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Self-Kindness, Mindfulness, and Common Humanity: Effects of Self-Compassion on Well-Being for Indigenous Participants in Self-Compassion-Related Interventions

Nichaela Garvey, Jeffrey Hankey, Yvonne Bohr, and Jenna Barnhardt

Authors' Note: We would like to acknowledge that our research team is diverse and consists of Indigenous and non-Indigenous team members. Jenna Barnhardt is part of the Kenhte:ke Kanien'kehaka First Nation of the Mohawks of the Bay of Quinte. Nichaela Garvey, Jeffrey Hankey, and Yvonne Bohr are uninvited settlers who strive to be allies and represent diverse ethnic and gender groups. We do our work in an area known as Tkaronto, which has been under the stewardship of the Anishinabek Nation, the Haudenosaunee Confederacy, the Huron-Wendat Nation, and the Métis. We have endeavored to conduct the project described here in a manner that embodies a decolonizing approach to research, as is our custom with all our research initiatives. It should be noted, however, that, due to the nature of this paper (review and synthesis of existing research), which itself was not conducted by our research team, we did not personally interact with the participants and communities whose voices are featured here.

The idea to review the literature on the effects of self-compassion on the well-being of Indigenous participants in group interventions based on compassion and mindfulness training arose in the context of one of our intervention initiatives, one that focused on intervention modules identified as culturally safe and effective with Indigenous youth.¹

In this quest we endeavour to avoid the dangers of pan-Indigeneity, while also acknowledging that some forms of "pan-Indian spirituality" might serve to "connect . . . Aboriginal people living far from their home communities and provide a safe cultural meeting place, a harbor for political protest, and an opportunity to embark on healing

journeys.”² While there is much diversity among Indigenous peoples, and therefore among Indigenous ways of knowing, some Indigenous scholars have proposed that notable commonalities characterize even Indigenous communities worldwide, most prominently the concept of relationality and an understanding of the connection among nature, holism, and the sacred.³

“Indigenous philosophies are underlain by a worldview of interrelationships among the spiritual, the natural, and the self, forming the foundation or beginnings of Indigenous ways of knowing and being.”⁴

—Willie Ermine, “Aboriginal Epistemology”

Within Western clinical psychology, there has been a growing interest in interventions that focus on self-compassion, and how these may promote well-being.⁵ Such interventions are often rooted in Buddhist and Eastern traditions of compassion, mindfulness, and interconnectedness.⁶ Tibetan Buddhist scholar Thupten Jinpa is a former monk who developed the protocol for compassion cultivation training (CCT) at Stanford University. He defined compassion as “a sense of concern that arises when we are confronted with another’s suffering and feel motivated to see that suffering relieved.”⁷ Foundational figures in Buddhist psychology, such as Thich Nhất Hạnh, Jack Kornfield, and Tara Brach (to name a few among many), have written extensively about how we can apply ancient Eastern teachings of compassion, mindfulness, and interconnectedness into modern day practice in the Western world.⁸ These teachings provided the groundwork for the development of a plethora of compassion- and mindfulness-focused interventions aimed to promote the healing and well-being of diverse communities (see, for example, mindful self-compassion; compassion-focused therapy; CCT; mindfulness-based stress reduction).⁹ Building on the Buddhist concept of compassion and relating to oneself during times of suffering, Kristin Neff, a psychology researcher, trainer, and settler from the United States, brings a Western lens and has conceptualized self-compassion as the nexus of three components: self-kindness, mindfulness, and common humanity.¹⁰ These components in combination enable a self-compassionate view of oneself to arise, whereby a person understands their suffering, responds to their failures with acceptance and compassion, and, instead of encompassing an isolating or separating view of their struggles, understands that they are not alone in their experiences.¹¹

Alternative Western models of compassion also exist in the literature. For instance, Paul Gilbert built on evolutionary models of social mentality theory and conceptualized compassion as a blend of motives, emotions, actions, and behaviors.¹² According to Gilbert, compassion involves a nonjudgmental attitude, allowing you to be open to the suffering of the self and others with a desire to understand its causes and alleviate it.¹³ More recently, Clara Strauss and colleagues integrated various Buddhist and Western definitions, proposing that compassion includes five components: “recognition of suffering; understanding its universality; feeling sympathy, empathy, or concern

for those who are suffering; tolerating the distress associated with the witnessing of suffering; and motivation to act or acting to alleviate the suffering.”¹⁴ For the purposes of this review, we will use Neff’s conceptualization of self-compassion as the Western definition of the concept, since the most common method of examining the construct is via the self-report measure—self-compassion scale, or SCS—which is also grounded in Neff’s conceptualization of self-compassion.¹⁵ Finally, we posit that there are congruencies between Neff’s components of self-compassion and traditional Indigenous knowledge and social practices, making Neff’s definition most suitable. Learning self-compassion is currently seen as a promising intervention for a variety of physical and mental health challenges.¹⁶

SELF-COMPASSION IN WESTERN CLINICAL PSYCHOLOGY

Most research on self-compassion in the last twenty years has been led by settlers and focused on white populations within Western societies, disregarding how the construct could be imagined differently, or indeed has always existed in some form, for Indigenous peoples.¹⁷ Among Western populations, self-compassion has been established as a factor in well-being throughout a variety of contexts, ranging from adolescent resilience to well-being among adults and older adults.¹⁸ For example, self-compassionate individuals demonstrated more strengths-based traits, such as resilience and curiosity, in a sample of 1,057 adolescents, 68 percent of whom were white (Mage=15.6 years; 65 percent female).¹⁹

Similarly, research has shed light on the relations between self-compassion and well-being in a sample of 98 percent white older adults (n= 203; age range = 67–90 years; 54 percent female) and revealed that higher levels of self-compassion were positively associated with general well-being, whereas lower levels of self-compassion were associated with more reports of emotional problems.²⁰ Despite self-compassion demonstrating promise with respect to promoting aspects of well-being in Western clinical psychology, little is currently documented about Indigenous concepts of self-compassion and its relation to well-being.

KINDNESS, MINDFULNESS, AND COMMON HUMANITY: INDIGENOUS PATHWAYS TO LIVING WELL

Since Neff’s conceptualization twenty years ago, relatively little research has been done in partnership with Indigenous communities to explore whether self-compassion contributes to their wellness, and, if so, what the mechanisms at work might be. The scarcity of an Indigenous compassion discourse demonstrates that compassion has yet to be acknowledged as an Indigenous aspect of well-being in Western literature, despite having existed in many communities at the grassroots level, deeply rooted in common spiritual and social practices, worldview, and language.²¹ As such, we illustrate the clear parallels between Neff’s components of self-compassion and fundamental philosophies from various Indigenous communities below.

To begin, we would suggest that Neff's concept of self-kindness, which entails fostering an understanding attitude during times of suffering, failure, and disappointment, steering away from self-critical thoughts and feelings of inadequacy, shows parallels to concepts of kindness and compassion as essential elements to well-being across many Indigenous communities.²² For example, *zhawenjige* (kindness) and *ogooapaadenimaan* (compassion) are core values and important aspects of *mino bimaadiziwin* (a good life) for Namegosib Anishinaabeg of Ontario.²³ Dedibaayaanimanook Sarah Keesick Olsen described the words "*zhawenindizom* (to show yourself kindness)"²⁴ and "*gizhewaadiziwin* (the internal state of being kind as it relates to yourself)."²⁵ According to Dedibaayaanimanook, "being mean to others, including animals, or acting in ways that are harmful to one's self indicates that a person is in need of *ogooapaadenimaan*, preferably from *gichi* (elder) Anishinaabeg, who can help reorient the person's way of thinking and behaving in ways that are more appropriate."²⁶ Indeed, elders play an important role in healing their communities, as they are a vital source of social support, strength, traditional knowledge, language, and culture for younger generations.²⁷ Therefore, we posit that elders may be best equipped to help community members overcome their feelings of shame and inadequacy through culturally relevant messages of self-compassion that reinforce the importance of encouraging positive spirits and avoiding self-critical thinking for well-being.

Another example of an Indigenous worldview that encourages individuals to foster a nonjudgmental, kind, and understanding attitude is one of the twelve core Métis values, *kitimakaymiwek*, a Michif word that describes how acts of kindness within Métis communities are well-acknowledged and celebrated.²⁸ *Kitimakaymiwek* is embedded in the Métis way of life. The young are taught to show kindness and understanding to the vulnerable and less fortunate and to show the utmost warmth to strangers.²⁹ Self-kindness seems to parallel *kitimakaymiwek*; by acknowledging and celebrating acts of kindness within the community, one may come to recognize situations where they, too, deserve *kitimakaymiwek* directed inward.

Further, mindfulness as described by Neff entails maintaining a balance and awareness of painful thoughts rather than overidentifying with them, which may be similar to various Indigenous concepts of health and well-being that place emphasis on embodying a mindful state of awareness by being balanced in all aspects of one's life.³⁰ A salient example of this is the Anishinaabe teachings of the medicine wheel. Although medicine wheel teachings are diverse, the model generally contends that our physical, mental, spiritual, and emotional states should all be balanced in order for us to be healthy.³¹ The medicine wheel teaches that we must work to bring wholeness to our lives, and the self-compassion component of mindfulness speaks to these teachings, in particular the importance of maintaining awareness and balance between the states that make us whole.³² Traditional Indigenous wisdom relating to the mindfulness component of self-compassion can also be found in other communities. Cree elder Louis Sunchild wrote about the compassionate mind for the benefit of future generations, illustrating the interconnection between physical, mental, spiritual, and emotional domains, each of which must be afforded awareness, respect,

honor, and care to maintain balance and harmony and achieve the compassionate mind.³³ Sunchild explains that we were created for the expression and embodiment of compassion in our actions, relationships with others, and relationship with ourselves.³⁴

Maintaining a state of balanced awareness also relates to various ceremonies and spiritual practices in Indigenous communities. For example, across North America, sweat lodge ceremonies have been used as a sacred way to cleanse and restore balance to the body, mind, and spirit.³⁵ While differences in sweat lodge ceremony exist depending on the history and cultural practices of the community, community members enter the sweat lodge with their own suffering and challenges, and through the restorative power of sitting, praying, sweating, dancing, singing, and storytelling together, they leave the lodge with a renewed sense of balance and harmony of the body, mind, and spirit.³⁶ In fact, a sample of Indigenous university students in Regina culturally adapted a mindfulness-based intervention titled *Miyowâyâwin Mindful Well-Being Program*, designed to be consistent with Indigenous culture. They shared that mindfulness should be actualized in the adapted intervention through cultural practices, for example, through smudging, sweats, drum ceremonies, pow wow, and prayer.³⁷ As such, mindfulness was conceptualized with less of an emphasis on the self and instead more as “an attitude of appreciation and gratitude toward the Creator/Mother Nature and toward others in the community.”³⁸

The concept of mindfulness has been discussed by Indigenous authors as helpful in addressing stress in Native American communities, as both mindfulness and Native American teachings strive to cultivate existential insight, compassion, interdependence, and connection to the universe—states that are known to contribute to well-being.³⁹ Mindfulness, for example, may resonate with spiritual practices of the Nauiyu community along the Daly River of Northern Territory, Australia. These Aboriginal peoples have a special practice and gift, *dadirri* (from the Ngan'gikurunggurr and Ngen'giwumirri languages), which has been practiced and passed on to younger generations for thousands of years.⁴⁰ Elder Miriam-Rose Ungunmerr-Baumann describes *dadirri* as “inner, deep listening and quiet, still awareness.”⁴¹ Elder Miriam-Rose explains that we are “made whole again” when we experience *dadirri*, and peace can be found within silent awareness.⁴² Thus, mindfulness as an increasing realization and embodiment of not only present-moment awareness but also interconnectedness and harmony seems parallel to various ancient Indigenous wisdoms and practices. Accordingly, researchers have called for closer investigation into the common elements shared between Indigenous traditional practices and Western wellness intervention techniques, for example, between *dadirri* and meditative practice. Therefore, we posit culturally grounded interventions that teach mindfulness, and meditative skills may especially resonate with some Indigenous communities.

The final component of self-compassion as described by Neff is that of common humanity, which refers to experiences of suffering as part of the shared relational human experience.⁴³ During painful times, a self-compassionate attitude involves a realization that we are not alone in our experiences of distress; instead of self-isolation,

we can connect to the greater human collective.⁴⁴ The compassion we share with one another stems from a mutual understanding of shared suffering and the interconnectedness of humanity.⁴⁵ We would suggest that common humanity is congruent with a relational Indigenous worldview, which acknowledges how deeply we are connected to the land and those around us.⁴⁶ For example, for Māori, an important component of well-being is rooted in a deep sense of connectedness called *whanaungatanga* (family-like connections), “a relationship through shared experiences and working together which provides people a sense of belonging,” which can be extended to others with whom we develop mutual bonds.⁴⁷ Companionably, encompassing a more self-compassionate view involves an understanding that one is not alone in their painful experiences, which becomes more evident through frequent community connection and by listening to elders’ oral teachings of compassion, awareness, interconnectedness, and living a good life.⁴⁸ Hearing similar experiences and stories from family, friends, and community members allows a person to focus on the existential bonds they share instead of their inadequacies during times of failure.⁴⁹ Therefore, the common humanity component of self-compassion may be especially relevant to Indigenous communities, since community connection plays a significant role in wellness and healing.⁵⁰

COLONIALISM AND INDIGENOUS PEOPLES’ WELL-BEING

Worldwide, Indigenous peoples have shown tremendous resilience enduring the genocidal atrocities committed by colonizers, including exploitative forced assimilation, stolen culture and language, compulsory dependence on government agencies, and usurpation of land, natural resources, and rights.⁵¹ Indigenous worldviews such as those introduced above have played an important role in fostering resilience in the face of such maltreatment. Nevertheless, even today the transgressions of colonialism are systematically normalized, manifesting in myriad ways such as health care that is neither accessible nor tailored to the needs of Indigenous peoples.⁵² The effects of colonialism ripple across generations, continuing to severely disrupt Indigenous families and place exceptional stress on the mental well-being of their communities.⁵³ Maria Yellow Horse Brave Heart has defined *historical trauma* as cumulative emotional and psychological wounding, resulting from “massive group trauma” over the individual’s lifespan and also across generations.⁵⁴ This intergenerational trauma can manifest today as substance use, mental distress, depression, and suicide.⁵⁵ As one salient example, suicide deaths among Inuit in Northern Canada have spiked over the last century, currently at nine times the national average.⁵⁶ Brave Heart conceptualizes these manifestations as a historical trauma response, a constellation of features associated with a reaction to massive group trauma, advocating for the development of healing intervention models, grounded in Indigenous worldviews, to ameliorate the emotional distress emerging from the legacy of trauma and grief.⁵⁷ Compassion and mindfulness may well be good candidates for such an intervention, for the reasons listed above.

The ramifications of colonialism continue today, as westernized attempts to address Indigenous mental health and suicide crises are fraught with ethical tensions and practical difficulties. Research with Indigenous peoples has primarily been informed by a deficit discourse, which focuses on the maladaptive thought patterns, practices, and overall deficiencies that are seen to characterise a group of people.⁵⁸ Alternatively, we felt it was important to contribute to the literature here by highlighting strengths-based factors that may promote resilience and well-being.⁵⁹ Furthermore, across many Indigenous cultures, wellness is conceptualized differently from the individualistic, reductive Western biomedical model of illness, which contends that good health is characterized solely by a lack of physical symptoms.⁶⁰ Instead, an Indigenous understanding of health entails a complex and fluid interaction between familial, ancestral, geographical, and intergenerational relationships embedded in connectedness and shared understanding.⁶¹ One thrives or is considered healthy when all of these relationships are in balance with each other.⁶²

In addition, due to the offenses committed by governments in power, many Indigenous people are wary of Western medical spaces and medicine, which they feel are culturally, physically, mentally, emotionally, and spiritually unsafe.⁶³ The systemic downstream effects of colonialism have been normalized in the medical system. Physicians receive little if any cultural safety training that equips them to navigate the larger sociocultural, historical, and political origins, rooted in colonialism, of the mental health challenges that arise in Indigenous populations or the unique community-oriented processes and services that could effectively address their needs.⁶⁴

With Western health care falling short of being comprehensive and culturally safe, the revitalization of traditional Indigenous knowledge, language, and healing practices are key avenues to health and empowerment for Indigenous communities.⁶⁵ Indigenous scholars have emphasized, for example, the importance of incorporating spiritual practices into wellness interventions, as spirituality is such an essential part of Indigenous persons' cultural identity with a unique place in healing practices.⁶⁶

There must be a decolonizing shift in Western psychology, whereby researchers acknowledge traditional Indigenous knowledge as genuinely valid and legitimate by itself, while also allowing room for Indigenous knowledge to stand alongside Western knowledge.⁶⁷ Meaningful and effective solutions can be easier to pinpoint when the community is involved as a full and equal partner.⁶⁸ Indeed, culturally adapted interventions that better align with Indigenous traditional values tend to have more lasting effects for community well-being than interventions that have not undergone an adaptation process.⁶⁹ Therefore, it is clearly imperative that mental health and wellness interventions be identified and developed in partnership with Indigenous communities to effectively address their pressing needs.⁷⁰

SELF-COMPASSION AS A MEANS TO WELL-BEING FOR INDIGENOUS COMMUNITIES

We posit that self-compassion may be a particularly appropriate strengths-based strategy for Indigenous communities, as the construct's components seem to

coincide with an Indigenous relational worldview and conceptualization of the self, emphasizing the interconnectivity of body, mind, spirit, and land.⁷¹ While there is little research on how self-compassion contributes to the well-being of Indigenous communities specifically, a team of researchers sought to analyze the dispositional levels of self-compassion among a sample of First Nations, Métis, and Inuit university students at a medium-sized university in Canada and found that self-compassion was strongly and negatively associated with depression and anxiety, whereby students who reported higher levels of self-compassion also reported lower levels of depression and anxiety.⁷² Despite the limitations of the study, such as the use of scales not validated with Indigenous samples and the application of Western definitions of depression and anxiety, this research provided preliminary evidence to suggest that self-compassion may be useful for promoting wellness among Indigenous university students.⁷³

Self-compassion has also been explored with American Indian and Alaska Native communities, including its role as a protective factor in the prevention of suicidality.⁷⁴ Sarah Tielke found that the positive components of self-compassion—self-kindness, common humanity, and mindfulness—were associated with a reduced sense of burdenomeness and lack of belonging in a sample of American Indian and Alaska Native adults living in Nebraska.⁷⁵ Another study corroborates these findings, suggesting that self-compassion lowers suicide risks among American Indian and Alaska Native adults who visited an Indian Health Service or tribal center in the Great Plains of the United States.⁷⁶ Research conducted by Nichea Spillane et al. supports the potential benefits of self-compassion in reducing alcohol use among a sample of First Nations adolescents living on-reserve in Eastern Canada; self-compassion was related to less alcohol use and a lower risk of developing alcohol use disorder in this sample.⁷⁷ Limitations notwithstanding, preliminary research on self-compassion with Indigenous peoples has shown promise in promoting well-being.⁷⁸ Even so, the dearth of Indigenous-led research on self-compassion demonstrates the necessity for future decolonizing research to place Indigenous scholars at the forefront when Indigenous outcomes are in question.

ETUAPTUMUK AND THE CURRENT STUDY

We use the Mi'kmaq principle of *etuaptmumk*—roughly translated as *two-eyed seeing* in English—as a guiding framework in the current study. Two-eyed seeing is a process of integrative science that refers to seeing from one eye with the strengths of Indigenous knowledges and from the other eye with the strengths of Western knowledges, and using both eyes harmoniously for the benefit of all.⁷⁹ By using such an approach as a guiding framework, we hope to contribute to an enhanced collective understanding of self-compassion by calling attention to traditional Indigenous teachings and practices that seem similar to the construct, the strengths of which complement Neff's westernized understanding. Presently, it remains unclear exactly how self-compassion may be conceptualized by Indigenous communities and the mechanisms by which it relates to well-being. Accordingly, the purpose of this

systematic review was to investigate how the phenomenon of self-compassion promotes outcomes related to well-being from the perspectives of Indigenous adolescents and adults.

Our objectives: to explore, from the perspectives of Indigenous participants in self-compassion–related interventions, whether self-compassion relates to well-being within their communities and identify the possible mechanisms at play. Research describing interventions promoting self-compassion with Indigenous populations is scarce, so for the purposes of this review, self-compassion interventions and training programs included those that promoted one or more of the components of self-compassion identified by Neff—self-kindness, mindfulness and common humanity.⁸⁰

METHODS

First, to capture the voices of Indigenous youth and adults and how their rich experiences of self-compassion might promote outcomes related to well-being within their communities, qualitative research designs were deemed an appropriate fit for this review.⁸¹ Qualitative designs included ethnography, phenomenology, grounded-theory, narratives, and case studies. All studies used qualitative methods to both collect (e.g., sharing circles, interviews, focus groups, diary entries) and analyze (e.g., thematic analysis, framework analysis, grounded theory, narrative approach) the data. We excluded studies that used solely quantitative research designs and methods, but we did include mixed-method designs, evaluating the qualitative component. Both published scholarly articles and grey literature were included in our search.

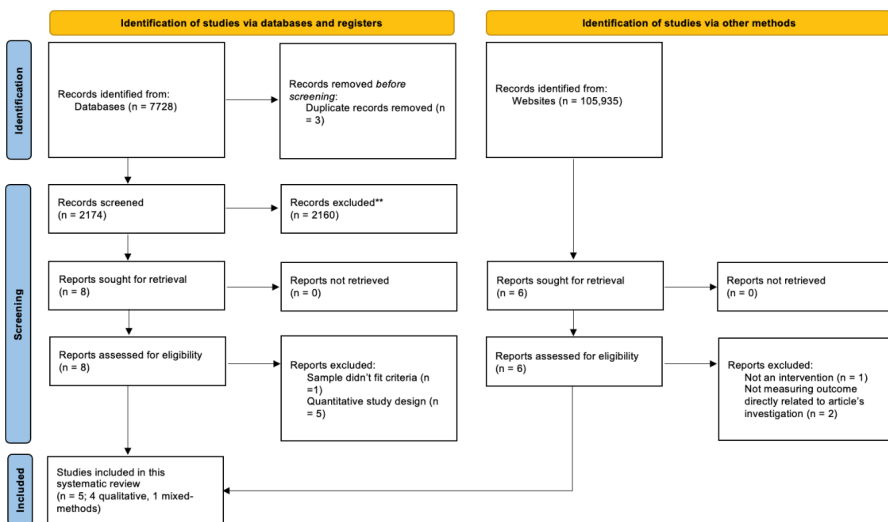
Second, we searched the following electronic databases to identify studies eligible for inclusion: PSYCinfo; ERIC; Ovid; Scopus; Web of Science; PubMed; Google Scholar; Omni Libraries. For each database, a search was performed using the following keywords: self-compassion, compassion, mindfulness, self-kindness, common humanity, resilience or self-regard, Indigenous, First Nations, Inuit, American Indian, Native American, Alaska Native, Métis, Cree, Mohawk, Ojibwe, Aboriginal, Māori, youth, adolescence, adolescents, young adult, adults, older adults, intervention, program, experience, attitude, mental health, suicide, depression, anxiety, stress, well-being. A search of grey literature was conducted to identify additional sources for inclusion. This search included government websites, government reports, agencies, conference proceedings, books, pamphlets, publications by First Nations/Métis/Inuit organizations, publications by Native American organizations, and blogs.

Third, we only included studies that reported on the mechanisms whereby interventions focused on experiences of self-compassion or any of its three related components—self-kindness, common humanity, and mindfulness—had yielded outcomes related to well-being and its related components. Well-being in Indigenous contexts relates to outcomes such as resilience and enhanced connection to the land, along with feelings of connection to one’s social, cultural, and spiritual relationships.⁸² In addition, the included studies had all been conducted through and

within academic institutions such as universities and middle and high schools as well as community health spaces: Indigenous client centers, hospitals, rural and urban Indigenous reservations and communities, and in-patient community-based care and wellness centers. Furthermore, self-compassion in its present archetypal form was first conceptualized by Neff in 2003.⁸³ A citation search of Neff's conceptual paper conducted on Web of Science revealed that the earliest studies citing self-compassion were published in 2003 and subsequent years.⁸⁴ In addition, the reference list of Neff was searched to determine that the concept had not been established prior to 2003.⁸⁵ Due to the limited nature of research on self-compassion before the early 2000s, only studies published between 2003 and 2022 were included.

Fourth, the lead author systematically assessed the title, abstract, and reported outcomes of eligible studies to reach a decision about inclusion. Coauthors Bohr and Hankey independently assessed the title, abstract, and reported outcomes of eligible studies and offered decisions on which studies to include. Any disagreements on inclusion of studies were resolved by having a discussion between each of the authors, with the most experienced author making the final decision. The process of selecting studies was guided by PRISMA.⁸⁶ The guidelines are particularly useful for the reporting of evaluations of health interventions.⁸⁷ See figure 1 for the PRISMA flow diagram, which demonstrates the process of screening and selecting eligible studies.

FIGURE 1. PRISMA Flow Diagram of the Screening Process (2023).⁸⁸



The following data were extracted from the included studies: the design and objectives of the study, components and setting of the intervention, processes of cultural adaptation of the intervention, methodological limits of the study, sample characteristics, and outcomes. The methodological limitations of the included studies were assessed by the primary author and independently confirmed by two reviewing authors (Bohr and Hankey). To assess the limitations, the sample sizes, details about data collection and procedure, and potential for biases were noted for each of the included studies. The methodological limitations of each are summarized in table 1.

TABLE 1. SUMMARY OF METHODOLOGICAL LIMITATIONS OF THE INCLUDED STUDIES

To assess the limitations, the sample sizes, details of data collection and procedure, and potential for biases were assessed in each of the included studies and are detailed below.

Study	Methodological Limitations
Bennett-Levy et al., 2020	Ten participants (five Indigenous clients of the health service and five health professionals employed there [one was non-Indigenous]); non-Indigenous participant data unclear Out of ten participants, six were interviewed; when interviewed it was within 1–3 months after the program had ended (longitudinal effects are unknown) Unsure which of the many other core practices of compassion-focused therapy will yield similar results, since, during the procedure, only used a handful (i.e., soothing-rhythm breathing, three systems model)
Le and Gobert, 2015	Potential for selection bias: intervention was offered as an elective at a school Small sample size of eight participants, therefore the results may not generalize to other Native American groups
Lavrencic et al., 2021	Potential for positive response bias due to the strong engagement between researchers and participants The health profiles of the participants were similar Due to small sample size, it was hard to determine whether saturation of themes was achieved
Thomas and Bellefeuille, 2006	Small sample size with very specific characteristics (participants to self-identify as Aboriginal and have experienced residential schools)
Dreger et al., 2015	Small sample size originating from a limited geographical area Only interviewed the people who completed the program

Participants were youth and adults who self-identified as Indigenous. Forty-two Indigenous participants participated in self-compassion–related interventions across several communities. The Indigenous cultures represented in this review include Aboriginal and Torres Strait Islander people in Gumbaynggirr Country (seven participants) and regional New South Wales (ten participants), Native Americans from the Confederated Salish and Kootenai tribes of the Flathead Nation in north-western Montana (eight participants), and First Nations and Métis in Manitoba, Canada (seventeen participants). Throughout the Results and Discussion sections of this paper, the term Indigenous refers to those who self-identified with one of those groups.

Last, to analyze the data, a thematic analysis of participant quotations was conducted using the phases outlined by Virginia Braun and Victoria Clarke.⁸⁹ During the first phase of the analysis, the lead author familiarized herself with the selected studies by reading each multiple times and making rough notes about potential codes based on preliminary impressions. The second phase consisted of generating initial codes and finding data relevant to those codes within the data sets. The third phase of analysis included regrouping codes into potential themes and subthemes. In the fourth phase, themes were reviewed to confirm that they accurately reflected the data, ensuring similar themes were combined. The final phase consisted of defining the themes by choosing easily understandable names for each.⁹⁰ Codes and themes were cross-checked and agreed upon by the coauthors.

RESULTS

The current systematic review included an initial 7,728 articles, out of which 2,174 were screened for relevance. From the 2,174 relevant articles, fourteen were assessed for full-text eligibility, and five were included in this review. Out of the fourteen studies assessed for full-text eligibility, nine were excluded. The screening process is outlined in figure 1. Four of five articles included in this review were qualitative in nature and one used mixed methods. Eligible studies consisted of three mindfulness-based programs, one arts-based compassion training program, and one mental health program. All five eligible studies were led by Indigenous scholars.⁹¹

Results of Thematic Analysis

A complete list of all codes are organized by theme in table 2.

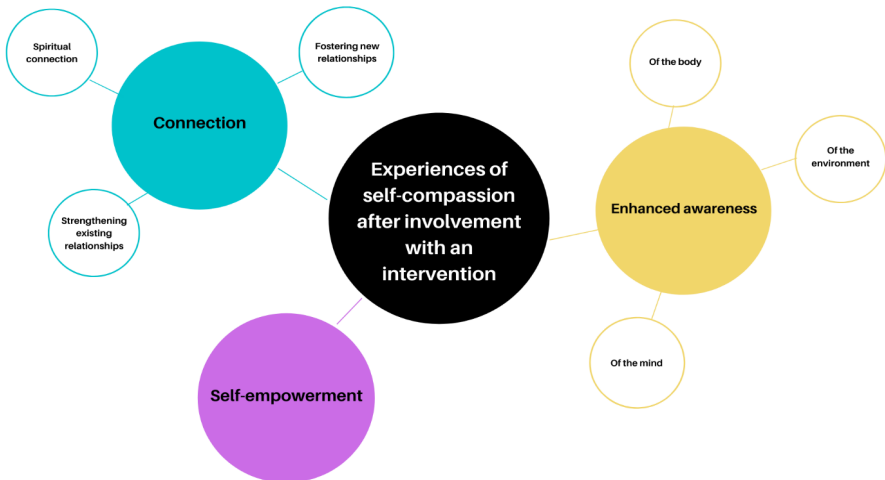
TABLE 2. SUMMARY OF THEMATIC ANALYSIS

A complete list of codes organized by theme.

Theme	Subtheme	Codes
Connection	a) Fostering new relationships b) Strengthening existing relationships c) Spiritual connection	a) Newfound and lasting connection within a group; improved compassion and understanding for others b) Family; friends c) Feeling more connected to culture
Enhanced awareness	a) Of the mind b) Of the body c) Of the environment	a) Improved focusing when trying to concentrate; awareness of automatic thoughts b) More physical activity; eating healthy and controlling portion sizes; greater attention to bodily sensations c) Greater awareness of the physical world and environment
Self-empowerment		Taking up hobbies; enjoying and trying new things; motivation to change; creating stronger boundaries; healing by sharing stories; breaking old cycles; self-acceptance

The results of the thematic analysis are further outlined in figure 2, which provides a visualization of how outcomes that relate to self-compassion are interconnected with themes that arose from the thematic analysis.

FIGURE 2. Mapping of the Thematic Analysis (2023).



See table 3 for a complete list of participant quotes after their involvement with a self-compassion–related intervention, organized by theme.

TABLE 3. PARTICIPANT QUOTES ORGANIZED BY THEME

A complete list of participant quotes after their involvement in a self-compassion–related intervention, organized by theme.

Theme	Subtheme	Participant Quotes after Involvement in Self-Compassion–Related Interventions
Connection	Fostering new relationships	"It showed to me that I am not the only person who needed self-compassion. There are a lot of people out there who need self-compassion just as much as I do." ⁹²
		"When you hear other people's stories, and you . . . [go], 'Oh, I can relate to that,' it's good to know . . . that we are not the only one that is feeling that. To hear it from somebody else, it makes you feel a bit of relief." ⁹³
		"I put mine on my breakfast table and look at them every morning, a different card each day. And just reflecting back to that memory and that time sitting around the table, like sitting around a campfire . . . that yarn coming up again. Yeah, and that yarn is going to carry on and linger, you know, and it is going to linger and linger and linger. It is never going to go away." ⁹⁴
	Strengthening existing relationships	"It has changed the relationship with my flatmate. We had a few arguments there before . . . but it has seemed to have helped since I have done this course . . . not retaliating back. He pays for a lot around here, and I suppose I took it for granted, so now I am just more compassionate to the fact that he helps me a lot." ⁹⁵
		"I know it made me really look a lot more at myself and the way I do things with my children . . . listening to them, trying to understand them even more." ⁹⁶
		"I love forgiveness. I like to try and start every day new, as if no one has done me wrong. You can't move to a new town every day, so you have to be at some sort of peace with the people surrounding you." ⁹⁷
		"I learned how to stop hanging onto things, learned how to just experience things, good, bad, or whatever. It helped with family troubles. I'm learning how to let go . . . just to leave them and go on to the next moment." ⁹⁸
	Spiritual connection	"There was a sacred rapport: the group was very compassionate, [which] enabled me to enhance my healing." ⁹⁹
		"I found that the whole process of clearing space in focusing was very helpful for me, because it [brought] attention to my body and emotions and assisted me [in] rekindling my spirituality." ¹⁰⁰
	Enhanced awareness	Of the mind
"I am sort of in drive and threat a lot of the time, so I have to connect more to the soothing, to center myself a bit more; calm, decision-making changes, too. A lot of different things stem off that." ¹⁰²		
"Meditating helps my hyperness and helps me focus." ¹⁰³		
"My breathing helps me stay still and focused, [helps] my thoughts slow down." ¹⁰⁴		
"Head feels tingly, headache when I feel ignored." ¹⁰⁵		
"The internal feelings I felt [that] I didn't know existed before were still there, but now they are dealt with internally and I can go on living my life." ¹⁰⁶		
Of the body		"My mind would be on the stress, and not what I was eating. But now, this program has taught me to think about what I'm eating every time." ¹⁰⁷
Of the environment		"That's useful for me . . . So I don't fall over 'cause I've had a few falls over a couple of years." ¹⁰⁸
		"[The program] makes you aware of the way you think, the way you process your thoughts, and some of the practical things you do. That was a reawakening of the awareness of your own body." ¹⁰⁹

Theme	Subtheme	Participant Quotes after Involvement in Self-Compassion–Related Interventions
Self-empowerment		“I am the type of person [who] helped everyone in my family—financially, emotionally, physically—and I started saying no and I was looking out for myself. So, this kind of fell into place and came [to me] in a really good time, ‘cause it made me understand a little bit more about myself. It made me realize that saying no was okay, and it didn’t make me feel bad or guilty.” ¹¹⁰
		“I am thinking, ‘Why did I let this person walk all over me, why did I let her drink at my place, why did I let this happen?’ But I realized, ‘No, I let you come in, I let you spend time here. I don’t drink. You drink in my place, you have no respect for me. All you want to do was lay around, drink, watch movies, when I could have been doing what I wanted to do.’ So now I just realize [that] I don’t got to jump for people anymore. . . . It is either my way or it is no way at all.” ¹¹¹
		“I never thought the mind was capable of such extraordinary images: that they can be incredibly relaxing.” ¹¹²
		“I judge myself a lot, all the time . . . Loving kindness meditation helps.” ¹¹³
		“Facing the person [who] hurt me in my head and telling him, ‘[You] can’t hurt me no more,’ made me feel relief and at ease with what I did. That is one battle kicked down the hill where all my other garbage is.” ¹¹⁴
		“This process offered me an opportunity to move forward and acknowledge my own [self] as an observer [rather] than a critic [holding] me back.” ¹¹⁵
		“I don’t grab a beer now. I just put in the earplugs, get into a comfortable chair, sit back, and go through it. After about twenty minutes or half an hour, I find that I’m coming down a couple notches. Then I’ll get busy on what I’m behind on.” ¹¹⁶

The thematic analysis revealed three common themes in outcomes across interventions—connection, enhanced awareness, and self-empowerment—as well as a number of subthemes highlighting the diversity of experiences within each theme. The three themes are elaborated below.

Theme 1: Connection. The first theme was *connection*, composed of three subthemes: fostering new relationships, strengthening existing relationships, and spiritual connection. Connection relates to the common humanity component of self-compassion. Deeply embedded in a relational Indigenous worldview and spirituality, community connection, which involves bonding strongly to family, elders, greater community, and attuning to the land, is an essential aspect of well-being and healthy living for many Indigenous peoples.¹¹⁷ Having a self-compassionate attitude involves an understanding that our experiences of pain are also shared by other humans.¹¹⁸ Common humanity is the understanding that experiences of failures and pain are normal and part of the larger human experience.¹¹⁹ With a self-compassionate attitude, then, the isolating aspect of pain is deemphasized when the individual recognizes their interconnectedness and equality with others experiencing similar pain.¹²⁰ Through their participation in interventions teaching self-compassion and mindfulness skills in safe and culturally sensitive group settings, nine Indigenous participants reported experiencing more compassion for others, fostering new relationships with the group and themselves, strengthening existing relationships, and providing a greater sense of spiritual connection.

The first subtheme of connection was *fostering new relationships*. Attendees of a culturally adapted arts-based compassion skills training program (ABCST) acquired a new and more self-compassionate relationship with themselves after connecting to the stories of other participants in their group.¹²¹ A client participating in this training remarked on the realization that they are not alone in their experiences: “When you hear other people’s stories, and you . . . [go], ‘Oh, I can relate to that,’ it’s good to know . . . that we are not the only one that is feeling that. To hear it from somebody else, it makes you feel a bit of relief.”¹²²

The subtheme of fostering new relationships was highlighted by a participant who reflected on the lasting connections that were made within the group. Cards of artwork given by group members to other participants at the end of the sessions served as a meaningful reminder of their connection with others and their common humanity: “I put mine on my breakfast table and look at them every morning, a different card each day. And just reflecting back to that memory and that time sitting around the table, like sitting around a campfire . . . that yarn coming up again. Yeah, and that yarn is going to carry on and linger, you know, and it is going to linger and linger and linger. It is never going to go away.”¹²³

Under the theme of connection was the second subtheme, *strengthening existing relationships*. Participants who attended an ABCST noted an increase in general compassion for those around them, strengthening their existing relationships: “It has changed the relationship with my flatmate. We had a few arguments there before . . . but it has seemed to have helped since I have done this course . . . not retaliating back. He pays for a lot around here, and I suppose I took it for granted, so now I am just more compassionate to the fact that he helps me a lot.”¹²⁴

The subtheme of strengthening existing relationships was further highlighted when another participant shared how their relationship with their children improved after learning self-compassion skills through an ABCST: “I know it made me really look a lot more at myself and the way I do things with my children . . . listening to them, trying to understand them even more.”¹²⁵

After attending a mindfulness-based suicide intervention for youth, yet another participant realized that they should establish a relationship based in acceptance and forgiveness with those around them: “I love forgiveness. I like to try and start every day new, as if no one has done me wrong. You can’t move to a new town every day, so you have to be at some sort of peace with the people surrounding you.”¹²⁶

The final subtheme identified was *spiritual connection*. After their involvement in a youth mental health program that taught self-awareness practices within the culturally safe setting of a healing circle, Indigenous participants detailed feeling a spiritual renewal.¹²⁷ Through their participation, one participant recognized the benefits of focusing, which involves bringing an awareness to the mind and body’s potential to connect with one’s spirituality: “I found that the whole process of clearing space in focusing was very helpful for me, because it [brought] attention to my body and emotions and assisted me [in] rekindling my spirituality.”¹²⁸

Another participant attending the same mental health program similarly expressed an enhanced connection with their spirituality, which was supported by their fellow

group members: “There was a sacred rapport: the group was very compassionate, [which] enabled me to enhance my healing.”¹²⁹ This participant’s healing was strengthened by their awareness in a group that promoted safety through the connective power of compassion and shared culture.¹³⁰

Theme 2: Enhanced Awareness. *Enhanced awareness* was prevalent as an outcome of the interventions. After participating in an intervention that taught mindfulness, nine Indigenous participants reported enhanced awareness in various areas of their lives. We identified three subthemes—awareness of the mind, awareness of the body, and awareness of the environment and the physical world—demonstrating that mindfulness interacts with awareness in distinct ways.

Awareness pertains to the mindfulness component of self-compassion, where individuals have present-moment awareness of their thoughts, emotions, and surroundings to keep thoughts balanced instead of overidentifying with negative ones.¹³¹ Grounded in various ancient traditions, the practice of amplifying awareness and being conscious of one’s thoughts for the purpose of living well is not new to Indigenous communities.¹³² As previously mentioned, many ancient Indigenous traditions have a focus on fostering a present-moment awareness of the body, mind, spirit, and nature through participation in sacred ceremonies (i.e., sweat lodge ceremony, dream fasts, sun dance), spiritual practices, storytelling, and prayer.¹³³ According to Le Thao and Judith Gobert, “In many Indigenous communities, practices are embedded into the fabric of the community that emphasized the importance of silence and [the] ability to engage in deep listening.”¹³⁴ Under the subtheme of *enhanced awareness of the mind*, Indigenous participants described a newfound self-awareness that translated to an improvement in concentration and effectively identifying and processing feelings that were previously overlooked. This was highlighted by youth after attending a translated mindfulness intervention that taught mindful breathing and listening.¹³⁵ Mindfulness entails a nonjudgmental awareness and understanding of our own mind—how it influences our thoughts, beliefs, and behaviors.¹³⁶ Attuning to breath can help promote such an awareness, with each breath tethering us to the present moment, allowing for deeper appreciation of the now.¹³⁷

A youth who attended the intervention highlighted how mindfulness had helped their concentration by sharing this: “Meditating helps my hyperness and helps me focus.”¹³⁸ A participant attending a mindfulness training program for adults with diabetes similarly detailed that, through their involvement with the program, they were able to develop a greater awareness of the interaction between their thoughts and their behaviors: “[The program] makes you aware of the way you think, the way you process your thoughts, and some of the practical things you do.”¹³⁹

Participants attending an ABCST learned about the three-system model of compassionate-focused therapy, which contends that humans behave within a threat system, drive system, and soothing system.¹⁴⁰ The drive system is activated when one seeks out exciting things, the threat system is activated when danger to the self is detected, and the soothing system is activated when one feels safe and connected to others.¹⁴¹ After attending the ABCST, one health professional recognized that

they were usually on autopilot.¹⁴² After practicing compassionate techniques of the soothing system, they realized that reconnecting to their inner states helped calm them and aided in decision-making: “I am sort of in drive and threat a lot of the time, so I have to connect more to the soothing, to center myself a bit more; calm, decision-making changes, too. A lot of different things stem off that.”¹⁴³

Participants who attended a culturally adapted mental health program that taught self-awareness techniques for First Nations adults in Manitoba remarked on how a newfound awareness of their mind enabled them to identify their feelings previously ignored, allowing them to move forward with their lives.¹⁴⁴ One participant shared the following breakthrough after attending the program: “The internal feelings I felt [that] I didn’t know existed before were still there, but now they are dealt with internally and I can go on living my life.”¹⁴⁵

Under the subtheme of *enhanced awareness of the body*, Indigenous participants discussed eating healthier foods and controlling portion sizes, as well as a greater than usual attention to bodily sensations (interoceptive awareness). Mindfulness involves bringing awareness to the body as well as the mind.¹⁴⁶ Accordingly, interoception plays a key role in mindfulness, as our brain’s representations of our bodily sensations.¹⁴⁷ In learning mindfulness through a cross-cultural program, one participant was able to accurately identify how the body *feels* when emotionally hurt: “Head feels tingly, headache when I feel ignored.”¹⁴⁸ This enhanced awareness of the body was also demonstrated by older adults after attending a mindfulness intervention.¹⁴⁹ One participant noted that a greater awareness to their body meant less time was spent stressing and more on making healthier choices: “My mind would be on the stress, and not what I was eating. But now, this program has taught me to think about what I’m eating every time.”¹⁵⁰ After attending a mindfulness training program for people with diabetes, another participant shared how their involvement with the program led to bodily rediscovery: “[The program] was a reawakening of the awareness of your own body.”¹⁵¹

Under the subtheme of *enhanced awareness of the environment*, participants noted an overall increased awareness of the world around them. Indeed, mindfulness involves sustaining a present-moment awareness of one’s greater surroundings.¹⁵² After attending an intervention for older adults teaching mindfulness, participants were more attuned to their surroundings, preventing falls in their day-to-day lives: “That’s useful for me . . . So I don’t fall over ‘cause I’ve had a few falls over a couple of years.”¹⁵³

Theme 3: Self-Empowerment. The third theme, *self-empowerment*, was also prevalent among the studies. After completing an intervention that taught self-compassion and mindfulness skills, seven Indigenous participants detailed how they felt empowered to pick up old hobbies and learn new ones, found new motivation to change by breaking old cycles, and created stronger boundaries through a novel understanding of self-worth. Self-empowerment relates to the *self-kindness* component of self-compassion. Being self-compassionate involves being kind and empowering ourselves during instances of pain as opposed to being self-critical.¹⁵⁴ Fierce self-compassion can motivate us to set boundaries, make positive changes in our lives to ensure that our needs

are being met, and encourages us to be unafraid to speak out against injustice.¹⁵⁵ Indeed, compassion and mindfulness training programs are increasingly being used as a source of empowerment and resistance for those with lived experiences of racism and other forms of oppression.¹⁵⁶ Under the theme of self-empowerment, participants also reported developing more self-compassionate relationships and realizing that they are worthy of self-kindness. They felt further empowered to create stronger boundaries to reflect this. Creating stronger boundaries is an act of self-kindness whereby individuals are aware of their limits and act accordingly, so as not to not overwhelm themselves.¹⁵⁷

One health professional shared that, by attending a compassion-skills training intervention, they were better able to set boundaries in their life: “I am the type of person [who] helped everyone in my family—financially, emotionally, physically—and I started saying no and I was looking out for myself. So, this kind of fell into place and came [to me] in a really good time, ‘cause it made me understand a little bit more about myself. It made me realize that saying no was okay, and it didn’t make me feel bad or guilty.”¹⁵⁸ A client attending the same compassion-skills training shared that they were able to break their old cycles, becoming more empowered to affirm their boundaries in their interpersonal relationships: “I am thinking, ‘Why did I let this person walk all over me, why did I let her drink at my place, why did I let this happen?’ . . . So now I just realize [that] I don’t got to jump for people anymore. . . . It is either my way or it is no way at all.”¹⁵⁹

Self-kindness involves knowing that you are worthy of nonjudgment.¹⁶⁰ After attending a mindfulness intervention, a participant shared the realization that they were worthy of self-kindness after previously being critical of themselves: “I judge myself a lot, all the time . . . Loving kindness meditation helps.”¹⁶¹ This theme of self-empowerment was also endorsed by participants who attended a cross-cultural mental health program and who realized that self-judgment was keeping them back. They learned they have the potential to move forward: “Facing the person [who] hurt me in my head and telling him, ‘[You] can’t hurt me no more,’ made me feel relief and at ease with what I did. That is one battle kicked down the hill where all my other garbage is.”¹⁶²

Similarly, after involvement with a mindfulness diabetes program, a participant noted that they felt empowered to break their old habits in realizing that they deserved more adaptive habits to help them relax: “I don’t grab a beer now. I just put in the earplugs, get into a comfortable chair, sit back, and go through it. After about twenty minutes or half an hour, I find that I’m coming down a couple notches. Then I’ll get busy on what I’m behind on.”¹⁶³

DISCUSSION

The purpose of this systematic review was to investigate, through the perspectives of Indigenous adolescents and adults in rural and urban communities, whether and how interventions related to self-compassion and its components—self-kindness, mindfulness, and common humanity—may promote experiences of well-being for Indigenous people. Based on the results of our thematic analysis, we offer some

perspectives on culturally specific understandings of self-compassion that existed long before westernized interpretations were documented in academic literature. A connection between self-compassion and well-being among Indigenous participants was revealed through three emerging themes: *connection*, *enhanced awareness*, and *self-empowerment*.

Four studies in this review revealed the theme of *connection*, which aligns with the common humanity aspect of self-compassion. Connecting to our common humanity promotes the understanding that our experiences of pain are also shared by other humans; instead of self-isolation during times of suffering, a self-compassionate person will aim to connect to people around them in understanding pain as a shared component of the universal human experience.¹⁶⁴ Highlighting the common humanity of the group in culturally safe spaces such as sharing circles can perhaps inspire the realization that the true meaning of compassion is “to suffer with.” The understanding and empathy felt for fellow members during times of pain and suffering may be turned inward during one’s own moments of pain to support healing. Further, our findings suggest that the construct of self-compassion may already be conceptualized by Indigenous cultures with less of an egocentric emphasis than by Western cultures. Instead, Indigenous people may understand the construct through a more mutualistic lens, as the combination of a connection to community and an increased awareness of the integral balance between constituent parts of the self—mind, body, emotions, and spirit. Such a balance is likely to invoke the understanding that, during times of suffering and pain, an act of self-compassion is also an act of compassion for the community.

These findings are congruent with a relational and interconnected view of well-being integral to many Indigenous cultures, where group and community connection play an important role in the well-being and resilience of communities, especially in light of colonial efforts by the government to disrupt community balance.¹⁶⁵ An example that highlights the fundamental connective elements of a relational worldview is the aforementioned prayer by the Lakota people of North America, *Mitakuye Oyasin*, meaning “all of my relations.” When recited, *Mitakuye Oyasin* elicits an awareness of the wholeness and interconnectedness of all relationships in one’s life.¹⁶⁶ Another example is the Inuit *qaujimajatuqangit* principle of *piliriqatigiingniq*, one of the eight life-guiding principles for living a good life, passed down through generations and representing skills such as building collaborative relationships, showing compassion to others, and always showing others respect and love.¹⁶⁷

Countless generations of Indigenous communities have long understood how embodying a kind and compassionate self-regard is connected to well-being, vastly predating the recent popularization of the construct in Western society. Passed down from generation to generation, the seven grandfather teachings are a guiding set of life principles that teach how to live a good way of life, expressed by the concept of *mino-bimaadiziwin* in Anishinaabe culture.¹⁶⁸ To fully embody *mino-bimaadiziwin* is to live a life that is balanced and in harmony with all of creation.¹⁶⁹ The eagle teaches *zaagi’idiwin* or *love*; to know the Creator is to experience a love that is unconditional, and since love is mutual and interconnected among all beings of creation, showing love

and kindness to the self is an act of love to the Creator.¹⁷⁰ The bear teaches *aakide'ewin* or courage; the bear is fiercely courageous and strong when protecting her young cubs.¹⁷¹ The bear teaches that to live a good way of life is to do what is necessary to overcome challenges holding us back from embodying the essence of our *true* spirit and to courageously stand up for our values without aggression.¹⁷²

Throughout the five reviewed studies, participants embodied a self-compassionate and mindful attitude and experienced a state of *enhanced awareness* after their involvement with the interventions. Neff describes how this self-compassionate state of enhanced awareness enables us to be nonjudgmental of our painful thoughts and hold them in a balanced state.¹⁷³ According to Michael Yellow Bird, enhanced awareness through the form of mindfulness can be a helpful tool of neurodecolonization, and can be used to help Indigenous peoples overcome oppressive thinking and emotions.¹⁷⁴ After learning how to become more mindful and aware of the nature and interconnection among their thoughts, emotions, feelings, and body signals, participants recounted experiences of well-being. These outcomes related in particular to the mindfulness components of self-compassion, as participants reported improved feelings of calm via reduced hyperactivity, improved focus and attention to thought, and a deeper understanding of the interconnectivity of the body, mind, and environment. For example, in Canada, teaching Indigenous adults with diabetes mindfulness skills for managing their condition was associated with physical health improvements relating to diabetic markers and improvements to their subjective emotional well-being.¹⁷⁵ More recently, Rose Munjee and Seonaigh MacPherson asked a group of racialized adults across Canada about their lived experiences with racism, and how mindfulness and compassion has helped in their recovery. An Indigenous participant noted that integrating mindfulness with traditional practices helped them cope with the impact of having their traditional support systems disrupted by colonial forces.¹⁷⁶ Other Indigenous participants shared that mindfulness encouraged them to meaningfully engage in and presently relish the moment during their traditional celebrations and rituals.¹⁷⁷

The results of this review are congruent with teachings of the Lakota people of North America, who have long understood how adopting an enhanced state of awareness promotes well-being by maintaining balance and harmony among all of our connected relationships—with other human beings, nature, and spirit.¹⁷⁸ As mentioned earlier, their phrase *Mitakuye Oyasin* (meaning “we are all related”) is a prayer spoken before ceremonies to bring awareness to the whole, interconnected, and sacred nature of life.¹⁷⁹ By reciting *Mitakuye Oyasin*, one brings forth an awareness of the interconnectedness of life’s elements, which provides a source of strength for both the individual and the surrounding world.¹⁸⁰ Indeed, there appears to be similarities between some Indigenous traditional practices of enhancing our awareness to promote well-being and adopting a self-compassionate mindset.

In four studies included in this review, participants learned self-compassion skills through their involvement in an intervention. Participants gained a new understanding of their self-worth and were empowered to set stronger boundaries, break old cycles, and create new self-narratives rooted in self-kindness and love, all of which

were highlighted through the theme of *self-empowerment*. Naila Kabeer's conceptualization of empowerment reflects this theme, positing that an empowered individual attains the ability to make the most strategic choices for their life within environments where this was previously not possible.¹⁸¹ Renato Leitao and Anne Marchand extended Kabeer's definition of empowerment to colonial contexts whereby the autonomy, self-determination, and overall power of Indigenous people have been and continue to be viciously disrupted by governments in power.¹⁸² They define empowerment as "the ability to purposefully reshape the material conditions in which we live."¹⁸³ In fact, researchers have collaborated with the Atikamekw community in Quebec to run Tapiskwan design workshops for artisans and youth.¹⁸⁴ Through engagement with these workshops, participants enhance their capacity to take action and succeed, not only through the creation of their work but in their everyday lives as well.¹⁸⁵ Thus, the theme of *self-empowerment* reflects the various ways participants in the included studies developed the courage to reshape their approach to challenging life circumstances.

The theme of *self-empowerment* connects to the self-kindness component of self-compassion. Instead of holding unrealistic and critical views of our shortcomings, adopting a self-compassionate attitude involves an acceptance and clarity of one's abilities, grounded in self-kindness.¹⁸⁶ Neff posits that embodying a kind and compassionate view of the self may allow for a deeper comprehension of our boundaries and limitations, which may help us to optimize ways of navigating and mitigating stressful events.¹⁸⁷ Indigenous participants in this review detailed outcomes of well-being relating to the self-kindness component of self-compassion, including the ability to recognize their inner strength, release their inner critic, and exhibit courage to change aspects of their lives they felt were holding them back. These results are companionate with the findings of Komla Tsey et al., which demonstrated that psychosocial empowerment provided Indigenous Australian adults and their children with the skills needed to deal with challenges and barriers to their health.¹⁸⁸

All in all, there appears to be marked similarities between fostering a kind and compassionate self-regard to live a good way of life in some Indigenous cultures and the Western notion of adopting a self-compassionate attitude to promote healing with love, kindness, and courageous decision-making. Building on the encouraging findings of the current review, and to better understand how the wellness of Indigenous people can be promoted via community connection, it is recommended that targeted funding be allocated to initiatives that foster self-compassion to empower Indigenous people to reclaim their voice and sense of agency as they strive for wellness.¹⁸⁹

STRENGTHS, LIMITATIONS, AND AREAS FOR FUTURE RESEARCH

While three of the four authors of this systematic review are settlers, a notable strength is that all included studies were written by Indigenous authors, coauthors, and scholars. In an effort to incorporate a decolonizing approach celebrating Indigenous scholarship and knowledge, we felt it was necessary to highlight studies written and supported

by Indigenous authors and stakeholders.¹⁹⁰ It is evident through information publicly available in the articles themselves and after contacting corresponding authors that the non-Indigenous researchers in these studies made an effort to decenter their roles and actively collaborate with Indigenous community members and stakeholders (e.g., through consultation around program components and facilitation of workshops), which enabled authentic and genuine Indigenous voices to prevail. It is imperative that future studies continue to include Indigenous scholars as authors to ensure the research is not undermined by colonial agendas, however inadvertent.

While we took great consideration to reduce methodological shortcomings, there are limitations to the findings of this review. Research in this context is still in its infancy and the article count for this review was limited ($n=5$).¹⁹¹ The limited sample size made it difficult to confirm whether thematic saturation was achieved and points to the need for qualitative self-compassion research done in collaboration with Indigenous communities.¹⁹²

Another limitation is that outcomes related to well-being detailed by participants are by no means universally representative of Indigenous populations, representing only a sliver of the diverse array of Indigenous cultures worldwide.¹⁹³ We acknowledge that every Indigenous community may have its own culturally embedded method of cultivating and practicing self-compassion; a generalized, homogenous adoption of the concept for Indigenous communities across the globe cannot be assumed. Even two Indigenous communities within the same nation may have different histories, views, and needs, and so the generalizability of the results of this review may be considerably limited.¹⁹⁴ The included studies also primarily investigated self-compassion in adult or older adult contexts, with the youngest participants being fifteen years old. Future research should work closely with younger Indigenous populations to fill this gap.

Furthermore, there was great heterogeneity in the included interventions that we defined as self-compassion-related.¹⁹⁵ Only one of the five studies taught self-compassion skills specifically, whereas most research focused on improving skills conceptually related to self-compassion, such as mindfulness and self-kindness. Therefore, it is difficult to ascertain whether reported outcomes are attributable to self-compassion proper or limited to specific conceptual components of the construct (e.g., mindfulness). Future research should investigate interventions that promote self-compassion specifically. In addition, the included interventions were developed for various populations with distinct needs (e.g., suicide prevention, stress reduction, mental health for people with residential school experience), so it is challenging to determine whether other types of self-compassion-related interventions not included in this review would be helpful for Indigenous communities.

Next, all the interventions included in this review underwent an adaptation process to accommodate Indigenous worldviews, such as sharing circles, the creation of Indigenous artwork, the incorporation of traditional Indigenous knowledge, and the removal of concepts deemed too westernized by the community (see table 4 for a summary of the adaptation process used for each study).

TABLE 4. SUMMARY OF EXTRACTED DATA FROM INCLUDED STUDIES

The data extracted from each included study included the following: type of intervention, sample characteristics, the process used to culturally adapt the intervention, intervention components, and qualitative outcomes relating to well-being.

Citation	Type of Intervention	Sample Characteristics	Process of Culturally Adapting Intervention	Intervention Components	Outcomes that Relate to Well-Being
Bennett-Levy et al., 2020	Arts-Based Compassion Skills Training [Compassion-Focused Training and Visual Arts]	Ten participants; five Indigenous clients of the health service and five health professionals (four Indigenous, one non-Indigenous) from an Aboriginal health service in New South Wales, Australia	<p>Authors were advised to focus on art to culturally adapt compassion-focused training after the original pilot intervention was perceived to be culturally inappropriate by two groups of Indigenous clients in phase one of the study.</p> <p>The two authors, in collaboration with a community artist, developed ABCST (phase two).</p>	<p>Weekly four-hour, three-part sessions for six weeks.</p> <p>Part 1 (20 minutes):</p> <p>Introduction to weekly topic by clinical psychologist.</p> <p>Part 2 (three hours):</p> <p>Arts-based portion of the session.</p> <p>Part 3 (approx. 30 minutes):</p> <p>Concluding part of the session led by one of the psychologists.</p>	<p>Planting the seeds of new understandings</p> <p>Embodying the skills of self-compassion</p> <p>Strengthening relationship with others</p> <p>Evolving a more self-compassionate relationship</p>
Le and Gobert, 2015	Mindfulness Youth Suicide Prevention Intervention	Eight youth attending a Native American school, aged 15–20 (Mean age = 17 years old; five males)	<p>Guided by adaptation process model in three phases:</p> <p>Authors met with Native American community members to discuss whether mindfulness is appropriate</p> <p>Intervention developer and tribal companion worked together to examine the goals and content of the curriculum</p> <p>Recruiting and two-day training of mindfulness facilitators (all of which were members of Confederated Salish and Kootenai Tribes)</p>	<p>Elective class, four 55-minute sessions over ten weeks.</p> <p>Nine Program Modules:</p> <p>Mindful breathing</p> <p>Mindful listening</p> <p>Mindfulness of nature</p> <p>Mindfulness of body</p> <p>Mindfulness of thoughts</p> <p>Mindfulness of emotions</p> <p>Cultivating compassion and empathy</p> <p>Judgment and forgiveness</p> <p>Aligning with vision</p>	<p>Youth found mindful breathing, improved awareness, relaxation, and calmness from the program to be helpful</p> <p>Receptivity: group resonance allowed for trust to be established between youth and facilitators</p>

Citation	Type of Intervention	Sample Characteristics	Process of Culturally Adapting Intervention	Intervention Components	Outcomes that Relate to Well-Being
Lavrencic et al., 2021	Ngarraanga giinganay ('thinking peacefully'): Culturally Grounded Mindfulness-Based Stress Reduction Program	Seven First-Nation Australians (Age range 62–81 years)	<p>Five phases:</p> <p>Working group workshop: determine general approach of program development and culturally adapting it</p> <p>Program development</p> <p>Collaborative yarning group: enhance cultural acceptability and relevance</p> <p>Working group consultation and program modifications</p> <p>Facilitator training led by two non-Aboriginal working group members</p>	<p>Intended eight weekly 1.5- to two-hour sessions (actual program ran two sessions per week over four weeks)</p> <p>Eight sessions:</p> <p>Introduction to mindfulness</p> <p>Dealing with barriers</p> <p>Awareness of breath</p> <p>Grounded/rooted teachings</p> <p>Fluid/flowing (mindful movement)</p> <p>Movement of life</p> <p>Connection</p> <p>Wholeness</p>	<p>Relaxation</p> <p>Concentration</p> <p>Connect with nature</p> <p>Used breathing exercises and body scan if feeling anxious</p> <p>Eating patterns</p> <p>Falls prevention</p>
Thomas and Bellefeuille, 2006	Cross-Cultural Aboriginal Mental Health Program	Six First Nations participants in Manitoba, Canada with residential school experience (Age range 25–65 years, two females, four males)	<p>The psychotherapy technique called <i>focusing</i> was used in the program, said to be well-suited for First Nations peoples and reflects the values of respect and non-interference</p> <p>Healing circle was used to help cultivate an interconnected and non-hierarchical group dynamic</p>	<p>Eight three-hour group sessions over twelve weeks</p> <p>Session 1: Forming a healing circle</p> <p>Sessions 2–7: Began with a 15–30 minute sharing circle; then followed by one of six focusing steps</p> <p>Session 8: Development of a life-balance plan to help participants maintain balance in their lives</p>	<p>Experience</p> <p>Relationships</p> <p>Spirituality and connectedness</p> <p>Empowerment</p> <p>Self-awareness</p>

Citation	Type of Intervention	Sample Characteristics	Process of Culturally Adapting Intervention	Intervention Components	Outcomes that Relate to Well-Being
Dreger et al., 2015	Culturally Adapted Mindfulness-Based Stress Reduction (MBSR) for First Nations individuals who have diabetes	Eleven self-identified Indigenous participants (split evenly between First Nations and Metis; Mean age = 60) from Manitoba, Canada, with a diagnosis of Type 2 diabetes mellitus	In collaboration with Aboriginal community leaders, the authors culturally adapted the MBSR program; an Aboriginal elder trained in MBSR acted as a co-instructor and consultant Third author (Aboriginal elder) helped to add cultural elements to the program including storytelling, the use of a mindfulness medicine wheel	Eight weekly, two-hour sessions (included the expectation for formal and informal home practice: 20–30 minutes per day, five days a week) Overview of eight sessions: Introduction; Automatic Pilot; Introduction to Medicine Wheel Responding with Awareness Air; Breath of Life Teaching Earth; Rooted and Present Teaching Water; Flowing Teaching Fire; Movement of Life Teaching Connection; Relationships with Self, Others, and Life Wholeness; Personal Wisdom and Planning an Ongoing Mindfulness Practice	Increased awareness Improved health and well-being Behavioral and attitudinal changes Positive regard for the program and practices

Because the adaptations were different for each study, it is not clear whether the results are attributable to the culturally adapted elements of the intervention or self-compassion itself. Future research in collaboration with Indigenous communities should aim to include methodologies such as process interviews and focus groups to assist researchers in consolidating the specific mechanisms of change. Although our use of thematic analysis may render this review more impressionistic and abstract than an alternative method, we nonetheless contend there is great value to be found in such a review.

CONCLUSION

The abominable trauma-inflicting colonial practices of governments, which continue in many forms today, inequitably affect the well-being of millions of Indigenous people worldwide.¹⁹⁶ Pervasive intergenerational trauma may manifest as mental health



challenges and, most poignantly, as disproportionate suicide rates across countless Indigenous communities.¹⁹⁷ Nevertheless, Indigenous peoples show extraordinary resilience in the face of adversity, and traditional Indigenous knowledge, some of which may be highly synchronous with the mainstream umbrella construct of self-compassion, has no doubt been crucial to that resiliency.¹⁹⁸

The current review presents promising evidence that self-compassion as defined by Neff may be useful to Indigenous communities by promoting well-being.¹⁹⁹ Many Indigenous cultures have traditional teachings and values that appear related to self-compassion, and which have sustained their well-being for millennia. That being the case, we posit that the construct may be a particularly adaptable target for “evidence-based” interventions for Indigenous communities as they aim to promote well-being. The mechanism of how self-compassion and its components are actualized in Indigenous communities will vary widely based on culture, geography, language, and history, and thus we strongly urge researchers to work together with individual tribal councils to

- identify whether self-compassion interventions may be useful for their community
- determine whether and how components of self-compassion are practiced within their particular community, both in traditional and contemporary life

Based on tribal recommendations, self-compassion programs grounded in Indigenous models of mental well-being, worldview, language, and practices of the community can be codeveloped, providing a more culturally appropriate avenue for researchers to explore the relationship between self-compassion and well-being in Indigenous communities. Finally, we suggest the findings of this review add impetus to a Mi'kmaq two-eyed seeing approach to wellness and resilience initiatives in Indigenous communities. In the case of self-compassion and its analogues outlined in this review, we are hopeful for resounding intercultural harmony and that the healing journey can begin anew through integrative approaches to Indigenous community health.

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