.

**Introduction**

Self-compassion means understanding and treating oneself with kindness amidst failure or pain. Self-compassion means less critical or judgmental of self. It accepts oneself and one’s experiences as a part of the human race and the planet. Self-compassion helps us feel less lonely and more motivated for personal improvement.

Let’s watch some examples of how negative thinking in our daily experiences can lead us to discouragement and unhappiness. In the next few scenes, we will learn how to change these negative harmful thoughts into positive images and kinder thoughts using compassion and loving-kindness towards ourselves. Lest watch.

**Video (Role Model)**

Masculinity: In this first example, we see Scott, a student working out in weight lifting at the fitness center. However, when he sees Albert who is bulked up and lift all the heaviest weights, he judges himself as not manly enough. His self-criticism and negative judgements and comparisons have ruined his work out at the gym. He becomes unhappy with himself and he fails to make a lift in front of others. And he wants to give up. He takes a minute off to sit quietly and recognizes his negative thinking. He remembers that in this situation he has learned to exercise compassion towards himself. He does this by using positive self-talk, thinking to himself about the progress he has made and the significant
improvement in weight lifting since began in September. This restores his confidence that he will continue to make progress and he is ready to return to his workout.

In this scene, we have watched Scott exercise not only his body but also his mind strengthening his compassion towards self by recognizing negative comparisons and then using kinder and more positive thoughts about his bodybuilding workout. You too can strengthen your mental muscles of compassion toward yourself to reduce discouragement and increase happiness in daily life.

Body Image: Sage is a young and beautiful college student athlete. She is brilliant at her studies and skillful with her collegiate sports rowing team. She takes a break in between classes to read some fashion magazine in the student lounge. However, she begins to make negative comparisons of her body to the appearances of skinny models in the fashion magazine. She begins to judge and blame herself, such as “my hair is not blonde enough,” or “my face is not beautiful enough.” “I’m not skinny enough.” These self-judgements make her unhappy and dissatisfied about her looks. She becomes aware of these thoughts interrupting her day and remembers to practice self-compassion in this situation. First, she relaxes into a mindful moment of meditation. She focuses on her breathing and places her hand over her heart to remind herself that she must give loving kindness to herself. When calm, she appreciates her naturally lovely dark hair and its natural curls and waves. She values her fitness and health as an athlete. She is grateful for the accomplishments in her sport and that she has
many friends and teammates who love her just the way she is. Eventually, these warm and caring thoughts toward herself bring a smile back to her face, and joy back into her daily life.

In the last example, we see how even a beautiful and athletic young woman can begin to have doubts or judge herself harshly with negative comparisons, and to question her body image in ways that lead to unhappiness. Here we have seen how mindfulness, if only for a brief time, combined with loving kindness and gratitude for who we are can change our perspectives and attitudes toward happiness and life satisfaction. By adding this lesson of self-compassion, you too can find your inner beauty and appreciate who you really are, rather than feeling disappointed because you are not someone else.

Bad Grades: Dave is a student hoping to make an A in his psychology course. He received a low test-grade from his professor today. He felt deeply disappointed and started to think he was just too dumb to make a good grade. He worried that a low test-score could lower his final grade and hurt his overall GPA. Doubting his ability, he considers dropping. Later, he realizes that some of his classmates also received low grades for this test. Rather than feeling embarrassed, isolated, self-critical, and focused on his shortcomings, he recognizes positive and negative events are experienced by all, because we all are human. With empathetic concerns shared with classmates and self-compassion, he can shift his focus from negative self-judgments and self-criticism to developing more positive study habits.
Sometimes by just changing our perspective about life, and being grateful to what we already have, can save us from many painful experiences. Let’s look at Mame’s inspiring story.

Wealth: Mame is a senior in college who works in one of her college dining halls. She has to work double shifts to earn money for her college tuition, fees, and basic living expenses. While she is busy working between and after classes, Mame notices many of her classmates come to the dining hall not to work, but just to eat, socialize, hang out and play games. She compares herself to many other students who do not need to work and seem wealthier. She judges herself as “poor” and “unfortunate” and feels bad about herself. When she gets tired from working and wishing that she could be like the others, she takes a minute of calm to treat herself with kindness and compassion. She thinks about how fortunate she is to be the first in her family to enter college. How strong and courageous she is, to be able to be a successful student, while accomplishing a demanding work schedule. She smiles to remember the fun and good times of working with other students in the dining hall. She now realizes how privileged she is to be a citizen here and enjoy the freedom to study in a major university.

**Practice Assignment**

Are you ready to do a practice assignment? In this chart, you see two examples of self-compassion versus self-judgment. You may think of 3 other examples of self-judgment and turn them into self-compassion today. Thank you!
A thought for the day: “Self-compassion is treating yourself with the same kindness, care and concern you show a loved one.” – Kristin Neff

Step 8: COMPASSION FOR OTHERS

Hello, congratulations you have reached the eighth and final step, on the path to great compassion - Compassion for Others. Since we cultivated compassion toward self in the previous lesson, let’s learn how to bridge and combine all of our steps together to take one giant step to free others from suffering and its causes. In this lesson we learn and practice sharing our compassion to all living beings. Thus, one’s compassion becomes great and limitless.

Hello, we are going to learn about Compassion for Others today. Understanding and practicing Compassion for Others is very important because it expands our positive emotions and kind behavior from one individual to many other people and animals.
Introduction

Compassion for Other is a genuine concern for the well-being of other people. It is the desire to free others from suffering, causes of suffering, and taking the responsibility to doing so. It recognizes that, like yourself, others deserve happiness, not suffering. You notice others’ issues, losses, pains, or unpleasant experiences. Compassion is a strength that helps us solve many problems.

Let us watch some examples of how compassion for others in our daily experiences can lead us to satisfaction, friendship, and happiness. In the next few scenes, we will learn how people with compassion help to replace pain, tears, and suffering with relief, smile, and happiness. Please pay attention to people giving and receiving compassion to and from others. Let’s watch.

Video (Role Model)

Helping with an Accident: Cliff likes riding bikes, skateboards, and scooters. Yesterday, when he was riding his scooter on campus, he hit a crack on the sidewalk and fell hard on the concrete. A couple of students walking by saw his accident and rushed over to help. Others walked by without helping. The couple looked closer and saw Cliff was clearly in pain. Using empathetic concern and loving kindness they asked where he was hurt, and carefully helped him stand up. They offered concern and support to him, making sure he was all right before leaving.

When you witness people in painful situations like this you may choose to either help, or ignore. Being more mindful of our surroundings, we are more
aware of our common humanity, we more easily notice the feelings and unhappiness of others. Showing empathetic concern, we are drawn to reach out to others in need without hesitation. When you act with compassion for the well-being of others, you become kinder and experience more fulfillment more often.

We all experience some happy days and some sad days. However, a compassionate person can help change a sad day into more positive day. Let’s watch a student receiving bad news.

Helping Others Cope with Sad Feelings: Tessa is a student, and she has just lost the job she needed to pay her tuition. She felt worried and let down. Cliff walks by and showing empathetic concern he notices something isn’t right. He walks back and asks what is wrong. Tessa explains about losing her job. Cliff offers to play a song to cheer her up. She starts to feel a little better. His compassion for Tessa helps reduce her sadness. When her mind becomes more calm and positive, she is more hopeful and begins to make phone calls to find a new job.

Whether we recognize it or not, our mind, body, and health are closely connected. When we do not use self-compassion to take care of our mental health our physical health could be negatively affected. In these situations, we must be open to receive compassion from others. Let’s watch story of Jocelyn.

Helping with a Health Concern: After a stressful class, Jocelyn started to get another migraine headache. With the severe throbbing pain, all she could do was sit down and close her eyes, hoping the pain would go away. Meli was concerned when she saw the agony on Jocelyn’s face and asked how she was
feeling. She comforted Jocelyn and listened to her explain the problem. Meli offered her some aspirin with a cup of water and sat down with her for a while. Having Meli show empathetic concern helped Jocelyn, better deal with her migraine. She was grateful for Meli’s emotional support and compassion.

Having seen some examples of people practicing Compassion for others, I think you are ready to do a small practice assignment today. Please offer help to a friend or a stranger who is in need of material or emotional support today.

First, identify a person in need today. (Recognition)

Second, wish the person to be free from suffering and its causes. (Motivation)

Third, inquire about what causes the suffering. (Evaluation)

If it is hunger/thirst/or simply mood issues, offer help with food, water, or a hug if you can. (Action)

Feel positive about your helpful action. (Satisfaction)

| Action                                      | Example | Key       |
|---------------------------------------------|---------|-----------|
| 1st  Identify a person in need.             |         | Recognition |
| 2nd  Wish that person to be free from suffering and its causes. |         | Motivation |
| 3rd  Inquire about the causal conditions of this difficulty. |         | Evaluation |
| 4th  Provide what is needed.                |         | Action    |
| 5th  Feel positive about your helpful action. |         | Satisfaction |
CONCLUSION

Congratulations for completing the 8 steps to great compassion to take care of yourself and others in both happy and difficult times. Let’s now review the steps we have taken on our journey to Great Compassion.

Step 1 Mindfulness.

We began our journey by learning to become more aware, and alert to the present moment throughout the day. (Awareness of the present moment)

Step 2 Common Humanity

In this step we learned to feel more connected to others and how we have much more in common. We all seek happiness and avoid suffering. (Feel more connected to others)

Step 3 Gratitude

We learned to be thankful for who we are, what we have, and what we receive from others.

Step 4 Loving-kindness

We learned the value of being warm and caring to ourselves and to others. Kindness encourages HELPING rather than harming.

Step 5 Empathetic Concern

When we understand other’s feelings and perspectives, we are taking an important step toward compassion. Being sensitive to the sorrows, concerns, and even happiness, of others, builds social connectedness.
Step 6 Forgiveness

Taking the difficult step of forgiving ourselves and others, allows us to let go of grudges, avoid harmful retaliation, and free ourselves from bitterness and hate from our hearts.

Step 7 Self-compassion

Self-compassion transforms self-criticism and self-judgements into kindness and acceptance of oneself. It helps us to take care of ourselves in difficult times. The step of Self-compassion is critical for expanding our compassion for others.

Step 8 Compassion for Others

In this final step we cultivate a desire to free others from suffering, to reduce the causes of suffering, and to take responsibility to do so. We develop genuine concern for the well-being of all others.

All of these steps, when combined, enable us to reach our final goal on this journey, that of Great Compassion. With Great Compassion you now have the knowledge and skills that empower you to experience a deeper sense of well-being and personal flourishing. When you nurture the seed of Great Compassion with daily practice, all of these lessons will blossom into a more beautiful way of living. With great compassion as a way of life, you reduce suffering for yourself and others, and create a happier and more peaceful world.

I am grateful for your participation in these lessons and allowing me to guide you on this journey to Great Compassion. We would like to know more
about how these lessons have impacted your thoughts and feelings. Please respond to and complete the Post-Survey. I am Thupten Tendhar, Thank you!

A thought for the day: “For as long as space remains, For as long as sentient beings remain, Until then, may I too remain, To dispel the misery of the world.” --Santideva
The Center for Nonviolence and Peace Studies
Inner Peace Healthy Minds Program

Recognizes

ABC

For successfully completing the online training program on
8 Steps to Great Compassion

Presented Spring Semester, 2019
Kingston, Rhode Island

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"Love and compassion are necessities, not luxuries. Without them, humanity cannot survive." --The Dalai Lama
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| Tenzin Dondup         |                           |
| Tripp Hutchinson      |                           |
BIBLIOGRAPHY

Akin, A. (2008). The Scales of Psychological Well-Being: A Study of Validity and Reliability. *Educational sciences: Theory and practice, 8*(3), 741-750.

Akin, U., & Akin, A. (2015). Examining the predictive role of self-compassion on sense of community in Turkish adolescents. *Social Indicators Research, 123*(1), 29-38.

Albertson, E. R., Neff, K. D., & Dill-Shackleford, K. E. (2014). Self-compassion and body dissatisfaction in women: a randomized controlled trial of a brief meditation intervention. *Mindfulness, 6*(3), 444–454.

Allen, A. B., & Leary, M. R. (2010). Self-Compassion, stress, and coping. *Social and personality psychology compass, 4*(2), 107-118.

Andréasson, P. (2012). Validation of the Self-Compassion Scale: Correlations with the Beck Depression Inventory-II. *Master’s Theses and Project Reports*. Retrieved April 20, 2019 from [https://doi.org/10.15368/theses.2012.189](https://doi.org/10.15368/theses.2012.189)

Arimitsu, K., & Hofmann, S. G. (2015). Effects of compassionate thinking on negative emotions. *Cognition and Emotion, 1*-8.

Armenta, C. N., Fritz, M. M., & Lyubomirsky, S. (2017). Functions of Positive Emotions: Gratitude as a Motivator of Self-Improvement and Positive Change. *Emotion Review, 9*(3), 183–190.

Atisha, D.S. (1997). Translated by Ruth Sonam and commentaries by Geshe Sonam Rinchen. *Lamp for the Path to Enlightenment by Atisha*. Boston, MA: Snow Lion Publications.
Bajaj, B., & Pande, N. (2016). Mediating role of resilience in the impact of mindfulness on life satisfaction and affect as indices of subjective well-being. *Personality and Individual Differences, 93,* 63–67.

Bajaj, M. (2015). ‘Pedagogies of resistance’ and critical peace education praxis. *Journal of Peace Education, 12*(2), 154–166.

Bandura, A. (1963). The role of imitation in personality development. *Dimensions of Psychology, 16,* 121-153.

Bandura, A. (1973). *Aggression. A social learning analysis.* Englewood Cliffs, NJ: Prentice-Hall.

Bandura, A. (1978). Social learning theory of aggression. *Journal of communication, 28*(3), 12-29.

Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory.* Englewood Cliffs, NJ: Prentice-Hall, Inc.

Bandura, A., & McDonald, F. J. (1963). Influence of social reinforcement and the behavior of models in shaping children's moral judgment. *The Journal of Abnormal and Social Psychology, 67*(3), 274.

Bandura, A., Ross, D., & Ross, S. A. (1963). Imitation of film-mediated aggressive models. *The Journal of Abnormal and Social Psychology, 66*(1), 3.

Barnard, L. K., & Curry, J. F. (2011). Self-compassion: Conceptualizations, correlates, & interventions. *Review of general psychology, 15*(4), 289-303.

Barraza, J. A., & Zak, P. J. (2009). Empathy toward strangers triggers oxytocin release and subsequent generosity. *Annals of the New York Academy of Sciences, 1167*(1), 182-189.
Barry, C. T., Loflin, D. C., & Doucette, H. (2015). Adolescent self-compassion: Associations with narcissism, self-esteem, aggression, and internalizing symptoms in at-risk males. *Personality and Individual Differences, 77*, 118-123.

Bartels-Velthuis, A. A., Schroevers, M. J., van der Ploeg, K., Koster, F., Fleer, J., & van den Brink, E. (2016). A mindfulness-based compassionate living training in a heterogeneous sample of psychiatric outpatients: a feasibility study. *Mindfulness, 7*(4), 809-818.

Batson, C. D., & Powell, A. A. (2003). Altruism and prosocial behavior. In *Handbook of psychology: Personality and social psychology, Vol. 5*. (pp. 463–484). Hoboken, NJ: John Wiley & Sons Inc.

Batson, C. D., Ahmad, N., Lishner, D. A., & Tsang, J. (2016). Empathy and altruism. *Oxford handbook of hypo-egoic phenomena: Theory and research on the quiet ego*, 161-174.

Beaumont, E., Durkin, M., Martin, C. J. H., & Carson, J. (2016). Compassion for others, self-compassion, quality of life and mental well-being measures and their association with compassion fatigue and burnout in student midwives: A quantitative survey. *Midwifery, 34*, 239-244.

Begley, S. (2007). *Change your mind, change your brain: How a new science reveals our extraordinary potential to transform ourselves*. New York, NY: Random House, Inc.

Beiter, R., Nash, R., McCrady, M., Rhoades, D., Linscomb, M., Clarahan, M., & Sammut, S. (2015). The prevalence and correlates of depression, anxiety, and stress in a sample of college students. *Journal of affective disorders, 173*, 90-96.
Bishop, S. R., Lau, M., Shapiro, S., Carlson, L., Anderson, N. D., Carmody, J., Devins, G. (2004). Mindfulness: A Proposed Operational Definition. *Clinical Psychology: Science and Practice, 11*(3), 230–241.

Bluth, K., & Eisenlohr-Moul, T. A. (2017). Response to a mindful self-compassion intervention in teens: A within-person association of mindfulness, self-compassion, and emotional well-being outcomes. *Journal of Adolescence, 57*, 108-118.

Bradbury, N. A. (2016). Attention span during lectures: 8 seconds, 10 minutes, or more? *Advances in Physiology Education, 40*(4), 509–513.

Brink, E. van den, Koster, F., & Koster, F. (2015). *Mindfulness-Based Compassionate Living*. London: Routledge.

Brito-Pons, G., Campos, D., & Cebolla, A. (2018). Implicit or Explicit Compassion? Effects of Compassion Cultivation Training and Comparison with Mindfulness-based Stress Reduction. *Mindfulness, 9*(5), 1494–1508.

Buddha, (400BCE). Translated from the Pali by Piyadassi Thera. *Mettanisamsa Sutta: Discourse on Advantages of Loving-kindness.* (AN 11.16), Retrieved April 21, 2019, from [https://www.accesstoinsight.org/tipitaka/an/an11/an11.016.piya.html](https://www.accesstoinsight.org/tipitaka/an/an11/an11.016.piya.html)

Bushman, B. J., Newman, K., Calvert, S. L., Downey, G., Dredze, M., Gottfredson, M., Webster, D. W. (2016). Youth violence: What we know and what we need to know. *American Psychologist, 71*(1), 17–39.

Butler, J., & Kern, M. L. (2016). The PERMA-Profiler: A brief multidimensional measure of flourishing. *International Journal of Wellbeing, 6*(3), 1-48.
Campbell, D. T., & Stanley, J. C. (1971). Experimental and quasi-experimental designs for research, Chicago, OH: Rand McNally.

Campos, D., Cebolla, A., Quero, S., Bretón-López, J., Botella, C., Soler, J., & Baños, R. M. (2016). Meditation and happiness: Mindfulness and self-compassion may mediate the meditation–happiness relationship. *Personality and Individual Differences, 93*, 80-85.

Chapin, H. L., Darnall, B. D., Seppala, E. M., Doty, J. R., Hah, J. M., & Mackey, S. C. (2014). Pilot study of a compassion meditation intervention in chronic pain. *Journal of Compassionate Health Care, 1*(1), 1.

Crocker, J., & Canevello, A. (2008). Creating and undermining social support in communal relationships: the role of compassionate and self-image goals. *Journal of Personality and Social Psychology, 95*(3), 555.

Dalai Lama, XIV. (1995). *The power of compassion*. New York, NY: Harper Collins.

Dalai Lama, XIV. (2001). *The compassionate life*. Boston, MA: Wisdom Publication.

Dalai Lama, XIV. (2009). *The Art of Happiness, 10th Anniversary Edition: A Handbook for Living* (Anniversary edition). New York, NY: Riverhead Books.

Dalai Lama, XIV. (2015). *An Appeal by the Dalai Lama to the World*. New York, NY: Harper Collins.

Dalai Lama, XIV. (2017). *Developing the Mind of Great Capacity*. Lion’s Roar.

Retrieved April 20, 2019, from [https://www.lionsroar.com/developing-the-mind-of-great-capacity/](https://www.lionsroar.com/developing-the-mind-of-great-capacity/)
David-Ferdon, C., Dahlberg, L. L., & Kegler, S. R. (2013). Homicide Rates Among Persons Aged 10–24 Years — United States, 1981–2010. *MMWR. Morbidity and Mortality Weekly Report, 62*(27), 545–548.

David-Ferdon, C., Simon, T. R., Spivak, H., Gorman-Smith, D., Savannah, S. B., Listenbee, R. L., & Iskander, J. (2015). CDC Grand Rounds: Preventing Youth Violence. *MMWR. Morbidity and Mortality Weekly Report, 64*(7), 171–174.

Dewey, J. (1923). *Democracy and education: An introduction to the philosophy of education*. Macmillan.

Diener, E. (2009). *The science of well-being: The collected works of Ed Diener*. Social Indicators Research Series, Volume 37. The Netherlands: Springer.

Diener, E., & Ryan, K. (2009). Subjective Well-Being: A General Overview. *South African Journal of Psychology, 39*(4), 391–406.

Drysdale, D. A., Modzeleski, W., & Simons, A. B. (2010). *Campus Attacks: Targeted Violence Affecting Institutions of Higher Education*. US Department of Homeland Security. Retrieved on April 7, 2019 from [https://eric.ed.gov/?id=ED509235](https://eric.ed.gov/?id=ED509235)

Ekman, P. (2003). *Emotions revealed: Recognizing faces and feelings to improve communication and emotional life*. New York, NY: Henry Holt.

Erikson, E. H. (1959). *Identity and the life cycle*. New York: International University Press.

Falsafi, N. (2016). A randomized controlled trial of mindfulness versus yoga: effects on depression and/or anxiety in college students. *Journal of the American Psychiatric Nurses Association, 22*(6), 483-497.
Ferreira, C., Pinto-Gouveia, J., & Duarte, C. (2013). Self-compassion in the face of shame and body image dissatisfaction: Implications for eating disorders. *Eating Behaviors, 14*(2), 207-210.

Fox, J. A., & Savage, J. (2009). Mass murder goes to college an examination of changes on college campuses following Virginia Tech. *American Behavioral Scientist, 52*(10), 1465-1485.

Fraenkel, J. R., Wallen, N. E., & Hyun, H. H. (2012). *How to Design and Evaluate Research in Education* (8th ed.). New York, NY: McGraw-Hill Companies.

Freire, P. (2014). *Pedagogy of the oppressed*. New York, NY: Bloomsbury Academic.

Gallagher, R. P. (2012). Thirty Years of the National Survey of Counseling Center Directors: A Personal Account. *Journal of College Student Psychotherapy, 26*(3), 172–184.

Gallagher, R. P. (2013). National Survey of College Counseling 2012. Retrieved April 20, 2019, from http://d-scholarship.pitt.edu/28175/

Geoffrey E. Mills, & Gay, L. R. (2018). *Educational Research: Competencies for Analysis and Applications* (12th Edition). New York, NY: Pearson.

Geronimus, A. T., Hicken, M. T., Pearson, J. A., Seashols, S. J., Brown, K. L., & Cruz, T. D. (2010). Do US Black Women Experience Stress-Related Accelerated Biological Aging? *Human Nature, 21*(1), 19–38.

Gilbert, P. (2005). Compassion and cruelty: A biopsychosocial approach. In P. Gilbert (Ed.), *Compassion: Conceptualizations, research and use in psychotherapy* (pp. 9–74). New York, NY: Routledge.
Gilbert, P. (2010). *Compassion focused therapy: Distinctive features*. London: Routledge.

Gilbert, P., & Choden. (2014). *Mindful Compassion*. Oakland, CA: New Harbinger Publication, Inc.

Gleichgerrcht, E., & Young, L. (2013). Low Levels of Empathic Concern Predict Utilitarian Moral Judgment. *PLOS ONE, 8*(4), e60418.

Goetz, J. L., Keltner, D., & Simon-Thomas, E. (2010). Compassion: An Evolutionary Analysis and Empirical Review. *Psychological Bulletin, 136*(3), 351–374.

Goleman, D., & Boyatzis, R. (2017). Emotional intelligence has 12 elements. Which do you need to work on. *Harvard Business Review, 84*(2), 1-5.

Gumpel, T. P., & Sutherland, K. S. (2010). The relation between emotional and behavioral disorders and school-based violence. *Aggression and Violent Behavior, 15*(5), 349–356.

Gyatso, L. (2017). *An Extensive Commentary on the Seven Point mind Training*. Dharamsala, HP: Library of Tibetan Works and Archives.

Hanh, T. N. (2016). *The Miracle of Mindfulness: An Introduction to the Practice of Meditation*. Boston, MA: Beacon Press.

Harris, I. M. (2004). Peace education theory. *Journal of Peace Education, 1*(1), 5–20.

Hawkley, L. C., Burleson, M. H., Berntson, G. G., & Cacioppo, J. T. (2003). Loneliness in everyday life: Cardiovascular activity, psychosocial context, and health behaviors. *Journal of Personality and Social Psychology, 85*(1), 105–120.
Henslin, J. M., Possamai, A. M., Possamai-Inesedy, A. L., Marjoribanks, T., & Elder, K. (2015). *Sociology: A Down to Earth Approach*. Pearson Higher Education AU.

Hoffman, M. L. (1981). Is altruism part of human nature? *Journal of Personality and Social Psychology, 40*(1), 121–137.

Hofmann, S. G., Grossman, P., & Hinton, D. E. (2011). Loving-kindness and compassion meditation: Potential for psychological interventions. *Clinical psychology review, 31*(7), 1126-1132.

Hone, L. C., Jarden, A., Schofield, G. M., & Duncan, S. (2014). Measuring flourishing: The impact of operational definitions on the prevalence of high levels of wellbeing. *International Journal of Wellbeing, 4*(1).

Hunt, M. L., Hughey, A. W., & Burke, M. G. (2012). Stress and Violence in the Workplace and on Campus: A Growing Problem for Business, Industry and Academia. *Industry and Higher Education, 26*(1), 43–51.

Ingoglia, S., Lo Coco, A., Liga, F., & Grazia Lo Cricchio, M. (2011). Emotional separation and detachment as two distinct dimensions of parent—adolescent relationships. *International Journal of Behavioral Development, 35*(3), 271-281.

James, D., Sebren, A., DerAnanian, C., Bruening, M., Rooney, L., Araas, T., & Swan, P. D. (2016). Associations among self-compassion, eating behaviors, and stress in college freshmen. *Journal of Basic and Applied Sciences, 12*, 92-97.

Jazaieri, H., Jinpa, G. T., McGonigal, K., Rosenberg, E. L., Finkelstein, J., Simon-Thomas, E., & Goldin, P. R. (2013). Enhancing compassion: a randomized
controlled trial of a compassion cultivation training program. *Journal of Happiness Studies, 14*(4), 1113-1126.

Jazaieri, H., McGonigal, K., Jinpa, T., Doty, J. R., Gross, J. J., & Goldin, P. R. (2014). A randomized controlled trial of compassion cultivation training: Effects on mindfulness, affect, and emotion regulation. *Motivation and Emotion, 38*(1), 23-35.

Jinpa, T. (2010). Compassion cultivation training (CCT): Instructor’s manual. *Unpublished, Stanford, CA.*

Jinpa, T. (2016). *A Fearless Heart: How the Courage to Be Compassionate Can Transform Our Lives.* New York, NY: Penguin Random House LLC.

Kabat-Zinn, J. (2015). Mindfulness. *Mindfulness, 6*(6), 1481–1483.

Kahl, K. G., Winter, L., & Schweiger, U. (2012). The third wave of cognitive behavioural therapies: what is new and what is effective? *Current opinion in psychiatry, 25*(6), 522-528.

Kelly, A. C., & Carter, J. C. (2015). Self-compassion training for binge eating disorder: a pilot randomized controlled trial. *Psychology and psychotherapy: Theory, research and practice, 88*(3), 285–303.

Keye, M. D., & Pidgeon, A. M. (2013). Investigation of the relationship between resilience, mindfulness, and academic self-efficacy. *Open Journal of Social Sciences, 1*(06), 1.

Keyes, C. L., Eisenberg, D., Perry, G. S., Dube, S. R., Kroenke, K., & Dhingra, S. S. (2012). The relationship of level of positive mental health with current mental health. *Journal of Happiness Studies, 13*(2), 223–239.
disorders in predicting suicidal behavior and academic impairment in college students. Journal of American College Health, 60(2), 126-133.

Kirby, J. N. (2017). Compassion interventions: The programmes, the evidence, and implications for research and practice. Psychology and Psychotherapy: Theory, Research and Practice, 90(3), 432-455.

Kirby, J. N., Tellegen, C. L., & Steindl, S. R. (2017). A meta-analysis of compassion-based interventions: Current state of knowledge and future directions. Behavior Therapy, 48(6), 778-792.

Klimecki, O. M., Leiberg, S., Lamm, C., & Singer, T. (2012). Functional neural plasticity and associated changes in positive affect after compassion training. Cerebral Cortex, bhs142.

Kohlberg, L. (1984). Essays on moral development: The psychology of moral development. San Francisco, CA: Harper & Row.

Krieger, T., Martig, D. S., van den Brink, E., & Berger, T. (2016). Working on self-compassion online: A proof of concept and feasibility study. Internet interventions, 6, 64-70.

Leiberg, S., Klimecki, O., & Singer, T. (2011). Short-term compassion training increases prosocial behavior in a newly developed prosocial game. PloS one, 6(3), e17798.

Leung, M.-K., Chan, C. C. H., Yin, J., Lee, C.-F., So, K.-F., & Lee, T. M. C. (2013). Increased gray matter volume in the right angular and posterior parahippocampal gyri in loving-kindness meditators. Social Cognitive and Affective Neuroscience, 8(1), 34–39.
Lutz, A., Brefczynski-Lewis, J., Johnstone, T., & Davidson, R. J. (2008). Regulation of the neural circuitry of emotion by compassion meditation: Effects of meditative expertise. *PloS One, 3*(3), e1897.

Macaskill, A., Maltby, J., & Day, L. (2002). Forgiveness of self and others and emotional empathy. *The Journal of social psychology, 142*(5), 663-665.

Mackenzie, S., Wiegel, J. R., Mundt, M., Brown, D., Saewyc, E., Heiligenstein, E., Fleming, M. (2011). Depression and Suicide Ideation Among Students Accessing Campus Health Care. *American Journal of Orthopsychiatry, 81*(1), 101–107.

Mahmoud, J. S. R., Staten, R. T., Hall, L. A., & Lennie, T. A. (2012). The relationship among young adult college students’ depression, anxiety, stress, demographics, life satisfaction, and coping styles. *Issues in Mental Health Nursing, 33*(3), 149-156.

Makransky, J. (2012). Compassion in Buddhist psychology. *Wisdom and compassion in psychotherapy: Deepening mindfulness in clinical practice*, 61-74.

Mascaro, J. S., Rilling, J. K., Negi, L. T., & Raison, C. (2012). Compassion meditation enhances empathic accuracy and related neural activity. *Social Cognitive and Affective Neuroscience, nss095*.

Mayhew, S. L., & Gilbert, P. (2008). Compassionate mind training with people who hear malevolent voices: A case series report. *Clinical Psychology & Psychotherapy: An International Journal of Theory & Practice, 15*(2), 113-138.
Mendoza, J. S., Pody, B. C., Lee, S., Kim, M., & McDonough, I. M. (2018). The effect of cellphones on attention and learning: The influences of time, distraction, and nomophobia. *Computers in Human Behavior, 86*, 52–60.

Merriam, S. B., & Grenier, R. S. (Eds.). (2019). *Qualitative research in practice: Examples for discussion and analysis*. San Francisco, CA: Jossey-Bass.

Miller, A. L. (2012). Investigating Social Desirability Bias in Student Self-Report Surveys. *Educational Research Quarterly, 36*(1), 30–47.

Mills, G. E., & Gay, L. R. (2018). *Educational Research: Competencies for Analysis and Applications* (12th edition). Boston, MA: Pearson.

Murphy, M. C., & Archer, J. (1996). Stressors on the college campus: A comparison of 1985–1993. *Journal of College Student Development, 37*(1), 20–28.

Mushtaq, R., Shoib, S., Shah, T., & Mushtaq, S. (2014). Relationship Between Loneliness, Psychiatric Disorders and Physical Health? A Review on the Psychological Aspects of Loneliness. *Journal of Clinical and Diagnostic Research, 8*(9), WE01–WE04.

Nagarjuna (1991). Translated by Kalupahana, D. J. *Mūlamadhyamakakārikā of Nāgārjuna*. Delhi: Motilal Banarsidass Publishers.

Nam-kha Pel, L. (1992). Translated by Brian Beresford. *Mind Training like the Rays of the Sun*. Dharamsala, HP: Library of Tibetan Works and Archives.

Neff, K. (2003a). The development and validation of a scale to measure self-compassion. *Self and Identity, 2*(3), 223-250.

Neff, K. (2003b). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and identity, 2*(2), 85-101.
Neff, K. D. (2011). Self-compassion, self-esteem, and well-being. *Social and Personality Psychology Compass, 5*(1), 1-12.

Neff, K. D. (2016). The self-compassion scale is a valid and theoretically coherent measure of self-compassion. *Mindfulness, 7*(1), 264-274.

Neff, K. D., & Dahm, K. A. (2014). Self-compassion: What it is, what it does, and how it relates to mindfulness. *Mindfulness and self-regulation. New York: Springer.*

Neff, K. D., & Germer, C. K. (2013). A pilot study and randomized controlled trial of the mindful self-compassion program. *Journal of Clinical Psychology, 69*(1), 28-44.

Neff, K. D., & Pommier, E. (2013). The relationship between self-compassion and other-focused concern among college undergraduates, community adults, and practicing meditators. *Self and Identity, 12*(2), 160-176.

Neff, K. D., & Vonk, R. (2009). Self-compassion versus global self-esteem: Two different ways of relating to oneself. *Journal of Personality, 77*(1), 23-50.

Neff, K. D., Kirkpatrick, K. L., & Rude, S. S. (2007). Self-compassion and adaptive psychological functioning. *Journal of Research in Personality, 41*(1), 139-154.

Neff, K. D., Rude, S. S., & Kirkpatrick, K. L. (2007). An examination of self-compassion in relation to positive psychological functioning and personality traits. *Journal of Research in Personality, 41*(4), 908-916.

Noddings, N. (2013). *Education and democracy in the 21st century.* New York, NY: Teachers College Press.

Orzech, K. M., Shapiro, S. L., Brown, K. W., & McKay, M. (2009). Intensive mindfulness training-related changes in cognitive and emotional experience. *The Journal of Positive Psychology, 4*(3), 212-222.
Ozawa-de Silva, B. & Karlin, M. (2018). Compassionate Integrity Training Final CIT training manual 11-30. (n.d.). Retrieved April 20, 2019, from https://view.joomag.com/compassionate-integrity-training-final-cit-training-manual-11-30/0373330001510603946

Ozawa-de Silva, B. R., Dodson-Lavelle, B., Raison, C. L., Negi, L. T., Silva, B. R. O., & Phil, D. (2012). Compassion and ethics: scientific and practical approaches to the cultivation of compassion as a foundation for ethical subjectivity and well-being. *Journal of Healthcare, Science and the Humanities, 2*(1), 145-161.

Ozawa-de Silva, B., & Dodson-Lavelle, B. (2011). An education of heart and mind: practical and theoretical issues in teaching Cognitive-Based Compassion Training to children. *Practical Matters, 1*(4), 1-28.

Pace, T. W., Negi, L. T., Adame, D. D., Cole, S. P., Sivilli, T. I., Brown, T. D., & Raison, C. L. (2009). Effect of compassion meditation on neuroendocrine, innate immune and behavioral responses to psychosocial stress. *Psychoneuroendocrinology, 34*(1), 87-98.

Patrul, R. (2011). *Words of My Perfect Teacher: A Complete Translation of a Classic Introduction to Tibetan Buddhism*. New Haven, CT: Yale University Press.

Pflugeisen, B. M., Drummond, D., Ebersole, D., Mundell, K., & Chen, D. (2016). Brief Video-Module Administered Mindfulness Program for Physicians: A Pilot Study. *EXPLORE, 12*(1), 50–54.

Phende, G. N. (2014). *Reducing Suffering through the Study and Practice of Buddhist Psychology: Practical Application of the Study of Mind and Awareness* (1st edition). Boca Raton, Florida: Phende LLC.
Pommier, E. A. (2010). *The Compassion Scale* (Doctoral dissertation), The University of Texas at Austin. Retrieved on March 30, 2019, from https://repositories.lib.utexas.edu/handle/2152/ETD-UT-2010-12-2213

Pressman, S. D., Cohen, S., Miller, G. E., Barkin, A., Rabin, B. S., & Treanor, J. J. (2005). Loneliness, social network size, and immune response to influenza vaccination in college freshmen. *Health Psychology, 24*(3), 297.

Preston, D. (2014, Feb. 26). The Dalai Lama’s ski trip. *Slate*. Retrieved April 7, 2019, from https://slate.com/human-interest/2014/02/dalai-lama-at-a-santa-fe-ski-resort-tells-waitress-the-meaning-of-life.html

Prochaska, J. O. (2013). Transtheoretical model of behavior change. *Encyclopedia of behavioral medicine*, 1997-2000.

Prochaska, J. O., Redding, C. A., & Evers, K. E. (2015). The transtheoretical model and stages of change. *Health behavior: Theory, research, and practice*, 125-148.

Raes, F. (2010). Rumination and worry as mediators of the relationship between self-compassion and depression and anxiety. *Personality and Individual Differences, 48*(6), 757–761.

Raes, F. (2011). The Effect of Self-Compassion on the Development of Depression Symptoms in a Non-clinical Sample. *Mindfulness, 2*(1), 33–36.

Reddy, S. D., Negi, L. T., Dodson-Lavelle, B., Ozawa-de Silva, B., Pace, T. W., Cole, S. P., & Craighead, L. W. (2013). Cognitive-Based Compassion Training: a promising prevention strategy for at-risk adolescents. *Journal of Child and Family Studies, 22*(2), 219-230.
Regehr, C., Glancy, D., & Pitts, A. (2013). Interventions to reduce stress in university students: A review and meta-analysis. *Journal of affective disorders, 148*(1), 1-11.

Ribur Rinpoche (2010). *How to Generate Bodhicitta*. Singapore: Amitabha Buddhist Centre Publications.

Rocheleau, J. (2004). Theoretical Roots of Service Learning: Progressive Education and the Development of Citizenship. In Speck, B. W., & Hoppe, S. L. (Eds.), *Service-learning: History, theory, and issues* (pp.3-21). Westport, CT: Greenwood Publishing Group Inc.

Salmon, C., & Childs, H. (2016). Circle of compassion: Arts and nursing—the stimulation of compassionate awareness. *Journal of Applied Arts & Health, 7*(3), 397-410.

Salzberg, S. (2011). Mindfulness and loving-kindness. *Contemporary Buddhism, 12*(1), 177–182.

Santideva. (1997). Translated by Vesna Wallace & Alan Wallace. *A Guide to the Bodhisattva Way of Life*. Ithaca, NY: Snow Lion Publications.

Saunders, J. (2015). Compassion. *Clinical Medicine, 15*(2), 121-124.

SEE Learning. (n.d.). Retrieved June 26, 2019, from https://seelearning.emory.edu/

Seligman, M. E. P. (2012). *Flourish: A Visionary New Understanding of Happiness and Well-being* (Reprint edition). New York, NY: Atria Books.

Seligman, M.E.P. (2002). *Authentic happiness: Using the new positive psychology to realize your potential for lasting fulfillment*. New York, NY: Free Press.
Şenyuva, E., Kaya, H., İşik, B., & Bodur, G. (2014). Relationship between self-compassion and emotional intelligence in nursing students. *International Journal of Nursing Practice, 20*(6), 588–596.

Seppala, E., Rossomando, T., & Doty, J. R. (2013). Social connection and compassion: Important predictors of health and well-being. *Social Research: An International Quarterly, 80*(2), 411-430.

Shantideva. (1997). Translated by Vesna Wallace & Alan Wallace. *A Guide to the Bodhisattva Way of Life*. Ithaca, NY: Snow Lion Publications.

Siegel, R. D., Germer, C. K., & Olendzki, A. (2009). Mindfulness: What is it? Where did it come from? In *Clinical handbook of mindfulness* (pp. 17-35). Springer New York.

Smeets, E., Neff, K., Alberts, H., & Peters, M. (2014). Meeting suffering with kindness: Effects of a brief self-compassion intervention for female college students. *Journal of clinical psychology, 70*(9), 794-807.

Solomon, R. L., & Lessac, M. S. (1968). A control group design for experimental studies of developmental processes. *Psychological Bulletin, 70*(3, Pt.1), 145–150.

Sulkowski, M. L., & Lazarus, P. J. (2011). Contemporary responses to violent attacks on college campuses. *Journal of School Violence, 10*(4), 338-354.

Sulkowski, M. L., & Lazarus, P. J. (2011). Contemporary Responses to Violent Attacks on College Campuses. *Journal of School Violence, 10*(4), 338–354.
Taliaferro, L. A., & Muehlenkamp, J. J. (2015). Risk factors associated with self-injurious behavior among a national sample of undergraduate college students. *Journal of American college health, 63*(1), 40-48.

Tatum, K. J. (2012). *Adherence to gender roles as a predictor of compassion and self-compassion in women and men* (Doctoral dissertation).

Taylor, S. E., Dickerson, S. S., & Klein, L. C. (2002). Toward a biology of social support. In *Handbook of positive psychology* (pp. 556–569). New York, NY: Oxford University Press.

Tendhar, T., & Bueno de Mesquita, P. (2019). *8 Steps to Great Compassion: A Brief Online Film Mediated Compassion Training Curriculum*. Center for Nonviolence & Peace Studies. The University of Rhode Island: Kingston, RI.

Terry, M. L., Leary, M. R., & Mehta, S. (2013). Self-compassion as a buffer against homesickness, depression, and dissatisfaction in the transition to college. *Self and Identity, 12*(3), 278-290.

Thompson, L. Y., Snyder, C. R., Hoffman, L., Michael, S. T., Rasmussen, H. N., Billings, L. S., Roberts, D. E. (2005). Dispositional Forgiveness of Self, Others, and Situations. *Journal of Personality, 73*(2), 313–360.

Tsong-kha-pa, L. D. (2014). Translated by the Lamrim Chenmo Translation Committee and edited by Joshua Cutler & Guy Newland. *The great treatise on the stages of the path to enlightenment* (Vol. 2). Boston, MA: Snow Lion Publications, Incorporated.

Van Dam, N. T., Sheppard, S. C., Forsyth, J. P., & Earleywine, M. (2011). Self-compassion is a better predictor than mindfulness of symptom severity and
quality of life in mixed anxiety and depression. *Journal of Anxiety Disorders*, 25(1), 123-130.

van den Brink, E. & Koster, F. (2015). *Mindfulness-Based Compassionate Living*. London: Routledge.

Voelker, R. (2003). Mounting student depression taxing campus mental health services. *Journal of the American Medical Association*, 289(16), 2055-2056.

Weng, H. Y., Fox, A. S., Shackman, A. J., Stodola, D. E., Caldwell, J. Z., Olson, M. C., & Davidson, R. J. (2013). Compassion training alters altruism and neural responses to suffering. *Psychological Science*, 24(7), 1171-1180.

Whitaker, L., & Pollard, J. (2014). *Campus violence: Kinds, causes, and cures*. New York, NY: Routledge.

Williams, C. R. (2008). Compassion, Suffering and the Self: A Moral Psychology of Social Justice. *Current Sociology*, 56(1), 5–24.

Wood, A. M., Froh, J. J., & Geraghty, A. W. A. (2010). Gratitude and well-being: A review and theoretical integration. *Clinical Psychology Review*, 30(7), 890–905.

Worthington Jr, E. L. (2013). *Forgiveness and reconciliation: Theory and application*. New York, NY: Routledge.

Yarnell, L. M., Stafford, R. E., Neff, K. D., Reilly, E. D., Knox, M. C., & Mullarkey, M. (2015). Meta-Analysis of Gender Differences in Self-Compassion. *Self and Identity*, 14(5), 499–520.

Zawadzki, M. J., Graham, J. E., & Gerin, W. (2013). Rumination and anxiety mediate the effect of loneliness on depressed mood and sleep quality in college students. *Health Psychology*, 32(2), 212–222.