THE POTENTIAL OF KINDNESS
RESEARCH REPORT

December 2025

CONTENTS

1. SUMMARY

This action research project explored how kindness interventions could support members of Auroville's diverse community. The research is intended to provide a deeper understanding of this quality of kindness in the community - the ways it can show up, how it is perceived, how it can support community members, and what conditions allow it to flower more fully or inhibit its natural expression.

The research implemented 5 distinct kindness interventions reaching 83 participants using mixed methods to capture both measurable psychological changes and rich contextual experiences. The findings provide insight - though not conclusive proof - into how different kindness activities impact people and how our individual backgrounds and psychological constructs ('inner formations') shape how we define and practice kindness.

Key Findings

- **Kindness Interventions Enhance Well-being -** All five interventions generated predominantly positive emotional responses across all demographics. The types of emotional response however varied slightly between interventions.

- **Kindness Activities Create Ripples of Kindness**. Interventions had a strong catalyst effect, with almost 70% intending to adopt new kindness behaviours and a further 17% inspired to continue or deepen existing practices.

- **The Multiplicity of Kindness.** The research revealed that community members conceptualise kindness through fundamentally different psychological, cultural, and developmental pathways.

- **Inner Formations Shape Our Expression of Kindness.** The obstacles people face in giving and receiving kindness reflects the nature of how they understand it.

This research suggests that kindness expresses itself through the unique consciousness of each individual, shaped by culture, development, and life experience. Effective interventions must honor this diversity of expression, offering multiple pathways rather than uniform approaches. They must address the specific inner obstacles different groups face, respect varied cultural and philosophical frameworks, and create conditions where authentic expression can emerge.

For Auroville specifically, these findings highlight how even very simple kindness interventions - such as watching a film together - can bring benefits to all, regardless of culture, age, or gender. We hope this research provides evidence-informed guidance for future kindness initiatives and a deeper understanding of how each of our backgrounds influences the way we perceive and act upon universal values such as kindness.

We offer this research in service of Auroville's aspiration for human unity - recognising that true unity is not found in sameness and agreement, but in understanding one another across our differences - with each consciousness contributing its unique expression of universal values.

2. INTRODUCTION

The Potential of Kindness was a 12-month action research project conducted within the Auroville community by Helen and Nikethana, funded by Stichting De Zaiier. This research aimed to explore the impact of established kindness and self-compassion interventions and understand how to foster greater kindness within the community.

The term 'kindness intervention' is used throughout the report, so to clarify upfront this refers to *'a structured, intentional activity or practice designed to cultivate and increase kindness, compassion, and pro-social behavior toward oneself and/or others'*.

The project's conceptual framework was grounded in three key inspirations:

- **Scientific Rationale:** The research is underpinned by the growing body of scientific evidence. Over the past two decades, this evidence has consistently demonstrated that interventions strengthening kindness and self-compassion yield substantial personal and community benefits, including increased empathy, improved interpersonal relationships, healthier social interactions, increased life satisfaction, and reduced anxiety.

- **Auroville's Ethos:** The research aligns with Auroville's aspiration to be 'a site for spiritual researches for a living embodiment of actual human unity.' Auroville's founder Mirra Alfassa (also known as 'The Mother') described kindness as "*an indispensable step towards the widening and illumination of the consciousness*" and in her translation of Bonte (one of her twelve qualities), she defined it as "*Kindness and goodwill*[1]." The research aimed to provide initial exploration of this topic both to deepen community understanding and to highlight areas that may warrant future investigation.

- **Narrative Methodology:** The research team were influenced by their experience reading 'The Humans of New York' book and their subsequent reflection on the power of brief narratives and portraits to foster profound emotional connection with others.

A central goal was to determine whether interventions proven effective in other contexts could benefit Auroville, especially given recent community tensions that have heightened feelings of stress, distrust, and isolation. Furthermore, recognizing that most academic studies on kindness occur in WEIRD (Western, Educated, Industrialized, Rich, Democratic) societies, the project sought to explore whether the unique cultural diversity within Auroville affects the application and impact of these activities.

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3. AIMS AND RESEARCH QUESTIONS

The project pursued three primary aims, which drove the formulation of the following research questions:

3.1 Impact of Kindness Interventions

To explore the potential of different kindness interventions within Auroville, the research investigated:

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[1] https://incarnateword.in/cwm/12/languages?search=kindness#p17

- How do different types of kindness interventions influence participant outcomes?

- Is the influence of these interventions impacted by demographic factors such as age, gender, and nationality?

- To what extent do kindness interventions generate intentions toward prosocial behavior?

3.2 Cultural and Community Context

To understand whether Auroville's unique characteristics—as an international and conflict-affected community—impact the outcomes of kindness initiatives, the research explored:

- How do community members perceive kindness? Is this influenced by demographic factors?

- What are the main barriers to giving kindness and barriers to receiving kindness reported by community members, and how are these influenced by demographic factors?

- What cultural or contextual factors should be considered when designing and implementing kindness-based activities in Auroville?

3.3 Capturing Community Narratives

To capture community members' stories on kindness so they could be shared more widely, the research team agreed at the outset to collect brief narratives and portraits. Given the emotional power of the *Humans of New York* narratives, this process served both as a data collection intervention and for the creation of a public-facing booklet, 'Portraits of Kindness from Auroville', which forms part of the wider project.

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4. METHODOLOGY

This project aims to provide a first step toward exploring kindness in Auroville and is therefore intentionally exploratory and wide-ranging rather than narrow and deep. The goal is to identify general trends and patterns for further exploration rather than testing a specific hypothesis. The design therefore employed a mixed-methods action research design, integrating quantitative measurements and qualitative narrative inquiry to capture both measurable psychological changes and rich contextual experiences.

The study unfolded over three phases: literature review, intervention design, and empirical evaluation through implementation of a range of kindness interventions.

4.1 Literature Review

The objective of the literature review was to systematically examine existing research relevant to kindness interventions. Specifically, this phase aimed to:

- Identify key interventions that have demonstrably fostered kindness within various contexts.

- Identify definitions of kindness and compassion across the literature.

- Assess the design and implementation strategies of kindness interventions.

- Catalogue the measurement scales utilized to evaluate the effectiveness of these interventions.

Particular focus was placed on studies that explored the effects of recalling and sharing narratives of kindness (given the intention to use this as a core intervention), interventions with potential to reduce polarization or conflict, and cultural variations in the expression and understanding of kindness.

To facilitate a comprehensive review, an AI-assisted search strategy was employed to identify the most highly cited peer-reviewed publications related to kindness and compassion. The latter term was included due to frequent interchangeability in the literature. Studies exploring issues of cross-cultural application or polarization for other positive psychology interventions (gratitude, optimism, empathy) were also considered as they might provide valuable insight. Reference lists within studies were analyzed to ensure the inclusion of salient research. Additionally, the research team consulted with established kindness research organizations to solicit recommendations for relevant studies; while responses from several institutions were encouraging, no specific articles were proposed.

This systematic search yielded 30 studies, encompassing primary research, meta-analyses, policy papers, and articles. Each article was independently reviewed by two researchers (Helen and Nikethana) according to the criteria listed above. The review process extended over one month, during which weekly meetings were held to compare insights and maintain consistency in evaluation. Detailed descriptions of the studies reviewed are presented in Annex A.

4.2 - Intervention Design

The findings from the literature review directly informed the design of the interventions, the selection of measurement instruments and methodologies. This section details how the research team translated theoretical insights into practical application within the Auroville context.

4.2.1 - Selection of Kindness Interventions

The literature analysis revealed that Acts of Kindness (AOK) and Loving-Kindness Meditation (LKM) were two of the most commonly used and well-researched kindness interventions. Consequently, both were included in the study design.

However, the research team was cognizant of studies (e.g., Simas, Clifford, & Kirkland, 2019) finding that interventions designed to cultivate empathy may inadvertently lead to increased polarization due to inherent bias toward partisan in-group members. As this research suggests that such polarization may be countered by inviting participants to adopt a wider perspective, the team adapted the AOK challenge. This adaptation aligned the AOK structure with that of LKM, where participants are encouraged (but not mandated) to direct kind acts toward specific and diverse groups: someone they care deeply for, themselves, a friend or family member, a neutral person, someone they have difficulty with, and a group of people.

As noted above, the capturing of Kindness Stories (KS) from individual community members was an integral component of the study. To inform this approach, the team consulted literature that adopted

narrative-based methodologies to understand methodological considerations and potential challenges that might arise during implementation.

In selecting the interventions, the team also considered requests from the community for varied participation opportunities. Specifically, an initial request made at the project launch was for a Kindness Film Screening (KFS), which would offer a more passive engagement option for community members. Furthermore, several community members expressed interest in an opportunity for sharing their kindness stories in person. Consequently, the final intervention included in the study was a Kindness Sharing Circle (KSC), which addressed this need for in-person narrative sharing.

4.2.2 - Development of Measurement Scales and Data Capture Methodologies

To systematically evaluate the interventions' effectiveness, the team first identified appropriate measurement instruments from the reviewed literature. A rigorous examination of the different measurement scales used in the reviewed papers was undertaken, evaluating their suitability against the project's research questions to determine the most relevant instruments.

The team ultimately incorporated items from the following established and validated measurement scales:

- PANAS (Positive and Negative Affect Schedule, measuring positive and negative emotions)
- Mental Health Continuum (measuring emotional well-being, social integration, and social acceptance)
- GAD (Generalized Anxiety Disorder, measuring anxiety)
- SCO (Social Connectedness Scale, measuring social connection)
- MPSS (Multidimensional Perceived Social Support Scale, measuring social support)
- Interpersonal Reactivity Index (measuring empathy and perspective-taking)
- Fear of Compassion Scale (measuring compassion for others)
- Self-Compassion Scale (measuring compassion for self)

From these instruments, the research team developed a 40-item quantitative survey for use in pre- and post-intervention analysis. The post-intervention survey was administered after a 1-week follow-up period, a timeline that mirrors validated research practices for immediate intervention effects.

Where scales were adapted—that is, where a reduced number of items was selected from the original instrument—the team ensured two key methodological considerations were addressed. First, a balance between positively and negatively worded items was maintained to minimize potential response bias. Second, questions were selected based on clarity of phrasing, as the team was aware that many participants would not have English as their first language. To address this linguistic and cultural consideration, the survey was also translated into Tamil by Anisha and Nikethana.

4.2.3 - Integration of Quantitative and Qualitative Data Collection

Integrating both qualitative and quantitative components was crucial to the research team. This mixed-methods approach provides complementary insights into the interventions' impact that cannot be fully captured through quantitative measures alone. Informed by the methodologies identified in the literature review, the team developed specific open-ended questions designed to capture qualitative data for subsequent analysis (e.g., through thematic analysis and quantitative review of themes).

Qualitative data was primarily captured through two methods:

- **Kindness Stories:** Questions regarding the definition of kindness and perceived barriers to its expression were included in the structured interviews used to capture the Kindness Stories.

- **Immediate Post-Intervention Surveys:** A brief survey was developed for participants to complete immediately after engaging with each intervention. This survey included two standard questions:

  - "*Please share three words that describe how you feel after [participating in the intervention]*." This question was designed to yield brief textual data suitable for sentiment analysis (following methods similar to Hosoda, 2024).

  - "*Do you feel inspired to do anything differently after [participating in the intervention]*?" This was included specifically to measure prosocial intentions.

Additionally, intervention-specific questions were included to assess personal resonance:

  - For the KS and KSC the survey asked which story had touched them most deeply: witnessing, giving, or receiving kindness.

  - For the AOK the survey asked which act resonated most strongly

  - For the LKM the survey asked which part of the practice had the greatest impact.

This overall mixed-methods approach enabled the research team to capture both measurable changes in psychological constructs (via the main quantitative survey) and the nuanced, contextual experiences of participants engaging with kindness interventions within the unique setting of Auroville.

4.3 - Implementation of Kindness Interventions

4.3.1 - Intervention design

Kindness Stories

The Kindness Stories intervention was a qualitative exploration of individual experiences of kindness within the Auroville community. Interviews were intended to function as both research encounters and experiential interventions, in which the act of speaking about kindness could itself reinforce positive affect. It was designed to elicit a deep understanding of how different community members perceive, enact, and are affected by kindness in everyday contexts.

The methodological approach drew upon semi-structured interviewing, guided by an open question framework that balanced consistency with individual freedom of expression.

The intervention emphasized storytelling as a reflective and transformative process, encouraging participants to recall and articulate meaningful encounters with kindness. It sought to explore which stories had the most impact: those where kindness was witnessed, received, or given. The questions on the kindness encounters were drawn from existing research.

Additionally, participants were asked to define kindness and identify any barriers preventing them from giving or receiving it. This line of inquiry was designed for a deeper exploration of the nuances of kindness and participants' relation to it.

This design aimed to complement the project's broader mixed-methods approach by capturing rich, narrative data - a qualitative depth that could not be accessed through survey instruments alone. This deliberate use of narrative inquiry aligns with the project's psychosocial framework, which views storytelling as both data collection and engagement method, fostering empathy, self-awareness, and social connection among participants.

Kindness Film Screening

The Kindness Film intervention aimed to explore emotional and cognitive responses to kindness-themed media. It also offered a more passive option for community members to participate in the research. The film *'A Man Called Otto'* was selected for its accessibility and relevance to diverse audiences. The screening was held at a central venue offering comfort and accessibility—and scheduled for 5pm to maximize attendance. Online participation was also available.

Acts of Kindness

The Acts of Kindness intervention sought to encourage participants to extend goodwill beyond their usual social networks, guided by the principles of metta (Loving-Kindness) as noted in 4.2.1 it was hoped that this would foster perspective taking alongside kindness. Each participant was invited to complete six acts of kindness over one week directed toward varied recipients, including themselves and others beyond familiar circles

The team recognized that directing acts of kindness toward certain groups might be challenging for participants, particularly given the polarization of views within the community surrounding the ongoing internal conflict. Participants were therefore invited, but not required, to direct acts toward people they have difficulties with, however with explicit assurance that they could opt out if they anticipated it would be too challenging.

A launch event provided orientation, peer interaction, and guidance, accompanied by a WhatsApp group for ongoing encouragement. Registration was available both at the event and via email, followed by distribution of informational materials. Materials included written guidance on the different groups, with a reminder that these were suggestions rather than requirements, along with suggestions for acts of kindness that could be offered to others and the self.

Loving Kindness Meditation

The Loving Kindness Meditation intervention sought to encourage participants to extend goodwill beyond their usual social networks through a traditional metta (Loving-Kindness) practice. The 30-minute meditation was guided by Helen (a certified mindfulness instructor) and followed a standardized Loving-Kindness Meditation script to ensure procedural consistency. Two time slots were offered along with online participation to maximise participation due to capacity limitations in the venue.

Kindness Sharing Circle

The Kindness Sharing Circle intervention sought to deepen awareness of kindness, surface barriers to its expression, and observe how collective reflection influences individual and communal attitudes toward kindness. It was a facilitated session where a small number of participants engaged in guided reflection, storytelling, and heart-centered practices to explore their experiences of giving and receiving kindness. The session was guided by Nikethana. The participants shared personal stories, and also shared around the theme of overgiving, giving with conditions and how kindness could shift relationships with people they struggled with in their daily lives.

A separate Kindness Sharing Circle for Tamil-speaking participants was initially planned. However, based on informal feedback from community members, this option was not carried forward at this stage.

4.3.2 - Participant recruitment

Kindness Stories

The initial objective was to conduct in-depth interviews with 25–30 individuals. Participants were recruited using random selection to ensure all community members, regardless of background, familiarity, or views, had an equal opportunity to participate. This sampling process was grounded in the belief that every member of Auroville's community possesses meaningful experiences of kindness that could contribute valuable insights.

A randomised selection of 230 names from the Auroville residents' list served as the sampling frame. The list-generation process was monitored by a team member to verify the validity of the randomization method and confirm that the dataset had not been altered through the addition or removal of entries. The list included names, nationalities and gender and was initially ordered according to their Auroville Masterlist numbers, which correspond to the length of residence in Auroville, with longer-term members appearing first. To achieve randomization, an Excel random number generator function was then applied by the team members to reorder the names. This approach facilitated the inclusion of both long-standing and newer residents.

Participant outreach was conducted via email using contact information available through the Auroville Directory. Initial emails described the project's purpose, background, and expectations, and invited recipients to participate in an individual conversation lasting approximately 60–90 minutes. The invitation also outlined follow-up procedures for survey participation and taking a photograph for the Kindness Booklet. It was explicitly stated that individuals were being invited based on random selection.

As community response levels and logistical timelines were initially uncertain, the research team initially contacted the first 35 residents on the list for whom we were able to ascertain contact details. Communication was conducted by Helen and Nikethana, with the latter making supplementary telephone calls as needed to Tamil-speaking participants to address potential language barriers. Reminder emails were issued approximately one week after the initial message to those who had not responded. From this initial outreach, 9 participants agreed to participate.

Several recipients sought further clarification regarding the project's objectives and participation requirements. In response, the team developed a concise one-page information sheet summarizing the study's aims, procedures, and confidentiality assurances. This document was distributed with subsequent invitation batches.

An additional 66 residents were contacted in three subsequent rounds, yielding 15 further confirmations. Recruitment was concluded with 24 confirmed participants (and 2-3 expressing potential interest). This decision was made because the team realized the significant amount of time required for capturing, reviewing, and agreeing to the text for each story. The team were also aware of interest from other community members to participate in wider interventions and wanted to retain capacity to deliver these.

Of 101 residents contacted, 24 initially confirmed, 20 completed interviews, 19 were included in the final Kindness Booklet, representing a 19.8% acceptance rate. This outcome was deemed satisfactory, especially given that interviews occurred between April and July, when many community members were away due to the summer heat. Although we offered online interviews, all preferred in-person conversations. One participant later requested that their story not be included in the final booklet. This request was respected, though their survey responses were retained for the anonymised data analysis.

Other Interventions (KFS, AOK, LKM and KSC)

For the four other interventions participation was open to the community - which included those living in or nearby to Auroville. Recruitment for these interventions was through announcements in the News and Notes community newsletter and local WhatsApp groups.

While this approach means that some participants may not formally qualify as 'Auroville community members,' the interconnected nature of the community - characterized by its integration with neighboring populations and the presence of numerous long-term visitors - suggests that this inclusive sampling more accurately reflects Auroville's lived reality. Furthermore, excluding individuals from a study centered on kindness would have been ethically inconsistent with the underlying values of both the research and Auroville itself.

4.3.3 - Participant Demographics

Table 1 presents the demographic characteristics of participants across all five kindness interventions. A total of 83 individuals participated across the five activities, with notable variability in participant age and nationality distribution across the different formats.

Intervention	Participants	Gender	Age	Nationality
Kindness Stories	20	70% Female 30% Male	5% under 30 60% 30-60 35% over 60	45% India 25% France 5% for each Belgium, Canada, Colombia, Sri Lanka, Sweden & USA
Kindness Film	27 (24 in-person, 3 online)	70% Female 30% Male	17% under 30 26% 30-60 57% over 60	26% India 17% USA 9% Netherlands 9% French 4.3% for each Italy, Israel, Germany, Nepal & UK 17% undisclosed
Acts of Kindness	16	75% Female 25% Male	19% under 30 50% 30-60 31% over 60	44% India 12.6% for each USA & Canada 6.3% for each Belgium, Colombia, Italy, Israel & UK
Loving Kindness Meditation	15 (11 in-person, 4 online)	60% Female 40% Male	20% under 30 47% 30-60 33% over 60	47% India 13.3% for each USA & Australia 6.7% for each Belgium, Germany, Japan & Netherlands
Kindness Sharing Circle	5	80% Female 20% Male	19% under 30 50% 30-60 31% over 60	40% India 20% for each China, UK & USA

Table 1: Participant Demographics of all Kindness Interventions

Kindness Stories: Selection Bias Analysis

For the Kindness Stories intervention, an analysis was conducted by comparing the randomly selected potential participants against the confirmed participant group to review the validity of the randomly selected participants against the wider Auroville population and identify any patterns for acceptance in nationality and gender (data on the age of potential participants was not available).

The randomly selected pool of 101 individuals represented 26 nationalities. Its distribution - with Indian nationals comprising 42%, followed by French (14%), German (10%), Italian (6%), American (4%), Russian (3%), and South Korean (2%) - broadly aligned with the overall Auroville population demographics (52% Indian, 12% French, 7% German, 5% Italian, 3% American, 2% Russian).

However, the confirmed participant group showed notable divergence from this distribution. Participation was particularly elevated among French nationals, yet there was a complete absence of participation from contacted Italian, German, Russian, and South Korean respondents

In terms of gender, the random selection pool was 59% female and 41% male - again broadly consistent with the general Auroville population (51% female, 49% male). However, higher acceptance rates among females resulted in a confirmed participant gender distribution of 70% female and 30% male, creating a significant departure from the population demographics.

This suggests higher motivation to participate in the Kindness Stories intervention among females and French nationals. As Table 1 shows this trend for higher participation from females was seen across all five interventions.

While the absence of confirmed participation from respondents of other contacted nationalities (Italian, German, Russian, and South Korean) might initially suggest a lack of interest, it is important to note a nuance: several individuals from these groups shared their support for the initiative but declined to participate due to practical reasons or a preference not to be featured in a public publication.

4.3.4 - Data Collection and Ethics

Kindness Stories Interview Protocol

For the Kindness Stories most interviews were conducted in private spaces (unless otherwise requested by the participant), and where possible facilitated by two or three team members. Dual facilitation ensured quality data capture and interviewer support. For sessions conducted partially or entirely in Tamil, either Nikethana or Anisha provided linguistic support.

Interviews followed a standardized question framework and were recorded with participants' prior informed consent. Prior to each interview, the research team explained the purpose of the audio recordings, emphasizing confidentiality and the participants' right to review or withhold any excerpts proposed for inclusion in the Kindness Booklet. Participants were also informed about data anonymization, and the intended use of qualitative extracts.

Survey Administration and Data Collection

For all interventions three surveys were administered:

- **Survey 1:** A quantitative pre-intervention survey (long-version for KS; short-version for KFS, AOK, LKM, and KSC).

- **Survey 2:** A qualitative post-intervention reflective survey (tailored for each intervention).

- **Survey 3:** A quantitative post-intervention survey (long-version for KS; short-version for KFS, AOK, LKM, and KSC).

Typically, Surveys 1 and 2 were administered in person immediately before and after the event. Survey 3 (the final quantitative measure) was distributed via email one week after the intervention and participants were encouraged to complete it within 24 hours. The exception was the Acts of Kindness

(AOK) intervention, where Survey 2 was also administered by email at the end of the one-week intervention period. For online participants, all three surveys were administered digitally.

To preserve anonymity while enabling longitudinal analysis, two different methods were employed for matching pre- and post-questionnaires:

- Kindness Stories (KS): Participant Identification Numbers were used to match the pre- and post-questionnaires, ensuring strict anonymity.

- Other Interventions (KF, AOK, LKM and KSC): Email addresses collected in the pre-intervention survey were used to match the data, as these interventions were lower-stakes and less focused on highly personal narrative sharing.

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5. FINDINGS

The findings that follow demonstrate how kindness interventions generated immediate positive emotional responses and catalyzed intentions for future action, while revealing distinct demographic patterns in how people conceptualize kindness and experience barriers to enacting it.

However, interpreting these findings responsibly requires first acknowledging the research's limitations. This section therefore opens with a transparent account of general design constraints before presenting the findings. By foregrounding these limitations, we aim to equip readers to appreciate both the genuine insights the research generated and the boundaries of what can confidently be concluded.

The analysis then unfolds through: the emotional impacts of different interventions; how participants understand kindness; the barriers they encounter; and their intentions for future action.

5.1 General Limitations

As noted at the outset, this project provides a first step toward exploring kindness in Auroville. The research is intentionally exploratory and wide-ranging rather than narrow and deep, identifying general trends and patterns for further exploration rather than testing a specific hypothesis.

- **Small sub-group size.** This breadth-over-depth approach often resulted in subgroup sizes too small for meaningful analysis. This necessitated different strategies across the research: some sub-groups were excluded from analysis, nationality/culture groupings varied between analyses, and in some cases sub-group analysis was not undertaken at all. Additionally, the limited number of Kindness Story participants meant an in-depth coded analysis was not feasible. Patterns identified should therefore be understood as exploratory and hypothesis-generating rather than statistically robust or definitive.

- **Cultural categorisation:** Nationality was used as a proxy for culture, which is a necessarily crude indicator. Intra-national diversity, migration histories, caste and class dynamics, and spiritual traditions are all likely to shape experiences and expressions of kindness in ways that national labels

cannot fully capture, particularly where limited participant numbers required aggregation into broader categories (for example, Asia versus "Western" participants).

- **Self-selection and participation bias.** Participation in the activities relied on voluntary signup, meaning that those who chose to take part may have been more kindness-oriented than the wider Auroville population. Community members who are disengaged from communal life, strongly resistant to "kindness" framings, or most affected by community conflict may be under-represented, limiting insight into where kindness interventions might be least effective or most resisted.

5.2 - Analysis of changes in measured emotions - pre/post quantitative survey

The quantitative pre/post data illuminates whether interventions shifted measurable outcomes. For each intervention, we measured outcome items (emotional wellbeing, social connectedness, empathy, self-compassion etc) on pre- and post-questionnaires. The data below details the changes measured.

To note that the post-survey was not completed by all participants, yielding 42 responses across the five interventions (compared with 65 for immediate post-intervention surveys). This led to small sub-sample sizes which meant we were unable to undertake full demographic analysis. We note this limitation upfront and conducted analyses at the level appropriate to sample size: exploratory rather than confirmatory analysis where sub-group data was insufficient.

Additionally the survey scale was streamlined to 25 items after the Kindness Stories intervention (which used 42 items) to improve post-intervention response rates (see 5.2.7).

5.2.1 - Analysis across the Kindness Interventions

To answer the question: "*Did the five different kindness interventions actually cause different results?*" a series of one-way ANOVAs was conducted on 25 items to test for mean differences across the five kindness interventions. Of 25 items measured, 3 showed statistically significant intervention effects, 2 of which were within the Perspective-Taking domain.

- **Perspective Taking - Positive** (*When I'm upset at someone, I try to imagine how I would feel if I were in their place*). The ANOVA indicated a significant main effect of intervention, $F(4,34) = 2.906$, $p = 0.036$. Post hoc analysis (Tukey's HSD) revealed that the Loving Kindness Meditation group reported significantly higher positive perspective-taking scores compared to the Kindness Film group ($p\_Tukey = 0.024$). This may reflect the difference between actively cultivating compassion versus passively observing kindness narratives.

- **Perspective Taking - Negative** (*I sometimes find it difficult to see things from the "other person's" point of view).* The ANOVA showed a significant effect of intervention ($p = 0.05$). Tukey's HSD post hoc comparisons revealed that participants in the Acts of Kindness group reported significantly lower negative perspective-taking scores compared to those in the Kindness Sharing Circles group ($p\_Tukey = 0.024$). Given that higher scores indicate greater difficulty, this indicates that concrete behavioural practice in kindness produced more substantial gains in perspective-taking ease compared to verbal discussion.

- **Emotional Wellbeing Positive** *(Satisfied With Life).* The one-way ANOVA revealed a statistically significant overall effect, $F(4, 37) = 3.561$, $p = 0.015$. However, subsequent post hoc analysis did not identify statistically significant differences between individual intervention pairs, suggesting that while interventions collectively produced different outcomes on life satisfaction, the specific source of difference cannot be reliably attributed to any single intervention pair.

5.2.2 – Age-Related Shifts

To answer the question: "*Did the kindness interventions cause different results for those in different stages of their life?*" a further series of one-way ANOVAs was conducted on 25 items to see if there was any significant difference in the outcomes for those in different age cohorts. Given small sample sizes for male participants and the under-30 cohort, demographic analysis was conducted only on the 30-60 and over-60 age groups. Three items showed statistically significant age-related differences.

- **Lack of Social Connection** *(That you have no sense of togetherness with your peers).* The most significant age difference emerged on this item ($p = 0.013$). The 30-60 cohort recorded a decrease of 0.33 (improvement), while the over-60 cohort recorded an increase of 0.59 (worsening). For the over-60 cohort, increases were predominantly attributable to two interventions: Loving Kindness Meditation (1.33) and Acts of Kindness (1.00). This counterintuitive finding warrants caution—this item was the most frequently misunderstood, particularly by the over-60 cohort, which may account for the pattern.

- **Negative Self-Compassion** *(When I fail at something that's important to me, I tend to feel alone in my failure).* A significant age difference emerged ($p = 0.014$). The 30-60 cohort showed no change (0.00), while the over-60 cohort recorded a decrease of 0.79 (improvement). Within the over-60 cohort, improvements occurred across all interventions, with notably larger gains for the Kindness Stories intervention (2.17), suggesting this intervention was particularly beneficial for older adults in reducing isolation following failure.

- **Fear of Compassion** *(People will take advantage of me if they see me as too compassionate).* A significant age difference appeared ($p = 0.025$). The 30-60 cohort recorded a decrease of 0.67 (improvement), while the over-60 cohort recorded an increase of 0.12 (minimal worsening). The increase in the over-60 cohort was predominantly from the Kindness Film intervention (average increase of 0.2 for over-60s vs. average decrease of 0.5 for 30-60s).

5.2.3 - Exploratory Analysis of Substantive Shifts

While traditional statistical testing yielded limited significant findings across the full sample, we undertook an exploratory analysis of substantive shifts to provide a deeper insight into intervention impact. A non-significant finding does not preclude practical importance; these shifts merit attention in future research and may inform practice refinement.

Table 2 below details the 9 items[2] with the biggest mean change between pre/post scores within a specific intervention. The survey used a 5 point Likert scale.

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[2] 9 items are included rather than 10 as 4 items all scored identical 0.75 change

Scale	Item	Mean change	Notable intervention
Social Integration Positive	That you belong to a community (like a social group, or neighborhood	+0.38	+1.25 after Kindness Sharing Circle
Social Support Positive	That I can get the emotional help and support I need from other people	+0.36	+1.14 after Acts of Kindness
Self Compassion Negative	I'm disapproving and judgmental about my own flaws and inadequacies	-0.36	-1.1 after Kindness Film
Anxiety		-0.52	-1.08 after Kindness Film
Perspective Taking Negative	I sometimes find it difficult to see things from the "other person's" point of view.	-0.02	-1.0 after Kindness Sharing Circle
Perspective Taking Positive	When I'm upset at someone, I try to imagine how I would feel if I were in their place.	+0.19	+1.0 after Loving Kindness Meditation
Emotional Wellbeing Positive	Satisfied with Life	+0.17	+0.89 after Loving Kindness Meditation
Negative Emotion	Nervous	-0.5	-0.86 after Acts of Kindness
Social Integration Positive	That you belong to a community (like a social group, or neighborhood	0.38	0.86 after Acts of Kindness

Table 2: Top 9 mean change within an intervention (on a 5 point Likert Scale)

5.2.4 - Intervention-Specific Impacts: Participatory vs. Receptive

The differential impact of intervention formats reveals important insights into how people engage with kindness:

- **Participatory interventions** (Kindness Sharing Circle and Acts of Kindness) produced the largest positive shifts in felt Social Integration and Social Support. The Kindness Sharing Circle yielded a +1.25 shift on Social Integration (belonging to community), and Acts of Kindness produced +1.14 on Social Support (emotional help from others). This pattern suggests that active engagement and peer interaction reinforce feelings of belonging and access to emotional resources.

- **Receptive interventions** (Kindness Film) demonstrated the greatest reduction in Self-Judgment and Anxiety, despite—or perhaps because of—their passive format. The film produced -1.1 on Self-Judgment (disapproval of own flaws) and -1.08 on Anxiety. This likely reflects two

interconnected benefits: the psychological safety of observing without participating, and vicarious emotional learning. Watching kindness narratives allows participants to process emotional content and absorb its lessons from a protective distance. For individuals prone to anxiety or self-judgment, this combination of low stakes and emotional resonance provides an accessible entry point to kindness activities.

- **Reflective interventions** (Kindness Stories) showed particular strength on measures of self-compassion and social support, with notably strong effects on the over-60 cohort. The Stories intervention produced +0.61 on positive self-compassion (balanced view of painful situations) and +0.56 on emotional balance. For the over-60 group specifically, Stories intervention reduced self-isolation following failure by 2.17 points - the largest single effect observed. The deep, self-reflective process of sharing personal stories may remind participants of their social support networks or make them more comfortable reaching out for support.

5.2.5 - Cross-Intervention Shifts

While these intervention-specific patterns are illuminating, it is also interesting to identify the items that were most impacted across all intervention formats, as these may point to common mechanisms of change.

To identify patterns that transcend individual interventions, we examined which items demonstrated the largest shift when results were averaged across all five interventions. Table 3 below presents these cross-intervention trends.

It was interesting to note that all of the items with the biggest change experienced the shifts in a consistently beneficial direction (i.e. increase of positive items and decrease in negative ones).

Item	Detail	Mean Change
Anxiety		-0.52
Negative Emotion	Nervous	-0.5
Social Integration Positive	That you belong to a community (like a social group, or neighborhood)	+0.38
Negative Emotion	Afraid	-0.38
Self Compassion Negative	I'm disapproving and judgmental about my own flaws and inadequacies	-0.36
Social Support Positive	That I can get the emotional help and support I need from other people	0.36
Self Compassion	When I fail at something that's important to me, I tend to	-0.3

Negative	feel alone in my failure	
Fear of compassion - others	People will take advantage of me if they see me as too compassionate)	-0.29
Self Compassion Positive	When I'm going through a very hard time, I give myself the caring and tenderness I need.	+0.27

Table 3: Items with the Largest Mean Change Across Interventions (on a 5 point Likert Scale)

Across the 25 items reported for all interventions only 5 (20%) recorded an average change that was counter-intuitive (i.e. decrease in positive item and increase in negative). All these shifts were however minimal as shown in Table 4 below.

Item	Detail	Mean Change
Lack of Social Connection	That you have no sense of togetherness with your peers	+0.12
Lack of Social Connection	That you are not close to anyone	+0.07
Fear of Compassion - Self	When people are kind and compassionate towards me I feel anxious or embarrassed	+0.07
Negative Emotion	Hostile	+0.05
Empathy - positive	I often have tender, concerned feelings for people less fortunate than me.	-0.05

Table 4: Items with Mean Counter-Intuitive Change across all Interventions (on a 5 point Likert Scale)

Collectively, these findings suggest that kindness interventions produce modest but consistent reductions in negative emotional and self-evaluative states (anxiety, nervousness, self-judgment) alongside modest increases in felt social connection—effects that persist across different intervention modalities.

Whilst the sample size is small, the consistency of directional improvements across formats and the absence of substantial negative effects suggest robust, if modest, benefits from kindness interventions.

5.2.6 - Summary of pre/post survey data

Quantitative analysis of pre/post surveys across five kindness interventions revealed modest but consistent improvements in psychological wellbeing and social connection.

In terms of differential impacts of the interventions, statistical analysis identified that those interventions which explicitly encourage participants to extend care toward a wide range of others (Loving Kindness Meditation and Acts Of Kindness) are particularly effective in broadening and easing perspective-taking. These outcomes align with broader research (Simas et al., 2019) showing that structured, other-focused practices deepen both empathy and perspective-taking in ways that reduce rather than increase social polarization.

Age-stratified analysis revealed divergent patterns: the 30-60 cohort showed improvements in fear of compassion, while the over-60 cohort demonstrated substantial gains in self-compassion, particularly following the Kindness Stories intervention.

Cross-intervention analysis identified consistent directional improvements across all formats, with the largest average shifts observed in reduced anxiety, decreased nervousness, and enhanced community belonging. Intervention format influenced outcomes distinctly: participatory approaches strengthened social integration, receptive formats reduced anxiety and self-judgment, while reflective interventions enhanced self-compassion.

Notably, 80% of measured items shifted in beneficial directions, with negligible counter-intuitive changes, suggesting robust if modest benefits across modalities.

5.2.7 Limitations for pre/post survey data

To interpret these quantitative findings responsibly, several limitations warrant note:

- **Understanding of language:** During data screening, several responses showed extreme polarity reversals between pre- and post-intervention measures (for example, shifts from 1 to 5 or 5 to 1 on Likert scales). These responses were excluded from analysis on the basis that they most likely reflected misunderstandings of scale direction rather than genuine attitudinal change, but their prevalence raises broader concerns about the reliability and validity of the quantitative dataset as a whole.

- **Participant Feedback on the Quantitative Survey:** Many Kindness Stories participants expressed concerns regarding the quantitative pre/post survey instrument. Three primary areas of difficulty emerged:

    - Participants reported challenges in comprehending the survey items, a difficulty experienced by both native and non-native English speakers, though the latter group encountered particular difficulty. We had created a Tamil version of the survey but Tamil speakers found this confusing too and several had to check for clarification of several questions during the completion of survey 1.

    - Respondents found it challenging to quantify their emotional states using the provided scales.

    - Participants questioned the capacity of the survey to isolate the intervention's impact given the numerous confounding variables that would inevitably influence their responses during the week-long interval between pre- and post-intervention measurements.

These methodological concerns appear to have contributed significantly to the low completion rate of 45% for the follow-up survey for the KS. This led us to adapt the scale to a reduced 25 item scale for later interventions however participants continued to express similar methodological concerns even for the reduced item scale (see Annex D)

- **Attrition bias**: For each intervention there were participants who did not complete the surveys, so we are unable to track their experiences. In total 83 participants were registered as participating, from this we received 65 completed forms for survey 2 and 42 for survey 3. In some cases (such as the film we are aware that some participants had to leave before completing the in-person survey, however for those undertaken remotely (such as the Acts of Kindness) and the 1 week post-completion survey (survey 3) the reason for non-completion is not clear. Participants who did not complete follow-up surveys may systematically differ from those who did. This is especially the case for the Acts of Kindness which had the highest non-completion rate for surveys 2 and 3. From anecdotal sharings we understand this is because several were unable to complete the intervention due to the amount of effort required. This lack of data on the difficulties that people found (for example, being more time-pressured, more distressed, or less positively engaged) means that reported impacts may be skewed towards the experiences of participants who remained engaged throughout the interventions.

Acknowledging the limitations in the quantitative data validity, we also present the more subjective yet richer findings from the post-reflection survey and the questions on kindness definitions and barriers.

5.3 Sentiment Analysis

Following each intervention, participants provided three immediate descriptive words capturing their emotional state. This qualitative data was subsequently subjected to sentiment analysis.

The analysis revealed that all interventions consistently generated a high proportion of positive sentiment responses. The positive emotional themes accounted for 88.9% of the responses. These were:

- Warm/Empathic (31.2%),
- Joyful/Energized (22.6%)
- Calm/Centered (17.2%)
- Connected/Belonging (8.1%)
- Reflective/ Insightful (6.5%)
- Relieved/ Unburdened (3.3%)

Only 20 of the 180 total responses (11.1%) were classified as non-positive. This comprised Mixed/Bittersweet (5%), Negative (3.3%) and Neutral/Ambiguous 2.8%). This low figure for non-positive responses demonstrates robust positive sentiment across all intervention formats.
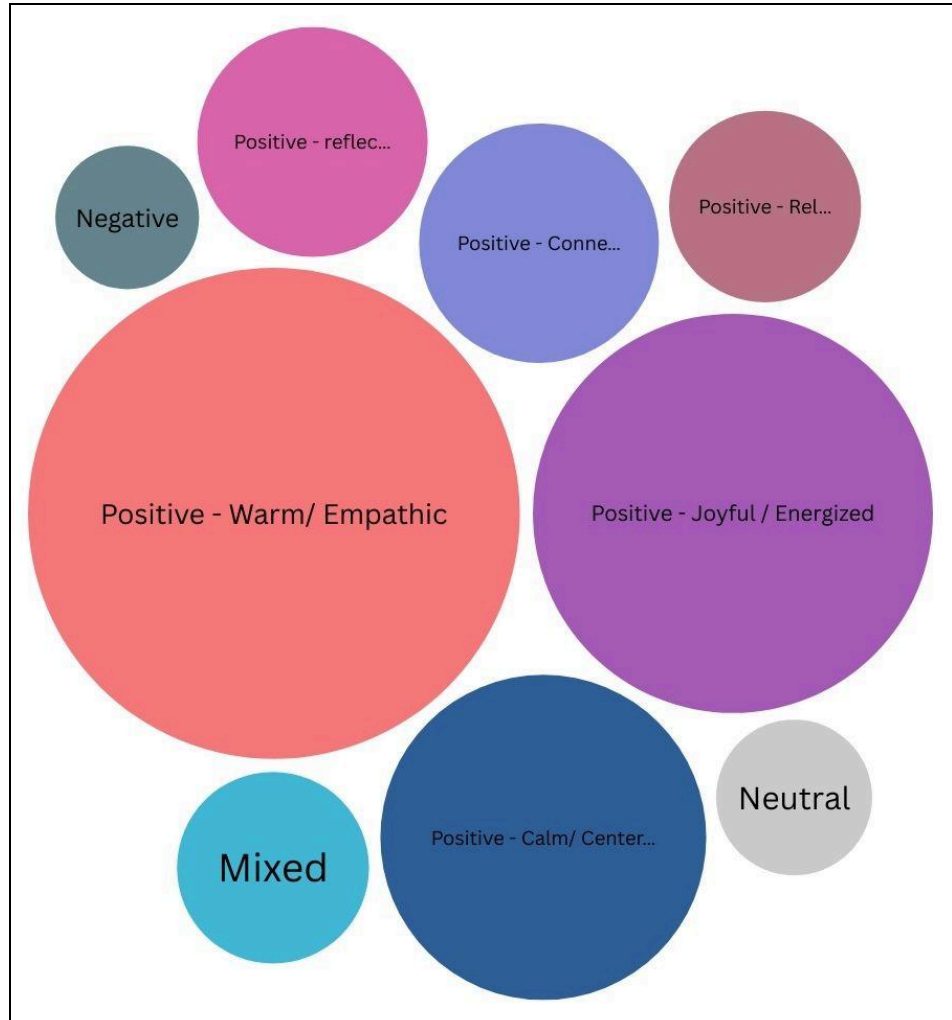
Figure 1: Sentiments across all Interventions.

High positive sentiments were reported across all interventions. Specific observations across interventions (as detailed in Figure 2 below) were:

● The highest Warm/Empathetic responses were recorded for the Kindness Film.

● The highest Calm/ Centered responses were recorded for the Loving Kindness Meditation.

● The highest Joyful/ Energized responses were recorded for activities where participants connected with others either through Acts of Kindness or sharing Kindness Stories.

● The Kindness Film accounted for 78% of the Mixed - Bittersweet/Melancholic responses. This likely reflects narrative content rather than intervention design per se., specifically the death of the protagonist at the end of the film.

● The Loving Kindness Meditation accounted for 60% of the Negative responses, which were

recorded by a single participant who shared on their feedback that *'I couldn't focus on meditation due to too many thoughts in my head.'*
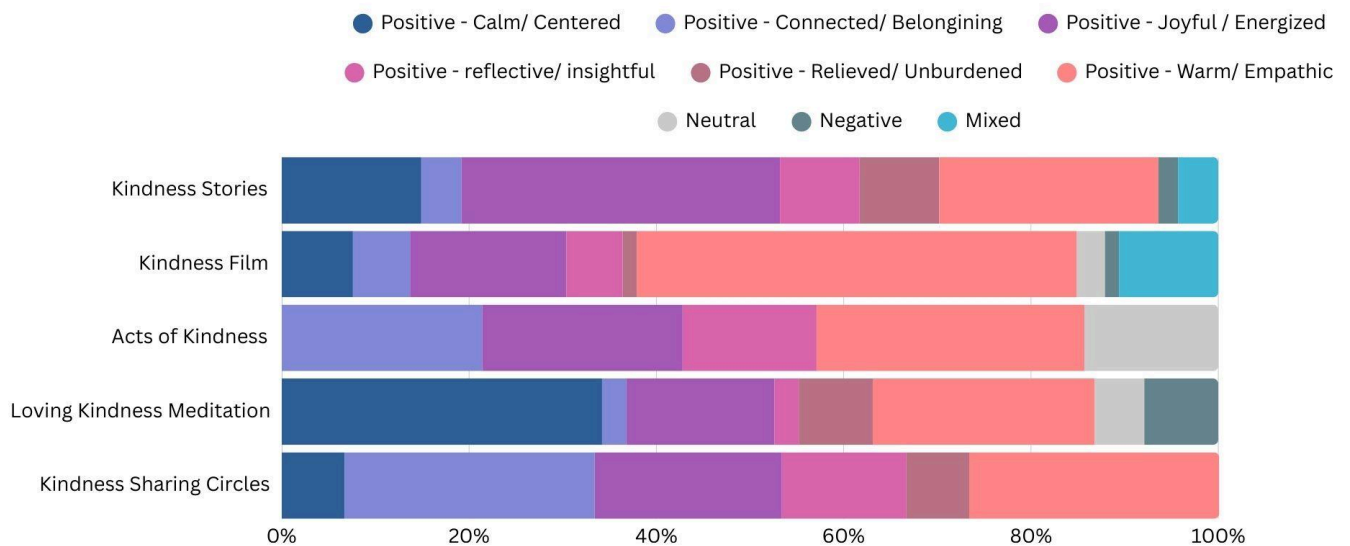
Figure 2: Breakdown of Sentiments across all Interventions

Data was also disaggregated and analysed across demographic variables (gender, nationality, and age) to assess potential trends and differences. Importantly, no statistically significant differences were observed. All groups report predominantly positive sentiments, suggesting interventions are universally beneficial regardless of demographic factors.

Specific observations across demographics were:

● Female participants demonstrated greater emotional granularity and diversity in their responses, whereas male participants evidenced a trend towards more concentrated emotional experiences.

● Indian participants exhibited the most concentrated positive response profile in the Joyful/Energized category. This finding may suggest a cultural resonance with the interventions or potentially a greater comfort with the expression of Joyful sentiment. Western participants (USA, Western Europe) show more distributed responses across sentiment categories, suggesting different emotional processing or expression patterns

● Age yielded the most noticeable, albeit modest, differential effects. Older participants (60+ years) trended towards responses characterized by Calm/Centered and Warm/Empathic emotions, while younger and middle-aged cohorts (30–60 years) showed a greater prevalence of Joyful/Energized sentiment.

5.4 - Emotional Impacts of Kindness Interventions

5.4.1 - Kindness Stories

Participants in the Kindness Stories intervention were asked *'Which story that you shared touched you most deeply - the time you witnessed kindness, received kindness, or gave kindness?'.*

As illustrated in Figure 3 below, the most frequent response indicated that 'receiving kindness' generated the deepest emotional resonance, accounting for a significant proportion of responses (40.9%).

However, the data also highlights the emotional power of observing altruism, with a substantial 27.3% of participants reporting that 'witnessing kindness' was the most moving experience.

Furthermore, the act of giving kindness was identified as the most deeply touching experience by 18.2% of respondents, suggesting that while the impact may be lower than receiving or witnessing, the empathetic resonance of the altruistic act itself remains a potent emotional driver. A final segment 13.6% reported that all three categories—giving, receiving, and witnessing—resulted in an equivalent, profound emotional experience.
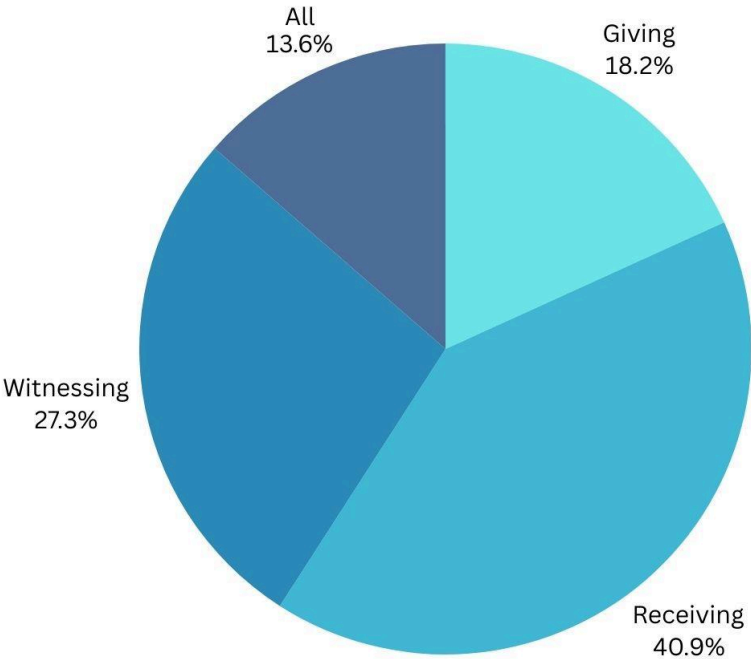

Figure 3: Story that touched participants most deeply

Demographic Differences

Gender analysis indicates that the emotional impact of stories about 'witnessing kindness' is markedly elevated for females (33% of responses, compared to 0% for males). Conversely, male participants report a substantially greater depth of feeling from the stories about 'giving kindness' (33% vs. 10% for females).

Cultural comparisons (Indian subcontinent vs. European participants) show that Indian participants report a significantly higher emotional impact from 'giving kindness' 27.3% vs. 12.5%, whereas European participants are considerably more likely to report being equally touched by all three stories (25% vs. 9.1%).

Finally, age analysis demonstrates that the 30-60 cohort reports greater resonance from stories about 'witnessing kindness' (35.7% vs. 14.3% for 60+). The 60+ age group, however, exhibits a substantially

higher rate of reporting resonance with all stories (28.6% vs. 7.1% for 30-60 year olds), suggesting a potential shift toward holistic processing with increasing age.

5.4.2 - Loving Kindness Meditation

Participants in the Loving Kindness Meditation intervention were asked *'Which part of the meditation touched you most deeply?'*

As illustrated in Figure 4, the most frequent response indicated that offering kindness to someone the participant had difficulty with touched them most deeply (26.7%). The focus categories—Self, Neutral person, and All beings—each registered an equivalent, significant emotional impact of 20% and the least likely to generate a deep resonance was a loved one with 13.3%. These findings indicate that emotional depth is maximized when the meditative practice extends beyond close affiliation to encompass either challenging relationships or universal subjects.

Figure 4: Which part of the LKM practice touched participants most deeply

Demographic Differences

Gender analysis indicates that female participants were most impacted by the Difficult Person category (33.3%) and then equally impacted by 3 categories (Self, Loved One, and All Beings) with 22.2% for each. In sharp contrast, male participants exhibited a distinct and significant preference for the Neutral Person, a category which accounted for a substantial 50% of male responses and was entirely absent (0%) within the female cohort. Furthermore, the Loved One category was entirely absent (0%) within the male cohort.

In terms of culture Asian participants reported maximum emotional depth when extending kindness toward All Beings (37.5% vs 0% for Western participants). They also reported higher depth for Neutral and Difficult Persons (25% each). Western participants, conversely, reported their strongest responses equally across three domains—Self, Loved One, and Difficult Person—each at 28.6%. This suggests that whilst all cultures were impacted by focusing on the Difficult Person, the Western focus tends to be more individual and relational, while the Asian focus tends to be more universal and abstract.

Age-stratified analysis suggests shifts in emotional priorities across the lifespan. 50% of the under 30s reported the deepest emotional impact from offering kindness to All Beings - a category that was entirely absent for the Over 60s cohort (14.3% for 30-60s). In contrast, 50% of the Over 60s cohort reported the deepest emotional impact came from extending kindness to a Difficult Person - a category which was entirely absent for the under 30s (28.6% for 30-60s). The 30–60 age group displayed distributed responses across all categories, this included 28.6% for the Loved One category, a response absent in both younger and older cohorts. This suggests there may be distinct emotional priorities at different stages of life.

5.4.3 - Other Interventions

Due to limited survey responses for the Acts of Kindness and Kindness Sharing Circle interventions, detailed analysis is precluded.

The available data for Acts of Kindness demonstrated an equitable distribution of emotional resonance, with 25% of responses reported across the Loved One, Neutral Person, Difficult Person, and All Beings categories, while the focus on the Self was entirely absent.

For the Kindness Sharing Circle intervention, the data available indicated that 66% of participants found the deepest resonance from the holistic experience of sharing and hearing all stories, while 33% reported being most profoundly impacted by the stories of witnessing kindness.

5.4.4 - Summary of Emotional Impacts

The research revealed variation across participants in terms of what resonated most deeply. In the Kindness Stories intervention, all aspects were represented, with receiving kindness generating the strongest emotional response, followed by witnessing kindness. The Loving Kindness Meditation intervention demonstrated that extending kindness to difficult persons produced the deepest impact, with self, neutral persons, and all beings each resonating equally, but again each focus had some resonance.

Demographic variations also emerged across interventions. Females were more affected by witnessing kindness and males by giving it. Asian participants showed stronger universal orientation, while Western participants focused more on individual relationships. In terms of age: younger participants resonated with universal kindness, older participants with difficult persons, and middle-aged participants with loved ones.

It is worth noting, however, that emotional impact is likely shaped by contextual details (severity of need, relationship closeness, situation salience) as much as the act type itself, which may limit generalizability of these patterns.

5.5 - Analysis of Perceptions of Kindness

We captured definitions of kindness from participants in the Kindness Stories intervention (see Annex B). These were analyzed against the typology developed by Youngs, Yaneva, and Canter (2021). This typology distinguishes kindness conceptualizations along two dimensions: whether kindness is understood as primarily emotional (affective) or principle-based (cognitive), and whether it is typically expressed reactively (socially prescribed) or proactively (autonomous).

The data was subsequently examined for patterns related to gender, age, and nationality, with findings compared to those reported in Youngs et al.'s original research. Data is recorded in Table 5 below.

Some participants provided two definitions of kindness to capture different facets of their understanding. In total, 30 definitions were analyzed. The sample comprised definitions that were provided by 73% female and 27% male participants. Geographically, 40% of definitions came from participants in the Indian subcontinent, 37% from Europe, 20% from North America, and 3% from South America. By age, 6% were from participants under 30, 44% from those aged 30-60, and 50% from those over 60.

Type of Kindness	N	Nationality	Age	Gender
Anthropophilia (A) - a core kindness - fundamental concern for others and emotional connection to humanity *Kindness is intrinsic to human nature. It's in us. It's part of who we are.*	10	40% European 30% Indian 30% N. American	50% 30-60 50% Over 60	100% female
Principle-Socially Prescribed (PSP) - a cognitive, passive kindness. *Kindness does not need to be an act. It could be something we feel within. That feeling itself is kindness, even if I don't do anything.*	3	100% Indian	67% 30-60 33% over 60	100% male
Principle-Proactive (PP) - a cognitive, proactive kindness, possibly beyond social norms. *When there are things which have no motive, to give or to receive, that I would call kindness*	4	75% Indian sub-continent 25% European	25% under 30 25% 30-60 50% over 60	50% male 50% female

Affective-Socially Prescribed (ASP) - emotional reactive kindness in line with social norms *Kindness is just making people a little bit happy. Doing something for them, somebody is not managing, you help them, somebody has a heavy luggage, old ladies standing on the bus.*	4	50% European 25% Indian 25% N. American	25% 30-60 75% over 60	25% male 75% female
Affective-Proactive (AP) - emotionally driven autonomous decisions requiring deep empathy, sacrifice, and seeing things from others' perspectives. *Kindness is to be open to the other and to listen. And it is not so easy. It means listening without thinking of us. Listening means to be totally empty, to receive the other*	5	60% European 20% Indian 20% S. American	80% 30-60 20% over 60	20% male 80% female
Meta-Reflective - these definitions analyze or question the concept rather than describing behaviors. *Kindness can be authentic or not authentic. I have been falsely kind, inauthentic, it's socially correct, but it's not necessarily truthful, it's expedient or it takes care of a situation*	4	50% N. American 25% Indian 25% European	25% under 30 25% 30-60 50% over 60	25% male 75% female

Table 5: Summary of Participant Definitions Analysis by Type of Kindness

These conceptualizations appeared with notably different frequencies and demographic distributions. Understanding these patterns is essential, as they reveal that kindness is not monolithic—different people access and express it through distinctly different psychological and cultural lenses.

5.5.1 Prevalence of Types of Kindness

The data aligns with Youngs et al.'s findings that kindness is most frequently conceptualized at the fundamental Anthropophilia level and least frequently in Principle-Socially Prescribed forms, potentially due to the latter's greater conceptual complexity. The relatively balanced distribution across Affective-Proactive, Affective-Socially Prescribed, and Principle-Proactive forms suggests these represent equally accessible modes of expression, supporting Youngs et al.'s two-facet model (psychological source × form of expression).

5.5.2 - Gender Differences in Conceptualizing Kindness

Substantial gender differences emerged in how participants conceptualized kindness:

- **Female participants** predominantly defined kindness through emotion and interpersonal connection, viewing it as a heart-centered link to humanity. This affective orientation appeared across all Anthropophilia definitions and dominated affective forms of kindness (80% of AP, 75% of ASP). Female participants emphasized listening, emotional presence, and felt connection as central to kindness.

- **Male participants** defined kindness through principles and cognition (100% of PSP; 50% of PPP), viewing it as a cognitive virtue based on principles and non-harm. PSP, being the only form dominated by male voices, suggests an alignment with masculine socialization.

These patterns suggest that while female and male participants may be equally prosocial, they showed distinct pathways to understanding kindness. Gender-responsive interventions may therefore be more effective when tailored to these distinct orientations—emphasizing embodied, relational practices for those with affective frameworks and presence-based practices for those with cognitive-principle frameworks.

5.5.3 - Cultural Differences in Conceptualizing Kindness

While less pronounced than gender differences, distinctive cultural emphases emerged:

- **Indian Subcontinent** - Predominantly adopted principle-based orientations (PSP: 100%; PPP: 75%), may reflect cultural-philosophical traditions (e.g., dharma, non-harm). However, these patterns proved both culturally and gender-specific: Indian males concentrated exclusively in PSP, while Indian females distributed across other forms. This suggests that cultural-philosophical frameworks interact with gender socialization to shape kindness conceptualizations.

- **European (General)** - showed diversity across core/fundamental (Anthropophilia), everyday social (ASP), and deeply empathic (AP) forms of kindness. A strong concentration emerged within the French subsample: 60% of French participants defined kindness as affective-proactive, emphasizing deep listening and internal attunement. This may reflect a cultural emphasis on l'intérieur (inner life) and empathic attunement.

- **North American** - demonstrated the most conceptually diverse approaches, spanning core emotional (Anthropophilia), everyday social (ASP), and analytical (Meta-Reflective) domains. This plurality may reflect North America's individualistic values that encourage multiple valid perspectives on virtues.

Noteworthy findings include the exclusive presence of Indian males in PSP and the concentration of French participants in AP.

5.5.4 -Age-Related Differences in Conceptualizing Kindness

Kindness conceptualizations showed meaningful variation across the lifespan:

- **Mid-life (30-60):** emerged as the peak period for autonomous, proactive kindness (comprising 80% of AP definitions). This likely reflects the intersection of emotional maturity and active capacity—the

developmental period when individuals have both developed emotional sophistication and have capacity to act on it.

- **Later life (60+)** splits between simple, daily kindness rooted in social norms (ASP) and philosophical, reflective stances (Meta-Reflective). This suggests a shift from active doing toward either routine kindness habits or reflective wisdom.

- Principle-based kindness (PP) proved age-agnostic, accessible across the lifespan from under 30 through over 60, suggesting that philosophical frameworks for kindness may transcend developmental stages.

Taken together, these findings align with Youngs et al.'s research that fundamental kindness (Anthropophilia) is most commonly cited, while revealing important gender, cultural, and developmental variations in how different groups access kindness. These distinct conceptualizations set the stage for understanding the different barriers different groups encounter.

5.6 - Barriers to Giving or Receiving Kindness

Having established how participants conceptualize kindness, we now examine what prevents them from taking action. Understanding these barriers is essential for designing interventions that are effective at fostering kindness.

Participants' responses regarding barriers to giving or receiving kindness can be found at Annex C. These were then grouped by themes. The data was analyzed by gender, age, and culture[3] to identify patterns and explore relationships with participants' definitions of kindness. Notably, more barriers were shared for giving kindness than receiving, with several participants reporting they experience no barriers to receiving kindness. The data is presented in Tables 6 and 7 below and explored in 5.6.1.

Barriers to giving kindness	No	Culture	Age	Gender
Situational Concerns - Consequences - Cultural differences, unintended harm, need for wisdom	5	60% European (all French) 40% N. American	20% 30-60 80% 60+	100% female
Situational Concerns - Safety and Risk - Physical safety, social appropriateness, fear of misunderstanding	4	50% Indian 25% European 25% N. American	75% 30-60 25% 60+	75% female 25% male
Situational Concerns - Lack of Capacity - Physical capacity, financial limitations, emotional	3	33% European 33% Indian	100% 30-60	100% female

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[3] Subgroups for analysis were Indian subcontinent, European and North American. Under 30s and South Americans were excluded from the analysis due to small sub-group size.

depletion		33% S. American		
Perceived Needs and Appropriateness - Distinguishing "genuine need" from laziness; concern about enabling dependency	3	67% Indian 33% N. American	67% 30-60 33% 60+	67% male 33% female
Lack of Presence - Not being present, stress, fear, self-centeredness	3	33% Indian 67% European	33% > 30 67% 30-60	67% male 33% female
Perception and Trust - Being taken advantage of, setting boundaries, disappointment with human nature	2	50% European 50% N. American	100% 60+	100% female
Authenticity - grappling with the gap between outward appearance of kindness and inner motivation	1	100% Indian	100% 30-60	100% male

Table 6: Participant Barriers to Giving Kindness

Barriers to receiving kindness	No	Nationality	Age	Gender
Authenticity - doubts about whether kindness is genuine or motivated by hidden intentions. There are concerns about being used or caught in someone else's agenda.	5	80% European 20% Indian	20% > 30 80% 60+	80% female 20% male
Ego and vulnerability - discomfort from how it makes you look/feel in relation to the other person	5	60% Indian 20% N. American 20% S. American	40% 30-60 60% 60+	60% female 40% male
Tension with Giver - emotional history and unresolved feelings with the person offering kindness	2	50% European 50% Indian	50% 30-60 50% 60+	100% female
Perceived needs and appropriateness - feel others are more in need or that they personally do not require the support	1	100% Indian	100% 30-60	100% female

Table 7: Participant Barriers to Receiving Kindness

5.6.1 - Key Differences Across Demographics[4]

Giving Kindness - Gender

- Female participants primarily cited barriers related to capacity and consequences, alongside safety/risk concerns. These patterns suggest that women's emotionally-grounded conceptualizations of kindness detailed in section 5.5.2 may deplete internal resources more readily, creating awareness of capacity limits.

- Male participants primarily cited barriers of presence and perceived need/appropriateness, alongside authenticity and safety/risk concerns.

This suggests that males struggle less with resource depletion and more with whether the moment is appropriate and whether they are sufficiently present to act on their principles.

Receiving Kindness - Gender

- Female participants primarily cited barriers of authenticity of the giver, then ego/ vulnerability.

- Male participants were more evenly split between authenticity concerns and ego/vulnerability.

This pattern suggests that women worry more about the genuineness of others' intentions, while both genders experience discomfort with vulnerability and interdependence.

Age patterns in giving kindness:

- Participants aged 30-60 primarily reported barriers related to capacity and safety/risk, alongside presence and needs/appropriateness concerns. This mid-life cohort are likely to experience the highest active demands (work, caregiving, family) and thus to face genuine resource constraints.

- Participants over 60 predominantly reported barriers of consequences and perception/trust, suggesting a more cautious, considered approach. This shift may reflect accumulated wisdom about unintended outcomes or accumulated disappointments with human reliability.

Age patterns in receiving kindness:

- Both age groups reported similar barriers, though with different distributions. Those aged 30-60 emphasized ego/vulnerability and tension with the giver, while those over 60 focused on authenticity and ego/vulnerability.

- The over-60 cohort's heightened concern with authenticity may reflect accumulated interpersonal experience and heightened vigilance.

Cultural patterns in giving kindness:

- For Indian subcontinent participants, key barriers were safety/risk and perceived needs/appropriateness. The emphasis on discerning genuine need may reflect the tension between cultural-philosophical ideals of unconditional giving and practical concerns about enabling or overstepping. Other factors cited included lack of capacity, presence, and authenticity.

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[4] Excluding under 30 and South American groups as these had 1 participant each.

- For European participants, key barriers were consequences and lack of presence. The pronounced concern with consequences—particularly among French participants—aligns with their emphasis on deep empathic responsibility (detailed above in 5.5.3). This suggests that those who define kindness through deep listening and attunement feel heightened responsibility for outcomes.

- For North American participants, the primary barrier was concern about consequences. Other factors included safety/risk, needs/appropriateness, capacity, and perception/trust. This diverse profile reflects the conceptual pluralism noted in section 5.5.3.

Cultural patterns in receiving kindness:

- For Indian subcontinent participants, the primary barrier was ego/vulnerability. Other barriers included perceived need/appropriateness, tension with the giver, and authenticity concerns. The pronounced ego/vulnerability barrier may reflect cultural values of self-sufficiency.

- For European participants, the primary barrier was authenticity, with tension with the giver as a secondary concern. This emphasis on authenticity may relate to the relational depth that characterizes European conceptions of kindness.

- For North American participants, the only reported barrier was ego/vulnerability, suggesting that concerns about independence and self-reliance dominate other considerations in this cultural context.

5.7 - Interventions as Kindness Catalysts

We were curious to see if the interventions could act as a catalyst for further action, creating the ripple of kindness throughout the community and beyond.

While self-selection and social desirability effects may have elevated reported intentions, the data nonetheless reveal substantial pro-social motivation; the analysis reveals a substantial positive influence As Figure 5 below shows in response to the question *'Are you inspired to do something differently'* [after the intervention] the majority of participants (69.8%) reported intentions to adopt new behaviors, indicating that the interventions prompted substantive shifts in practice. A secondary but notable proportion (17.0%) reported intentions to deepen or maintain existing pro-social actions, suggesting reinforcement of established patterns. Combined, these two categories account for 86.8% of respondents, representing robust affirmation of the intervention's pro-social impact.

Of the remaining respondents, 11.3% provided responses that did not directly address the research question, while 1.9% explicitly declined future action. These marginal negative or ambiguous responses underscore the intervention's broad appeal while acknowledging that engagement was not universal.

This catalyst impact was further evidenced from two additional sources. The first source was an unstructured interview undertaken with an individual who participated in all 4 of the interventions open to the wider community (KF, AOK, LKM and KSC). They reported that they had been inspired to undertake a kindness activity of their own (see Annex D).

The second source was feedback from a two-hour kindness session the team facilitated for approximately 25 children at a local after-school programme, conducted in both English and Tamil. This session was undertaken in a spirit of kindness (rather than as part of the research) and integrated research elements (short kindness films and loving-kindness meditation) with interactive activities, including drawing, developing and presenting kindness-themed skits, and making personal pledges to spread kindness. Although the session was not formally evaluated, the program leader's subsequent feedback was highly positive, sharing, "*It seems to have left an impression as tonight when we were [completing an exercise] I was struck at the number of students who wrote about caring for others, the old people in the temple, for stray dogs and the works.*'
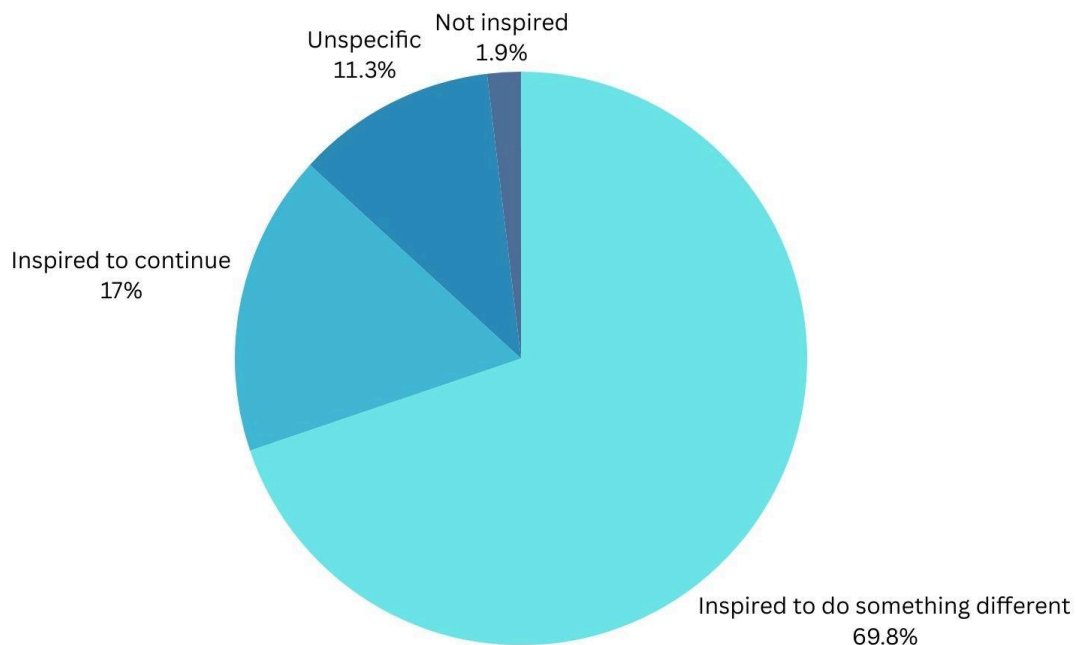

Figure 5: Percentage of participants 'Inspired to do something differently' after the kindness intervention

5.8 Summary of key findings

This research set out to explore how kindness interventions shaped participants' emotions, relationships, and understanding of kindness within Auroville - a diverse, intentional community currently experiencing heightened internal tensions. Through five different intervention formats and mixed-methods analysis, the study generated insights into how kindness is conceptualized, constrained, and experienced across demographic lines, and whether interventions can catalyze meaningful emotional and behavioural shifts in a complex community context.

5.8.1 - Nuanced Outcomes: Participatory vs Receptive Interventions

The first key finding is that quantitative pre-post data, while modest in magnitude, showed how different interventions can foster specific outcomes.

The only intervention-specific shifts that were statistically significant involved perspective-taking. Loving Kindness Meditation produced significantly higher positive perspective-taking scores (the ability to imagine others' experiences) compared to the Kindness Film group, as did the Acts of Kindness participants compared to those in the Kindness Sharing Circles group. These findings suggest that interventions explicitly encouraging participants to extend care toward a wide range of others - including those they may find difficult - are particularly effective in broadening and easing perspective-taking, which aligns with wider research.

The exploratory analysis of substantive shifts suggested other ways in which the interventions may foster specific outcomes. Participatory interventions (Acts of Kindness, Kindness Sharing Circles) produced the largest gains in social integration and felt emotional support, suggesting that active peer engagement reinforces belonging. Receptive interventions (Kindness Film) were most effective at reducing anxiety and self-judgment, possibly through the psychological safety of passive observation. Reflective interventions (Kindness Stories) uniquely boosted self-compassion, with particularly strong effects in the older adult cohort.

Across all interventions, the largest and most consistent improvements appeared in social support beliefs, self-compassion, and positive emotion, paired with reductions in anxiety, nervousness, and negative self-evaluation. This suggests that directing attention and care toward self and others produces reliable wellbeing benefits.

Whilst the sample size is small, the general consistency of directional improvements across formats and the absence of substantial negative effects suggest robust, if modest, benefits from kindness interventions. In a diverse community experiencing conflict and especially one with the goal of human unity, even small improvements in perspective-taking, self-compassion, and social connection represent meaningful progress.

5.8.2 - Emotional Impact: Universal Resonance Across Modalities

The second key finding is that all five intervention formats generated consistently high positive emotional responses. Across 180 immediate post-intervention responses, only 11 (6.1%) were coded as non-positive. The dominant emotional themes were Warm/Empathic (58 responses), Joyful/Energized (42 responses), and Calm/Centered (32 responses). Importantly, no statistically significant differences were observed across demographic groups—suggesting that kindness interventions can resonate across age, gender, and nationality.

However, different modalities foregrounded distinct emotional profiles. Narrative-based activities (Kindness Stories, Kindness Film) evoked warmth and tenderness, with some bittersweet or melancholic responses. The Loving Kindness Meditation generated predominantly calm and centered states, though one participant experienced struggle ("*couldn't focus due to too many thoughts*"). Participatory activities

(Acts of Kindness, Kindness Sharing Circle) generated joy and energized connection. This variation suggests the value of offering multiple entry points: a participant who needs calm might engage with meditation; one seeking connection might prefer a sharing circle; one wanting emotional resonance might prefer narrative.

Additionally, the specific content of acts shaped emotional depth. For the Kindness Stories intervention, receiving kindness generated the deepest emotional resonance (40.9% of responses), though witnessing kindness also moved people profoundly (27.3%). For the Loving Kindness Meditation, offering kindness to someone the participant had difficulty with touched people most deeply (26.7%), suggesting that emotional depth is maximized when practice extends beyond close relationships to encompass challenging relational dynamics.

Patterns suggest that kindness's transformative power lies not only in receiving support but in witnessing altruism and extending care beyond one's inner circle - a movement toward the universal.

5.8.3 - Conceptualizations of Kindness: Multiplicity, Not Uniformity

The third key finding is that kindness is not experienced uniformly. Participants conceptualized kindness in fundamentally different ways, with patterns that aligned systematically with gender, age, and cultural background. Women predominantly understood kindness through affective dimensions—emphasizing emotional connection, deep listening, and felt presence. Men, by contrast, accessed kindness through principles and cognition, viewing it as a virtue rooted in non-harm and selflessness. These were not random variations but coherent frameworks reflecting deeper psychological orientations likely shaped by socialization.

Age also mattered: mid-life participants (30-60) were most likely to define kindness as proactive, empathic, and autonomous—suggesting that this developmental stage combines emotional maturity with capacity for action. Older adults (60+), by contrast, tended toward either simple, socially-prescribed everyday kindness or philosophical, meta-reflective stances. This developmental shift suggests that kindness expressions evolve across the lifespan rather than remaining static.

Cultural patterns were also evident. Indian subcontinent participants overwhelmingly adopted principle-based frameworks which may reflect dharma and non-attachment traditions. European participants, particularly French participants, emphasized deep empathic listening suggesting focus on relationships and internal attunement. North American participants demonstrated conceptual diversity, suggesting that individualistic values may encourage multiple valid perspectives on kindness.

Taken together, these patterns suggest that kindness is not a universal concept that everyone understands the same way. Rather, different groups have distinct entry points into kindness, rooted in their psychological makeup, cultural backgrounds, and life stages. This insight is crucial for intervention design: initiatives that assume one-size-fits-all kindness will miss the diversity of how people actually think about and experience it.

5.8.4 - Barriers and Resources: Where Kindness Gets Stuck

The fourth key finding is that the barriers people report to giving and receiving kindness cohere remarkably well with how they conceptualize kindness. This coherence suggests that barriers are not random obstacles but structural consequences of people's psychological and cultural frameworks.

For women, who conceptualize kindness as affectively grounded, the primary barriers center on capacity and emotional depletion. When giving requires deep emotional investment in connection with others, internal resources - if not replenished - can become depleted. This is not a personal failing but reflects the nature of how these participants experience kindness.

For men, who emphasize principles, barriers center on presence and appropriateness - the challenge of translating intellectual commitment into embodied practice and of discerning whether the moment calls for action. The friction is different: not "do I have enough to give?" but "am I sufficiently present and is this the right moment?" In receiving kindness, vulnerability threatens the traditionally masculine value of independence and self-sufficiency, creating barriers that female participants report far less frequently.

Age groups similarly report barriers that reflect their developmental stage. Mid-life participants face the highest resource constraints (work, caregiving, family demands), yet report the strongest commitment to proactive kindness - which may create tension between motivation and capacity. Older adults express more caution and discernment, suggesting accumulated wisdom about consequences and authenticity. Their barriers reflect not reduced capacity for kindness but a considered shift in how they engage with it. Their caution is likely not fearfulness but discernment—the result of having witnessed enough human complexity to question simple motivations.

Culturally, Indian subcontinent participants (especially men) appear to experience tension between their philosophical ideals (non-attachment, selflessness) and emotional reality (preferences about who deserves help, discomfort with vulnerability). The pattern suggests that philosophical frameworks, however deeply held, do not automatically resolve the emotional and relational complexity of interdependence. This resonates with research showing that Indian participants often experienced guilt alongside gratitude due to feelings of indebtedness toward their benefactors (Titova et al., 2017).

European participants, grounded in deep empathic engagement, report heightened responsibility for outcomes and concerns around tensions with the giver. This reflects their relational depth: kindness, for this group, is never simple or isolated; it carries the weight of a relationship. This pattern is coherent, though it carries challenges: the very empathic attunement that makes their kindness profound may also heighten their susceptibility to burden and disappointment.

North American participants struggle with cultural values of self-reliance conflicting with kindness's requirement for interdependence and mutual support. Where Indian participants struggle with emotional reality contradicting philosophical ideals, North American participants struggle with cultural values contradicting relational reality.

These barrier patterns matter because they suggest that interventions cannot simply encourage people to be kinder. Instead, they must address what actually blocks people given how they think about

kindness. Women may need resource renewal and boundary-setting validation. Men may need embodied practices that bridge principles to felt presence. Mid-life participants may need strategic, realistic frameworks. Older adults may need their caution honored rather than pathologized. Indian participants may need practices that bridge philosophy and emotion. European participants may need permission to set limits without sacrificing empathy. North American participants may need cultural permission to receive.

5.8.5 - Intentions and Catalysis: A Strong Signal of Impact

The fifth key finding is that 86.8% of participants reported clear intentions toward future behavioural change following interventions. The majority (69.8%) reported intentions to adopt new kindness behaviors, while a secondary proportion (17.0%) reported intentions to deepen or maintain existing practices. These strong intentions suggest that even brief interventions can serve as meaningful catalysts rather than solely producing transient emotional shifts.

Importantly, this pattern held across demographic groups and intervention types, suggesting that the catalytic potential of kindness work is not limited to particular populations or formats. A participant who attends a film screening, a loving kindness meditation session, or a kindness sharing circle was equally likely to report intentions to act differently afterward.

5.8.7 - Synthesis: How Different Groups Experience Kindness

Collectively, these five findings paint a coherent picture: kindness is experienced and constrained differently across demographic lines, but it resonates emotionally across all groups and can catalyze further ripples of kindness. The coherence between how people conceptualize kindness, the barriers they face, and the intentions they report suggests that the barriers are not separate problems but integral to how different groups engage with kindness. This insight has critical implications for design: rather than trying to eliminate barriers or convince everyone to adopt the same kindness approach, interventions should be designed to work with how different people actually think about, practice, and experience kindness.

The fact that these patterns emerged in Auroville demonstrates that even at a time where there is tension and division within the community, meaningful emotional engagement with kindness is possible, and that different cultural frameworks, life stages, and psychological orientations need not prevent authentic connection around this value.

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6. REFLECTIONS AND DISCUSSION

Moving beyond the empirical results, this section discusses the key implications of the research - exploring reflections on the data and how the findings can inform future kindness initiatives in Auroville.

6.1 - Significantly higher participation from Females across all interventions

One factor which was present in the findings, however not specifically addressed so far, is the significantly higher participation rates for females across all interventions. Even with the Kindness Stories where a higher rate of females were randomly selected, a higher acceptance rate from females amplified this difference. For the other interventions the female participation ranged from 60% (for Loving Kindness Meditation) to 80% (for Kindness Sharing Circle).

This gender imbalance in participation aligns with broader patterns documented in positive psychology intervention research, where female participants consistently outnumber males (Gander et al., 2016).

Likewise, wider research consistently shows greater empathy in females than males. While many studies attribute this to gender socialization - such as differing encouragement in emotional expression and care-oriented activities - others highlight biological influences like brain and hormonal differences (Kaur, 2023; Rochat, 2022; Christov-Moore et al., 2014)..[5]

While many might view this as predictable - even unremarkable - we believe it merits attention for its practical implications. It raises important questions about how to support and sustain the engagement of females, and how to design interventions that appeal to males or address barriers to their participation.

6.2 - Implications for Intervention Design

The findings reveal that kindness interventions can be effective across diverse demographic groups, but that different groups conceptualize kindness differently and face distinct barriers to expressing it. This section translates these insights into practical guidance for future intervention design, first by synthesizing what worked in this study, then by proposing additional approaches informed by the patterns observed.

6.2.1 What This Research Demonstrated Works

This study implemented five distinct intervention formats, each producing consistently positive emotional responses while serving different functions:

- **Participatory interventions** (Acts of Kindness, Kindness Sharing Circles) strengthened social integration and feelings of belonging—particularly valuable for addressing the isolation and disconnection some participants reported as barriers to receiving kindness.

- **Receptive interventions** (Kindness Film) reduced anxiety and self-judgment through the psychological safety of passive observation—addressing the capacity concerns and fear of consequences that many participants (especially women and European participants) reported as barriers to giving kindness.

- **Reflective interventions** (Kindness Stories) enhanced self-compassion, with particularly strong effects for older adults—helping to address the authenticity concerns and ego/vulnerability barriers that emerged prominently in barriers to receiving kindness.

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[5] Kaur, A Gender Study on Self Esteem and Empathy among Young Adults. (2023). *International Journal of Interdisciplinary Approaches in Psychology*, *1*(3), 303-364. https://psychopediajournals.com/index.php/ijiap/article/view/99, Rochat, 2022, Sex and gender differences in the development of empathy, 10.1002/jnr.25009, Journal of Neuroscience Research, Christov-Moore L, Simpson EA, Coudé G, Grigaityte K, Iacoboni M, Ferrari PF. Empathy: gender effects in brain and behavior. Neurosci Biobehav Rev. 2014 Oct;46 Pt 4(Pt 4):604-27. doi: 10.1016/j.neubiorev.2014.09.001. Epub 2014 Sep 16. PMID: 25236781; PMCID: PMC5110041.

- **Contemplative interventions** (Loving Kindness Meditation) improved perspective-taking and calm/centeredness—particularly valuable for those who conceptualize kindness as principle-based but struggle with presence (a pattern especially pronounced among male participants).

Collectively, this qualitative and quantitative evidence supports an integral intervention approach that honors multiple pathways to kindness. A portfolio approach - offering receptive, participatory, reflective, and contemplative options - ensures that different demographic groups can find modalities that resonate with how they understand kindness and address the specific barriers they face. It also offers individuals an opportunity to deepen and widen their relationship with kindness, engaging it through different parts of their being.

This was echoed by the individual participant who attended all 4 of the interventions open to the community who reported gaining "a lot out of the whole thing," a statement underscoring the perceived value of the program's cumulative and integrative effect over isolating any single component as superior. They noted that the Acts of Kindness module facilitated a deep positive relational shift but required sustained effort, while accessible events like the Kindness Film were appreciated for their ease of access and ability to foster collective engagement and a sense of shared aspiration.

6.2.2 Evidence-Informed Recommendations for Future Interventions

Beyond the specific interventions tested in this research, the coherence observed between how participants conceptualize kindness and the barriers they encounter suggests additional intervention approaches that could effectively support specific groups.

Table 8 below presents these recommendations, organized by intervention type and target populations. These recommendations are grounded in the patterns documented in Sections 5.5 (Perceptions of Kindness) and 5.6 (Barriers to Giving and Receiving Kindness).

Intervention Approach	Target groups	Why
Capacity Recognition & Boundary-Setting Support to recognize capacity limits, set pragmatic boundaries, and clarify appropriate responsibilities	Women 30-60 & over 60s All cultural backgrounds	Women and mid-life participants reported capacity depletion as primary barrier; boundary-setting validates this constraint as real rather than personal failure
Peer Kindness Sharing Structured opportunities to share kindness stories, witness others' acts, and explore how to collectively navigate challenges	All ages All cultures	Creates intergenerational learning; validates mid-life capacity constraints; honors older adults' wisdom; addresses safety/ consequence concerns across cultures, provides space to explore vulnerability and cultural nuances.

Reframing Vulnerability as Strength Support to reframe vulnerability, receiving and interdependence as collective strength, collectively and individually	Men Indian and North American cultures	Community explorations and practices can help to normalise vulnerability, seeing it as a courageous act rather than weak.
Exploring tensions - ideals vs reality Non-judgmental exploration of tensions between philosophical ideals and emotional reality, reframing this struggle as part of the spiritual path, not failure.	Indian culture Those who struggle with tensions between ideals and reality	Whilst this may be particularly helpful for those who have a strongly cognisant view of kindness it is likely to be beneficial for the wider community, where many struggle aligning their emotional reality with Auroville's aspirations.
Compassion practices Practices that cultivate unconditional kindness - Loving Kindness Meditation/ Acts Of Kindness	Men Indian & North American cultures All those who want to broaden perspective taking	Experiential practice over intellectual exercise can help create a shift, working with metta style practices can help move beyond needs/appropriateness of giver or receiver.
Practices for embodiment and presence mindfulness, body awareness, somatic practices etc	Women and Men European and Indian cultures	To address the barriers of insufficient presence reported by men, help women become aware of capacity depletion, and help to replenish their internal resources
Self-care practices to replenish inner resources watching Kindness Film, walking in nature, exercise, time with friends, massage/reiki, yoga/meditation, eating healthily, therapy etc	Women 30-60 European cultures	To address capacity depletion, competing demands, and the struggle with over-responsibility by prioritizing the replenishment of inner resources, making sustained kindness practice possible
Recognition that all acts of kindness are valued	Women 30-60 and over 60	To validate the 'small' kindnesses of those experiencing capacity depletion or struggling with capacity for active, engaged forms of kindness.

Table 8: Recommendations for Future Interventions

The intervention approaches outlined above represent evidence-informed possibilities rather than prescriptive solutions. They are based on the community members who participated in this research and there are likely to be many more nuances and perspectives they did not capture.

What emerges clearly from this research, however, is that any efforts to foster kindness requires moving beyond one-size-fits-all approaches. It highlights the importance of considering individual perceptions of kindness and the barriers they face and understanding that these are not competing or inferior versions of kindness but distinct pathways that can coexist and enrich community life.

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7. CONCLUSIONS

This research set out to explore whether established kindness interventions could benefit Auroville's community, and to understand how cultural context shapes both the perception of kindness and the outcomes of kindness-based activities. The findings provide clear answers to these questions while illuminating important diversity in how kindness operates across demographic lines.

7.1 Impact of Kindness Interventions

7.1.1 - How do different types of kindness interventions influence participant outcomes?

The research demonstrates that all five intervention formats—Kindness Stories, Kindness Film Screening, Acts of Kindness, Loving Kindness Meditation, and Kindness Sharing Circles - generated consistently positive outcomes, with 93.9% of immediate emotional responses coded as positive.

However, different modalities produced distinct effects: participatory interventions strengthened social integration and belonging; receptive formats reduced anxiety and self-judgment; reflective interventions enhanced self-compassion, particularly for older adults; and contemplative practices improved perspective-taking.

Quantitative analysis revealed statistically significant improvements in perspective-taking for interventions that explicitly encouraged extending care toward diverse groups, including difficult persons - a finding with particular relevance for conflict-affected communities and any, like Auroville, intentionally working towards human unity.

7.1.2 - Is the influence of these interventions impacted by demographic factors?

While all demographic groups reported predominantly positive sentiments, meaningful variations emerged. Female participants resonated more with witnessing kindness, while male participants were more impacted by giving kindness. Age-stratified analysis revealed that younger participants (under 30) resonated with universal kindness; older adults (60+) with extending kindness to difficult persons; and middle-aged participants (30-60) with loved ones. Cultural patterns showed Asian participants exhibiting stronger universal orientation, while Western participants focused more on individual relationships.

7.1.3 - To what extent do kindness interventions generate intentions toward prosocial behavior?

The findings strongly affirm the catalytic potential of kindness work: with 69.8% intending to adopt new kindness behaviors and 17.0% planning to continue or deepen existing practices. This robust prosocial motivation appeared consistently across demographic groups and intervention formats, suggesting that

even brief, well-designed interventions can serve as meaningful catalysts rather than producing solely transient emotional shifts.

7.2 Cultural and Community Context

7.2.1 - How do community members perceive kindness, and is this influenced by demographic factors?

The research reveals a fundamental insight: kindness is not a universal concept uniformly understood across Auroville's diverse community. Instead, community members conceptualize kindness through distinctly different - yet equally valid - psychological, cultural, and developmental lenses.

Gender, culture, and age each provide a different filter. From our sample we found some interesting patterns. Notably we glimpsed that women understood kindness primarily through emotional connection, men more through concepts and principles; Indian participants through conceptual, ethical frameworks, Europeans through relational depth, North Americans through diverse perspectives; mid-life adults through active engagement, older adults through habitual practice or philosophical reflection.

These are not better or worse approaches but different expressions of how kindness manifests through varied human instruments, each contributing necessary dimensions to an integral understanding.

7.2.2 - What are the main barriers to giving and receiving kindness, and how are these influenced by demographic factors?

The main barriers reported to giving kindness were situational concerns around potential consequences, safety/risk and lack of capacity along with concerns over perceived needs/appropriateness and lack of presence. The main barriers to receiving kindness were concerns over the authenticity of the givers' intentions and struggles with ego and vulnerability.

Interestingly, the barriers participants reported mapped remarkably onto how they understood kindness itself, suggesting these obstacles are structural rather than incidental. Those who conceptualize kindness emotionally reported resource depletion and capacity concerns; those who frame it as principle reported struggles with presence and appropriateness. Mid-life participants faced genuine tension between high motivation and competing demands. Older adults exercised caution born of experience rather than reduced capacity. Cultural patterns reflected similar coherence: Indian participants grappled with discerning genuine need; European participants worried about relational consequences; North American participants struggled with vulnerability inherent in interdependence.

This coherence indicates that barriers are not problems to fix but natural tensions of different ways of engaging with kindness - tensions that must be acknowledged and worked consciously with rather than viewed as failures to be overcome.

7.2.3 - What cultural or contextual factors should be considered when designing kindness-based activities in Auroville?

Based on the patterns identified in this research, several key principles emerge for designing kindness interventions that are responsive to demographic diversity and real barriers.

Principle 1: Honour the Need for Multiple Pathways

Different people access kindness - and different aspects of kindness - through different means. Some connect through the heart, others through the mind, still others through action or contemplation. Providing a portfolio of intervention formats - receptive (film), participatory (acts, circles), reflective (stories), contemplative (meditation) - ensures that people can find a modality that resonates or deepen and widen their connection to kindness.

Principle 2: Work with Psychological Concepts and Practical Realities, Not Against Them

Rather than treating barriers as problems to overcome, effective interventions work with them - validating their reality while supporting people to practice kindness despite constraints. The work is not to ignore or suppress these inner formations but to bring awareness to them, understanding their origins while gently creating space for new possibilities to emerge.

Principle 3: Bridge Cultural Frameworks Toward Universal Truth

Interventions should explore, acknowledge and draw on the cultural and philosophical frameworks through which people understand kindness, exploring where these are helpful and where they create tension. These should be recognised simply as different expressions of the universal value of kindness.

Principle 4: Create Conditions for Authenticity and Safety

Interventions should provide clear boundaries, opt-out possibilities, and acknowledgment that not all contexts feel safe for kindness. As authenticity requires both inner readiness and outer safety there also needs to be an acknowledgment that sincere kindness cannot be forced.

Principle 5: Attend to Gender, Age, and Cultural Dynamics

Meaningful variations emerged in how different groups conceptualize kindness and experience barriers. Interventions should explicitly attend to these patterns. Alternatively, facilitators who are aware of these patterns can support participants in navigating specific barriers.

7.3 - Summary and next steps

In conclusion, this research suggests that established kindness interventions can indeed benefit Auroville's diverse community, producing measurable improvements in perspective-taking, self-compassion, and social connection alongside strong intentions for future prosocial behavior. However, the research also reveals that kindness operates through culturally-shaped, developmentally-variable pathways that benefit from responsive rather than prescriptive intervention design.

To build upon these insights and address the limitations noted, the research team suggests the next steps as possible ways forward:

- Testing the emerging typologies of kindness and barriers in larger, more diverse samples within Auroville, with special attention to under-represented nationalities and age groups and in-depth thematic coding.

- Reviewing the quantitative instruments to refine, simplify or replace these in a way which can improve comprehension and perceived relevance while maintaining evaluative rigour. New measures should be co-designed and tested with community members.

- Exploring interventions that target specific barriers/ needs, ideally through participatory, co-created formats (e.g. peer-led sharing circles, youth-led kindness projects).

- Investigating meaningful ways to measure longer-term outcomes (e.g. follow-up interviews or diaries) to see whether intentions translate into sustained behavioural shifts and relational changes.

Annex A - Summary of Existing Research

Title	Authors, date and country	Type	Summary	Kindness interventions used	Measurement scales used
Public policy and the infrastructure of kindness in Scotland	Anderson & Brownlie, 2019, UK	Policy research and analysis	This policy report examines how kindness has emerged as a focus for public policy in Scotland, particularly through its inclusion in the National Performance Framework. The authors argue that while kindness has gained prominence in popular culture and policy discussions, it risks becoming a "clean concept"—easy to support but lacking clear definition and practical application. The report aims to move beyond warm words to provide a rigorous understanding of what kindness means and how public policy might meaningfully support it. The authors argue kindness should be understood not just as a value or individual trait, but as concrete social practices that have "infrastructural" qualities—they make other aspects of life possible, both practically and emotionally. For public policy, the authors outline three main areas of activity. First, organizations can help create external communities characterized by contingent social interaction—through attention to placemaking, accessible third spaces, and opportunities for diverse people to connect. Second, organizations can focus internally on relationships between staff and service users, particularly by enabling greater "relational discretion" within professional roles while managing associated risks around fairness and safety. Third, organizations can develop and share narratives of kindness that help individuals feel able to take the necessary "leaps of faith" involved in asking for or offering help. The report emphasizes that empathy and kindness are not the same, and that emotions in this context should not be understood as individual deficits requiring "emotional intelligence" training but as shaped by social conditions and inequalities. The authors caution against viewing kindness as a replacement for rights, justice, or state responsibility, but argue it can work alongside these. They conclude that attention to kindness in policy is not about inventing new approaches but about connecting existing agendas (like compassionate care or decent work) under a relational framing, while being prepared for contestation about what this means in practice.	None	None
Social media kindness intervention increases innovation in college students	Brandao & Fratantoni, 2024, USA	Primary research	This study investigated the impact of a kindness intervention on Instagram on innovation and empathy among 50 participants. Participants were randomly assigned to either a kindness group and instructed to post intentionally kind comments, or a control group with no such instructions. Both groups posted comments on three different Instagram photos, three times weekly for three weeks. The study was grounded in loving-kindness meditation (LKM) and compassion meditation (CM) principles, which have shown improvements in emotional well-being and cognitive function. It explores the novel area of how kindness interventions impact innovation. Recent research has highlighted the interconnected nature of different social and cognitive domains. Chapman et al. (2021) found that enhancements in one area of cognition, such as innovation, can be precipitated by improvements in other areas like well-being and social engagement. Results revealed a significant interaction effect between the intervention and innovation, with a trend toward increased innovation in the kindness group, though the increase wasn't statistically significant. The control group showed a non-significant decrease in innovation. Interestingly, no significant changes in empathy were observed, contrary to hypotheses. The authors suggest this may be due to the absence of non-verbal cues in online environments or because participants followed instructions rather than engaging in autonomous, self-generated kindness. These findings suggest a complex relationship between social media-based kindness interventions and cognitive skills like innovation, highlighting the need for further research in this domain.	3-week Instagram commenting intervention (3 comments on different photos, 3 times/week = 21 days) Kindness group: instructed to be intentional and communicate kindness in comments Control group: regular commenting with no specific kindness instructions	Interpersonal Reactivity Index (IRI) - Perspective-Taking and Empathic Concern subscales (5-point Likert scale) State-Trait Anxiety Inventory (STAI) - Trait anxiety (20 items, 4-point Likert scale) Innovation Task - Abstract theme generation from images (60-second timed task) Instagram Use Questionnaire - Frequency and patterns of use Comment Content Evaluation Rubric - 3-point Likert scale assessing content diversity, length, vocabulary LIWC (Linguistic Inquiry and Word Count) - Prosocial behavior and politeness categories
Perceptions matter - Common Causes	Common Cause Foundation, UK	Primary	Their survey of 1,000 UK citizens found that 74% of people report caring about compassionate values more than selfish values (irrespective of age, gender, region, or political persuasion) and that those who have a relatively higher compassionate value score are also significantly more likely to report having engaged in a range of different types of civic engagement. Despite this, 77% of respondents incorrectly believe their fellow citizens hold selfish values to be more important and compassionate values to be less important than is actually the case. In other words, people tend to assume that a typical fellow citizen has a lower adjusted compassionate value score than is actually true. They also found that the more strongly a respondent perceives a typical fellow citizen to hold selfish values to be important, the less likely he or she is to hold positive attitudes towards various forms of civic engagement, and the less likely he or she is to vote. Results also show that people are more likely to express feelings of cultural estrangement if they feel that a typical fellow citizen places relatively high importance on selfish values, or relatively low importance on compassionate values. This is particularly true for people who themselves attach relatively high importance to compassionate values. Cultural estrangement is highest among people who have high compassionate values themselves but who perceive others to have low compassionate values. The core finding connects this misperception to civic engagement and social alienation. People who held this inaccurate belief reported feeling less positive about getting involved in civic life (such as joining meetings, voting, and volunteering) and experienced greater social alienation, including feeling less responsible for their communities and less like they fit in with wider society.	None - was based on questionnaires and interviews	Values Survey Tool: A well-validated and widely used survey to assess participants' own values and their perceptions of a typical British person's values. Bias Assessment Questions: A series of questions developed by psychologists to test for response biases, specifically Impression Management and Self-Deceptive Enhancement. Civic Engagement/Social Alienation Questions: Measures of participants' positive feelings toward joining meetings, voting, volunteering, and their sense of community responsibility and societal fit.

Annex A - Summary of Existing Research

Healing through helping: an experimental investigation of kindness, social activities, and reappraisal as well-being interventions	Cregg and Chievens, 2022, USA	Primary research	This study investigates the comparative effects of three intervention strategies—acts of kindness, social activities, and cognitive reappraisal—on well-being among individuals experiencing symptoms of anxiety or depression. It looks at the role of kindness in increasing social connection. This study proposes that acts of kindness may be more beneficial in fostering social connection than either CBT-based cognitive strategies or generic social activity planning. Participants experiencing elevated anxiety or depression symptoms were randomly allocated to one of three intervention conditions for five weeks: performing acts of kindness, planning social activities, or completing cognitive reappraisal (thought records). Outcomes included measures of social connection, anxiety and depression symptoms, life satisfaction, affect, and self-absorption. The acts of kindness group showed the most robust improvement in social connection, outpacing both the cognitive reappraisal and social activities groups. Individuals in the kindness group also experienced greater reductions in depression and anxiety symptoms and enhancements in life satisfaction compared to those in the cognitive reappraisal group. Improvements seen at post-test generally persisted through a five-week follow-up. Analyses indicated that reductions in public self-absorption—focusing less on oneself and more on others—mediated improvements in the acts of kindness group. This suggests that kindness interventions may work by shifting attention outward, alleviating the ruminative self-focus typical in depression and anxiety. Interestingly, while all groups benefitted to some degree, acts of kindness resulted in unique gains on social connection not explained by mere increases in social interaction. This supports the view that the prosocial, other-oriented nature of kindness distinguishes it from generic socializing or cognitive self-reflection.	Acts of Kindness	Depression Anxiety and Stress Scales (DASS-21): A 21-item questionnaire measuring depression, anxiety, and stress, with subscales for each emotional state. Multidimensional Scale of Perceived Social Support (MSPSS): A 12-item measure evaluating perceived social support from friends, family, and a significant other, rated on a seven-point scale. Positive and Negative Affect Schedule (PANAS): A 20-item scale measuring positive affect and negative affect. Satisfaction With Life Scale (SWLS): A five-item scale assessing overall life satisfaction. Self-Absorption Scale (SAS): A 17-item scale capturing public and private self-absorption (self-focused attention), split into two subscales—one for preoccupation with others' views and one for internal focus. Social Connectedness Scale–Revised (SCS-R): A 20-item scale measuring perceived social connection.
The Relationship Among the Components of Self-compassion: A Pilot Study Using a Compassionate Writing Intervention to Enhance Self-kindness, Common Humanity, and Mindfulness	Dreisoerner, Junker and Van Dick, 2021	Primary	This study tested whether training one component of self-compassion would create spillover effects to the other components, addressing Neff's theoretical proposition that the three components (self-kindness, common humanity, mindfulness) mutually influence each other. 80 participants completed 8 weeks of self-compassionate writing exercises to enhance either self-kindness, common humanity, or mindfulness. Results provided initial evidence for mutual enhancement among components, though effects varied by condition. The mindfulness condition showed the strongest results: participants reported increased total self-compassion, accompanied by increased self-kindness, lower isolation, increased mindfulness, and lower over-identification. The common humanity condition also improved total self-compassion, with lower over-identification, lower isolation, and increased life satisfaction. Trends emerged for higher common humanity and self-kindness. However, the self-kindness condition failed to significantly improve self-kindness or any factor except over-identification, with only marginal trends for self-kindness and isolation. The findings emphasize mindfulness as foundational for self-compassion development, suggesting that learning present-moment awareness of suffering may be necessary before effectively cultivating self-kindness or common humanity. The research provides initial empirical support for Neff's theoretical model and suggests that comprehensive self-compassion interventions should address all components together, with mindfulness as a starting point.	Eight-week online writing intervention with three conditions: Self-kindness condition: writing exercises addressing oneself kindly in second person about distressing events, with homework to meet oneself with kindness Common humanity condition: writing about how painful events connect to others and recognize universal suffering, with homework to remind oneself everyone faces setbacks Mindfulness condition: writing describing emotions neutrally and accepting experiences without condemnation, with homework to engage emotions with open awareness	Self-Compassion Scale (SCS, German version, 26-item) measuring six factors: Self-kindness, Self-judgment, Common humanity, Isolation, Mindfulness and Over-identification WHO-5 World Health Organization Index for psychological wellbeing Satisfaction with Life Scale (German version) Giessen Symptom Questionnaire for physical wellbeing Big Five Inventory
Reflecting on acts of kindness toward the self: Emotions, generosity, and the role of social norms.	Exline, J. J., Lisan, A. M., & Lisan, E. R, 2012, USA	Primary	This research explores how people emotionally and behaviorally respond when recalling acts of kindness they received from others, with particular attention to whether these kindnesses were "normative" (fitting social expectations) or "non-normative" (violating social norms). The study distinguishes normative kindnesses as those occurring within close relationships, fitting expectations, or seeming earned, while non-normative kindnesses come from distant relationships, are unexpected, or seem undeserved. Study 1 asked participants to recall kind acts and report their emotional responses and motivations to be kind to various groups. Results showed that while positive emotions (gratitude, feeling loved) predominated overall, normative kindnesses elicited more positive and fewer negative emotions than non-normative ones. Participants reported strongest motivations to reciprocate kindness toward benefactors and close others, with weaker desires toward strangers and enemies. However, those recalling non-normative kindnesses showed greater motivation toward outgroups (strangers, enemies), supporting an "outgroup salience hypothesis." Study 2 asked participants to write about normative kindness, non-normative kindness, or daily activities (control) before being given opportunity to donate to charity. Participants recalling normative kindness donated significantly more ($4.10 vs $2.87) than those recalling non-normative kindnesses. This effect was partly mediated by the more positive emotional tone of normative essays. Interestingly, when controlling for the normative/non-normative distinction, relationship closeness showed a marginal negative correlation with generosity, tentatively supporting the outgroup salience hypothesis. The research reveals important nuances about receiving kindness. While normative kindnesses reliably produce positive emotions and generous behavior, non-normative kindnesses create more complex responses—including amazement alongside potential feelings of shame, weakness, guilt, and suspicion. Recipients of non-normative kindness may feel indebted or undeserving, particularly when help comes from strangers or seems unearned. These findings have practical implications: if the goal is reliably improving mood or increasing generosity, recalling normative kindnesses is safer. However, non-normative kindnesses may be valuable for encouraging generosity toward outgroups. The study demonstrates that the social context of kindness fundamentally shapes both emotional experience and subsequent prosocial motivation.	Normative Kindness Recall: Participants wrote for 10-15 minutes describing a kind act that made sense based on their relationship with the benefactor (close relationship, earned, expected) Non-normative Kindness Recall: Participants wrote for 10-15 minutes describing a kind act that did NOT make sense based on their relationship (distant relationship, unearned, unexpected) Control Condition: Participants wrote about their typical weekly schedule for 10-15 minutes	In-the-moment kindness motives Emotional responses with subscales: Feeling Loved, Shame/Weakness, Mistrust, Amazement and Gratitude. Normativeness measures: Prior relationship closeness Fit with expectations Earned/deserved Emotional tone coding
Should I be kind to others or myself? : An intervention study of kindness and self-kindness on wellbeing.	Fiselier, Sander, 2018, Netherlands	Primary	This Dutch Randomized Controlled Trial investigated whether acts of kindness should be directed toward others (other-oriented) or toward oneself (self-oriented) to maximize improvements in well-being. The study was motivated by theoretical discussions about whether positive psychology interventions work differently when they are other-oriented versus self-oriented, and by the recognition that kindness interventions are known to improve well-being but the optimal target of that kindness remained unclear. The results show that other-oriented kindness has a significant positive effect on psychological wellbeing when compared to the waitlist control group. This effect is maintained until the six week follow-up. There were no significant increases in outcome measures when comparing the self-oriented kindness with the waitlist control group. The findings suggest that being kind to others—rather than to oneself—may improve psychological well-being through mechanisms like enhanced self-acceptance, personal growth, sense of purpose, environmental mastery, autonomy, and positive relations with others.	Acts of Kindness (for self) Acts of Kindness (for others)	Mental Health Continuum-Short Form (MHC-SF) - 14-item measure with three subscales: Emotional well-being (3 items), Social well-being (5 items) and Psychological well-being (6 items) Centre for Epidemiological Studies Depression Scale (CES-D) Generalized Anxiety Disorder 7-item scale (GAD-7)

Annex A - Summary of Existing Research

Title	Source	Type	Summary	Intervention / Method	Measures
The meaning of kindness and gratitude in Japan: A mixed-methods study	Gherghel and Hashimoto, 2020, Japan	Primary	The purpose of this research was to explore how Japanese young adults construe kindness and gratitude, as well as to investigate the effect of kindness and gratitude expression on their wellbeing in an Asian cultural context. Participants were randomly assigned to three conditions for a three-week intervention: acts of kindness, gratitude expression, or memorable events as control. Contrary to hypotheses, quantitative results showed no significant differences between conditions. All three groups—including the control group—showed significant decreases in depression and negative affect. There were no significant changes in life satisfaction, loneliness, or positive affect. The high dropout rate (37 of 96 initial participants) and the unexpected wellbeing improvements in the control group (who recalled memorable positive events) complicated interpretation. The authors propose several explanations for null findings: the placebo effect (all participants were informed activities had wellbeing-boosting potential), cultural factors (dialectic view of emotions, conceptions of happiness as undesirable in Asian cultures, self-improvement orientation making failures more salient than successes), individual factors (low motivation among volunteers), and methodological issues (short duration, retrospective affect measurement, inconsistent time frames for wellbeing assessments). The study highlights important considerations for cross-cultural positive psychology interventions, suggesting that activities effective in Western contexts may require substantial adaptation for Asian populations.	Acts of Kindness Gratitude expression Memorable event recall	K6 for depression (Japanese version) Satisfaction With Life Scale (SWLS, Japanese version) UCLA Loneliness Scale version 3 (Japanese version) Positive and Negative Affect Schedule (PANAS, 20-item, Japanese version)
The influence of kindness on academics' identity, well-being and stress	Hosoda, 2024, USA	Primary research	This study examines the role of kindness (defined as actions that affirm dignity and social inclusion) in promoting identification with community and well-being in higher education utilizing a cross-sectional study of 182 diverse members of higher education. The study found that receiving kindness was significantly associated with increased well-being, reduced stress, and improved institutional identity. Conversely, giving kindness showed unexpected negative associations with institutional identity and stress reduction, suggesting that constantly being the "kind one" without reciprocity can lead to fatigue. Qualitative analysis of micronarratives revealed that the most commonly described experiences of kindness were feeling safe, being acknowledged, and receiving recognition for efforts and talents. Participants were asked to recall a memorable kindness experience and list three words describing how they felt afterward. Sentiment analysis showed that 89% of words had positive connotations, with "grateful," "happy," and "warm" being most frequent. The findings from this study suggests that kindness contributes towards improving diverse people's well-being and increased identification with institutions of higher education. this study provides evidence of the importance of kindness in promoting social connection and well-being.	Reflective micronarrative writing about kindness experiences (10-minute survey task)	Kindness Received Scale Kindness Given Scale Institutional Identity Scale (3-item reduced version, adapted from Science Identity Scale) Perceived Stress Scale (4-item reduced version) Satisfaction with Life Scale (modified 4-item)
Compassion interventions: The programmes, the evidence, and implications for research and practice	James Kirby, 2016	Meta analysis	This study provides an overview and synthesis of the main compassion-based interventions developed and researched over the previous 10–15 years. It aims to to outline and critique the current landscape of compassion-based interventions, assess their efficacy, and highlight implications for practitioners and researchers. What do these programmes look like, what are their aims, and what is the state of evidence underpinning each of them? It notes that despite the explosion in academic work on compassion and the growing consensus on compassion's mental, emotional, and physiological health benefits, definitions of compassion vary, with conceptualizations ranging from motivations, emotions, and multi-dimensional constructs. According to Google Scholar, in 2015 the term 'compassion' was referred to in a staggering 28,700 publications. Research is being conducted from the differing perspectives of evolutionary science, psychological science, and neuroscience, often in collaboration with spiritual teachers, to enhance our understanding of compassion and its associated impacts. Compassion has been found to have a number of benefits for our physiological health, including influencing genetic expression, mental health, and emotion regulation and in improving interpersonal and social relationships. There have been a number of laboratory-based experiments that have also documented the impacts of compassion on physiology (e.g., increased heart rate variability) and brain activation (e.g., prefrontal cortex) and activating affiliative processing systems (e.g., parasympathetic system) to promote better health. The paper finds at least eight main compassion intervention programs, six of which have RCT evidence supporting their use. The most evaluated is Compassion-Focused Therapy (CFT), but interventions like Mindful Self-Compassion (MSC), Compassion Cultivation Training (CCT), Cognitively Based Compassion Training (CBCT), Cultivating Emotional Balance (CEB), Loving-Kindness Meditation (LKM), and others are all summarized. Meta-analyses report moderate improvements in compassion, self-compassion, mindfulness, life satisfaction, and moderate reductions in depression and anxiety. The paper stresses the need for more large-scale RCTs in clinical populations, better measurement tools (as self-report dominates), and more granular studies to understand which intervention components drive positive outcomes.	The main intervention programs detailed include: Compassion-Focused Therapy: Combines evolutionary and attachment theory, applied psychology, and contemplative practices. Mindful Self-Compassion: An 8-week group program cultivating self-compassion using meditations, letter-writing, and psychoeducation, based on Buddhist and psychological science. Compassion Cultivation Training: Blends Tibetan contemplative practices and Western psychology, involving meditative and practical steps to enhance compassion for self and others. Cognitively Based Compassion Training: Rooted in Tibetan lojong and cognitive theory, includes mindfulness, cognitive restructuring, and staged compassion cultivation. Cultivating Emotional Balance: Combines western emotion science, Eastern attention practices, empathy development, and yoga for emotional balance and compassion. Being With Dying Program: Designed for practitioners in end-of-life and palliative care, focusing on compassion in supportive clinical interactions. ReSource Training Protocol: A modular, long-term intervention investigating attention, emotion, and perspective, with support through apps and retreats. Compassion and Loving-Kindness Meditation: Meditation practices that focus on wishing well-being for oneself and others.	Most trials used self-report scales to assess compassion, self-compassion, psychological distress, depression (e.g., Beck Depression Inventory), anxiety, mindfulness (e.g., Mindful Attention Awareness Scale), and life satisfaction. Some studies included physiological measures (e.g., cortisol, heart rate variability), behavioral tasks, and qualitative feedback. The Self-Compassion Scale is widely used.

Annex A - Summary of Existing Research

Kindness Matters: A Randomized Controlled Trial of a Mindful Self-Compassion Intervention Improves Depression, Distress, and HbA1c Among Patients With Diabetes	Johnson, Cutfield & Consedine, 2016, New Zealand		This RCT tested the effects of a standardized 8-week mindful self-compassion (MSC) program relative to a wait-list control condition among patients with type 1 and type 2 diabetes. It investigated whether the intervention could improve both psychological and metabolic outcomes in patients with diabetes. The research was motivated by the recognition that mood difficulties are common among diabetes patients (affecting at least 12% with major depression and 31% with distress), and that these psychological challenges are linked to poor blood glucose control and increased complications. Results demonstrated that the MSC intervention produced statistically and clinically significant improvements across multiple domains. Participants in the intervention group showed increased self-compassion and substantial reductions in both depression and diabetes-specific distress, with benefits maintained at 3-month follow-up. Most remarkably, the intervention also produced meaningful metabolic improvements: participants showed a decrease in HbA1c — a clinically significant change in this key marker of blood glucose control. This research provides preliminary evidence that self-compassion training represents a promising stand-alone psychological intervention that can improve both mental health and metabolic control in diabetes patients.	8-week Mindful Self-Compassion (MSC) program: standardized protocol with eight weekly 2.5-hour group sessions (8-12 participants per group), including formal meditation, formal and informal self-compassion practices, and weekly email reminders. Control group received treatment as usual (wait-list).	Self-Compassion Scale (SCS) - 26-item, 5-point Likert scale measuring six dimensions: self-kindness, common humanity, mindfulness, self-judgment, isolation, and overidentification Patient Health Questionnaire (PHQ-9) - 9-item measure of depressive symptoms Diabetes Distress Scale (DDS) - 17-item scale measuring diabetes-specific distress across four domains HbA1c - laboratory measure of glycemic control
The effects of being kind : a review and meta-analysis of the acts of kindness intervention	K.J.M Tonis, 2017, Netherlands		Student thesis analysing existing research on the potential of Acts of kindness as Positive Psychology Intervention. This meta-analysis explores the impact of acts of kindness interventions on well-being, focusing on adults across various populations. It synthesizes 11 studies that required participants to perform specific numbers of kind acts, assessing whether these activities enhance eudaimonic (meaning, self-esteem, psychological well-being) and hedonic well-being (happiness, positive affect, life satisfaction), as well as reduce distress (depression, stress, anxiety). The intervention activities ranged in intensity (three to five acts per day or week) and duration (1 to 6 weeks). The results suggest that AoK interventions have small but significant positive effects on both eudaimonic and hedonic well-being compared with placebo control conditions, but no significant difference in positive or negative affect. Finds longer durations (>2 weeks) yielded greater increases in eudaimonic well-being.	Acts of Kindness and variations (focusing on making others happy, practicing compassion, gratitude interventions) and behavioral experiments as active controls	The most frequently used outcome measurements were the: * Satisfaction With Life Scale * Differential Emotions Scale * the Subjective Happiness Scale * Positive and Negative Affect Schedule * Balanced Measure of Psychological Needs * Rosenberg Self-Esteem Scale
A cross-cultural exploration of compassion, and facilitators and inhibitors of compassion in UK and Sri Lankan people	Kariyawasam, Ononaiye, Irons and Kirby, 2022, UK	Primary	Practising compassion has shown to increase well-being and reduce distress in people across cultures. However, very little research has explored cultural differences in different facets of compassion with a dearth of research evident especially in the Asian context. Several inhibitors and facilitators of compassion have been identified although the nuances of cultural differences of these remain unexploited. This cross-sectional study explored cross-cultural differences in compassion, and its facilitators and inhibitors, between Sri Lankan and UK participants. It was grounded in Gilbert's Social Mentality Theory, which conceptualizes compassion as an evolved care-based motivational system comprising three directional flows: compassion to others, compassion from others, and self-compassion. The study aimed to understand how cultural factors shape compassionate experiences in collectivistic (Sri Lanka) versus individualistic (UK) contexts. Additionally, this research investigated which of the inhibitors of compassion (of fears of compassion, self-criticism and external shame), and facilitators of compassion (of self-reassurance and social safeness) and psychopathology (depression and anxiety) have the biggest impact on predicting each of the three flow of compassion within a cross-cultural perspective. Results revealed significant cultural differences. Sri Lankan participants reported higher self-compassion and self-reassurance compared to UK participants, with Buddhism predicting higher self-compassion in the Sri Lankan sample (74% identified as Buddhist). However, Sri Lankans also reported significantly higher external shame and fear of compassion across all three flows, suggesting difficulty engaging compassionately with others despite higher self-compassion. In contrast, UK participants reported higher social safeness, indicating they felt more secure and soothed by their society. No significant differences emerged in compassion to others, compassion from others, depression, or anxiety between groups. The findings suggest that while Buddhist philosophy encourages self-compassion in Sri Lankan culture, collectivistic cultural dynamics may inhibit compassionate engagement with others due to social obligations, fear of rejection, and shame. The authors conclude that society plays a pivotal role in shaping compassionate experiences and emphasize the importance of considering specific cultural and social factors when implementing Western compassionate approaches in non-Western settings. The research highlights that compassion manifestation differs across cultures despite some universal elements, with inhibitors like external shame and fears of compassion operating differently in collectivistic versus individualistic societies.	None - was a questionnaire based study	Compassionate Engagement and Action Scales Fears of Compassion Scales Forms of Self-Criticising/Attacking and Self-Reassuring Scale Others as Shamer Scale Social Safeness and Pleasure Scale Generalized Anxiety Disorder-7 scale Patient Health Questionnaire (PHQ-9) for depression
A Meta-Analysis of Compassion-Based Interventions: Current State of Knowledge and Future Directions	Kirby, Tellegen and Steindl, 2017	Meta analysis	This meta-analysis examined the effects of compassion-based interventions on a range of outcome measures: compassion, self-compassion, mindfulness, depression, anxiety, psychological distress, and wellbeing. It reviewed compassion-based interventions such as Compassion-Focused Therapy (CFT), Mindful Self-Compassion (MSC), Compassion Cultivation Training (CCT), and Loving-Kindness Meditation. The interventions aimed to foster compassion toward self and others, tested primarily in adult, nonclinical populations over 12 years. Significant moderate effects were found for self-report measures of compassion, self-compassion, mindfulness, depression, anxiety, psychological distress, and well-being. It provided future directions for compassion research, including the need for improved methodological rigor, larger scale RCTs, increased specificity on the targets of compassion, and examination of compassion across the lifespan. Although further research is warranted, the current state of evidence highlights the potential benefits of compassion-based interventions on a range of outcomes.	Compassion-Focused Therapy (CFT): imagery, experiential exercises, psychoeducation. Mindful Self-Compassion (MSC): 8-week group program with meditations, informal home practices, and interpersonal exercises. Compassion Cultivation Training (CCT): guided meditations, didactics, home practice. Loving-Kindness/Compassion Meditations: guided meditations focused on benevolence toward self and others. Cognitive and writing exercises fostering self-compassion.	Compassion: Self-report compassion scales (limited use; Compassion Engagement and Action Scale emerging). Self-compassion: Self-Compassion Scale (SCS, SCS-SF). Mindfulness: Mindfulness questionnaires (various, sometimes part of secondary outcomes). Depression: Beck Depression Inventory (BDI), DASS, CES-D. Anxiety: DASS, other standard anxiety scales. Psychological distress: DASS, other distress questionnaires. Well-being: Satisfaction With Life Scale, other well-being-specific scales.

Annex A - Summary of Existing Research

Title	Authors/Year/Location	Type	Summary	Interventions	Measures
Comparing the effects of performing and recalling acts of kindness	Ko, Margolis, Revord & Lyubomirsky, 2019, USA	Primary	This study investigated whether performing acts of kindness versus simply recalling past acts of kindness have comparable effects on well-being. The research was motivated by the observation that most kindness intervention studies conflate these two activities—participants both perform kind acts and then recall/report them—making it unclear which component drives well-being improvements. Understanding this distinction has both theoretical and practical implications, as recalling kindness is considerably easier and less resource-intensive than performing new acts. This study used a 2 × 2 design in which participants were randomly assigned either to perform prosocial behaviors, recall prosocial behaviors, both perform and recall prosocial behaviors, or do neither (control). Results showed that all three experimental conditions (Perform Only, Recall Only, and Perform & Recall) significantly increased well-being compared to the control group. Participants across all kindness conditions showed increases in positive affect and life satisfaction, as well as decreases in negative affect. However—and this is the study's key finding—there were no significant differences in well-being gains between the three experimental conditions. In other words, simply recalling past kind acts produced well-being benefits equivalent to actually performing new kind acts, and doing both activities together did not produce additive effects beyond doing either one alone. The results suggest that happiness seekers and well-being interventionists consider recalling acts of kindness as a cost-effective practice to raise well-being.	Acts of Kindness Recall Acts of Kindness	Affect-Adjective Scale (Diener & Emmons, 1984) - 12-item scale measuring positive and negative affect over past 24 hours. Satisfaction With Life Scale (Diener et al., 1985) - 5-item measure. Balanced Measure of Psychological Needs (Sheldon & Hilpert, 2012) - measuring connectedness, competence, and autonomy.
Cross-Cultural Psychology and Compassion	Kotera, Martinez-Rives, Aledeh et al., 2024, Mix (UK, Europe & Japan)	Research review	This paper explores the intersection of cross-cultural psychology and compassion, examining how cultural factors influence psychological behavior and mental processes. Cross-cultural psychology aims to understand both differences and commonalities across cultural groups through critical comparison of at least two distinct cultures. The authors distinguish it from cultural psychology, noting that cross-cultural psychology focuses on between-culture factors while cultural psychology examines within-culture factors. The paper addresses the WEIRD (Western, educated, industrialized, rich, democratic) dominance in psychological research, where over 90% of research participants come from WEIRD countries despite representing only 12% of the global population. This raises concerns about the need for critical thinking in research design. The paper provides extensive evidence for cross-cultural psychological research, including studies on personality traits, mental health shame, and suicide interventions across different cultures. The authors discuss how compassion varies across cultures—in collectivist Asian cultures, it's often expressed through actions reinforcing group harmony, while in individualistic Western cultures, it manifests through individual acts of kindness. Research shows self-compassion's positive impact on mental health is consistent across cultures, though cultural values significantly influence its structure and expression. For example, people in individualistic cultures may experience self-compassion more diversely than those in collectivistic cultures. The paper concludes by discussing how cross-cultural psychology enhances compassion by promoting understanding, reducing stigma, and enabling perspective-taking. This understanding benefits policy-makers, organizational leaders, and families, while also informing newer fields like green psychology and peace psychology. The authors call for more cross-cultural research on compassion, particularly identifying effective intervention components and expanding to underresearched populations.	None	Self-Compassion Scale Attitudes Towards Mental Health Problems Scale (Japanese version) Hofstede's cultural dimension theory measures
Kindness Counts: Prompting Prosocial Behavior in Preadolescents Boosts Peer Acceptance and Well-Being	Layous, Nelson, Oberle, Schonert-Reichl & Lyubomirsky, 2012, Canada	Primary research	This longitudinal experimental study investigated whether prompting preadolescents to perform acts of kindness could simultaneously boost their happiness and peer acceptance. The research was conducted in 19 classrooms in Vancouver, BC, involving students aged 9-11 years. The study represents the first experimental intervention of prosocial behavior in this age group and the first to link a kindness manipulation to increases in peer-reported popularity. Classrooms were randomly assigned to one of two conditions. Students in the "kindness" condition were instructed to perform three acts of kindness per week for anyone they wished, while students in the "whereabouts" control condition were asked to track three places they visited each week. The intervention lasted four weeks, and students reported their activities weekly through in-class surveys. Students in both conditions improved in well-being, but students who performed kind acts experienced significantly bigger increases in peer acceptance (or sociometric popularity) than students who visited places. Increasing peer acceptance is a critical goal, as it is related to a variety of important academic and social outcomes, including reduced likelihood of being bullied. The study noted that changes in well-being did not predict changes in peer acceptance, and the effect of kindness on peer acceptance remained significant when controlling for well-being changes. This suggests that the popularity boost from kind acts operated through mechanisms beyond simply feeling good. Teachers and interventionists can build on this study by introducing intentional prosocial activities into classrooms and recommending that such activities be performed regularly and purposefully.	Acts of kindness (for anyone they chose). Whereabouts intervention	Satisfaction With Life Scale (adapted for children) Subjective Happiness Scale (adapted for children) Positive and Negative Affect Schedule for Children (PANAS-C) Peer nomination measure (sociometric assessment) - students circled classmates they wanted to spend time with from roster
Self-Compassion: Theory, Method, Research, and Intervention	Neff, 2023, USA	Research review	The paper extensively reviews research showing self-compassion's benefits, including reduced psychopathology (depression, anxiety, PTSD), enhanced positive mental states (happiness, life satisfaction), and improved physical health (better immune function, sleep quality). Meta-analyses demonstrate moderate to large effect sizes for these relationships. The review dispels common myths: self-compassion makes people strong rather than weak, promotes health rather than self-indulgence, is not selfish but helps one care for others, and enhances rather than undermines motivation. Research shows self-compassionate individuals demonstrate greater resilience to trauma, better coping with chronic illness, more adaptive relationships, and reduced caregiver burnout. Self-compassion is conceptualized as a bipolar continuum ranging from uncompassionate self-responding to compassionate self-responding, comprised of six overlapping elements organized into three domains: self-kindness versus self-judgment (emotional response), common humanity versus isolation (cognitive understanding), and mindfulness versus over-identification (attention to suffering). The review emphasizes that self-compassion involves being supportive toward oneself during suffering, whether caused by personal inadequacies or external challenges. Considers problematic issues in the field, limitations and future research directions in the field of self-compassion research.	Compassion-Focused Therapy (CFT) - individual or group therapy (4-16 weeks) Mindful Self-Compassion (MSC) - 8-week program with 2.5-hour weekly sessions plus half-day retreat Mindful Self-Compassion for Teens (MSC-T) - developmentally adapted version Self-Compassion for Healthcare Communities (SCHC) - 6-week, 1-hour weekly brief training Various brief self-compassion mood inductions (writing exercises, guided meditations)	Self-Compassion Scale (SCS) - 26-item trait measure Self-Compassion Scale-Short Form (SCS-SF) - 12-items State Self-Compassion Scale (S-SCS) - 18-item long form and 6-item short form Self-Compassion Scale for Youth (17-item version) Forms of Self-Criticizing/Attacking and Self-Reassuring Scale Compassionate Engagement and Action Scales Sussex-Oxford Compassion Scales (SOCS)

Annex A - Summary of Existing Research

Title	Author(s)	Type	Summary	Interventions	Measures
Happy People Become Happier through Kindness: A Counting Kindnesses Intervention	Otake K, Shimai S, Tanaka-Matsumi J, Otsui K, Fredrickson BL, 2007, Japan	Primary research	This paper investigates the relationship between kindness and subjective happiness and assesses whether deliberately counting one's own daily acts of kindness can boost happiness. It consists of two studies. Study 1 explores whether happy people are more kind in their daily lives using three components: motivation to be kind, recognizing kindness, and acting kindly. Study 2 implements and evaluates the effect of a "counting kindnesses" intervention — a simple exercise where participants track their acts of kindness for one week. The aim is to determine if this process increases happiness and to examine kindness as both a trait and a pathway to greater well-being.

The results show that happy people report not only more happy experiences but also more kindness motivation, recognition, and behaviors. The counting kindnesses intervention significantly increased subjective happiness among the intervention group. Those who became substantially happier enacted more kind behaviors and reported stronger feelings of gratitude compared to those whose happiness changed little.

This research demonstrates that simply counting acts of kindness can lead to increased happiness and well-being. It suggests that, like gratitude, kindness is an important human strength that influences subjective well-being. Kindness contributes to good social relationships and can thereby be viewed as adaptive. Our results further suggest that a reciprocal relationship may exist between kindness and happiness, as has been shown for gratitude and happiness. | Counting Kindness | Japanese Subjective Happiness Scale (JSHS)

Kindness Components Scale: This questionnaire collected participants' self-ratings of Motivation to be kind, Recognition of own kindness, Frequency of actual kind behavior.

Experience Ratings: Participants were asked to report happy and unhappy events from the past three weeks, and rate intensity on a 1–6 scale. |
| A socio-ecological approach to understanding the utility of kindness in promoting wellness: A conceptual paper | Paat and Lin, 2024, USA | Meta analysis | This conceptual paper examined the utility of kindness in promoting wellness from a socio-ecological approach. The authors conducted a systematic review of empirical studies, systematic reviews, and meta-analyses from 2010-2024. It examined empirical studies, systematic reviews, and meta-analyses spanning the past 15 years. To provide comprehensive insights to help advance the theoretical understanding of kindness, the paper organizes findings using Bronfenbrenner's socio-ecological framework across three levels: intrapersonal (individual), interpersonal (group), and community.

At the intrapersonal level, it suggests kindness generates significant benefits including improved emotional well-being, reduced anxiety, increased life satisfaction, and enhanced mental health. Research shows that engaging in acts of kindness activates brain reward centers and creates positive feedback loops. Loving-kindness meditation has been particularly effective in reducing symptoms of PTSD, depression, and anxiety while improving emotional regulation.

At the interpersonal level, it suggests kindness promotes group cohesion, trust, and cooperation, making it increasingly valued in workplace settings and servant leadership models. It reduces conflicts and creates supportive team environments.

At the community level, it suggests kindness strengthens social bonds, promotes inclusion, and enhances collective efficacy. Communities prioritizing kindness show greater civic engagement and mutual support during challenging times. The authors note that while kindness offers transformative benefits, implementation requires cultural sensitivity. Recipients of kindness may not always experience the same benefits as givers, and non-normative kindness can sometimes evoke negative emotions.

The paper concludes that kindness is a universal value intricately connected with acts of goodwill and advocates for integrating kindness into healthcare, education, and workplace settings through various interventions including random acts of kindness, paying-it-forward initiatives, and meditation practices. | It mentions the following interventions:

Loving-kindness meditation

Random acts of kindness

Paying it forward practices

Kindness challenges

Cognitively-based compassion training

Mindfulness-based kindness curricula

Character education programs

Positive psychology interventions | none |
| The effects of loving-kindness interventions on positive and negative mental health outcomes: A systematic review and meta-analysis | Petrovic, Mettler, Cho and Heath, 2024 | Meta analysis | This systematic review and meta-analysis synthesized the effects of loving-kindness interventions (LKIs) on both positive and negative mental health outcomes. While previous reviews have examined kindness- and compassion-based interventions broadly, this review specifically focused on interventions whose core content taught comprises solely of knowledge and/or practice related to loving-kindness, excluding multi-component programs like MBSR or MBCT.

The review included 23 randomized controlled studies published between 2008-2023, conducted globally. The authors extracted data on seven outcomes: mindfulness, self-compassion, compassion, positive affect, negative affect, anxiety, and depression.

Results showed that relative to passive control groups, LKIs demonstrated significant small positive effects on all outcomes assessed. However, relative to non-therapeutic active control groups, LKIs showed no significant effects on positive or negative affect. Relative to therapeutic alternative treatments (e.g., mindfulness meditation, progressive muscle relaxation), LKIs showed no significant effects on mindfulness, compassion, positive affect, or psychological symptoms, but showed a small negative effect on negative affect, suggesting alternative treatments may be slightly more effective for reducing negative affect specifically.

Analyses revealed no significant differences between individual and group intervention formats, between single- and multi-session interventions, or based on presence/absence of a live facilitator. This suggests that LKI effects are relatively consistent across these characteristics, with important practical implications: individually-administered, independently-completed (no facilitator), multi-session interventions appear to be a promising resource-efficient option and a viable therapeutic approach to improve positive and negative mental health. | Loving Kindness Meditation (in single or continued sessions, in-person and recorded).

Mindfulness programmes

Gratitude practices

Physical exercise | Mindfulness: Various mindfulness scales (9 studies)

Self-compassion: Self-compassion scales (6 studies)

Compassion: Compassion scales (4 studies)

Positive affect: Positive affect scales (13 studies)

Negative affect: Negative affect scales (12 studies)

Anxiety: Anxiety measures (2 studies)

Depression: Depression measures (5 studies)

Specific scales varied by study but included measures like MHC-SF, PANAS, PHQ-9, GAD-7, etc. |
| A range of kindness activities boost happiness | Rowland & Scott Curry, 2018, UK | Primary | This large-scale study investigated whether different types of kindness activities have differential effects on subjective happiness. The research was designed to address gaps in the kindness literature, particularly around whether the target or recipient of kindness matters. While previous research had established that performing acts of kindness boosts well-being, most studies simply designated recipients as "other people" without distinguishing between strong social ties (friends/family), weak ties (acquaintances/strangers), or even oneself.

Participants were randomly assigned to five conditions: (1) Strong Ties—performing acts of kindness for family and friends; (2) Weak Ties/Strangers—performing acts of kindness for acquaintances or strangers; (3) Self—performing novel acts of kindness toward oneself; (4) Observe—actively observing acts of kindness in daily life; or (5) Control—no acts of kindness. The intervention lasted seven days, with participants instructed to carry out (or observe) at least one act of kindness daily and record them.

Results confirmed that performing kindness activities for seven days significantly increased happiness across all experimental conditions compared to the control group. This effect was consistent across all types of kindness: to strong ties, to weak ties, to self, and even just observing kindness. Importantly, there were no significant differences between the experimental groups, suggesting that kindness to strong ties, weak ties, and self, as well as observing acts of kindness, have equally positive effects on happiness. Additionally, a positive correlation emerged between the number of kind acts performed and increases in happiness, and this relationship did not differ across experimental groups.

Whilst the wellbeing findings replicate many earlier studies the finding that simply observing kindness increases happiness is novel and suggests that being attuned to kindness in one's environment may have benefits beyond performing kind acts. | Acts of Kindness (for different groups)

Observing Acts of Kindness | Single-item happiness scale - 10-point self-report measure |

Annex A - Summary of Existing Research

Title	Authors	Type	Summary	Intervention	Measures
Good for self or good for others? The well-being benefits of kindness in two cultures depend on how the kindness is framed	Shin, Layous, Choi, Na and Lyubomirsky, 2019, USA & South Korea	Primary	This study investigated whether framing prosocial behavior differently would affect well-being outcomes in independent versus interdependent cultures. The researchers hypothesized that U.S. participants (independent culture) would benefit more from kindness when it was framed as good for themselves, while South Korean participants (interdependent culture) would benefit more when kindness was framed as good for others. In a 1-week randomized controlled intervention, U.S. and South Korean participants were randomly assigned to read a news article that described kind acts as good for oneself or good for others, or to read a control article. All participants then performed kind acts throughout the week, and completed pre- and post-measures of subjective well-being, connectedness, competence, and autonomy. Results supported the hypothesis for U.S. participants: those who read that kindness was good for themselves showed greater increases in positive affect, life satisfaction, and connectedness, plus greater decreases in negative affect, compared to controls. Interestingly, this pattern held even for Asian Americans in the U.S. sample, suggesting acculturation effects. However, the hypothesis was not supported for South Korean participants—those who read that kindness was good for others did not show greater well-being improvements than controls. The authors suggest several explanations for the null findings in Korea: the benefits to others may be obvious to those with interdependent values, making the framing redundant; the article may have emphasized individual rather than collective well-being; or Koreans' preference for moderate responses on rating scales may have obscured effects. The study highlights important cultural differences in how positive activities should be framed and suggests that one-size-fits-all approaches to well-being interventions may be inappropriate.	One-week kindness intervention with three framing conditions: (1) reading article about kindness being good for self, (2) reading article about kindness being good for others, or (3) reading control article about organization, followed by performing acts of kindness	Modified Differential Emotions Scale (mDES) for positive and negative affect Satisfaction With Life Scale (SWLS) Balanced Measure of Psychological Needs (autonomy, competence, connectedness subscales) Suinn-Lew Asian Self Identity Acculturation Scale (SL-ASIA)
How Empathic Concern Fuels Political Polarization	Simas, Clifford & Kirkland, 2019, USA	Primary research	This research challenges the popular assumption that increased empathy can reduce political polarization, arguing instead that dispositional empathic concern—the tendency to experience compassion for others in distress—actually exacerbates partisan divisions. The authors conducted two studies examining how empathy relates to various forms of political polarization in the United States. Study 1 measured dispositional empathy. Results showed that individuals higher in empathic concern demonstrated greater affective polarization: they showed more inparty favoritism, expressed more negative feelings toward the opposing party, but paradoxically were less bothered by social contact with outpartisans. Given persistent evidence that intergroup contact reduces prejudice the authors note there is perhaps potential for empathic concern to lower polarization among those who have the most interaction with outparty members. In study 2 participants read about a campus protest where partisan students shut down a controversial speaker, and a bystander was injured. The partisan affiliation of the protestors and speaker was randomly varied. Results revealed that individuals high in empathic concern showed greater partisan bias: they were more likely to support censoring speakers who criticized their own party, and expressed more schadenfreude (pleasure in another's misfortune) when the injured bystander was attempting to hear an opposing party speaker. The authors explain these findings through the "empathy gap"—people experience empathy more readily toward ingroup members than outgroup members. Because empathic concern triggers other-oriented emotions like compassion, it leads people to feel protective of their own party and more sensitive to perceived harms from opponents. When partisan opponents are seen as threatening or harmful to one's ingroup, empathic concern can fuel anger and punitive responses rather than understanding. The authors note that empathy in controlled laboratory settings, where people are directly instructed to take another's perspective, may reduce bias, but in everyday life, people selectively experience empathy toward those they identify with. The authors conclude that calls for greater empathy as a solution to political division may be misguided, as dispositional empathy in practice tends to be biased toward one's own group. They suggest that any empathy-based interventions must carefully consider how to promote empathy specifically toward political opponents, rather than simply encouraging empathy in general.	Study 2 experimental manipulation: Participants randomly assigned to read about campus protest involving either inparty or outparty speaker/protestors. No intervention in Study 1 (observational survey design).	Interpersonal Reactivity Index (IRI) - 28-item measure with four 7-item subscales: empathic concern, perspective-taking, personal distress, and fantasy Party favorability ratings (7-point scales for Democratic and Republican parties) Social distance scale - 2-item measure about upset feelings regarding outparty family marriage and neighbor campaign signs Censorship scale - 4-item measure about speaker restrictions Punishment desires - 3-item measure about sanctioning protestors Sympathy and schadenfreude - 2-item measures each
Love thy (partisan) neighbour	Simonsson, Narayanan & Marks, 2021, USA	Primary	This paper investigates whether a brief befriending meditation—a contemplative practice cultivating goodwill toward self and others—can reduce affective polarization between Democrats and Republicans in the United States. While interventions such as priming national identity or imagined intergroup contact have shown some success in reducing polarization, the scalability and transferability of these methods is limited. Meditation, particularly forms focused on compassion (befriending, loving-kindness), has gained popularity in the general population and has documented effects on prosocial attitudes, which led the authors to test its effects in the partisan context The study, utilizing two preregistered randomized controlled designs, investigated whether easily scalable meditation interventions could mitigate this polarization. The core hypothesis was that a compassion-focused practice would be more effective than a general mindfulness practice. Participants were randomly assigned to one of three brief, audio-guided conditions: befriending meditation (focused on cultivating kindness), mindfulness meditation (focused on nonjudgmental attention to the present), or a passive control condition. The results demonstrated that a brief befriending meditation significantly reduced affective polarization. The mechanism behind this reduction was an increase in positive feelings relatively more for the political outgroup than for the political ingroup. The research provides the first causal evidence that even a brief, scalable befriending meditation can attenuate partisan animus by increasing positive perceptions of political outgroups. The impact is specific to feelings and attitudes rather than trust, and robust across party lines. While effects are immediate and modest, the findings suggest contemplative practices as promising interventions for reducing affective polarization and fostering greater intergroup goodwill in polarized democracies. Limitations include non-representative samples and short-term measurement; future work should assess longer interventions and sustainability of effects.	Loving Kindness (befriending) Meditation Mindfulness meditation	Feeling Thermometer - Ratings of warmth toward Democratic and Republican voters, candidates, and elected officials Trait Rating Measure - Ratings of positive traits (intelligence, honesty, generosity) and negative traits (hypocrisy, selfishness, meanness) Trust Measure - Ratings of how much participants trust each party's voters, candidates, and elected officials to do what's right Cognitive and Affective Mindfulness Scale-Revised (CAMS-R) - Trait mindfulness assessment Santa Clara Brief Compassion Scale - Trait compassion assessment Party Identification Strength Manipulation Check Questions - Self-reported generation of kindness/goodwill and present-moment focus during interventions

Annex A - Summary of Existing Research

Meeting Suffering With Kindness: Effects of a Brief Self-Compassion Intervention for Female College Students	Smeets, Neff, Alberts and Peters, 2014, USA & Netherlands	Primary research	Investigated the effectiveness of a 3-week self-compassion group intervention for enhancing resilience and well-being among female college students. This RCT evaluated a brief group intervention designed to increase self-compassion, comparing it to an active control that taught time management skills. The self-compassion program included psychoeducation about self-compassion, informal practices (journal writing, bracelet reminders, self-compassionate phrases), informal loving-kindness meditation, and self-compassion letters. Both interventions substantially increased life satisfaction and optimism, but the self-compassion group also saw significant improvements in self-compassion, mindfulness (acceptance and non-reactivity), self-efficacy, and reductions in rumination compared to control. No differences emerged for mood or worry. The study concludes that even brief self-compassion training can enhance well-being, optimism, resilience, and self-efficacy in young women, mainly via increased self-compassion and mindfulness. The intervention was simple, pragmatic, and potentially scalable.	Group sessions (two 1.5-hour sessions, one 45-min wrap-up). Exercises: informal self-compassion techniques, journaling, loving-kindness meditation, crafting personalized self-compassion phrases, writing self-compassion letters, sharing experiences, homework assignments targeting self-critical thoughts and practicing kindness toward self. Control group: structured time management education with activity logs, visualization, and efficiency analysis	Self-Compassion: Short form of the Self-Compassion Scale (SCS-SF) Mindfulness: Kentucky Inventory of Mindfulness Skills (KIMS-E, subscales Accept Without Judgment, Nonreactivity) Life Satisfaction: Satisfaction With Life Scale (SWLS) Connectedness: Social Connectedness Scale-Revised Optimism: Life Orientation Test-Revised (LOT-R) Self-Efficacy: General Self-Efficacy scale (GSE) Mood: Positive and Negative Affect Schedule (PANAS) Rumination: Ruminative Response Scale-NL-Extended (brooding subscale) Worry: Abbreviated Penn State Worry Questionnaire
Disentangling the Effects of Gratitude and Optimism: A Cross-Cultural Investigation	Titova, Wagstaff & Parks, 2017	Primary	The study investigated cross-cultural differences in responses to Positive Psychology Interventions (PPIs), specifically comparing Anglo-Americans, Asian Americans, and Indians on gratitude and optimism exercises. The study aimed to understand why different cultural groups respond differently to happiness-increasing activities, testing whether gratitude induces mixed emotions (both positive and negative) in collectivistic cultures while optimism might be less effective due to its individualistic focus. The participants were randomly assigned to write for 15 minutes about gratitude, optimism, or daily activities (control). Results revealed significant culture-by-condition interactions for negative affect. While Anglo-Americans and Asian Americans experienced decreased negative emotions with gratitude, Indian participants showed increases in both positive AND negative affect, particularly guilt and sadness. This confirmed the hypothesis that gratitude creates dialectical emotional experiences in collectivistic cultures. Qualitative analysis of written responses revealed why gratitude elicited guilt among Indian participants. Indians predominantly expressed gratitude toward non-family members (68%) including teachers, colleagues, and even strangers, whereas Anglo-Americans focused on immediate family (69%). This choice of more distant benefactors appeared to trigger feelings of indebtedness, with 49% of Indian responses explicitly mentioning debt compared to only 16% of Anglo-Americans. Many Indians described reciprocating through significant gestures like giving their first salary or naming streets after benefactors, suggesting strong pressure to repay favors outside immediate family networks. For the optimism intervention, while no significant differences emerged quantitatively, qualitative analysis revealed Indians approached the task differently. They provided past-to-present narratives grounded in concrete accomplishments (60% used past tense) and focused heavily on career success and wealth accumulation as status markers. In contrast, Anglo-Americans (73% future tense) and Asian Americans (77% future tense) wrote aspirational "dreams" encompassing multiple life domains including family, hobbies, and community alongside career. These findings demonstrate that cultural differences in self-construal (individualistic vs. collectivistic) fundamentally alter PPI effectiveness. Collectivistic participants' broader social networks and concerns about being burdensome transform gratitude from purely positive to emotionally complex. The study suggests PPIs require cultural adaptation—perhaps limiting gratitude targets to immediate family for collectivistic populations, or reframing instructions to emphasize gifts given freely without expectation of return	Gratitude Condition: Participants wrote about gratitude toward a particular person, describing specifically why they were grateful and how that person's behavior affected their life Optimism Condition: Participants wrote about their "best possible self," imagining a future where everything went well and they accomplished all life goals Control Condition: Participants wrote about a typical day in their life, noting ordinary details	PANAS-X (Positive and Negative Affect Schedule - Expanded Form) with subscales: General Positive Affect. General Negative Affect, Guilt, Sadness, Joviality, Self-assurance and Serenity.
A Systematic Review: What's Kindness in School and How to Grow It?	Wibowo and Ayriza, 2023, Indonesias	Meta analysis	The purpose of this research was to understand the concept of kindness in school. The review emerged from concerns about persistent bullying despite character education programs, suggesting deeper understanding of kindness is needed. A systematic review has been carried out to gain a better understanding of the concept of kindness in schools. This research examines 150 articles collected from 3 databases. A total of 26 relevant articles were used for review after the selection process based on inclusion and exclusion criteria. Seven interventions were identified as effective: reading folklore with follow-up activities improved cross-cultural respect; illustrated storybooks increased kindness behaviors; acts of kindness interventions improved recognition abilities and reduced negative effects; intentional acts of kindness benefited students, recipients, teachers, and school communities; counting kindness significantly increased subjective happiness; mindfulness-based kindness curriculum improved social competence and learning outcomes; and loving-kindness meditation promoted empathy and reduced stress. The review concluded that kindness in schools represents motivation to behave well toward others, helping personal development and building healthy relationships characterized by social, emotional, caring support, empathy, respect, and understanding.	Reading folklore with follow-up actions Illustrated storybook reading (2-week intervention) Acts of Kindness programs Intentional acts of kindness Counting kindness intervention Mindfulness-based Kindness Curriculum (KC) Loving-kindness meditation	School Kindness Scale for children and adolescents (referenced but details not provided in this review) Subjective happiness measures Social competence assessments Empathy measures Stress level assessments

Development of a measure of kindness	Youngs, Yaneva & Canter, 2021, UK	Primary	In the spirit of the growing developments in positive psychology, there is an increasing interest in how kind people are to each other. Building on their previous exploratory work, the researchers proposed that kindness comprises two facets: psychological source (principles vs. empathy) and form of expression (proactive vs. socially prescribed). Using Facet Theory and Smallest Space Analysis (SSA), they created a 45-item questionnaire administered to 1,039 British adults. This confirmed the hypothesis of two facets to kindness, the psychological source of the action (from principles or empathy), and the form of expression (through psychological involvement or following social prescription). It also revealed an additional general, core kindness, labelled Anthropophilia. The four modes identified were: (1) Affective-Socially Prescribed (ASP): Emotionally-driven, reactive kindness following social norms (e.g., opening doors, helping when asked); (2) Affective-Proactive (AP): Emotionally-driven, autonomous kindness involving sacrifice (e.g., canceling plans to help someone, becoming unpopular to support a disliked person); (3) Principle-Socially Prescribed (PSP): Cognitively-grounded, normative supportiveness (e.g., forgiving easily, thinking people are inherently good); and (4) Principle-Proactive (PP): Cognitively-grounded, active giving beyond norms (e.g., giving blood, volunteering, giving money to beggars). The measure provides researchers and practitioners with a robust tool to assess kindness comprehensively, moving beyond single behavioral acts to capture the multidimensional nature of human prosociality.	None - this was a scale development and validation study with no experimental interventions	Interpersonal Reactivity Index (IRI): four subscales: Empathic Concern, Perspective-Taking, Personal Distress and Fantasy Levenson Self-Report Psychopathy Scale: Primary Psychopathy and Secondary Psychopathy MACH-IV: Global Machiavellianism IPIP Big-Five: Agreeableness, Extroversion, Openness to Experience, Neuroticism, Conscientiousness
Culturally Divergent Consequences of Receiving Thanks in Close Relationships	Zhang, Ji, Bai & Li, 2017, Canada & China		While positive psychology highlights gratitude's beneficial effects for relationship-building and well-being, earlier research predominantly reflects Western contexts. In East Asian cultures, especially China, verbal gratitude is less frequently offered to close others, as it may signal relational distance or formality rather than warmth or appreciation. Previous literature suggests that for Chinese individuals, informal, nonverbal demonstrations of care are preferred, whereas in North America, verbal thanks are both expected and affirming in all relational tiers. The study series involved Chinese and Euro-Canadian university students who participated in either hypothetical scenarios or recalled personal experiences related to giving or receiving thanks in close relationships (e.g., to/from friends or family members). Emotional responses—including both negative (e.g., annoyance, estrangement) and positive (e.g., happiness, closeness) feelings—were measured using validated self-report scales. The studies also examined beliefs about the meaning of saying thanks in close relationships, and the frequency and context of gratitude expressions. Chinese reported more negative feelings than Euro-Canadians after a close other said thanks to them. Likewise, Chinese participants predicted, more than Euro-Canadians did, that a close other would experience negative feelings after receiving thanks from them. No cultural difference was found when receiving thanks from an acquaintance. On the other hand, when not receiving thanks from close others after helping them, Euro-Canadians experienced more negative feelings than did Chinese. Showed that beliefs about saying thanks in close relationships accounted for cultural differences in emotions. The paper demonstrates that expressing and receiving thanks is not universally beneficial; rather, the emotional impact depends acutely on cultural interpretations and relational context. For Chinese individuals, verbal gratitude may threaten the perception of relational intimacy, while its absence is more keenly felt by Euro-Canadians. These findings have practical significance for intercultural communication: misunderstanding the relational meaning of gratitude expressions may lead to unintended conflict or discomfort in multicultural settings. For example misunderstandings can arise when Chinese avoid saying thanks to signal closeness while Westerners interpret this as rudeness, or when Chinese say thanks to indicate distance while Westerners miss this signal entirely. The research suggests the need to consider and respect cultural frameworks when designing interventions to promote gratitude or related prosocial behaviors, and identifies avenues for further work on nonverbal expressions and other social emotions (e.g., empathy, compassion) in global contexts.	This research used scenario-based and recall methodologies .	Negative Feelings Scale Positive Feelings Scale Indebtedness Measure Relationship Closeness Significance of Help Cost of Help Frequency of (not) receiving thanks from close others Frequency of saying thanks to close others Beliefs About Saying Thanks in Close Relationships Scale Beliefs About Saying Thanks Scale Communal Strength Scale Nonverbal Gratitude - Binary (yes/no) measure of whether nonverbal gratitude was expressed/received

ANNEX B: DEFINITIONS OF KINDNESS

DEFINITIONS FROM PARTICIPANTS IN THE KINDNESS CONVERSATIONS

- Kindness is an intrinsic part of the makeup of a sentient creature.

- Kindness is intrinsic to human nature. It's nothing that needs to be cultivated. It's in us. It's part of who we are.

- Kindness is something that comes from the heart, first of all. I think also kindness lies in each and every one. It's a very natural thing to human beings and something that's at the core of human beings.

- Kindness, it is just very soft, very simple, very easy, very humane. All of us need it in our daily life. I think it is life sustaining. It gives us value.

- I feel that kindness is actually one of the most beautiful things that humanity has.

- Kindness is a form of unconditional love that can be a motivation for wholesome action. It makes us stretch beyond our comfort zone of who we are being and what we are doing because we care.

- Kindness is holding a sense of care without any reason. It is also love in action.

- It's like when people connect from the heart. It's beyond rational sometimes or beyond what could be a limitation or differences on the level of what you see. I think it ends up with this heart connection, acting from the heart and compassion. With no judgment - just being.

- Kindness is a reflection of love. I also find that when you're kind, not reactive, not defensive, not argumentative, and when you stay calm, and when you're kind, usually it comes back to you. When you bring kindness to an atmosphere, to an environment, it can change the outcome.

- Kindness would have this quality of doing something without expecting in return and really doing it from the heart.

- To me kindness comes down to compassion, like an act of kindness. It's something that is not transactional. So you're essentially just observing a situation as it is, and choosing to do something, to act, to help, to teach. When it's coming from compassion, we don't expect something in return, we're just doing it out of goodness, out of kindness.

- When one is not self-centred, that I would call kindness, not with any motive. Most of the time people give and it's all motive, it will benefit them also. So when there are things which have no motive, to give or to receive, that I would call kindness.

- Kindness is something that is inside the heart. It's not outside. I don't want to say that I did this or that. I tend to forget what I do. I don't remember it.

- Kindness is something that when present the selfish response decreases. Kindness smothers it. Full stop.

- Kindness means many things to me. Kindness is feeling what somebody else is feeling. Feeling what you're feeling. It's an expression. It's an empathy. It's a listening. It's an understanding. It's an energy.

- Kindness, I think for me it is to be open to the other and to learn listening. And it is not so easy. It means listening without thinking of us. Listening means to be totally empty, to receive the other

- I think kindness is just making people a little bit happy. Doing something for them, you know, somebody is not managing, you help them, somebody has a heavy luggage, old ladies standing on the bus. Yeah I think it is both learned socially and it is a spontaneous movement from the heart and the being.

- When I'm coming, and you say, 'come please'. That is kindness. Every day we see each other and are smiling. That day you feel very good. That's one kind of kindness. There are things, a lot of things, but small, small things.

- It is enough if you don't disturb others. It is enough if I don't make you suffer. That kindness is enough. Even if I don't help you, I don't make you suffer. That is important for a human.

- It's something about being truthful or being unique with your actions. It's this uniqueness that you can show in some situation or to someone. Like the deepest of the deepest of you. Like this magic ingredient that you bring, that only you have.

- It's the spiritual aspect of our being which I've seen so much expressed in kindness.

- Kindness is a reflection of who we are in ourselves. For me, being kind to myself has been a journey. In moments where I'm unkind to myself, I'm unkind to the world around me because whatever frustration and anger and stuff, like the judgment that I hold on myself, within myself, it's the same. Like the inward discussion and the outward discussion for me is the exact same. So when you see people that are unfriendly, unkind, it's hard to imagine them having a peaceful inner discussion.

- Kindness does not need to be an act. It could be something we feel within. That feeling itself is kindness, even if I don't do anything.

- Kindness is that which will come from inside. When you are in a certain state of being, of gratitude, you will automatically be kind towards others.

- At the outset, it seems like a nice, goody-goody thing. Something that you want or you tell your kids to be, to remind them to be kind with themselves and others. So, from the basic point of view, kindness seems like a good virtue one can adopt for oneself and towards others. So, from that sense, it's a good quality. But I think there are many layers to it. Kindness can be of many kinds.

- KIndness can be authentic or not authentic. I have been falsely kind, when I say false I mean inauthentic, it's socially correct, but it's not necessarily truthful, it's expedient or it takes care of a situation

- You can't define it. There's too much psychology, too much conditioning, societal conditioning around kindness. So I feel like any group of 30 people or 8 people or 3 people, if there were different cultures, they would come to a multifaceted description of kindness. Compassion is a little bit easier in a way. Empathy is a little bit easier. There is something innate in our being because elephants have it. Elephants have something. Neanderthal men had something, all of that. So we are developing it,

developing it, developing it. But is it kindness? That's the label we give to some kind of energetic expression. That's the best I can say about what it is.

- Kindness is not the word I use often, but generosity I use often, abundance I use often and care is a very active space, and sharing is a very active space. So it comes as a periphery of that, the kindness is of course included.

- Kindness is just surface level, but compassion goes deeper.

DEFINITIONS FROM LITERATURE REVIEW

- The word 'kind' has the same etymological roots as 'kin', 'kindred' (family) and 'kind' ('type'). This is suggestive of a natural relationship of kindness between members of the same family, group or species. The Shorter Oxford English Dictionary (2007) gives the first definition of 'kindly' as 'existing or occurring according to the laws of nature', thus implying that kindness is natural. Stoic philosophy celebrated the natural order as a basis of its ethics. Thus the Roman Emperor Marcus Aurelius, a leading Stoic philosopher, speaks of kindness as 'mankind's greatest delight' - Rowland, 2009

- Kindness, often characterized by behaviors that involve helping and showing goodwill to others, is considered a universal value deeply intertwined around the globe that transcends differences in individual boundaries and cultures. - Paat and Lin, 2024

- Kindness is essentially unobligated… It cannot be expected or demanded… It can produce complex emotions…and it has a strongly subjective dimension in that its definition is largely in the eye of the beholder (or recipient). We cannot claim kindness for ourselves – it can only be ascribed to us via the perception of others. - Anderson & Brownlie, 2019

- Kindness is the things people do for one another practically and emotionally in response to moments of perceived need, when there is the option to do nothing. It is not 'grand' and is embedded in the smallscale, the mundane and the everyday. - Anderson & Brownlie, 2019

- Kindness can consist of random acts, intentional acts, and quiet/silent acts. - Binfet Enns, cited in Wibowo & Ayriza, 2023

- Kindness as normative (follows social norms) or non-normative (does not follow). A non-normative kindness might be one performed by a stranger or a rival, for instance, as opposed to a loved one. Kindnesses might also be nonnormative if they seem unwarranted based on principles of reciprocity or social exchange – if the recipient did nothing to earn the kindness, for example. Normative kindness - if people have been kind to someone else, or if they share a relationship in which mutual give-and-take is normative, they might expect to receive from this person. - Exline et al., 2012

- Kindness is a strength that has three components: a) motivation to be kind, b) recognition of kindness in others, and c) enactment of kind behavior in daily life. - Otake et al., 2007

- Acts of kindness can be defined as actions that (1) benefit others or make others happy and (2) typically involve some cost to oneself - Cregg & Cheavens, 2022

- The Handbook of Social Psychology does not have a definition of kindness, whereas Positive Psychology defines kindness as "doing favors and good deeds for others; helping them, taking care of them". [according to Hosoda]

- Estrada et al.'s (2018) definition of kindness, as: "an action that results in the affirmation of the dignity of the recipient of the act" builds on the work of Hicks who eloquently defines dignity as a birthright that relies on "treat[ing] others as if they matter, as if they are worthy of care and attention" [from Hosoda, 2024].

- Kindness is a part of compassion as self-kindness is a part of self-compassion. - Neff, 2003

- Unlike its closest neighbour – the idea of compassion, with its connotations of, and etymological roots in, suffering – kindness is not 'grand' and is embedded in the small-scale, the mundane and the everyday. As such, it does not necessarily involve an emotional connection with explicit suffering and pain (for instance, of the dying or the bereaved). And yet these low-level and often barely visible acts and relationships of ordinary help and support are extraordinarily important. Indeed, such micro-interactions have enormous significance for almost all of us, helping to make life 'liveable', both practically and emotionally. - Anderson & Brownlie, 2019

In their 2001 study Youngs, Yaneva & Canter, identified **4 types of kindness** -

- **Principle-Socially Prescribed Kindness (PSP)** - a psychologically passive kindness which is cognitive, rather than emotional. It is a tendency towards prosocial thinking ('I think most people are inherently good') and sympathetic behaviour, but does not require active behaviour. For example, it supports people by making allowances ('I don't really mind if someone keeps me waiting', 'I find it easy to forgive' 'I would let someone in a rush come ahead of me in a queue').

- **Principle-Proactive Kindness (PP)** - also a cognitively-grounded form of kindness. It differs from PSP in that it assumes proactive support to help others ('I give blood when I can', 'I volunteer to help the sick'). On occasion, it will involve actions that extend the boundaries of socially-prescribed "good" behaviour, giving to others in a way that may go beyond social norms ('I would give a stranger who had lost her purse the taxi fare home', 'I give money to beggars in the street').

- **Affective-Socially Prescribed Kindness (ASP)** - a simple emotional reactive behaviour in line with social norms. It is driven by an empathetic response to circumstance rather than principles ('I help people when they ask', 'I help strangers pick things up they've dropped'). It's about friendship ('I tolerate friends' annoying habits', 'I listen to a friend's problems') and simple everyday consideration of others along socially prescribed lines ('I open doors to let people through', 'I share things even if I do not really want to').

- **Affective-Proactive Kindness (AP)** - includes emotionally driven decisions to help someone. It is not about acting in a socially normative way but is rather an autonomous tendency to think about someone's feelings as a human being ('I try to see things the way my friends do') and what might be right for them ('I got professional advice to find out how to help someone'). It can require endurance and sacrifice ('I've spent ages finding something to cheer up a friend', 'I've cancelled a trip because

someone needed me'). It can involve committing socially prescribed behaviour and even personal suffering ('I've become unpopular to help someone people don't really like').

- They also identify a core type of kindness - **Anthropophilia (A)** which the four types are modes of. It includes the items 'I have concerned feelings for people less fortunate than me'; 'I feel protective towards people who are being taken advantage of'; 'I include people if I know they are alone'; 'Things happen that really touch me', and 'I like to make other people feel happy'. In order for the four kindness types to emerge individuals would need sufficiently high levels of Anthropophilia.

Given the fact that kindness and compassion are often used interchangeably by researchers we also wanted to include some of the academic definitions of compassion from the literature review.

- Kindness has been linked to and is frequently used interchangeably with the concept of compassion. However, some scholars argued that they are not conceptually identical as the latter typically involves a desire to alleviate suffering. Other overlapped concepts that are frequently lumped with the concept of kindness include but are not limited to empathy, generosity, forgiveness, and gratitude. - *Paat and Lin, 2024*

- Despite the significance and importance of compassion, the definition of compassion is varied, with some diverging views about whether compassion is an emotion, motivation, or a multidimensional construct - Kirkby, 2016

- The term "compassion" originated in the 14th century from the Latin roots "com-" (together) and "pati" (to bear or suffer), indicating a deep awareness and desire to alleviate or reduce others' suffering. The Oxford Dictionary defines it as "a sympathetic pity and concern for the sufferings or misfortunes of others". However, this definition is limited as it does not connect the feeling of sympathy to the intent to "take action". A more comprehensive definition may be the "sympathetic consciousness of others' distress together with a desire to alleviate it" described in the Merriam-Webster Dictionary…The Dalai Lama, defines compassion as "an openness to the suffering of others with a commitment to relieve it.". Compassion is considered an evolutionary trait necessary for survival, and it can be cultivated or blocked." *Kotera et al., 2024*

- In Japanese, a commonly translated term for compassion is 'Omoiyari', which refers to an active concern for others' well-being and a selfless desire to understand their needs and perspectives. Gilbert and Choden combine Eastern and Western traditions to define compassion as "a sensitivity to suffering in self and others with a commitment to try to alleviate and prevent it" *Kotera et al., 2024*

- Compassion is the feeling that arises in witnessing another's suffering and that motivates a subsequent desire to help - Goetz et al. (2010)

- It is the sensitivity to suffering in self and others, with a commitment to try to alleviate and prevent it - Gilbert, 2014

- It is a complex multidimensional construct that is comprised of four components: (1) an awareness of suffering (cognitive component), (2) sympathetic concern related to being emotionally moved by suffering (affective component), (3) a wish to see the relief of that suffering (intentional component),

and (4) a responsiveness or readiness to help relieve that suffering (motivational component) - Geshe Thupten Jinpa (from Kirkby 2016)

- Compassion includes five elements: (a) recognizing suffering; (b) understanding the universality of suffering in human experience; (c) feeling empathy for the person suffering and connecting with the distress (emotional resonance); (d) tolerating uncomfortable feelings aroused in response to the suffering person (e.g., distress, anger, fear); and (e) motivation to act/acting to alleviate suffering.' - Strauss et al (2016) from Kirby, Tellegen and Steindl, (2017)

ANNEX C - BARRIERS TO KINDNESS

Below are the sharings from the participants in the Kindness Stories in response to the question of **what might prevent them from giving or receiving kindness**. These responses are shared without the categorisation used for data analysis to ensure that they remain anonymous.

WHAT STOPS PEOPLE FROM GIVING KINDNESS?

- I can definitely help those who are in need. I don't have to help those who are jobless and lazy. If they have a husband and are just too lazy to work, then I prefer not to help them. For example, there is an old lady living alone, and I go to help her with whatever I can. Because she can not work anymore. But people who can work, and they don't. So I think it's not necessary to help them.

- I'm happy to help when there is genuine need. But please don't invite your friends to come. I don't want to invite this kind of problem. I will refuse if I don't like it. So yes, for that person it was an act of kindness, I felt, to actually respond saying, '*Now look at what you're asking*'. And what does that do for that person? And what does that do for anybody's life? You know, the whole thing that it promotes. I said, I just cannot support this. And also to explain so there'd be no question at all. '*Please don't ask for this again*'. It was straightforward and kindly. I didn't feel unkindly.

- Not being in the present moment or being too much in the head could stop me.

- When I am fearful, self-centered, in a mindset of scarcity, and cannot connect with the divine.

- If I'm in a stressful moment or if I'm in a moment where I don't feel so present or if I'm angry or if I'm frustrated, or just moments where I'm not super connected and grounded and stuff. I think that's when I might not be so kind as I try to be when I'm more present.

- What I hear a lot is people get on the spiritual high horse, of being aware and conscious. I'm sorry if I sound like that but it's just tiring as there are moments, where you're just not aware. Okay, so what? It's based on the assumption that we are in control of everything. That now I can choose to be aware or not. And then if I'm not aware, then I have an act of unkindness. It's a bit complex but very often when something goes wrong, people are quick to point out, 'Look, you were not aware'. I find that extremely unkind. In the sense that the person is always doing their best, in every situation So what if one moment their attention was somewhere else, attending to being very kind and attentive to something else and then this happens!

- When you work with non-profits, you meet with people who are very committed to kindness towards others. They dedicate their life towards that nationally, globally. It is a whole industry of kindness in a way, that's how you enter. And then when you enter, you see the nuances of it, you see the politics behind it, you see the layers around it, you see self-interest, you see deviant plans behind it. Then you unravel a little bit, it's like an onion in a way. So Sri Aurobindo writes very sharply against philanthropy and this whole ego attached to it. So this whole thing, am I myself going through a whole ego trip of trying to help others. How good am I to help others?

- If it's an instinct, you can't stop yourself. Maybe your physical capacity stops you, your capacity means you cannot act. But that impulse is there and it has to be there, If not, we're not human.

- Make your bucket full also for yourself, and then it overflows and you can freely give. Otherwise if you give the little that's already scarce then it's not healthy to give. Then you might expect, and might get frustrated if you don't receive your return.

- My instinct is to try and do whatever I can to alleviate whatever pain or suffering or chaos or whatever. But if it's not safe for either myself or for whatever the situation is, then there's a possibility that I may not intervene directly, but there are other things that you can do. You can make a phone call, you can get others involved.

- If you fell down somewhere. You are a lady so I cannot go out and tell you, '*don't worry, nothing will happen to you*.' Because I don't know you, you don't know me. I have this feeling that they will think 'who's this guy coming and touching my hand like that'? So I'm not able to go and give my support.

- Where you feel threatened - where one feels separated from everything, in terms of isolation, separation, threat. And not even a threat because if you have a physical or real threat, not just some kind of imagined threat, a real threat you can still be open to it and still be kind. But when it's an imagined threat, then yes, those situations where you tend to cringe up and there's no capacity to be open to kindness.

- Sometimes it's not welcome in the proper way and that is something that could stop me. Because I don't do it to get something. But when it turns out that I get hurt in return, I'm like, okay, then I'm not gonna do it. I'm gonna stay out of it.

- I feel this is where we have so many challenges here because the cultures are so different. So we project sometimes the way we see things, and we'll think the other party will think we'll see the same way, and actually know. And something that we see wrong in our culture can not be wrong in another culture. If you do this and then someone gets hurt because you were kind but you didn't think about how things are working and you don't understand the whole hierarchy or functioning. And so this is when I'm like, be careful of the consequences of your act of kindness. It's beautiful where it comes from, but think about what it will create and how it will change things.

- We have to be very wise in certain cases. Because spontaneously, you say, okay, I have the money. I give and that's all. And the story is finished. And at this level, we do not have the consciousness high enough to take the responsibility for the future too.

- At certain moments I have to feel if the other can digest. Because it is like a different layer. And if I continue to give kindness and the other cannot digest, he can vomit. What can he or she do with that? She could be violent also. It is like food, we eat what we need. If it is too much, we are not good in our body. And with kindness, it is the same, it is also food somewhere

- It would depend on my inner state at that moment. Because sometimes you're quite clear. And sometimes you totally know you don't know anything about anything. You don't probably understand what you're seeing or hearing. There must be a big story going on here. Find out more

information. Don't do anything yet. Wait and see, what am I supposed to do. That kind of talk would go on. That would stop me.

- There have been times when I have been taken advantage of and I have looked at my role in these situations and sometimes I have thought I'm not going to do this anymore I'm not going to be this person anymore and I still am that person but I have learned lessons. I have put up different kinds of boundaries and I'm a little bit more cautious and a little bit more patient and to not playing the rescue role but in playing in helping when I know that I'm in a situation where I can be generous and help somebody empower somebody and try and take a step back to see whether or not I'm overstepping and then pulling back and just saying let's see what comes next because it's a different we're dealing with a different culture. So that has been a challenge to put up boundaries and not necessarily rescue but still be kind and generous and not let these experiences taint my nature.

- We often step out of ourselves and do things, not knowing what the result will be. And of course you can get a bit disappointed and like that. But now we have seen so much of human nature that there is no use to spend energy on disappointment and 'I expected' and all that. No point in that. But sometimes maybe you wonder, how will we be able to do it when human nature is so strong?

WHAT STOPS PEOPLE FROM RECEIVING KINDNESS?

- I can't take material kindness from others because I don't need it. Someone else may need it. What do I need? When we don't need it and it comes, then we have to limit it. No, I don't need it. I have it. I don't want it. When it comes beyond what we have, in such situations, we don't need it.

- Living in the world where competition is a norm and it is taken as a very healthy way of living, that's where kindness can get compromised. It's a lifestyle, that I compromise kindness and the soft dimension of heart because I have accepted that competition is a way of life. We teach our children to succeed, to come first and do this and win. So while we do that I am sure there is a lot getting compromised behind, so this is also a habit that I am uncomfortable with. It makes me vulnerable and I don't want to look vulnerable.

- When it smells of pity or something. I find it difficult.

- I don't have problems asking for help, in this, you recognize that you need help and you ask. But there, somebody just comes along and he looks at you or whatever. And he or she has this, sympathy or pity or whatever you call it. And he or she wants to be kind. I feel why. Something like that. It makes me vulnerable. Very uncomfortable. Exposed sort of. All those all those shells you hide behind to protect, carapace, carapace, carapace. It's just ripped apart. And you have this vulnerable thing.

- Ego. For example, if I'm outside and I'm in need and two or three men come, I won't take that help. Because I'll feel in danger, because whatever…. Ego. Even if it's coming from a good place. Or if someone my age offers help, I'll say, "No, I'm okay." Ego. So you stop receiving kindness when you use your mind again.

- For receiving kindness, if my intuition tells me that the intentions are not pure. For instance, first, someone might share a drink or something, but then they're actually expecting to receive it back.

- If people are giving it in order to have a hold on you, that would stop me receiving kindness. And I also don't ask things which give a hold of people, I can't do that.

- If kindness is given out of goodwill or a good heart it is always ok. It all depends on this inner thing. Then whatever giving is good. Otherwise if the inner thing is not there then it doesn't matter even if you are given something big it has no meaning.

- You can only receive it like that when it is given in full faith, if there is any back thought, you cannot, you cannot be beholden to anybody in your life. So people who can give like that, acts of kindness which has no back flow in them at all, you can receive them with full heart, because you know they come from Mother, and the other person is simply letting themselves be instruments for this. It is very beautiful, really very beautiful, that is for me a real kind of gift.

- Only once maybe in my life, I felt I had to protect myself. Because I discovered in this case that this person with his kindness wanted to catch me. They want something. And then I took some distance. You see, it seemed kindness but somewhere it was interested. It is different. It is a question of intention.

- If I'm in an emotional state with a person where I'm holding a lot of negative emotion, it'd be hard for me to receive kindness even from them. I will just not be open to receiving it. There is too much baggage which has not been cleaned. It's like the cup is full and even kindness cannot be received.

- If somebody has hurt you so bad. Then I will feel like hurting him. But when it happens like that generally, you are apart. There is nothing. They don't want to receive or they don't want to give.

ANNEX D - ADDITIONAL PARTICIPANT SHARINGS

Participant sharing through unstructured interview

"I participated in the whole package - the Film, the Acts of Kindness, the Meditation and the Sharing Circle. I really got a lot out of the whole thing but I found the [quantitative] survey was pretty useless… There's just too much happening to say if it has anything to do with that or not.

For me, it was like putting my attention on kindness. And that was very revealing about my culture in a way. We don't use the word kind very much and certainly not compassionate. We call it 'friendly'. I guess the idea of it is that if you can do anything to help, you do it. But it's not that you're being kind, it's just the way you are. So that helped in breaking out of a cultural lens.

I also found it useful, just think of a person with the, you know, 'safe, happy, healthy, peace' that little formula [from the Loving Kindness Meditation]. I worked a lot with that and I was doing it regularly. You know, the person of the day that I saw was not looking good or something like that. Although I didn't keep it as a practice, I think it's very nice to have as a tool you can say if somebody comes into my awareness needing something like that. I think it's good to teach people who want to know what to do. That's easy. It doesn't take too much time because you can always start like that and then you can amplify it as you get into it.

I liked the week where we did a different day, a different thing [Act of Kindness]. That was the most intense, interesting week for me. Because for somebody that I didn't know, not an enemy exactly, but like that. It was someone I didn't know at all but because he'd been in a particular group I had felt very uncomfortable, fearful even. I had observed that he was having a hard time, though I had no idea of the actual issues. So then in the week I just went and put flowers on his desk. He was in the middle of a work discussion so I just slid the vase onto the corner of his desk and turned to go. He looked up and smiled and said, "I love you!" I certainly had not expected that response.

So that was a very unexpected outcome to a very small gesture. I had a friendly conversation with him sometime after, and although I haven't seen him since but there's a connection between us now when I do see him, I can pick it up from wherever we left off. And that's valuable. It started with a little kindness that you think is nothing, almost immeasurable, and yet it can amplify in such an unexpected way.

So that inspired me to work with another community member on our own action to spread kindness. I hadn't done anything like that before. It was nice to do it together and fun. I would be happy to do that again.

I find that people are busy but that's why something like a movie which has a vital something or other that attracts people is a good way to pull people in. I like sitting together with people and watching an uplifting movie. The week-long thing [Acts of Kindness] takes more commitment, but it was a very open ended exercise. It's not like you have to do things at a particular time order or anything. So I thought that was very good. And also making suggestions of really concrete things you could do

I think in Auroville's current situation small acts of kindness are something you can always do no matter what's happening on other levels. And it's grounding and it's also in harmony, you know, creating a field, whether you call it kindness or harmony or whatever you call it."

A few of the other sharings received from participants

"As I was driving from our meeting [for the Kindness Stories], suddenly story after story of witnessed kindness came up. I felt full of sweetness. And through the day it has kept coming back, thoughts about it. All the small kindnesses every day from my husband, the kindness between us, the kindness of the people I work with and how people respond to kindness. It's a very fear free space but it also at times needs the awareness that we should not forget the need for it and make conscious effort to remember not to take things and people for granted."

"Thank you for igniting the spark of kindness and care yesterday . It did make an impact on my consciousnesses. Have been thinking what is a new way of continuing to share care consciously."

"I bumped into someone I used to be friends with but somehow my heart had really closed. But in that moment, because of the intention [of the Acts of Kindness week], I looked in her eyes and I let my heart open a little bit. Something's already shifting. I was like, oh - so beautiful."