THE IMPACT OF SPECIALIZED TREATMENT ON THE EMPATHY

LEVELS OF URBAN, LOW-INCOME, THIRD

AND FOURTH GRADE ELEMENTARY

SCHOOL STUDENTS

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ii

ABSTRACT

This study examined the impact of specialized treatment on the empathy levels of urban, low-income, middle-aged elementary school students who attend a local neighborhood school. The data set consisted of the pre and posttest scores of 99 students who attend a single, small, urban, district school in a system of approximately 21,032 other elementary school students.

The first of three research questions asked whether self-reported levels of empathy can be altered across the various experimental treatments (new clothes and empathy training) imposed during the study. One-way analysis of variance (ANOVA) and Tukey *post hoc* comparisons for the pre and posttests demonstrated significant differences between the scores of students who received empathy training and students who did not receive empathy training. Effect sizes were quite large thus indicating a difference not only exceeding chance, but also of practical value in application.

The second research question asked if teachers would report noticeable differences in the empathetic behavior of students who received the experimental treatments designed to increase empathy in the study. To answer this question a focus group interview was conducted with teachers of the students who participated in the study. According to the teachers, a difference was observed in the empathy levels of some study participants.

The third research question asked if program facilitators would report differences in the empathetic behavior of students who received the experimental treatments designed to increase empathy in the study. To answer this question, a second focus group interview was conducted

with the adults who facilitated the empathy training at the school. The facilitators also reported

differences in the empathetic behaviors of the some of the study participants.

Results indicate at least the temporary mutability of self-perceived empathy in response

to training in students at risk to develop appropriate levels of empathy. Study findings are

discussed in terms of implications of the results, possible flaws in the study, and projections for

future research and program implementation.

DEDICATION

      I would like to dedicate this dissertation to my loving family, especially my beautiful wife Jodi and three precious children, Lexi, Maddi, and Peyton. The doctoral program has been as difficult on all of you as it has been on me, yet none of you ceased support as I pursued my dreams. Jodi, God couldn't have provided a more precious and encouraging mate. On the nights I felt like surrendering, you were always there with sweet words of hope that brought immense peace. You are my soul mate and best friend. I love you with all of my heart. Children, you mean everything to me. I am truly sorry for the many hours I missed being with you over the course of this journey. However, I hope Daddy's determination set an example for you. You kids can achieve anything in life that you desire, if you will set your minds to it. Follow your dreams and never ever let go. One day, all three of you will make my accomplishments appear meaningless, and I will support and stand behind all of you every step of the way. All four of you are a daily reminder of how much God loves me.

      To my precious grandfather, we have now come a long way since fifth grade at Mowbray Tech. Hard work does pay off, and this degree is for you. While you may not have had the ability to continue your education due to family responsibilities, you and Grandmommy ensured that nothing would ever stop me regardless of the sacrifices that had to be made. I couldn't have made it without you. I love and thank you.

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TABLE OF CONTENTS

LIST OF TABLES

CHAPTER I

INTRODUCTION

Introduction to the Problem

This dissertation describes a research study designed to examine whether a treatment program could enhance the self-reported empathy levels of underprivileged children attending a single, urban, district school. This study also sought to determine if teachers detected improvement in the empathetic behavior of the students who received basic, material items (clothes) and who attended a six-week empathy training program after school.

Maslow (1954) theorized that individuals are motivated by specific needs and desires, some more elemental than others and based in hierarchical progression. Among the more fundamental needs are oxygen, food, water, and comfort that, when satisfied, allow the development of higher needs like belongingness, loving relationships, and value (Maslow, 1954). Children who possess heightened levels of empathy are more likely to develop other prosocial behaviors needed to form higher needs like positive relationships (Eisenberg & Mussen, 1989). Values like respect, caring, fairness, trust, and concern are also important in positive relationship formation and are highlighted in empathy training (Issacs, 2000; Kirschenbaum, 1992), as children learn how to develop ways to better understand the feelings, reactions, and choices available in social interactions (Stetson, Hurley, & Miller, 2003). Therefore, this study was designed to determine if fulfilling basic needs like clothing is sufficient to foster the development of empathy in urban youth who attend small, urban, district schools and live in poverty, perhaps

curtailing isolationism, individualism, and/or the dangerous relationships that promote more aggression. In addition, this study sought to establish whether clothing could be combined with empathy training to facilitate improvement in empathy levels.

Statement of the Problem

Living in a poverty-stricken, aggressive culture is correlated to students becoming overly aggressive or even violent (McMahon & Washburn, 2003). NBC News correspondent Ron Mott interviewed Chicago funeral home director Spencer Leak, who described the plight of kids from urban, low- income families. Leak indicated that none of these youth really expect to live very long (Mott, 2012). Living a life of aggression and offense, even unto death, to maintain the respect of peers, is seemingly perceived to be a better alternative than failure in the larger social arena for many children from urban, low-income families (Mott, 2012). The proliferation of antisocial and dysfunctional behaviors like incivility, outrage, and lack of empathy starts in early childhood and carries over into school (Lichter, Shanahan, & Gardner, 2002). Therefore, these urban youth tend to be more individualistic instead of communalistic, self-involved instead of empathetic, and concerned with material possessions instead of achieving social or educational goals (Lichter et al., 2002). According to The Children's Society (2009), excessive individualism and self-involvement without an empathetic regard for others is the greatest national threat to children today.

Empathy has been defined as "the experiencing of another's affective or psychological state and has both affective and cognitive components" (Zahn-Waxler & Radke-Yarrow, 1990, p. 108), or simply, "knowledge and sharing of other's feelings" (Knafo et al., 2009, p. 103). Empathy enables an individual to visualize or experience the emotions of other people instead of

his own (Hoffman, 1982/1990/2000). The corresponding response of another person's affective state (Eisenberg & Strayer, 1987) may be exactly the same or only relatively close to the state of another person (Miller & Eisenberg, 1988). Empathy is an "aspect of human responding" that is critical for the consideration of prosocial development (Lasa Aristu, Tello, Ortiz, & Del Barrio Gandara, 2008, p. 671) and continues to develop in specific stages throughout the lifetime of an individual (Hoffman, 2000).

Empathy begins to develop in infancy and typically continues throughout adolescence (Dimitrovsky, 1964; Dymond, Hughes, & Raabe, 1952; Ellis, 1982; Feshbach & Roe, 1968; Gates, 1923; Hoffman, 1975, 1990, 2000; Kellogg & Eagleson, 1931; Piaget, 1967; Rothenberg, 1970). Empathizing with another person is often regarded as an innate ability (Eisenberg & Strayer, 1987; Hoffman, 1990) that is critical for social, moral, and emotional development (Zahn-Waxler & Radke-Yarrow, 1990). Empathy starts to develop in the neonatal period of children (Dondi, Simion, & Caltran, 1999; Martin & Clark, 1982; Sagi & Hoffman, 1976; Simner, 1971). Research suggests that infants tearfully react in self-distress to the cries of other infants but not to other controlled sounds like silence, pre-recorded crying, or their own crying (Dondi et al., 1999; Geangu, Benga, Stahl, & Striano, 2011; Martin & Clark, 1982; Sagi & Hoffman, 1976; Simner, 1971). This reaction is considered to be a basic form of empathy (Hanania, Davidov, & Zahn-Waxler, 2011; Hoffman, 1975; Zahan-Waxler & Radke-Yarrow, 1990) and is known as emotional contagion (Bischof-Kohler, 1991; Martin & Clark, 1982; Simner, 1971). Therefore, considerable research implies that infants are born with the ability to empathize with other individuals (Hanania et al., 2011; Hoffman, 1975/1982/1990/2000).

Research also indicates that social awareness and concern for others heightens as children grow older and develop cognitively (Dimitrovsky, 1964; Dymond et al., 1952; Feshbach & Roe,

1968; Gates, 1923; Kellogg & Eagleson, 1931; Piaget, 1967; Rothenberg, 1970). Demonstrating this progression, Hoffman (1975/1990/2000) proposed a developmental theory of empathy that includes five extensive stages of the cognitive sense of another individual, combining cognitive, affective, and social processes. The empathetic development theory (Hoffman, 1990/2000) helps explain the caring behaviors of children and other individuals after encountering persons in distress (Zahn-Waxler, Radke-Yarrow, Wagner, & Chapman, 1992). Hoffman (1982/1990) theorized that when a child advances through all four of these empathy development stages and then encounters another person in some form of distress, a plethora of information about that other person's condition is relayed. This information includes verbal, nonverbal, and situational cues along with any experience that the observer might have with the other individual (Hoffman, 1982/1990). The empathy that develops from nonverbal and situational cues requires more involuntary and less cognitive processing, whereas the empathy provoked by the victim's words or life experience mandates a more intricate mode of processing (Hoffman, 1990). These different informational sources can be congruent or incongruent with the individual's life experiences depending on the life condition and the situation being observed (Hoffman, 1982).

When the situational cues and life experience contradict one another, the child may consider the situational cues to be only transitory, not fitting a chronic pattern (Hoffman, 1982). However, the most advanced level of empathy entails distancing, as the child experiences contradictory situational cues and mental images of another person's life experience yet remains capable of responding to both dynamics (Hoffman, 1990). According to Hoffman (1990), this ability reinforces the definition of empathy "as an affective response more appropriate to the other's situation than to one's own" (p. 157). By this stage, empathy revolves around an individual's perception of the overall emotion of another person (Eisenberg & Strayer, 1987).

Hoffman and Saltzstein (1967) remark that it is the development of empathy in a child that actually instills the cognitive and emotional support needed to internalize moral values and restraints. Children who have developed empathy and an internalization of values are more likely to possess self-restraint and personal control later in life (Roe, 1980). Conversely, children who have not developed adequate levels of empathy have a difficult time with self-restraint and struggle with the prosocial behaviors deemed appropriate by society (Feshbach & Feshbach, 1982). Trout (2009) indicates that an empathy deficit frequently exists for children of low-income families because of a lack of educational opportunities and available resources. Consequently, external dreams for a successful future are regularly exchanged for an internal, non-empathetic, survivalist mentality (Trout, 2009). When equality, security, and living standards are depressed, and terrorism and violence inundate daily life, the risk of trying to empathize with others is often too much for low-income children (Trout, 2009). Research suggests that this lack of empathetic concern contributes to increased aggression, social maladjustment, interpersonal violent behavior, and illegal weapon possession in children and other urban youth (Feshbach & Feshbach, 1969; Kaukianinen et al., 1999; Kingery, Biafora, & Zimmerman, 1996; Miller & Eisenberg, 1988; Sams & Truscott, 2004). Research also suggests that antisocial children do experience low levels of empathy and heightened levels of guilt and shame (Robinson, Roberts, Strayer, & Koopman, 2007).

Sams and Truscott (2004) state that low empathy levels have been found in conduct-disordered youth and in violent delinquents, and children living in low-income, single-parent families are less likely to exhibit empathy (DeWit , Embree, & DeWit, 1999; Wiley & Carlin, 1999). Simultaneously, considerable research also suggests that increased levels of empathy can in fact inhibit aggression and violence (Dykeman, Daehlin, Doyle, & Snow-Flamer, 1996;

5

Feshbach & Feshbach, 1969; Kaukiainen et al., 1999; Miller & Eisenberg, 1988), and higher levels of empathy also help youth who are at-risk avoid violent and aggressive behavior (Cohen & Strayer, 1996; Feshbach & Feshbach, 1982; Shillinghaw, 1999).

Heightened levels of empathy in children often equate to lower levels of aggression (Sams & Truscott, 2004). Feshbach (1964) states that when individuals high in empathy commit aggressive acts, they become distressed and are less likely to commit the act again. Because rising aggression, violence (Feshbach & Feshbach, 1982; Mott, 2012), and school safety (Connor, 2004) have been a matter of public concern, there is a need to determine effective ways of reducing this trend. One approach may be through enhancing empathy in children at risk for violent behavior. This study examined the effects of different techniques for elevating empathy levels in urban children who live in low-income families and attend a single, small, urban, district school.

Purpose of the Study

The purpose of this study was to investigate the possibility of improving empathy in a group of students who are at risk for poor empathy development. The consequences of poverty produce, among other outcomes, generally altered psychological frameworks including a reduction in empathy (Trout, 2009). As will be demonstrated in the literature review, the reduction in empathy is a correlate of adverse social behavior and a clear impediment to success in the academic environment (Feshbach & Feshbach, 1969; Kaukianinen et al., 1999; Kingery et al., 1996; Miller & Eisenberg, 1988; Sams & Truscott, 2004). This study investigated several approaches which may help to improve empathy in children of low- income families who attend a single, small, urban, district school.

6

Rationale for the Study

Children from low socioeconomic families who live in impoverished conditions are more likely to have conduct disorders than their affluent counterparts (Burton & Jarrett, 2000; Leventhal, Dupe´re´, & Brooks-Gunn, 2009; Sampson, Morenoff, & Gannon-Rowley, 2002). An increase in poverty is positively correlated to inadequate child rearing practices (Sampson & Morenoff, 2006), and inadequate child rearing practices lead to negative behavioral outcomes in children (Browning, Leventhal, & Brooks-Gunn, 2005; Sampson, 1997; Xue, Leventhal, Brooks-Gunn, & Earls, 2005). While being a minority does not necessarily mean that an individual is poor, African American and Hispanic children make up a disproportionate portion of the low-income population of children (Addy & Wight, 2012; Maccartney, 2011; Wilson, 1991). More than eight million middle aged, low-income, minority children live in poor, urban areas (Addy & Wight, 2012), and these children are more than twice as likely to live and continue to live in poverty than their Caucasian or Asian counterparts (Addy & Wight, 2012). Many of these minority students attend urban schools, and research demonstrates that aggressive behaviors are more likely to be exhibited by children in these schools (Lichter et al., 2002). For example, McMahon and Washburn (2003) indicate that some African American students live in cultures where aggression is merited and typically accepted in local domains. Research hypothesizes that heightened levels of empathy could improve these negative social behaviors (Belgrave, Nguyen, Johnson, & Hood, 2011; Feshbach & Feshbach, 1982; Vaughn, Ridley, & Bullock, 1984; Sahin, 2012; Schonert-Reichl, Smith, Zaidman-Zait, & Hertzman, 2012; Yeo, Ang, Loh, Fu, & Karre, 2011). Humanitarian efforts to ease the burden of poverty have been made to ease the plight of some of these students (Dobbie & Fryer, 2011), but to date, less has been done to determine if the results of these efforts result in changes in student empathy.

Findings from this study addressed the research questions posed. These results may provide humanitarian agencies with the empirical data needed to determine how material distribution (clothing) and empathy training positively affect low-income children who attend small, urban, district schools. The information provided by the study might also offer governing agencies across the country some guidance in the implementation of an approach that helps increase levels of empathy in low-income children who have had difficult lives. Long term, a better understanding of empathy and its possible effects on aggression may also provide tools to schools and other agencies or groups who want to better serve children living in urban areas.

Definition of Terms

Acting- A role playing technique where individuals imagine themselves to be other individuals and act accordingly (Goldstein & Winner, 2012).

Aggression- An action of offense taken out of frustration and anger that is characterized by a desire to hurt another individual and often causes rejection (Ridley & Bullock, 1984).

Altruism- The selfless behaviors and practices of one person who attempts to help another person (Van Lange, 2008).

At-risk students- Students who are more likely to experience problems in school than their counterparts.

Character and Moral Education- Educational efforts designed to teach other individuals prosocial behaviors and actions (Schwartz, Beaty, & Dachnowicz, 2006).

Egalitarianism- a belief that all individuals (regardless of sex, race, color, or creed) are created equal (Van Lange, 2008).

Emotional contagion- A rudimentary form of empathy- individuals have a tendency to experience and even react to the emotional conditions of others (Bischof-Kohler, 1991).

Empathetic affect- Recognizing the condition of another individual and choosing to respond with an appropriate emotion (Hoffman, 2000).

Empathetic distress- Experiencing the pain, discomfort, or stress of someone else (Hoffman, 2000).

Empathy- The process of experiencing the mental and physical states and emotions of another individual that has cognitive and affective components and serves as an antecedent for other prosocial behaviors like altruism and sympathy helping lessen acts of aggression and strengthening relationships with others (Zahn-Waxler & Radke-Yarrow, 1990).

Empathy training- Program aimed at helping at risk children understand the meaning of empathy, personal feelings, feelings of others, importance of listening. This program also seeks to help at risk children put their own feelings aside, experience the feelings of others, make supportive statements, do supportive things, and learn how to react empathetically during conflict (Caselman, 2012).

Global empathetic stress- A condition present when an infant involuntarily and correspondingly responds to the emotions of another individual (Hoffman, 2000).

Middle childhood- In this study, a person from the ages of 6 to 11.

Moral necessity- A need for individuals to take into consideration the needs of others and the ensuing consequences of personal action (Gibbs, 2010).

Moral reciprocity- An inclination of human beings to help other people who have been helpful and hurt other people who have been hurtful (Gibbs, 2010).

Poverty, Poor, and Low-Income- Defined as $23,050 a year for a family of four (United States Department of Health and Human Services, 2012).

Prosocial behavior- Voluntary behaviors like altruism, sharing, cooperation, and volunteerism aimed at helping and benefitting other individuals regardless of personal gain or recognition (Hoffman, 2008).

Random Sample- An unbiased sample created by drawing names randomly from a single compilation (Patten, 2009).

Single, Small, Urban, District School (SSUDS)- A specific, inner city, public school whose enrollment is under 500 students and is composed of primarily minority students living in a lower income-part of a mid-sized southern city.

Small, Urban, School District (SUSD)- A specific, local school district of 42,435 students in Kindergarten through 12th grade for the 2012-2013 school year; 21,032 of those students attend the elementary schools.

Social perspective taking- Assuming the perspectives or preferences of another individual in a personal and empathetic fashion (Kane, 1994).

Stage- Known in this study as one, specific time, step, phase, or level in a multi-level progression that an individual experiences over a certain period of time.

Superficiality- The tendency for an individual to judge the morality of another person or action based solely upon what s/he can see or hear (Gibbs, 2010).

Sympathy- Expressing concern for other individuals based on their physical, mental, or emotional states (Eisenberg et al., 2002).

Title One schools- Institutions that largely serve students from low- income families. The majority of students receive free and reduced lunch at school.

Limitations of the Study

1. The study focused on outcomes of *An Index of Empathy for Children and Adolescents* (Bryant, 1982). No other sufficiently normed instrument was identified to allow a comparison or cross validation of the results. The normative sample on the *IECA* (Bryant, 1982) incorporated students who attended private, parochial schools, which may not accurately measure at-risk students who attend SSUDS.

2. The study was also limited to the results of a survey response and observed changes in behavior as reported by classroom teachers. The questions were designed at a reading level that allowed for the greatest accessibility of all students. However, students in the current study may or may not have answered survey questions according to definite feelings.

3. The sample used in the study was limited. Generalization was therefore limited.

4. The study was limited to two specific treatments- clothing distribution and empathy training.

5. This study was limited in time and did not address response stability across an extended period of time.

6. The focus group results may be limited by bias of the trainers who performed the empathy training being asked to report the success of the training.

Delimitations of the Study

There were a number of delimitations associated with this study. The following were the major delimitations:

1. This study was delimited by the sample, which included approximately 100 students from grades 3-4 who attend a single, small, urban, district school. This age range is

described as the intermediate group in elementary schools (Understanding Science, 2013).

2. The study was delimited by the teachers who are employed at SSUDS and who participated in the study.

3. This study was delimited by an assumed 6- week treatment period.

4. The study was delimited by the setting (A single, small, urban, district school that serves low-income children).

5. This study was delimited by the inclusion of all 3-4 grade children who were granted permission to participate in the study and agreed to do so. There was no pre-screening process for entry in the study.

6. This study was delimited by ethnicity. Children were accepted into the program regardless of race. There is evidence of differences between ethnic groups in the study that were not scrutinized.

Research Questions and Hypotheses

As the study concentrated on increasing levels of empathy in underprivileged children attending SUDS, the researcher posed the following questions for the study: Will self-reported levels of empathy be altered across the various experimental treatments imposed during the study? The hypothesis is that the empathy levels of the students who received experimental treatments would be altered after the completion of the study. The Null Hypothesis contends there will be no alteration in empathy levels after students receive experimental treatments.

The second research question presented is: Will teachers report differences in the empathetic behavior of students who receive the experimental treatments designed to increase

empathy in the study? The third research question presented is: Will program facilitators report differences in the empathetic behavior of students who receive the experimental treatments designed to increase empathy in the study?

Organization of the Dissertation

This dissertation is arranged in five chapters. In Chapter One, the researcher introduces the research problem, statement of the problem, purpose of the study, rationale for the study, definition of terms, limitations and delimitations of the study, and the research questions and hypotheses. Chapter Two introduces a review of the literature that is pertinent to the subject matter of the dissertation. Chapter Three presents the methodology, instrumentation, and research design which includes explicit detail regarding the mixed method approach and analysis employed in the study. Chapter Four provides the results of the research; and in Chapter Five, conclusions from the study, questions, and recommendations for future study will be offered.

CHAPTER II

REVIEW OF LITERATURE

Defining morality is often a complicated task (Rachels & Rachels, 2010). In Plato's *Republic* (Plato, 1992), Socrates believed that morality could be summarized as the way that people should ultimately live their lives. However, the concept of living morally cannot possibly be defined without controversy (Rachels & Rachels, 2010). Moralistic codes and perspectives fluctuate across peoples, cultures, and contexts based on the characterization of right and wrong for any particular society, and the social acceptance of morality in one culture may not be granted in another one (Benedict, 1934; Ciulla, 2003). It cannot be assumed that morality evolved throughout time for the good of humanity either, because variant or antipodal perceptions of the concept of right often conflict between societal groups, even causing impairment to others (Wright, 1994). But Gibbs (2010) contends that there is a commonality in the debates surrounding morality in that morality is "basically subjective or pre-rational" (p. 3). Also, at its foundation, morality is "the effort to guide's one's conduct by reason- that is, to do what there are the best reasons for doing-while giving equal weight to the interests of each individual affected by one's decision" (Rachels & Rachels, 2010, p. 13). Therefore, a moral person is fair in that s/he vigilantly considers the consequences that personal actions have on others; ensures that personal codes of conduct and behaviors are justified before accepting; and

adheres to reason even if personal viewpoints have to be altered and reacts accordingly (Rachels & Rachels, 2010).

Moral Development Theory

Morality is characteristically associated with the norms and routines of a particular culture (Gibbs, 2010). However, for morality to be adequate, principles like justice, respect for other individuals, benefice, and benevolence must be present (Beauchamp & Childress, 2001). A moral individual doesn't exploit another person for selfish ambitions, opting instead to seek joint respect, equality, and justice by practicing reciprocity with others (Kane, 1994; Kant, 1993; Singer, 1981). These fundamental principles underlie moral judgment and moral development and remain fixated at the center of the moral development theory (Gibbs, 2010).

Lawrence Kohlberg is one of the most commonly referenced psychologists in the behavioral and social sciences, especially upon the topic of moral development (Haggbloom et al., 2000), and is highly regarded for developing one of the most widely and carefully vetted research prototypes in the field (Gibbs, Basinger, Grime, & Snarey, 2007; Snarey, 1985)**.** Kohlberg posited that morality is more than just culturally relative by providing empirical evidence that there is a qualitative progression of moral judgment across varied cultures (Gibbs, 2010). By emphasizing the cognitive- developmental aspects of morality, Kohlberg presented verification that moral development doesn't cease after childhood but continues to develop throughout life (Gibbs, 2010; Duska & Whelan, 1975). Kohlberg demonstrated the progression of moral reasoning through a sequence of six, identifiable stages within three different levels (Cain, 2005; Duska & Whelan, 1975; Gibbs, 2010; Kohlberg, 1976; Rachels & Rachels, 2010). Though debates have surrounded this particular paradigm of moral development and new models

have been suggested, contemporary research does not "explicitly delineate empirical frameworks with which to test them" (Koh, 20012, p. 88), so Kohlberg's model will be utilized in this study. Kohlberg's theory of moral development expands upon the proposal of Jean Piaget that moral judgment could be described in a two- tiered fashion (children under 10 years-of-age and older children) (Cain, 2005).

Kohlberg's (1958/1963/1970) methodology centered on interviews with children and adolescents from different cultures around the world. Kohlberg (1958/1963/1970) contemplated the reactions and responses of children and adolescents who were presented with a variety of moral dilemmas. One of those moral dilemmas was the Heinz Dilemma (Kohlberg, 1963),

> In Europe, a woman was near death from a special kind of cancer. There was one drug that the doctors thought might save her. It was a form of radium that a druggist in the same town had recently discovered. The drug was expensive to make, but the druggist was charging ten times what the drug cost him to make. He paid $200 for the radium and charged $2,000 for a small dose of the drug. The sick woman's husband, Heinz, went to everyone he knew to borrow the money, but he could only get together about $1,000 which is half of what it cost. He told the druggist that his wife was dying and asked him to sell it cheaper or let him pay later. But the druggist said: "No, I discovered the drug and I'm going to make money from it." So Heinz got desperate and broke into the man's store to steal the drug for his wife. Should the husband have done that? (p. 19)

Kohlberg's consequent questioning wasn't designed to determine whether or not the youth concurred or dissented with the moral hypothetical as much as it was to ascertain why the young people reasoned the way that they did (Cain, 2005). Kohlberg then categorized the corresponding responses to this dilemma and others into six, sequential stages of moral development (Cain, 2005; Duska & Whelan, 1975; Kohlberg, 1958; Rachels & Rachels, 2010) with a scoring system intended to specify the individual's level of moral development (Duska & Whelan, 1975). Kohlberg (1971) assessed moral development as a process of sequence, and even though "social class, culture, and other factors might affect social perspective taking and

hence the rate of a child's moral development, they would not alter the developmental sequence," because the competencies accrued at each stage are needed to move from the primal to more advanced stages of morality (Gibbs, 2010, pp. 58). In many studies, Kohlberg obtained high inter rater reliability for the response classification (Cain, 2005).

Stages One and Two of Kohlberg's theory materialize at the pre-conventional level of moral development where children don't consider themselves members of a larger society so they formulate the concept of right and wrong based upon the regulations established by authority figures and the negative consequences that follow disobedience (Cain, 2005; Duska & Whelan, 1975; Kohlberg, 1966; Kohlberg & Hersh, 1977). In Stage One, Obedience and Punishment Orientation, children typically responded to the Heinz Dilemma by saying that the husband was wrong to steal the drug, because the unlawful act would ensure imminent punishment to the offender (Kohlberg, 1958). While children in Stage One might support Heinz for stealing the drug, the reasoning at this pre-conventional level would still remain the same in that the authorities may not decide to reprimand Heinz, because he first requested permission, and the drug wasn't that sizeable anyway (Rest, 1973). However, regardless of the response, "Young children overattend in their social (including moral) cognition to one or another salient appearance or consequence" (Gibbs, 2010, p. 19). Therefore, reverence of an authority figure and potential punishment (external stimuli), not a fundamental moral order, demonstrate a superficial, egocentric, present-driven approach to morality for children in Stage One (Flavell, Miller, & Miller, 2002; Gibbs, 2010; Kohlberg, 1966; Kohlberg & Hersh, 1977). Therefore, moral judgment at this stage isn't anything more than the avoidance of punishment (Kohlberg, 1986).

For a child to move beyond superficiality when making moralistic decisions, s/he must consider more than external appearances (Flavell et al., 2002). In Stage Two of Kohlberg's moral development theory, Individualism and Exchange, children start to comprehend that the concept of right is relative to the various perspectives of different authority figures (Cain, 2005). Therefore, in the previous hypothetical, a child in Stage Two might declare that Heinz could confiscate the drug if he wanted his wife to continue living, or he could let her die and marry a younger, more striking individual (Kohlberg, 1963). While morality in Stage Two centers on what is right as determined by each individual, keeping promises becomes imperative to ensure that others behave in a reciprocal fashion (Kohlberg, 1984). Kohlberg and Hersh (1977) contend, "Elements of fairness, of reciprocity, and of equal sharing are present, but they are always interpreted in a physical, pragmatic way" (p. 55). This exchange of benefice reveals a pre-conventional level of thinking about morality as children consider moralistic decisions like segregated individuals who need to make deals instead of loyal, gracious, and just members of a family or community (Kohlberg & Hersh, 1977). Therefore, during Stage Two, Kohlberg (1986) posits that moral judgment is based upon serving the personal interests even though there is an awareness of others' interests.

Stages Three and Four emerge at the conventional level of moral development where individuals start to consider the importance of fulfilling familial, communal, cultural, and national expectations, regardless of the personal costs for doing so (Cain, 2005; Duska & Whelan, 1975; Kohlberg & Hersh, 1977; Rachels & Rachels, 2010). Kohlberg and Hersh (1977) assert, "The attitude is not only one of conformity to personal expectations and social order, but of loyalty to it, of actively maintaining, supporting, and justifying the order, and of identifying with the persons or group involved in it" (p. 55). While Kohlberg's pre-conventional level of

18

morality is geared toward individualism and doing the right thing in order to receive special treatment in the future, individuals at the higher- order, conventional level morally reason based upon societal norms and expectations and behave accordingly, even if there are no consequences for compliance or non-compliance (Colby et al., 1987; Gibbs, 2010; Kohlberg, 1976).

In Stage Three of Kohlberg's moral development theory, Good Interpersonal Relationships, children typically enter adolescence and perceive morality as more than good behavior to avoid punishment or to acquire something in return (Cain, 2005). Hence, a characteristic response to the Heinz Dilemma from an adolescent in this stage would be that Heinz had every right to steal the drug, because saving his wife from death was the right thing to do regardless of the law (Kohlberg, 1958; Colby et al., 1987). For behavior to be considered moralistic in Stage Three, acceptable motives are necessary as are interpersonal feelings like mutuality, trust, concern, love, intimacy, and empathy (Cain, 2005; De Waal, 1996; Guisinger & Blatt, 1994). Conforming to cultural perspectives and expectations of what is right (intentions and actions) is more commonplace in Stage Three as is attempting to please and facilitate others, specifically family members or good friends (Cain, 2005), because society deems those actions as moralistic behavior (Kohlberg, 1966/1986; Kohlberg & Hersh, 1977). Consequently, an individual who attempts to live up to the expectations of others to avoid familial and communal rejection and to achieve internal and external approval becomes characteristic of moral judgment in Kohlberg's Good Interpersonal Relationships Stage (Kohlberg, 1966/1986; Kohlberg & Hersh, 1977).

Individuals who are concerned with society in its entirety, not just family friends, typify individuals who progress to Stage Four of Kohlberg's theory, Maintaining the Social Order (Colby et al., 1987; Kohlberg, 1966; Kohlberg & Hersh, 1977). The emphasis of mutual trust

and consideration in Stage Three evolves into Stage Four, where individuals seek to revere authority, obey established laws, perform civic duties (Cain, 2005), and develop unvarying standards and laws that are recognized by everyone (Adelson, Green, & O'Neil, 1969; Edwards 1975/1978/1982/1985/1986; Harkness, Edwards, & Super, 1981; Kohlberg, 1984; Mason & Gibbs, 1993a/1993b). Since Stage Four respondents make moral judgments and decisions by keeping all of society in mind, a typical Stage Four response to the Heinz Dilemma would encourage the husband to obey the law and not steal the drug in order to dissuade chaos and maintain societal stability (Colby et al., 1987; Rachels & Rachels, 2010). With reference to this stage of moral development, Kohlberg (1966) states, "Life is conceived as sacred in terms of its place in a categorical moral religious order of rights and duties" (p. 55). To avoid guilt and the disparagement that could emerge from revered individuals in authoritative positions and to maintain societal order, individuals in Stage Four, unlike younger children at the pre-conventional, understand that morality is needed for the betterment of society and they act accordingly (Kohlberg, 1986).

In the final post-conventional level of morality, individuals begin to contemplate the different values and rights that could cause a society to be considered moral (Colby et al., 1987). Kohlberg and Hersh (1977) believe that at the post-conventional level, individuals attempt "to define moral values and principles that have validity and application apart from the authority of the groups or persons holding these principles and apart from the individual's own identification with these groups" (p. 55). As individuals start to consider themselves as distinct and more than just members of a society, morality at the third level of development begins to extend beyond societal authorities into an internal consideration and judgment of the way the concept of right should be articulated (Kohlberg, 1971/1976/1986). At the post-conventional level, individuals

may hold viewpoints that differ from those in society and since rules are no longer considered

absolute, these individuals may not choose to follow rules that violate inner convictions

(Kohlberg, 1971/1976/1986). However, Kohlberg (1963) posits that many of the concepts of

morality and thought processes involved in higher order levels like the post-conventional level

only gain meaning when individuals are older, thus having more cognitive development and

societal experiences.

Unlike Stage Four's emphasis on fixed law and order, in Stage Five of Kohlberg's theory

(Social Construct and Individual Rights), moral judgment and subsequent action are typically

identified in terms of the values and rights of each individual in society (Kohlberg & Hersh,

1977). Cain (2005) contends that individuals at this particular stage of moral development

suppose that "a good society is best conceived as a social contract into which people freely enter

to work toward the benefit of all," and while different cultural groups may have differing values

and opinions, every rational individual would support the protection of basic human rights,

including the right to alter unjust laws (p. 157).   A typical reaction to the Heinz's Dilemma from

someone living in Stage Five would stress Heinz's rights and moral obligation to preserve life

(Kohlberg, 1976). And when taken to court for committing the crime, the judge has the

obligation to sustain the woman's right to life and the law by delivering a negligible sentence,

because doing the right thing may sometimes take precedence over previously established laws

(Kohlberg, 1976). Operating under the premise that authority emerges from within an

individual and not from the exterior, Stage Five respondents believe in rationally and collectively

determining a paradigm for moral society and then creating laws in view of that determination

(Colby et al., 1987; Kohlberg, 1981a). Consequently, moral judgments at this stage comprise an

evident respect for society and an aspiration to establish impartial rules and regulations that benefit each person (Kohlberg, 1986).

In Stage Six of Kohlberg's theory, Universal Principles, individuals reason that even democratic decisions may hinder minority groups, so empathy and role taking are needed to ensure equality and a just society (Cain, 2005). Consequently, if the druggist were to empathetically consider Heinz's Dilemma, he would understand that the man was just trying to save the life of an individual who should be valued more than a profit (Colby et al., 1987). At this higher order, Stage Six, the concept of right is "defined by the decision of conscience in accord with self-chosen ethical principles appealing to logical comprehensiveness, universality, and consistency", but these principles are more theoretical in nature like the Golden Rule not actual moral laws like the Ten Commandments (Kohlberg & Hersh, 1977, p. 55). Kohlberg and Hersh (1977) consider these standards to be "universal principles of justice" that ensure the individual rights of all human beings are consistently valued and protected (p. 55). At Stage Six, moral judgment becomes more about individual conscience instead of societal regulations, and moral action emerges from personal ethos instead of concrete laws and fear of punishment (Kohlberg, 1986). However, since only a limited number of adults actually reached Stage Five of the post-conventional level of moral development (13%) and Stage Six was almost never reached, Stage Six was actually eliminated from the moral paradigm (Kohlberg, 1984).

The Development of Empathy

As previously discussed, Hoffman (1975/1990/2000) proposed a developmental theory of empathy that includes five extensive stages of the cognitive sense of another individual, combining cognitive, affective, and social processes. The first stage, Newborn Reactive Cry

(Hoffman, 2000), suggests that infants experience a form of empathy long before they can distinguish between themselves and other people (Hoffman, 1990/2000). This ability emerges from different mechanisms like mimicry, classical conditioning, and direct association (Schertz, 2006) and is "a hardwired response connecting us as social beings to the emotional plights of others" (Zahn-Waxler & Radke-Yarrow, 1990, p. 111). The emotional distress exhibited by infants in the company of other crying infants (Hoffman, 1990/2000) doesn't suggest that these emotional reactions are personal feelings or a consequence of another person's emotions (Scheler, 1973). Indeed, infants seemingly can't discern their own distress from that of another child. But research indicates that infants empathetically react with like emotions towards "the simplest, most primitive arousal modes" (Hoffman, 1990, p.153). Considerable research supports these reactions as empathetic reactions (Dondi et al., 1999; Hoffman, 1990/2000; Martin & Clark, 1982; Sagi & Hoffman, 1976; Simner, 1971) even though infants lack awareness of who is actually in distress (Hoffman, 1982/1990/2000). This rudimentary form of empathy is automatic and requires minimal cognitive processing (Hoffman, 2000).

Hoffman (1990/2000) theorized that the second stage of empathy development is Egocentric Empathy. This stage is similar to the Global Empathy stage and occurs near the end of the baby's first year (Hoffman, 1990/2000). However, in this stage of empathy development, babies start to become more aware of self and their distinctions and differences from other individuals (Hoffman, 1990/2000). In this second stage, global empathetic distress slowly begins to evolve into more of an "image of self and image of other" (Hoffman, 1990, p. 155); this stage of awareness is known as person permanence (Hoffman, 1982). When children in this stage are overtaken by the negativity of other children, they initiate the development of specific behaviors to alleviate personal distress (Hoffman, 1990; Zahn-Waxler & Radke- Yarrow, 1990).

23

In illustration, after an 11-month-old baby-girl witnesses another child fall and cry, she will put her thumb in her mouth, place her head up against her mother, and look as if she is going to cry (Hoffman, 2000; Radke-Yarrow & Zahn-Waxler, 1984). When presented with the same cue, an 18-month-old child may prod her guardian to assist the other child even though help is already present (Hoffman, 1982). Hoffman (2000) affirms that these reactions are underdeveloped forms of empathy but significant "because it shows that humans are built in such a way that they can involuntarily and forcefully experience another's emotion- that their distress is often contingent not on their own but someone else's painful experience" (p. 5). These empathetic reactions, before the age of 2, are actually a prototype of the empathetic concern that ultimately develops later in life (Hoffman, 1975, 1990; Zahn-Waxler & Radke-Yarrow, 1990).

According to Knafo, Zahn-Waxler, Van Hulle, Robinson, & Rhee (2008), after children turn 2-years-old, they become more cognizant of their individuality and develop empathetic concern for other people in distress based on personal assessment. Consequently, Hoffman (2000) describes this third stage of empathy development as Quasi-Egocentric Empathetic Distress. According to Hoffman (1975/1990/2000), children in this third stage of empathy development start to recognize a difference between personal feelings and the feelings of others based on the child's own interpretations of reality. These children can better differentiate and understand the feelings of others, eliciting an even greater response to external feelings of distress (Hoffman, 1990/2000; Zahn-Waxler & Radke-Yarrow, 1990). Early in the second year of life, children are less likely to stare or whimper when confronted by another child in distress, instead choosing to help them through various forms of physical contact (Hoffman, 2000). However, children in this stage still have cognitive limitations, recognizing their own inner state but still having a difficult time conceptualizing the independent feelings of other children

24

(Hoffman, 1990/2000). These children believe that other children visualize the world just like they do (Hoffman, 2000). Research indicates that while children in this stage of empathetic development try to help other children in distress, they remain relatively egocentric by consoling distressed children in the way that they want to be consoled (Hoffman, 1990/2000). Empathetic distress has a prosocial motive in this stage, but the child can't completely differentiate between personal and non-personal needs (Hoffman, 2000).

As children become older and accumulate more experience with interpersonal relationships, they become even more familiar with the emotions, thoughts, and motives of other people, and this development further enhances their abilities to empathize (Borke, 1971). According to Hoffman (2000), the Veridical Empathetic Distress stage exemplifies this emotional progression and is divided up into four periods: early (mid-2 to 5-years-old) and middle childhood (6-years-old to 11), adolescence (12 to 19-years-old), and adulthood (older than 19-years-old) components. The Veridical Empathy stage is significant, because this stage, unlike the other ones, isn't ephemeral: it possesses the entire fundamental elements of empathy that continue to develop throughout life (Hoffman, 2000). In early childhood, during the Veridical Empathetic Distress stage, children better understand the distinct identities of other individuals and also understand that other children have thoughts, wants, and desires that may be different (Hoffman, 1990/2000). This understanding helps children empathize more effectively, as a better understanding of the needs and feelings of others helps the children react more precisely (Hoffman, 2000). These children also recognize when they and others feel sad, mad, happy, afraid, alone, and low in self-esteem (Hoffman, 1989).

While children progress through early childhood, they further develop cognitively and linguistically, so that they begin to empathize with a broader array of emotions including

25

disappointment, low self-esteem, loss, sadness, and a rejection of help (Hoffman, 1990). Further, research indicates that the reported feelings of another person, even when they aren't physically present and are thus not observed, can stimulate levels of empathy in children during early childhood (Hoffman, 1990). After age 2, verbal description is sufficient to elicit empathy (Schertz, 2006), and levels of empathy now accompany prosocial behaviors like embrace, sharing, smile, comforting words, and visible distractions for distressed individuals (Zahn-Waxler et al., 1992). At the end of the second year, the prosocial behaviors associated with empathy become more applicable, organized, and differentiated to the specific needs of other distressed individuals (Zahn-Waxler et al., 1992). By the time a child turns three, s/he can express empathy through facial expressions and words of concern, as well as other helping mechanisms (Zahn-Waxler et al., 1992). These empathetic reactions require more advanced cognitive processes than the previous developmental stages of empathy (Schertz, 2006). Also, by this time, children experience less personal distress when they perceive others in distress (Zahn-Waxler & Radke-Yarrow, 1982), yet maintain empathy toward their plight or condition (Zahn-Waxler, Kochanska, Krupnick, & McKnew, 1990). By the time a child is 4 or 5 years of age, s/he may amass the ability to understand the perspective of others, which is an ability critical for empathetically identifying with another individual (Wellman, Cross, & Watson, 2001).

During middle childhood and adolescence, children realize that verbally expressing personal feelings can make someone else feel better, further demonstrating an even greater connection between personal feelings and the feelings of other individuals (Hoffman, 2000). According to Hoffman (2000), this connection and "self-reflective, metacognitive awareness of empathetic distress" (p. 74) is necessary for established empathy in adulthood. By the time

26

children are 8 or 9 years old, they may begin to understand that different feelings can emerge

from different people in different situations (Fischer, Shaver, & Cornochan, 1990; Gnepp, 1989),

and that there are negative consequences to low self-esteem in other people (Weiner, Graham,

Stern, & Lawson, 1982). After children turn 10-years-old, research demonstrates that they

possess the ability to use recent experiences of other people to alter personal feelings in a

comparable situation, understanding that another person's feelings are correlated with recent life

experiences (Gnepp & Gould, 1985; Pazer, Slackman, & Hoffman, 1981). For this reason,

empathetic responses can be intensified during this stage as children at the end of middle

childhood start to consider that a situational problem might actually result in a lifetime of

consequences (Hoffman, 1980/1989); and an awareness emerges that transitory distress can

actually become chronic distress (Hoffman, 1980/1989). Around the age of 12 or 13, children

can distinguish between what another person should be feeling in a specific situation and what

that person is actually feeling (Rotenberg & Eisenberg, 1997) and can also come to the

realization that not everyone wants to be helped in difficult situations even to the point that some

people feel worse when receiving empathy (Hoffman, 2000). Even in adulthood, there are some

individuals who are hesitant about receiving empathy, especially during periods of long illness or

the death of a loved one (Hoffman, 2000).

In the final stage of empathetic development, Empathetic Distress Beyond the Situation,

empathetic distress extends to the overall life condition of another person, not just an immediate

situation (Hoffman, 2000). Individuals experience empathy for others in distress while

maintaining a mental depiction of the person's overall deprivation (Hoffman, 1980/1989).

According to Hoffman (1982), empathetic distress may occur if this depiction is worse than the

observer expected. In this stage, individuals can differentiate between situational distress and

chronic stress and can empathize with both conditions (Hoffman, 2000). When social concepts

like justice are formed, mental representations of external emotional states can combine with

empathetic distress for entire classes of people like the underprivileged and may even motivate

political formation (Hoffman, 1980/1989). Empathy combined with the apparent difficulties of

an underprivileged group is an advanced form of empathetic distress (Hoffman, 1982). Either

way, empathy ultimately evolves into more of an emotional response that includes the

"involvement of psychological processes that make a person have feelings that are more

congruent with another's situation than with his own situation" (Hoffman, 2000, p. 30).

However, no individual processes situational cues and information exactly the same way as

another person (Hoffman, 1990).

Empathy, Moral Development, and Related Constructs

Previously, empathy was described as "the experiencing of another's affective or

psychological state and has both affective and cognitive components" (Zahn-Waxler & Radke-

Yarrow, 1990, p. 108). Empathy may be "a product of controlled, thoughtful processes, as well

as largely uncontrolled, automatic processes" (Van Lange, 2008, p. 767). As an emotional

response, empathy derives from the perceived emotional state of another individual, as the

affective state or situation of one individual is coupled with the affective state of another

(Eisenberg & Strayer, 1987) through a comprehensive set of emotions and reactions (Hoffman,

1982). Since research suggests that surveying the actions of another person actually stimulates

brain components involved in preparing personal action, identifying the painfulness of another

human being may also stimulate brain activity similar to experiencing personal pain, which

further demonstrates that empathy may be a product of cognitive (automatic reaction) and

thought processes (Gallese & Goldman, 1998; Preston & De Waal, 2002). Feshbach (1978) postulates that an individual must be able to differentiate between the affective states of others, accept those perspectives as their own, and evoke a communal, affective response for empathetic reactions to manifest. Therefore, perception is an indispensable construct when discussing empathy, as individuals use the direct and indirect cues of other individuals to determine an appropriate, affective reaction by proxy (Eisenberg & Strayer, 1987). And the ability to take the perspective of others emerges from an internal, familiarity-based, feeling of attachment to another human being (Batson & Shaw, 1991).

Moral socialization and the development of language and cognition are just two of the constructs that heighten the ability to empathize with others (Hoffman, 2000). Gibbs (2010) posits, "Empathy evolves from simple, biologically based responses to surface cues to a more complex and veridical emotional responsiveness to the joys, sufferings, and life situations of others" (p. 9). For centuries, research proposed that morality and subsequent judgments rely on empathy as a foundation, because moral judgments in particular are based on the gratifying, precarious, agonizing, or repellent emotions that may develop after individuals observe the positive or negative affect or situations of another person (Hoffman, 1987). People typically condemn acts that are personally harmful yet exalt actions that are more beneficial to them (Hume, 1957). But empathy guides other moral judgments as the majority of individuals, unless atypically deviant, feel incensed when another person deliberately imposes pain on someone and often feel a moral necessity to help (Batson, 1991/1998; Hume, 1957). Possessing the capability to react to individuals in need is, then, important to humanity because it motivates moral behavior and helps with the creation of social bonds and interpersonal relationships (Eisenberg & Fabes, 1990; Hoffman, 2000).

29

Eisenberg, Miller, Shell, McNalley, and Shea (1991) contend that cognition and empathetic affect have remained at the center of moralistic research and debate for centuries. While Kohlberg (1981b) postulates that cognition is the basis for morality, Batson (1990) considers empathy to be one of the primary foundations of morality, and Hoffman (1987/2000) posits that empathy is the sole motivator for moralistic behavior. Like Kohlberg, other cognitive developmentalists contend "that developmental advances in the sociocognitive skill of perspective taking underlie age-related changes in moral reasoning and that the quality of individuals' thinking about moral issues affects the maturity of their moral functioning" (Eisenberg et al., 1991, p. 849), and that higher-order, moral reasoning is positively correlated to altruistic and prosocial behaviors (Bar-Tal, 1982; Eisenberg, 1986; Gilligan & Attanucci, 1988). Kohlberg (1981b) and Rest (1983) also speculate that it is the development of moral reasoning that influences moral decision making and ensuant helping behaviors. However, Gibbs (2010) and Van Lange (2008) posit that a substantive cognizance of morality and subsequent desire to help necessitates a previously internalized consideration for other citizenry. Therefore, understanding how and when individuals move beyond superficial moral judgments based upon conceptions of justice and reciprocity toward a more affective, prosocial concern is important, because these behaviors are fundamental for mankind's existence (Gibbs, 2010).

Cultural norms, accepted behaviors, and moralistic socialization vary across global societies, so there must be a biological, ecumenical genesis that helps persuade individuals to accept these societal standards as legitimate and to create a "distress that generates sufficient motive power to elicit prosocial behavior" (Gibbs, 2010, p. 94). Compelling research demonstrates that empathy is that source and is also one of the primary factors for determining which moral principle individuals select when making moral judgments and acting accordingly

30

(Batson, 1991/1998; Batson, Duncan, Ackerman, Buckley, & Birch, 1981; Batson & Shaw, 1991; Batson, Turk, Shaw, & Klein, 1995; Hoffman, 1987/2000; Hume, 1957; Toi & Batson, 1982). To that end, empathy can be considered as the intrinsic foundation of moralistic contemplation, moral judgment, and prosocial behavior even though the development of empathy doesn't necessarily warrant prosocial behavior due to differences in moral judgments, conceptualization, and interpretations that aren't universal in nature (Batson, 1990; Fehr & Schmidt, 1999; Hoffman 2008; Van Lange, 2008).

One of the related constructs of empathy is sympathy (Eisenberg et al., 2002). The ability to empathetically take the perspective or role of another person promotes sympathy (Batson, 1991; Hoffman, 1982). If the cognitive and affective components of empathy are the ability to correctly identify another person's emotions and possessing the capability to share those emotions, then sympathy is the ability to express concern for others (Richter & Kunzmann, 2011). Gibbs (2010) states, "The formation of this empathy-based sentiment (empathy is sometimes used loosely to mean sympathy) requires a certain causal attribution, namely that the distressing circumstances were beyond the sufferer's control" (p. 86). However, empathy may not transform into sympathy if the one observing considers the observed responsible for the needy condition (Gibbs, 2010). While empathy elicits more of an emotional, altruistic reaction based on knowledge of another's person's state, sympathy is the expression of that feeling of concern, which could actually lead to empathetic over arousal (Eisenberg et al., 2002) or complete distress (Batson, 1990). Miklikowska, Duriez, and Soenens (2011) posit that sympathy is actually the affective component of empathy, representing "concern for others" (p. 1342), based on emotions and values inclined to benefit others (Batson, 1991; Eisenberg & Fabes, 1998) and to stimulate altruism (Hoffman, 2000; Penner, Fritzsche, Craiger, & Freifeld, 1995). When

31

empathy is heightened in an individual, sympathetic concern emerges based on an observation, understanding, and even trepidation of another person's emotional condition (Eisenberg et al., 2002). Both empathy and sympathy are considered to lead toward prosocial conduct like helping and away from antisocial behaviors aggression and violence (Batson, 1991/1998; Eisenberg & Miller, 1987; Hoffman, 1982/2000; Miller & Eisenberg, 1988).

A second related construct and interpersonal motivation that is activated when empathy is manifested is selflessness (Van Lange, 2008). Individuals become less self-seeking and self-serving with heightened levels of empathy, because an inward, selfish concentration typically shifts outwardly as individuals selflessly seek to help others, even when it means acquiring additional problems, costs, and/or personal forfeitures (money, attention, time, exertion) (Batson, 1991/1998; Van Lange, 2008). Nonetheless, according to Aron, Aron, Tudor, and Nelson (1991), some individuals who experience elevated levels of empathy become so outwardly focused on other individuals that forfeiting time, money, and effort isn't even regarded as self-sacrificial. In cases like the above mentioned, "the self in self-interest can lie outside of one's body and inside the skin of another" to the point that altruistically motivated selflessness causes individuals to not only experience empathy for the other person but to feel a direct connection or unanimity with them as well (Cialdini, Brown, Lewis, Luce, & Neuberg, 1997, p. 482). Thus, when empathy is activated and altruism motivated, people are more likely to demonstrate prosocial behaviors that are selfless in nature (Van Lange, 2008).

Another related construct, altruism, is an interpersonal motivation that is actuated by empathy (Van Lange, 2008). Compelling research demonstrates that when triggered, empathy typically compels individuals to do things that profit others to the point that those individuals who experience high levels of empathy may participate in altruistic practices that require self-

32

denial or heightened amounts of stress (Batson, 1991/1998; Batson et al., 1981). Empathy then

may result in altruistic motivation which in turn may cause individuals to aid others in need (Van

Lange, 2008), a theory which directly summarizes the empathy-altruism hypothesis (Batson et

al., 1991). Individuals who experience empathy for a destitute person are motivated altruistically

to help so that they might vicariously experience the joyfulness that comes from altruistic

behaviors and actions (Smith, Keating, & Stotland, 1989).

One final, related construct to empathy is egalitarianism (Van Lange, 2008). Research

demonstrates that individuals may decide to execute altruistically motivated acts based on a

belief that others in need are being treated unreasonably or unevenly so assisting them will help

alleviate hurting and will regenerate some sort of equality and justice (Fehr & Schmidt, 1999;

Van Lange, 1999). Batson et al. (1981) postulate that individuals who experience high levels of

empathy could actually exhibit prosocial behaviors motivated by egalitarianism, not just

altruism, in attempt to correct wrongs in a compensatory fashion. Research also demonstrates

that people who are less individualistic and competition oriented and more egalitarian and

prosocial in nature will choose to selflessly participate and utilize resources for humanitarian

purposes that require personal costs instead of positioning themselves for personal gain (Van

Lange, Bekkers, Schuyt, & Van Vugt, 2007). Behaviors and actions that are egalitarian then are

exemplified by appraising situations considered by the individual to be unfair and altruistically

attempting to make them fair (Van Lange, 2008).

Parenting and Empathy

Empathy positively correlates with many useful outcomes like social aptitude (Saarni,

1990), prosocial behavior (Eisenberg, Carlo, Murphy, & Van Court, 1995), lesser aggression

(Miller & Eisenberg, 1988), contentment with relationships (Davis & Oathout, 1987), quality of friendships (Laible & Carlo, 2004), conflict-resolution skills (McPherson-Frantz, & Janoff-Bulman, 2000), and limited prejudicial perspectives (Galinsky & Ku, 2004). Genetic (Davis, Luce, & Kraus, 1994; Knafo et al., 2008; Zahn-Waxler et al., 1992) and sex differences (Hoffman, 1977; Zahn-Waxler et al., 1992) factor into empathy development, but about the age of two, children normally possess the cognitive, affective, and behavior capacities needed to exhibit concern and to help individuals in need (Zahn-Waxler et al., 1992). Therefore, focusing on the family is imperative, as research demonstrates that parenting and subsequent exposure to society throughout childhood and adolescence play a fundamental role in determining the actual development of empathy levels of an individual (Eisenberg & Valiente, 2002; Knafo et al., 2008; Knafo & Plomin, 2006; Koestner, Franz, & Weinberger, 1990; Strayer & Roberts, 2004). Positive parental and familial involvement provides an enduring impact on the empathy levels of children (Swick, 2005).

Parental modeling of empathy is important for children, because modeling helps establish compassion as standard and affords the children discernible illustrations of empathetic behavior (Caldwell, 1989). When children have caring adults in their lives who fashion dependable atmospheres of trust, they are more inclined to treat others in an analogous manner (Hallowell, 2002). Gauthier (2003) suggests there is a relationship between the overall standard of "parental caregiving and a child's security, and the capacity of this secure child, as he goes through this crucial period (18-36 months), to control his aggressive impulses in relation to his parents and in socialization with his peers" (p. 303). Children with nurturing mothers are typically more cooperative and empathetic, and more likely to exhibit prosocial behavior instead of acting aggressively (Darling & Steinberg, 1993; Hoffman, 1970; Maccoby, 1983; Zhou et al., 2002).

Numerous studies have also identified the importance of fathers for the appropriate empathetic and social development of children (Hastings, McShane, Parker, & Ladha, 2007; Hastings, Rubin, & DeRose, 2005; Laible & Carlo, 2004; Lamb & Lewis, 2010; Milevsky, Schlechter, Netter, & Keehn, 2007; Stolz, Barber, & Olsen, 2005). Empathy properly develops in children who have already developed feelings of attachment with their caregivers, who have been exposed to rituals and functions that create self-esteem, who are readily placed in situations where relationship skills are strengthened, and who have grown up in compassionate and supportive environments (Hallowell, 2002; Swick, 2001). As children learn that their place in the home is valued and secure, empathy is strengthened (Bateson, 2004).

The underpinning of attachment theory contends that children understand and trust that caregivers will respond to their needs during moments of adversity, and secure attachments are fashioned when caregivers who persistently and fittingly respond to the needs of distressed children (Panfile & Laible, 2012). Specifically, the Bowlby-Ainsworth attachment theory (Ainsworth & Marvin, 1995; Bowlby 1969/1982/1973/1980) suggests that "individual differences in the organization of secure-based behavior and related differences in emotional/affective expression" develop from "differences in the nature and quality of the patterns of interactions with a caregiver over the first year of life" (Szewczyk-Sokolowski & Bost, 2005, p. 380). Children who are secure typically see themselves in a positive light, worthy of care and trust, and consider relationships to be positive and dependable (Fivush, 2006). Attachment theorists posit that parents who support and help meet the emotional needs of their children are more likely to develop a protected attachment with their children that fosters empathetic behavior and lessens egoistic ones (Bowlby, 1980; Hoffman, 2000; Laible, Carlo, & Roesch, 2004; Sroufe, 2005; Sroufe & Flesson, 1986) and are also more likely to have children

who are empathetic (Panfile & Laible, 2012). Caregivers, who discipline their children in a more positive, considerate, empathetic manner, choosing not to be excessively authoritative or uncontrolled, have children who are more thoughtful, considerate, and consistent in evaluating how their behavior has affected others (Gibbs, 2010; Hoffman, 2000). Research demonstrates that caregivers who maintain high expectations for their children and who communicate disappointment when their children are disobedient are also more inclined to have children who exhibit positive behavior and are more considerate and empathetic towards others (Hoffman, 1963; Janssens & Gerris, 1992; Patrick & Gibbs, 2007).

For many children though, the adult-child relationship is completely distorted or non-existent (Brazelton & Greenspan, 2000) and the resulting foundation for empathy development is grievously harmed in the process (Swick, 2005). To this end, the aggressive and non-empathetic behaviors of prior generations, not providence, ultimately create aggression and subsequent violence in future ones (Gauthier, 2003). Fonagy et al., (1997) posit that children must observe themselves as "intentional beings motivated by mental states in the eyes of the caregiver" (p. 258) through the creation of loving and empathetic atmospheres and experiences that help foster mental schemas of appropriate standards for living and interrelating with other people. However, individuals who have not been subjected to love and care do not establish mental schemas of love and affection and typically segregate themselves from empathetic conditions and other people (Shaw, Owens, Giovannelli, & Winslow, 2001). As the parental-child relationship weakens, internal behavioral controls ultimately abate as does the capacity to empathize (Gauthier, 2003). Therefore, since a child's behavioral constraints are positively correlated to the quality of attachment with a caregiver (Gauthier, 2003), empathy can also be considered as "the child's gradual internalization of those parental capacities to respond to his

36

distress, as the transmission from the parent to the child of the parental capacity to empathetic caregiving" (Gauthier, 2003, p. 303). When parent and child attachments are dysfunctional and children's physical and emotional needs have not been properly addressed, convincing research suggests that oppositional disturbances, noncompliant behaviors, and delinquency develop (Fonagy et al., 1997; Greenberg, Speltz, DeKlyen, & Endriga, 1991; Lyons-Ruth, 1996; Speltz, Greenberg, & DeKlyen, 1990). As caregivers remain pessimistic, neglectful, and distant toward their children, the development of empathy is negatively affected (Karr-Morse & Wiley, 1997) and emotional maladjustment becomes common (Gauthier, 2003; Goleman, 1995). The children typically have a difficult time in school, have a problem understanding the needs of others, and often do not care how their behaviors affect another individual (Swick, 2005). When the growth of empathy is stagnated due to the lack of an affectionate caregiver, these children are also "at risk for continuing life problems" (Swick, 2005, p. 57), specifically with regards to positive relationship formation and prosocial behavior (Curtner-Smith, et al., 2006; Goleman, 1995).

Being exposed to violence ultimately creates the greatest obstacle to the development of empathy in children (Swick, 2005). Aggressive children who bully others generally have experienced more aggressive, even violent, behaviors from parents who typically distance themselves from their children when not acting negatively towards them (Bowers, Smith, & Binney, 1992; Connolly & O'Moore, 2003). Dodge, Coie, and Lynman (2006) suggest that children who have been exposed to and who have personally experienced repeated pain and abuse from caregivers develop an internal, direful, ominous representation of other people ultimately creating a mindset inundated with the belief that the world is out to impair them. Research also suggests that children who are negatively attached to their parents or have been neglected and maltreated experience negatively altered brain functioning of emotions (Gopnik,

37

Meltzoff, & Kuhl, 1999) to the point that brain synapses in the orbitofrontal cortex "are never built due to neglect or are destroyed by neurochemicals resulting from chronic stress, the individual may be left without the ability to connect, to trust, and ultimately to experience empathy" (Karr-Morse & Wiley, 1997, p. 198) and may "experience less brain activity in the four empathy-related neural networks" (Gerdes, Segal, Jackson, & Mullins, 2011, p. 113). Consequently, these children are much more likely to have problems forming relationships due to antisocial, distrustful, less-empathetic, aggressive behaviors (Dodge et al., 2006; Volbrecht, Lemery-Chalfant, Aksan, Zahn-Waxler, & Goldsmith, 2007) and are more likely to exhibit self-injurious behaviors and perform perilous and illicit acts without exuding caution or contemplating how those actions will impact others (Hare, 1993).

The criminal actions of many adolescents can also be traced to inadequate levels of empathy fostered by difficult upbringings inundated with aggression and mistreatment (Karr-Morse & Wiley, 1997; Lewis, 1998), while other felons and delinquents are typically raised in non-empathetic environments with pervasive negativity and conflict (Fongay et al., 1997). Carducci (1980) posits that the antisocial and aggressive moral judgment of a young person is often developmentally delayed and is fixated upon fulfilling personal desires regardless of the possible consequences for others (p. 157). Gibbs (2010) argues that when empathy levels deteriorate and self-centeredness proliferates, a person "perceives and treats others as weaker beings who should not dare to interfere and who can be manipulated or controlled through violence" (p. 134). These individuals consistently blame other individuals for their misbehavior and have no concept of how to constructively resolve a conflict outside of the use of anger and force (Carducci, 1980; Kazdin, 1995). Therefore, the worst is typically assumed (Gannon, Polaschek, & Ward, 2005), and aggression and violence become a way of life as is the desire to

38

seek revenge on members of society who have not offered support or failed to help alleviate personal despair (Beck, 1999). For some overly aggressive individuals, "only a violent act would be sufficient to neutralize their deep sense of humiliation" (Beck, 1999, p. 266). These abnormal, aggressive, antisocial perspectives and behaviors, according to Beck (1999), can be traced back to non-empathetic, antagonistic caregivers: "harsh parenting shapes the child's (overgeneralized) inimical views of others and his view of himself as vulnerable to the hostile actions of others" (p. 134), even though aggression can manifest in individuals who exhibit empathy and come from non-aggressive homes (Gibbs, 2010).

Negative Effects of Poverty on Children's Development

Being financially poor has a measureable impact on many children and their emotional and empathetic development (Lichter et al., 2002; Maccartney, 2011). The number of children from age 6 to 11 (middle childhood) living in low-socioeconomic status (SES) families has been increasing (Addy & Wight, 2012; Maccartney, 2011), and more than one in five children in the United States now live in poverty (Addy & Wight, 2012; Maccartney, 2011). As mentioned previously, African American and Hispanic children make up a disproportionate portion of the low-income population of these children (Addy & Wight, 2012; Maccartney, 2011; Wilson, 1991). More than eight million middle aged, low-income, minority children live in poor, urban areas (Addy & Wight, 2012), and these children are more than twice as likely to live and continue to live in poverty than their Caucasian or Asian counterparts (Addy & Wight, 2012). African American and Hispanic children are more likely to live in segregated, urban ghettos (Farley, 1987; Wilson, 1987), and many of these children face a multitude of other disadvantages, especially in the areas of physical health, cognitive and emotional development,

academic progress, and educational achievement (Seith & Kalof, 2011; Yoshikawa, Aber,

Beardslee, 2012).

The number of children being raised in single-parent homes has increased considerably in

the past 40 years (Kreider & Ellis, 2011; Mather, 2010). In the United States, the proliferation of

single-parent families is directly correlated to childhood poverty (Mather, 2010). Most of the

children living in single-parent families only have a mother as their guardian (Mather, 2010).

African American and Latinos have the highest percentages of children living with single

mothers (Kreider & Ellis, 2011; Mather, 2010). These single mothers are frequently young,

undereducated, unemployed, lacking financial resources (Mather, 2010), victims of

discrimination, and forced to deal with inadequate employment opportunities and sufficient

abilities (Lichter et al., 2002), so many of their children will be raised in poverty. Also, single

mothers of low SES typically lack nutritional food, proper maternal education, supervisory

discipline, and the affective feelings needed to effectively raise children in a positive, affective,

and emotionally-constructive manner (Klebenov, Brooks-Gunn, & Duncan, 1994; Korenman,

Miller, & Sjaastad, 1995; Menaghan, Kowaleski-Jones, & Mott, 1997).

Children from high-risk, poverty stricken environments may be more exposed to negative

behaviors like negligence, abuse, inter conjugal violence, because their caregivers experienced

similar behaviors growing up (Lyons-Ruth & Block, 1996). As stated previously, young

children need caregivers who are reliable and predictable to prevent the development of adaptive

mechanisms that are unfavorable in society (Jensen, 2009), but children living in low-income

families typically have negative caregivers (Jensen, 2009; Klebenov et al., 1994; Korenman et

al., 1995; Mott, Kowaleski-Jones, & Menaghan, 1997). Difficult upbringings (Lyons-Ruth &

Block, 1996) and minimal resources for single mothers of low SES create family instability,

which presumably impacts a mother's ability to positively and patiently nurture and mentor her children (Lichter et al., 2002). Therefore, attachment with an affectionate mother is often non-existent for these children of low SES (Lichter et al., 2002; Sroufe, 2002). The stress and depression of the low-income, single mothers may also place their children at a greater risk for intellectual incompetence and psychosocial dysfunctions (Wang, Wu, Anderson, & Florence, 2011). An improper development of emotional regulation, empathy, and social competence often ensues as well (Yoshikawa et al., 2012). These children living in poverty, by the age of 12, personally experience more heightened levels of physical and emotional aggression than their peers (Pagani, Boulerice, Tremblay, 1997), so not surprisingly, single mothers of low SES commonly consider their children to be more physically and indirectly aggressive (Gauthier, 2003). Aggressive youth are more likely to experience other negativities (Schwartz, Petit, Lansford, Dodge, & Bates, 2013) including connection to the juvenile justice system, rejection by peers, and substance abuse (Cantrell & Prinz, 1985; Coie, Lochman, Terry, & Hyman, 1992).

The personality problems, conflict, and continual disagreements that are characteristic of poor caregivers are positively correlated to behavior problems in their children (Shaw, Keenan, & Vondra, 1994; Shaw, Owens, Vondra, Keenan, & Winslow, 1996). Poverty's effect on the physical aggressiveness of children might be arbitrated by the family before the child starts school (Gauthier, 2003). Empirical evidence suggests that "family effect accounted for 53% of the variance in low SES families, compared with 3% of the variance in higher SES families" (Gauthier, 2003, p. 300). Research in the areas of children's risk and resilience demonstrates a significant correlation between family income and children's academic success of young children (Van Ijzendoorn, Vereijken, Bakermans-Kranenburg, & Riksen-Walraven, 2004), as well as conduct disorder and behavioral problems (Velez, Johnson, & Cohen, 1989; Verhalst,

Akkerhais, & Althaus, 1985; Werner, 1985), depression (Gibbs, 1986), decreased self-confidence (Langner, Herson, Greene, Jameson, & Goff, 1970), and social adaptation (Kellam, Ensminger, & Turner, 1977) . As a result of failure and stress in and outside the classroom, children of low-income families are more likely to internalize problems (McLeod & Nonnemaker, 2000; McLeod & Shanahan, 1996), develop individualistic and defensive mechanisms (Payne, 2001), and typically fail in handling interpersonal issues in a prosocial manner (Beck, 1999). Low-income children are often taught one set of behaviors at school and another at home (Kozol, 1991). Because predictable emotions are frequently not modeled at home (Caldwell, 1989; Jensen, 2009; Lichter et al., 2002), these children tend to react to the moment without considering the consequences of their actions (Jensen, 2009; Payne, 2001). As a result, behavioral problems become common with schoolchildren of low-income families (Jensen, 2009; Lichter et al., 2002), and good performance in school is often difficult, because children living in low-income families have incorporated behaviors adaptive to the atypical conditions of the home (Jensen, 2009).

Trout (2009) indicates that an empathy deficit frequently exists for children of low-income families because of a lack of educational opportunities and available resources; consequently, external dreams for a successful future are regularly exchanged for an internal, non-empathetic, survivalist mentality (Trout, 2009). When equality, security, and living standards are depressed, and terrorism and violence inundates daily life, diminished empathy levels become more likely for these children (Trout, 2009). Research suggests that these lower levels of empathy contribute to increased aggression, social maladjustment, interpersonal violent behavior, and illegal weapon possession (Feshbach & Feshbach, 1969; Kaukianinen, et al, 1999; Kingery et al., 1996; Miller & Eisenberg, 1988; Sams & Truscott, 2004), and African-American

and Hispanic youth from low SES families are more likely to face these challenges (Schulman, 1989).

Sams and Truscott (2004) state that low empathy levels have been found in conduct-disordered youth and in violent delinquents, and children living in low-income, single-parent families are less likely to exhibit empathy (DeWit et al., 1999; Wiley & Carlin, 1999). Simultaneously, considerable research also suggests that increased levels of empathy can in fact inhibit aggression and violence (Dykeman et al., 1996; Feshbach & Feshbach, 1969; Kaukiainen et al., 1999; Miller & Eisenberg, 1988), and higher levels of empathy also help youth who are at-risk avoid violent and aggressive behavior (Cohen & Strayer, 1996; Feshbach & Feshbach, 1982; Shillinghaw, 1999).

McMahon and Washburn (2003) indicate that some African American students live in cultures where aggression is commonly merited and accepted in local domains. Yet higher levels of empathy in children often equate to lower levels of aggression (Sams & Truscott, 2004). Feshbach (1964) states that when individuals high in empathy commit aggressive acts, they become distressed and are less likely to commit the act again. Because rising aggression, violence (Feshbach & Feshbach, 1982; Mott, 2012), and school safety (Connor, 2004) have been a matter of public concern, there is a need to determine effective ways of reducing this trend. However, if at-risk children are expected to make prosocial life changes, heightening levels of empathy is imperative (Schulman, 1989). Therefore, one approach to prosocial change may be through enhancing empathy in low SES children at risk for aggressive and violent behavior, as research demonstrates that even in poverty-stricken, urban environments, antisocial behaviors can be treated (Gibbs, 2010) and moralistic values like empathy can be instilled through moral and character-based training methods (Loeber & Dishion, 1983/1984; McCord, 1979; Patterson

& Stouthamer-Loeber, 1984) that incorporate explicit instruction about appropriate ways to better consider the feelings and conditions of others (Barnett, Howard, King, & Dino, 1980; Belgrave et al., 2011; Hughes, Tingle, & Sawin, 1981; Schonert-Reichl et al., 2012; Zahn-Waxler, Radke-Yarrow, & King, 1979).

Approach to Intervention through Character Education

Research demonstrates that recent manifestations of violence, criminal activity, and unethical behaviors across the globe have regenerated interest in moral and character-based education (Koh, 2012). Character- based education is an "umbrella term that describes concentrated efforts to teach a number of qualities, such as civic virtues, respect and responsibility, social and emotional learning, empathy, and caring" (Schwartz et al., 2006, p. 26). Students need character-based training to "develop the moral and ethical stamina" needed to think and behave in a prosocial manner (Schwartz et al., 2006, p. 26). There is a positive correlation between character education programs and student achievement (Benninga, Berkowitz, Kuehn, & Smith, 2003), positive behaviors in the classroom (Character Counts, 2001), decline of at-risk behaviors that lead to future failures in school (Hawkins, Guo, Hill, Battin-Pearson, Abbott, 2001), and long-standing test scores (Zins, Weissberg, Wang, & Walberg, 2004).

Character education programs for students should foster consciousness for moral and ethical questions that result in corresponding attitudes and actions (Schwartz et al., 2006). Individuals develop self-confidence, social skills, and the ability to control emotions and facilitate relationships during childhood (Berk, 2010), therefore, social-emotional and character-based educational techniques are important for young people, especially those who are at-risk

and live in low SES families (Greenberg et al., 2003; Webster-Stratton & Reid, 2003). Since

children from low-socioeconomic families are more likely to lack empathy and have moral

developmental delays, social cognitive disorders, and social skill inadequacies (Gibbs, 2010),

character education and treatment programs must be multifaceted (Kazdin, 1995), providing

multiple and comprehensive opportunities for at-risk children to better understand the

perspectives of others (Gibbs, 2010) and connecting them to specific actions that will help them

obtain habitual behaviors of desirable quality (Damon, 2010). Perspective taking scales can be

utilized to determine if individuals who have been exposed to these character-based treatments

actually gain a better understanding of others' perspectives (Davis, 1980; Hegarty & Waller,

2004; Kozhevnikov & Hegarty, 2001; Maner et al., 2002). In the past, character-based programs

aimed to help individuals develop moral principles and moral reasoning capabilities (Gilead,

2011), yet this emphasis failed to effectively mitigate and re-direct the extant moral challenges

currently facing society like violence, vandalism, crime, abuse, thievery, and other deviant

crimes (Cunningham, 2005). Consequently, there currently is an emergent emphasis in

character-based education being placed on immoral and malevolent behaviors (Card, 2002/2010;

Cole, 2006; Dews, 2008; Midgley, 1984; Milo, 1984; Norton 2004; Vetlesen, 2005) and an

accentuation on knowledge pertaining to building and maintaining social relationships with

emotional management and regulation (Schultz, Richardson, Barber, & Wilcox, 2011, p. 143).

Children typically come to school with attitudes and behaviors that are determined to be

problematic because of familial influences and conditions (Brannon, 2008). Character- based

education is important for school-aged children, because immoral behaviors transpire in local

schools, and compelling research demonstrates that aggressive behaviors have become common

and an ever-increasing problem with students in the classroom (Espelage & Swearer, 2003;

Garandeau & Cillessen, 2006; Olweus, 2003; Rigby, 2004; Smith, 2000). Therefore, since "children's natural moral capacities" need to develop into "fully formed character dispositions, their natural empathy must develop into a sustained concern for others," which makes character education a necessity (Damon, 2010, p. 37). Most societies expect citizens to behave morally (Narvaez & Lapsley, 2008; Schwartz et al., 2006). Consequently, countries like the United States have implemented character education and moral development programs in schools, despite the ongoing debate of the exact character traits, issues, and behaviors to discuss in the programs and the lack of teacher preparation on moral and character-based subjects (Narvaez & Lapsley, 2008).

There has been an ongoing debate surrounding the constructs that make up good behavior and quality character-based education (Bulach, 2002). In illustration, parents and teachers of all grade levels commonly argue that respect, honesty, self-control, and discipline are the most fundamental virtues whereas clergy members advocate teaching perseverance, motivation, and empathy in character education programs (Bulach, 2002). Not all of the character-based programs target specific virtues and corresponding behaviors (Schwartz et al., 2006), so preparing an educational strategy for character development can become multifarious and convoluted if specific traits are not targeted for study, because the definition of good character and morals differentiates across cultures (Burnet, 1903). However, as previously discussed, Kohlberg's theory of moral development provides a sound framework for any moral or character-based educational development program (Harding, 1991; Koh, 2012), because even though different people morally progress in the sequence at differing times in their lives, the sequence is typically impermeable (Pearson & Nicholson, 2000).

Kohlberg discovered that one relevant approach to integrate moral development theory into character-based educational practices and move individuals to higher levels of morality was through storytelling and literature, as specific characteristics within the literary works are significant for the efficiency of moral education (Harding, 1991; Koh, 2012). As Kohlberg demonstrated through the Heinz Dilemma, the moral dilemmas embedded throughout different pieces of literature provide an effective medium for moral growth (Koh, 2012; Yeazell & Cole, 1986). Literary themes typically include conflict resolution and the personal and psychological changes that take place in the lives of the characters (Sanchez & Stewart, 2006). Stories involving moral conflict between characters help other individuals contemplate values as they relate prosocial and empathy-based decision making and offer readers an opportunity to scrutinize the positive and negative choices that others have made (Sanchez & Stewart, 2006). With the inclusion of moral dilemmas from literary works, "students are taught responsible decision-making, whereby they learn to consider and assess all relevant factors, alternatives and risks before deciding on a course of action, and to take responsibility for their own choices and behavior" that can be measured with appropriate surveys (Koh, 2012, p. 86). This awareness also helps readers appreciate that other people are faced with the similar moral dilemmas (Sanchez & Stewart, 2006) and that the importance of good character is not confined to a specific time or place (Sanchez, 1998). Upright (2002) includes suggestions for using storytelling to help students consider moral dilemmas in a way that promotes moral growth. These suggestions include establishing the preliminary moral level of the child and selecting a story accordingly; providing context and background; presenting the moral dilemma in the story; allowing sufficient time for discussion amongst group members (including group work and role-playing); expanding the selected story; permitting students to record responses in an age-

47

appropriate manner; and finally, recording the reactions of students. However, if this model is

expected to facilitate moral growth, youth must be provided with an adequate, non-restricted, and

unbiased opportunity to collaborate and socially interact with others in a positive, caring, safe

environment (Banks, Hogue, Timberlake, & Liddle, 1996; Muscott & O' Brien, 1999; Vardin,

2003). Research demonstrates that including culturally specific curriculum for minority groups

may be important for character-based educational efforts so that the respective cultures of all

children are included (Banks et al., 1996). This implementation provides minority participants

with a better understanding of their culture's literary contribution (thereby increasing the

likelihood of ingenuousness, positive self-image, constructive attitudes and interactions with

others, and decreased malevolent behaviors) and also exposes other groups to a variety of diverse

viewpoints (Banks et al., 1996). During this time of sharing around culturally specific literature,

as the interventionist facilitates and advocates mature moral reasoning and possible empathetic

responses as a resolution to conflict, the diverse levels of moral development in the room may

start to migrate toward the more highly developed levels of moral reasoning and more prosocial

behavior is expected (Kohlberg, 1958).

Character-based education can also be used to benefit more aggressive, at-risk children as

well (Salmon, 2003). Aggressive students are typically "single minded" in terms of feelings, and

that primary emotion is anger (Salmon, 2003). Consequently, any solid, character-based

program should offer these at-risk children sufficient time to learn more about other feelings and

emotions and to better understand that those feelings are personal and may or may not be shared

by others (Pollack, 1998). To assist with this undertaking, acting (also known as role playing)

may be an effective approach (Chandler, 1973; Chandler, Greenspan, & Barenboim, 1974;

Gibbs, 2010). Acting facilitates sound character and heightened empathy in at-risk youth by

helping them take the perspective of another individual, which is important for moral growth (Chandler, 1973; Chandler et al., 1974; Gibbs, 2010; Goldstein & Winner, 2012). There is empirical and theoretical evidence that acting enhances character-based traits like empathy (Goldstein & Winner, 2012; Levy, 1997; Metcalf, 1931; Verducci, 2000) and even theory of mind (Goldstein & Winner, 2012), because actors scrutinize their character's convictions, yearnings, and motivations after assuming their roles (Hull, 1985; Stanislavsky, 1950) and then experience and portray those emotions for others (Hayman, 1969; Hull, 1985; Stanislavsky, 1950). The imitation of another individual, even if that person is fictitious, is critical for the materialization of empathy (Jackson, Brunet, Meltzoff, & Decety, 2006; Meltzoff & Decety, 2003; Nettle, 2006), and is another beneficial approach to the integration of moral development theory into character-based education (Gibbs, 2010).

Character-Based Efforts to Improve Empathy in Children and Outcomes

As is the case with most all character-based educational programs (Kazdin, 1995), the objective of training programs specifically designed to enhance empathy in at-risk individuals is typically multifaceted (Feshbach & Feshbach, 1982; Pecukonis, 1990). However, in an attempt to elevate levels of empathy specifically, the goal of interventionists should be to help at-risk youth consider the importance and the need to react empathetically toward another (Pecukonis, 1990) and then, "act, think, and feel within personal moral boundaries that adhere to the standard of right and wrong" (Stetson et al., 2003, p. 131). Individuals performing empathy training sessions attempt to transform trainees' aptitudes for experiencing anger by modifying the various situations that arouse personal frustration and anger and then suggesting other possible prosocial and empathetic reactions to replace the negative ones (Feshbach & Feshbach, 1982). Training

49

sessions highlight values like respect, care, citizenship, fairness, trust, and concern (Issacs, 2000; Kirschenbaum, 1992), as children learn how to develop ways to better understand the feelings, reactions, and choices available in social interactions (Steston et al., 2003). While empathy as an internal skill cannot be developed instructionally (Tanndag, 1992), the empathetic potential of another person can be heightened through comprehensive training (Sahin, 2012). Light et al., (2009) posit that empathetic changes occur when "an internal representation of the emotional state of the target is generated along with a feeling of goodwill in the empathizer" (p. 1210), and the change initiated by empathy programs, "contributes to remedying a limitation of antisocial youth but also contributes 'back' to the important foundational need for a culture of caring" (Gibbs, 2010, p. 171). Research indicates that as a school-based prevention effort, moral motivation and empathy training support constructive development in children (Greenberg, 2010; Weissberg & Greenberg, 1998), establishing conditions where negative stigma associated with social situations are mitigated, and reinforcement of "positive consequences to others so that others become discriminative stimuli for kind and fair acts toward them" is actuated (Schulman, 1989, p. 258). Hence, individuals who experience more positive and empathetic perspectives and emotions towards another person are more likely to exhibit altruistic behaviors on their behalf (Feshbach & Feshbach, 1969; Hoffman, 1975; Toi & Batson, 1982).

Given an adequate amount of time and direction, most children can learn how to develop and demonstrate empathetic concern for others in an altruistic fashion and can come to the realization that other individuals have distinct opinions and beliefs that are readily dissimilar (Upright, 2002). Manger, Eikeland, and Asbjotnsen (2001) argue that there is a vast need in schools for children to learn how to experience and demonstrate empathy for others, because the development of empathy serves as the foundation for moral reasoning, judgment, decision

50

making, and subsequent altruistic behaviors. Attempting to evaluate and help at-risk, aggressive, and anti-social children from low SES backgrounds develop emotionally can present resounding challenges and resistance (Gibbs, 2010) due to the previously established norms of their respected cultures (Kohlberg & Higgins, 1987). Gauthier (2003) suggests that "risk factors are numerous, and that they are particularly strong when they exist in presence of low SES, familial adversity, interfamilial conflict, and limited social support" (p. 303). However, programs aimed at fostering empathy and interpersonal skills in young people may be beneficial in reducing aggression and promoting prosocial behavior (Belgrave et al., 2011; Feshbach & Feshbach, 1982; Mendleson et al., 2010; Sahin, 2012; Schonert-Reichl et al., 2012; Vaughn et al., 1984; Yeo et al., 2011) if conducted during the individual's childhood or adolescence (Tremblay, Pagani-Kurtz, Masse, Vitaro, & Pihl, 1995; Tremblay, Masse, Pagani, & Vitaro, 1996).

Bandura (1986) and Feshbach (1964) hypothesize that after considering the possible consequences of aggressive acts, increased empathy levels in individuals stimulate an inundation of objectionable feelings, thereby delaying future aggressive behaviors. Empathy training is expected to directly affect the precursors of aggression like frustration, rejection, and unfairness (Feshbach & Feshbach, 1982) by helping children become more introspective, reflective, and flexible when dealing with the emotional states of others (Light et. al, 2009). Instead of hurriedly becoming angry and aggressive toward unfavorable cues, the empathetic child better understands another's point of view and is less likely to manifest anger while interacting with someone else (Feshbach & Feshbach, 1982). Since empathy plays a positive role on prosocial behaviors, empathy training is potentially a valuable tool for preventing or combating negative behaviors in aggressive or violent individuals (Eslea & Smith, 1994; Heran, 2005; Kalliopuska & Ruokonen, 1993; O'Moore & Minton, 2005; Pecukonis, 1990; Sahin, 2012) and increasing

51

forgiveness in relationships (Paleari, Regalia, & Fincham, 2005). Increasing empathy through moral and empathy training has a positive impact on aggressive behaviors like interpersonal violence and vandalism in children (Feshbach & Feshbach, 1982), as well as bullying, cyber-bullying, (Ang & Goh, 2010; Munoz, Qualtor, & Padgett, 2011; Nguyen, Clark, & Belgrave, 2011; Yeo et al., 2011), crime involvement and other analogous, disruptive behaviors, (DeKemp, Overbeek, DeWied, Engels, & Scholte, 2007; DeWied, Goudena, & Matthys, 2005; Jolliffe & Farrington, 2007) and inconsiderate aptitudes (Schaffer, Clark, & Jeglic, 2009).

Vaughn et al. (1984) advocate intervention training for at-risk youth based on research that shows aggressive children often lack patience and self-restraint and typically boss, badger, ridicule, and strike other children to the point that they become rejected and isolated by their peers (Hallahan & Kauffman, 1982). This rejection causes the child to behave even more negatively, thus causing others to respond in a similar fashion (Vaughn et al., 1984). Consequently, the child rarely receives an opportunity to interact positively with others, which further inhibits the acquisition of the behaviors and skills needed to do well with interpersonal relationships (Vaughn et al., 1984). Since "the evidence of significant continuity between the level of aggression displayed in the elementary-school-age years and the level of aggression manifested during adolescence" (Feshbach & Feshbach, 1982, p. 411), promoting increased levels of empathy developed through training becomes significant, as children are more likely to acquire positive feelings for another person without losing personal autonomy (Stetson et al., 2003), more likely to have positive moral development in the future (Hoffman, 2000), and more likely to develop other prosocial behaviors needed to be successful with interpersonal relationships (Eisenberg & Mussen, 1989).

Feshbach (1989) developed an empathy program where middle aged, at-risk students individually received 30 hours of training in empathy, and as a result, aggression lessened and prosocial behaviors heightened. Doyle and Aboud (1995) also discovered improvement in young children's empathy levels by exposing them to role-playing techniques. Training aimed at fostering empathetic perspective taking through direct instruction and role playing have demonstrated some successes in increased empathy as well (Batson, Early, & Salvarani, 1997; Manger et al., 2001; Phillips & Giancola, 2007; Jackson et al., 2006; Richardson, Hammock, Smith, Gardner, & Signo, 1994; Stotland, 1969). Research suggests that individuals who participated in empathy interventions and were instructed to take the perspective of another person were less aggressive than those who were asked to be objective and disconnected from other's feelings (Phillips & Giancola, 2007; Richardson et al., 1994). However, intercessions designed to lessen antisocial attitudes and subsequent behaviors, without vigorous instruction aimed at placing prosocial motivators like empathy in place of the previously established attitudes and behaviors, typically fail (Schulman, 1989).

A lack of empathy is only one of many variables having an influence on aggression, and moral and empathy training is only one possible intervention (Feshbach & Feshbach, 1982; Vaughn et al., 1984). Empathy isn't considered a panacea for the aggressive behaviors of at-risk children and empathetic perspectives aren't easily acquired and maintained (Feshbach & Feshbach, 1982). However, "the greater our understanding of a fellow human being, the more we can enter into another's frame of reference and share his experiences and feelings, the less likely we are to feel hostile to and condemn that person" and empathy training helps in that endeavor (Feshbach & Feshbach, 1982, p. 410). Developing empathy and other social-emotional skills through training is important then for education as convincing evidence suggests that

53

characteristics like empathy are found in young people who are successful personally, academically, and civically (Greenberg et al., 2003). Since individuals who have heightened levels of empathy are more likely to exhibit prosocial behaviors and are less likely to exhibit anger or aggression (Bandura, 1986; Roberts & Strayer, 1996/2003; Strayer & Roberts, 2004; Volbrecht et al., 2007), the recipients of empathetic and altruistic behavior are more likely to return the positive emotions and actions (Feshbach & Feshbach, 1982). And a proliferation of prosocial and empathetic perspectives, attitudes, behaviors and relationships will benefit all of the stakeholders in school, specifically the students, teachers, and their corresponding relationships (Feshbach & Feshbach, 1982). Research demonstrates that students were considered to be cooperative and supportive in class also had elevated levels of empathy as well (Litvack-Miller, McDougall, & Romney, 1997). Therefore, intervention strategies aimed at promoting empathy in students are a "natural step" in dealing with immediate and long term problems associated with aggressiveness and violence, being recognized as a proactive or intervening tool (Feshbach & Feshbach, 1982). The current study will examine the effects of different techniques for elevating empathy levels in urban children who live in low-income families and attend a single, small, urban, district school.

CHAPTER III

METHODOLOGY

Introduction

The purpose of Chapter III is to describe the research questions and hypotheses that guided the study, the population and sample, instrumentation, procedure, research design, and the data analysis techniques employed during the study. However, before any data were collected or accessed from the SSUDS, approval from the Institutional Review Board (IRB) at the University of Tennessee at Chattanooga, Hamilton County Superintendent of Schools, and the selected school principal was obtained to ensure that all human entities in the study were protected (See Appendix A). With these approvals secured, the study proceeded with additional approvals gathered during the course of the study from teachers, parents, and students as described below.

The primary purpose of the study was to determine if self-reported levels of empathy could be altered after different experimental treatments were conducted on children who attend SSUDS. Secondarily, the study sought to determine if teachers at SSUDS and program facilitators identified any pro-social, empathetic, or altruistic behavioral differences in the students. The researcher's ultimate goal was to identify treatments that may alter levels of empathy in children attending SSUDS. The researcher selected the SSUDS, because the students are considered at-risk based on the low socio-economic status of their families.

According to SUSD's website, there are 42,435 students in Kindergarten through 12th grade for the 2012-2013 school year; 21,032 of those students attend the elementary schools. The population for this study includes the students who attend SSUDS. Approximately 97% of these students receive free or reduced lunch, and SSUDS has been identified as one of the most challenging schools in its state. SUSD's website indicates that the SSUDS opened in 2000 and has a current enrollment of 489 PreK-5 students. Of these 489 students, approximately 57% of the student population is African American and 28% of the population is Hispanic. An almost equal number of males and females attend SSUDS. The school receives Title One funding and is one of the SSUD's lowest performing schools. For the 2011-2012 school year, the Tennessee State Department of Education website provides evidence that SSUDS received an overall grade of F in math and an overall grade of F in reading, while the overall state average was a B in math and C in reading. The three-year mean math score for the school totaled 39 in math and 31 in reading, while the state average was 53 in math and 48 in reading. Based on other empirical evidence, the school was ranked 909 out of 954 state elementary schools in 2011-2012 test scoring. As a result of low performance and lack of adequate progress, SUSDS is required to participate in a local initiative sponsored by SSUD that is aimed at increasing academic achievement in low-performing, urban schools.

The sample drawn from this population included 99 (N=99) students in grades 3-4 who attend SSUDS and were permitted to participate in the study. The male and female population was nearly equivalent. All third and fourth grade students were given an equal opportunity to participate in the study. To participate, students were deemed as low-income and capable of completing the survey as determined by their homeroom teachers. Letters of consent were sent home with students requesting permission from parents for participation in the study (See

56

Appendix B). There were no reported problems of guardians not being able to read the letters of permission. For those children whose parents signed forms allowing them to participate in the study, teachers then asked these children to sign a form demonstrating their willingness to participate in the study (See Appendix C). No student could participate without signed parental approval and personal indication of their willingness to take part in the study.

Research Questions and Hypotheses

The following research questions were addressed in this study:

1) Will self-reported levels of empathy be altered across the various experimental treatments imposed during the study?

Hypothesis: The empathy levels of the students who receive experimental treatments will be altered after the completion of the study.

Null Hypothesis: There will be no alteration in empathy levels after students receive experimental treatments.

2) Will teachers report differences in the empathetic behavior of students who receive the experimental treatments designed to increase empathy in the study?

3) Will program facilitators report differences in the empathetic behavior of students who receive the experimental treatments designed to increase empathy in the study?

Instrumentation

The research instruments contained elements that were quantitative and qualitative. Self-report questionnaires are typically used to measure empathy (De Wied et al., 2007; Lasa Aristu et al., 2008). The instrument employed to obtain the quantitative data for this study was Bryant's

(1982) *Index of Empathy for Children and Adolescents* (*IECA,* Appendix D), a measure deemed

reliable and valid for better understanding empathy development (Bryant, 1982) and that has

been widely used for that purpose (Carr & Lutjemeier, 2005; Cohen & Strayer, 1996; De Wied et

al., 2005; Del Barrio, Aluja, & Garcia, 2004; Eisenberg, 2005; Eisenberg, Fabes, Murphy,

Karbon, & Smith, 1996; Eisenberg, Guthrie, & Murphy, 1999; Eisenberg, Shell, & Pasternack,

1987; Funk, Baldacci, & Pasold, 2004; Gonzalez, Field, Lasko, LaGreca, & Lahey, 1996; Hall &

Geher, 2003; Kaplan & Arbuthnot, 1985; Labay & Walco, 2004; Lasa Aristu et al., 2008;

MacQuiddy, Maise, & Hamilton, 1987; Sams & Truscott, 2004; Sutton, Smith, & Swettentham,

1999; Walsh, Lambie, & Stewart, 2004). This measure was constructed to measure empathy in

children and adolescents and was based on the empathy scale of Mehrabian and Epstein (1972), a

tool designed to assess empathy in adults. Like Mehrabian and Epstein (1972), Bryant (1982)

also measures emotional empathy, acceptance of individual differences, and social desirability,

however, in a manner more conducive to children and teens. The *IECA* (Bryant, 1982) has been

used for research on individual differences in empathy and other related topics for many years

(Rose & Rudolph, 2006). These topics include studies in child oncology (Labay & Walco,

2004), delinquency in youth offenders (Carr & Lutjemeier, 2005), and adolescent troublemakers

(Walsh et al., 2004) and exposure to violence (Funk et al., 2004). Since research demonstrates

that Bryant's *IECA* is a "useful and versatile tool" for dealing with empathy in children and

adolescents, this survey has become one of the most accepted assessment measures in the field

(Lasa Aristu et al., 2008, p. 671).

     The *IECA* (Bryant, 1982) includes items that test several affective responses of children

including empathy, personal distress, and sympathy (De Wied et al., 2007). It is common for

empathy instruments to assess responses related to empathy like sympathy and personal distress

(De Wied et al., 2007), because both constructs are direct reactions of empathy (Eisenberg, 2005). The easily administered instrument is a 22 structured question, paper and pencil survey that examines the thoughts of both children and teens as they respond to empathetic questions. While a Likert scale is commonly employed for older children taking the survey, a simple yes or no format was employed to help keep responses simple for the children (De Wied et al., 2007). According to Sams and Truscott (2004), *IECA* (Bryant, 1982) correlates significantly (r= .76) to other assessments of empathy (Feshbach & Roe, 1968; Mehrabian & Epstein, 1972), and the factor structure of the survey has also been verified (Lasa Aristu et al., 2008).

The technique employed to collect the qualitative data of the study was one focus group session with the teachers of grades 3-4 and a focus group session with the trained program volunteers, each of which lasted approximately one hour. The focus groups were conducted near the conclusion of the study, and structured interview questions were employed. Students who participated in the treatment program were the topic of discussion in the two focus groups. The purpose of the focus group sessions was to collect data in context from individuals who observe daily conditions within school hours and during the training sessions and thus were able to detect behavioral changes in children (Flick, 2009). The teachers were given the opportunity to decline to participate in the focus group, and those who did agree to participate signed a consent form (See Appendix E). The volunteers were asked to sign a consent form before participating in the study but were allowed to decline participation in the focus group interview.

Before the focus groups were conducted, standard protocols were constructed including a mock session between the researcher and five program volunteers who were asked open-ended, pilot questions. Creswell (2007) posits that this experience helped the researcher better develop questions and points of discussion for the focus groups, remove any bias, accumulate

59

background data, and acclimatize the methods of research. The questions and points of discussion for the focus groups were structured around the *Conners' Teacher Rating Scale* (*CTRS*) (Conners, 1997) and the *IECA* (Bryant, 1982), because teachers were asked to complete the *CTRS* (Conners, 1997) for each student participating in the program, and program volunteers were also asked to complete a similar checklist. Illustrative questions for the focus groups were: 1. Will you please discuss any observed restraint from students who could have exhibited inappropriate physical interactions? 2. Will you please talk about any prosocial behaviors that were exhibited by the participants since the program started? 3. Please discuss any demonstrations of listening that you had not previously observed for a given participant. 4. Please discuss any demonstrations of emotion that you had not previously observed for a given participant. 5. Were there any situations where one of the program participants was affected by the emotions of another student? 6. Please describe situations where program participants tried to help another student, share, or engage in that student's interests. The above questions were developed from the *CTRS* (Conners, 1997) and the *IECA* (Bryant, 1982). The relationship of the questions to the scales is provided in Appendix F. For identification purposes during the focus groups, the researcher took the descriptions of the children and related it to the treatment groups. Confidentiality was ensured during the focus group sessions. Proposed questions were slightly modified based upon the mock session conducted by the researcher prior to actual data collection.

Procedure

This study was designed as a mixed methods study. Quantitatively, the researcher sought to find out if new clothing and empathy training would elevate self-reported empathy levels in

low-income children who attend SSUDS. Qualitatively, the researcher sought to query teachers and proctors to collect more information on the behavior of the students under scrutiny. Once the IRB and other school level permissions and parental consent forms were secured, the study began. Teachers and administrators at SSUDS were briefed on the purpose and intention of the study and ensured that all of the children would be provided equivalent materials (items used as parts of treatment conditions) once the study was completed. A $25 gift card to Books-A-Million was provided to the grades 3-4 teachers (following the focus group session) for participating in the study.

The study was initiated by randomly dividing the students in grades 3-4 into four different groups. These specific grade levels were chosen as an intermediate group (Understanding Science, 2013). Groups were developed independent of specific grades 3-4 classrooms. That is, students from all classrooms were randomly assigned to each treatment group after having their names codified and drawn from a hat. The four groups consisted of: (a) a control group of students in grades 3-4 who did not receive anything unusual beyond regular school events and activities; (b) a group of students in grades 3-4 who received only clothes; (c) a group of students in grades 3-4 who received only empathy training and; (d) a group of students in grades 3-4 to whom clothes were provided and empathy training administered (While the provision of free clothes has been a standard practice at other schools in the area, it was a new practice at the SSUDS).

Once the students were identified (and permission secured), the *IECA* (Bryant, 1982) was then administered by the classroom teachers to all of the selected students in the SSUDS's classrooms. A Spanish version of the *IECA* (Lasa Aristu et al., 2008) was provided for the Hispanic students who had trouble with the English version of the survey. The host teachers

were asked to fully explain the questionnaire to the students, even reading the questions included in the survey when needed. Teachers were allowed to model for the students how to properly fill out the *IECA* (Bryant, 1982). The survey was completed before the school day began, requiring10-15 minutes to finish. After the pre-test was completed by the students, the teachers collected the surveys, and the researcher gathered them that same day. Names of students were coded for confidentiality. Surveys were collected and secured in a locked cabinet at the researcher's home until data analysis began after all data had been collected.

When the surveys were administered, collected, and secured, clothing was provided by volunteers to two of the selected groups within the same week. The clothes were donated by a local agency and consisted of two outfits (pants and shirts), a pair of shoes, socks, and underwear, and a list of the children who received the clothes was coded and recorded. The clothes were given to the students in decorative bags as school was being dismissed for the day at 3:00 P.M. As previously stated, at the end of the study, the remaining children received the same bag full of clothes provided by the director of the outside agency. This effort had not been a standard practice at the school in previous years but may become one in the future.

During the week of clothing distribution, the empathy training course began after school on the campus of SSUDS. For six weeks, the two groups of students who had been selected to receive empathy training met for approximately two hours after school, once a week, to participate in the training (See Appendix G). A six-week time frame was chosen to reduce potential for attrition, and because this was the typical timeframe for determining measures of stability through test-retest format. The researcher led the training of designated volunteers at the local agency who then conducted the empathy training sessions at SSUDS (two volunteers taught each group). Volunteers had several years of experience working professionally with

similar students, were 30 years-of-age and older, and knew little about the study, which minimized bias in the study.

The program overseer was a middle-aged, African American female who taught at SSUDS for 10 years before retiring in 2012 and was a licensed teacher in SUSD. Trainer one was a middle-aged, Caucasian male who had over 30 years teaching experience in the SUSD. Trainer two was the spouse of trainer one, a middle-aged Caucasian female who served the less fortunate in the community for more than 30 years. Trainer three was the director of the local agency, a middle-aged, Caucasian male who worked with the SUSD in a humanitarian role for over 10 years. Trainer four was the spouse of trainer three, a middle-aged, Caucasian female who also served SUSD in a humanitarian role for over 10 years. Trainer five was a middle-aged, Caucasian female who worked with children for years and actively seeks out opportunities to work with at-risk children. Trainer six was a middle-aged, Caucasian female who also served SUSD for over ten years. Trainer seven was a middle-aged, Caucasian male who worked with children in some capacity for over 40 years. Trainer eight was a middle-aged, Caucasian female who was the spouse of trainer seven and who also worked with children in a specific capacity for over 30 years. Another middle-aged, Caucasian male and female were also trained in case of an emergency that precluded continuation for any of the other trainers. This man and woman also had valuable experience dealing with children, but ultimately their involvement in the study was not needed. Other volunteers agreed to help with the implementation of the program but were also not needed. All volunteers were required to participate in 80% of the training sessions or deemed ineligible for the study. However, 100% participation in the study was expected and demonstrated by most all facilitators. A program facilitator had an emergency during week three but was replaced by the project overseer who assisted with the group. The project overseer also

facilitated several training sessions to ensure treatment fidelity. This overseer was briefed on every aspect of the empathy training at SSUDS.

In this aspect of the study, *Teaching Children Empathy, The Social Emotion: Lessons, Activities, and Reproducible Worksheets that Teach How to Step Into Others' Shoes* (Caselman, 2012) was the training course that was employed. Through a combination of cognitive and behavioral methods, *Teaching Children Empathy, The Social Emotion: Lessons, Activities, and Reproducible Worksheets that Teach How to Step Into Others' Shoes* (Caselman, 2012) utilizes resources and activities like games, role playing techniques, and worksheets. These resources demonstrate the value of empathy by helping students learn the importance of empathy, recognize personal feelings, better appreciate and share in the affects of others, and learn how to accept another individual by displaying acceptance and consideration through selfless responses (Casleman, 2012). *Teaching Children Empathy, The Social Emotion: Lessons, Activities, and Reproducible Worksheets that Teach How to Step Into Others' Shoes* (Caselman, 2012) is research-based, utilizing other successful empathy training programs (Pecukonis, 1990; Portner, 1997; Salmon, 2003) to help enhance empathy, develop behavioral constraints, heighten prosocial and altruistic behaviors, lower aggression, and increase academic achievement in children.

The role of the researcher in the empathy training program was to train the volunteers for their roles in the program, participating as a staff facilitator not a child facilitator. The researcher did not train any children at SSUDS but monitored and debriefed the volunteers to ensure treatment fidelity. The researcher spoke with the program overseer, who was licensed with SUSD, to ensure there were no deviations from the assigned responsibilities. No wrongdoings were reported. The researcher also met with the volunteers as a group after the first, second,

third, and fourth weeks of the sessions to query them about any issues from the week's assigned activities.

Before the empathy training began, the researcher required all facilitators to participate in a four hour training session dealing with the overall parameters and details of the empathy training program. Facilitators met at a local agency, and during the four hour, staff training session, the researcher discussed every element of the empathy training program and provided background knowledge on the construct of empathy as discussed in this study. At this time, facilitators received all materials needed to complete each weekly lesson, while trained on the elements of each weekly session in *Teaching Children Empathy, The Social Emotion: Lessons, Activities, and Reproducible Worksheets that Teach How to Step Into Others' Shoes* (Caselman, 2012) through role playing and modeling techniques. Each weekly unit included the object and rationale of the lesson, a list of desired materials, suggestions for introducing the lesson, effective questions for discussion, group activities, relevant worksheets, and a letter to parents and guardians that described the information discussed each week and offered better ways to better enhance the children's empathy at home (Caselman, 2012). The researcher also discussed this information at length. A question and answer session followed after the six lessons had been explicitly and thoroughly discussed by the researcher and all members. One of the primary points of discussion during the training seminar was perspective-taking as it related to *Teaching Children Empathy, The Social Emotion: Lessons, Activities, and Reproducible Worksheets that Teach How to Step Into Others' Shoes* (Caselman, 2012). Even though taking the perspective of another person is likely to be difficult for at-risk children from low SES families (Lichter et al., 2002), perspective taking is necessary for the development of empathy in children (Leith & Baumeister, 1998; Schutte et al., 2001). Course facilitators were instructed to exhibit specific

65

behaviors throughout the six week training sessions to better ensure quality of the empathy training program.

Other external variables were discussed during the staff training session. For this training program, the facilitators were instructed to consistently ask the participants how other students in the group were feeling throughout the training to help promote external perspectives, group discussion, interaction, and relationship building. Caselman (2012) posits the way that the lessons are taught is of the utmost importance if heightened empathy levels are expected. Consequently, the researcher instructed the facilitators to follow the suggested process essentials provided in *Teaching Children Empathy, The Social Emotion: Lessons, Activities, and Reproducible Worksheets that Teach How to Step Into Others' Shoes* (Caselman, 2012). As stated previously, children learn better when they feel protected and fostered (Caselman, 2012). Therefore, all facilitators participating in the study were instructed to make every attempt to create a warm and accepting environment where all children felt accepted and special. Consequently, facilitators were asked to refrain from any negative criticisms of anyone and encouraged to listen when others are speaking to help create a more trusting and nurturing environment. According to social learning theory, children will emulate the behaviors of others (Bandura, 1977), and Kremer and Dietzen (1991) postulate that children are more likely to exhibit empathetic behaviors after adults first model these behaviors. Thus, facilitators in the empathy training program were instructed to make every attempt to try and model empathy throughout the six weekly sessions and to openly express words of concern, compassion, hope, and understanding to help the participants become more familiarized with sensitivity, compassion, and feelings. *Teaching Children Empathy, The Social Emotion: Lessons, Activities, and Reproducible Worksheets that Teach How to Step Into Others' Shoes* (Caselman, 2012)

encourages the use of praise for any demonstrated pro-social behaviors from the children as well as a subsequent emphasis on the notion that the student's positive behavioral changes are directly correlated to their inherently good nature. Since recognition, reinforcement, and commendation are connected to heightened levels of empathy (Caselman, 2012), facilitators were encouraged to openly praise and recognize children for acts of kindness and compassion demonstrated as the sessions commence. Because children who feel like other children share common realities experience heightened levels of empathy (Black & Phillips, 1982), facilitators were also instructed to look for commonalities between group members and to verbally express these similarities for other children to hear. Another question and answer session then followed before dismissal.

Identified students gathered in the cafeteria every Friday after school to participate in the 120 minute training sessions. Roll was taken and all of the students except for four attended at least 80% of the sessions and were therefore considered program completers. Caselman (2012) concludes that the activities and discussions are more effective in small groups, so the students selected to participate in the empathy training program were randomly divided up into four groups of children each with two volunteers facilitating each respective group. Each session began promptly at 3:00 P. M. and ended as close to 5:00 P M. as possible. Since *Teaching Children Empathy, The Social Emotion: Lessons, Activities, and Reproducible Worksheets that Teach How to Step Into Others' Shoes* (Caselman, 2012) consists of unit lessons that are put together in such a way that the precepts follow a specific skill sequence, these lessons were utilized weekly by every facilitator. The lessons took no longer than 50 minutes to ensure that all the children had time to come together to discuss the day's objectives in groups. As stated previously, facilitators were asked to complete a checklist after each session to ensure treatment

fidelity (along with observation made by the program overseer) (See Appendix H). These

facilitators were also asked to take notes about any specific behavioral changes noted in the

students. The students who participated in the empathy training course were given snacks before

the breakout sessions and hot meals after the sessions concluded. For the many students who

lacked transportation after the training program was over, the local agency transported the

children back to their respective residences by school bus. Insurance was obtained from the

SUSD to cover any possible accidents during the study.

Once the six week empathy training program concluded, the final post-test was

administered to the students in their individual classrooms. All of the students who participated

in the study, as well as the other students in grades 3-4, took the *IECA* (Bryant, 1982) again to

determine if any changes were made in empathy levels. The same pre-test format was employed

for the post-test. After the *IECA* Bryant (1982) was administered a second time, the assigned

teachers again gathered the surveys, and the researcher collected them promptly. As stated

previously, at the end of the program, teachers assembled at the school to determine if there had

been any observable behavioral changes in the children who received clothes and/or training. As

a preliminary measure, the researcher informed the teachers beforehand about the procedural

intentions of the focus group as well as the advantages and disadvantages for participating (UTC,

2012). The rights of the prospective teachers were acknowledged, and each individual was given

the opportunity to reject participation in the focus group (UTC, 2012). For the four teachers who

decided to participate in the focus group, an approved consent form provided by the IRB was

collected. Similarly, eight program facilitators agreed to participate in the focus group and

signed the necessary permission forms.

To ensure that the children's behavior was fully disclosed during the focus groups, the researcher sought to involve all teachers of the grades 3-4 team and facilitators and kept behavior balanced by directly guiding and indirectly moderating the sessions (Flick, 2009). As previously discussed, the researcher prepared questions and points of discussion that centered around Conners (1997), Bryant (1982), and the types of behavior demonstrated by the identified students during the study. Teachers and facilitators were asked to share their experiences with these students. To this end, focus groups were imperative for judging the effectiveness of the study, as the teachers and facilitators received the opportunity to speak to behavioral changes in the classroom and training sessions that may or may not appeared in the survey results (Flick, 2009). The researcher took notes as the teachers and facilitators spoke and used a tape recorder for documentation purposes (Flick, 2009). Notes from these sessions were then edited and ultimately placed into a cumulative database. Transcripts were written verbatim from the recordings. Since school ended at the completion of the study, teachers were given the opportunity to request and review interview transcripts for editing purposes. No teacher asked to have the transcripts made available to them. The information accrued from the group sessions helped lend support to the data collected from the quantitative measure.

Research Design and Data Analysis Techniques

This study employed an experimental design (Creswell & Plano-Clark, 2011) aimed at determining if the interventions and resources employed in the study had any effect on the self-reported empathy levels of the study participants. This study was classified as experimental, because students were randomly assigned to selected groups from grades 3-4 pool at SSUDS, specific treatments were carefully provided, a control condition was present, and the study was

blinded (Creswell & Plano-Clark, 2011). The study was also considered to be a mixed method design as both quantitative and qualitative data were collected (Creswell & Plano-Clark, 2011).

The quantitative data comprised of the pre and posttest data using *IECA* (Bryant, 1982). The researcher determined if changes in empathy were reported across groups from the first time the test was administered to the last time. This task was accomplished by appropriate descriptive and decisional statistics (one-way analysis of covariance and appropriate *post hoc* analyses). The items on the *IECA* (Bryant, 1982) were scored dichotomously according to directions, where yes/no, true/false questions were given one point for a response deemed empathetic or zero for a response deemed non-empathetic. Thus, a single, total score for the pre and post-tests was computed for each student with larger scores reflecting greater empathy. Pre and post-test differences were then determined by subtraction, and these data were used for statistical analyses.

Data collected from the teacher and facilitator focus groups were also analyzed by the researcher to determine if there were any observable differences in student's behaviors that weren't visible on the survey. The qualitative data were organized and transcribed (Creswell & Plano-Clark, 2011). The researcher searched for any specific, embedded themes from the data collected from the teachers and administrators at SSUDS (Creswell & Plano-Clark, 2011).

Following conclusion of the implementation stage of the study and preliminary data analysis, student participants resumed normal after school activities, assistants were thanked for their work, clothes were distributed to the control group, and all other aspects of implementation were concluded. The researcher then turned to thorough data analysis and interpretation as reported in Chapter IV and V.

CHAPTER IV

RESEARCH QUESTIONS AND DATA ANALYSIS

Purpose of the Study

The purpose of this study was to investigate the possibility of improving empathy in a group of students who are at risk for poor empathy development. The consequences of poverty produce, among other outcomes, generally altered psychological frameworks including a reduction in empathy (Trout, 2009). As has been demonstrated, the reduction in empathy is a correlate of adverse social behavior and a clear impediment to success in the academic environment. This study investigated several approaches to improve empathy in children of low-income families who attend a single, small, urban, district school.

The study was completed as planned over a six week period. Ninety-nine students attended sessions with 80% attendance and took both pre and post-tests at the school. All third and fourth grade students were given an equal opportunity to participate in the study with signed permission from a guardian (and personal agreement). Once these students were determined, their names were codified, placed in a hat, and randomly drawn for group assignment. A mock focus group session was conducted with five program facilitators to help the researcher better develop questions and points of discussion for the focus groups, remove any bias, accumulate background data, and acclimatize the methods of research. Two other focus group sessions were conducted with four teachers of the participants involved in the study and eight program

facilitators. Following data collection, scores were obtained for the pre and post-tests. Pre and post-tests were scored by the directions provided by the author. Students received one point for an empathetic response and zero points for a non-empathetic response on the survey. The minimum a student could score was zero, and the maximum score was 22. The majority of students scored somewhat closer to the middle of these two scores. Scores were computed for submission to one-way ANCOVA (and ultimately, one-way ANOVA). Statements collected at focus group sessions were typed up by question and summarized. Complete interview transcripts are placed in Appendices I and J.

All remaining procedural details, for example, gift distribution and acknowledgements, were then completed. Clothes were distributed to all of the remaining third and fourth grade students who took part in the control group and the empathy training groups. Current phone numbers were collected in preparation for future activities with the program participants. Teachers were provided with gift cards for their participation in the study, and persons involved in the study were thanked for their efforts over the course of the study.

Research Question One

Research Question 1: Will self-reported levels of empathy be altered across the various experimental treatments imposed during the study?

Null Hypothesis 1: There will be no alteration in empathy levels after students receive experimental treatments.

Table 1 illustrates that program participants were randomly divided into four, different groupings: control group (N=23); a group of students who received only clothing (N=25); a group of students who received after-school, empathy training only (N=25); and a group of

students who received clothing and after-school, empathy training (N=26). Table 1 shows the

empathy training only group demonstrated a larger difference in means between pre and post-test

scores (*M*=2.12*, SD*= 2.619) than the other three groups.   The mean difference in post-test

scores for the students who attended empathy training and received clothing (*M*=1.54,

SD=1.964) was also relatively large. Both of these groups demonstrated higher posttest scores

than pre-tests. Students who only received clothing demonstrated smaller differences between

pre and post-test scores, and these scores were negative; that is post-test means were smaller than

pre-test means. The combined mean difference for the post-tests of the 99 students who

participated in the study was .54 with a standard deviation of 2.779.

Table 1 Difference in Means Between Scores

Groups	*N*	*Pre M*	*Post M*	*MD*	*SD*
Control	23	13.26	12.39	-.87	2.528
Clothes	25	13.32	12.52	-.80	2.708
Empathy	25	11.48	13.52	2.12	2.619
Empathy/Clothes	26	11.23	12.77	1.54	1.964
Total	99	12.29	12.81	.54	2.779

To determine the significance of the differences between the pre and post-test means of

the various different treatment groups in the study, a planned, one-way analysis of covariance

(ANCOVA) was conducted (Green & Salkind, 2008; Hinkle, Wiersma, & Jurs, 2003; Horn,

2013). ANCOVA is typically employed as the test of choice for researchers who seek to

consider the significance of pre and post-test data (Horn, 2013) and is commonly applied to data accumulated from specific cases that were measured with different treatments (Green & Salkind, 2008). In this study, ANCOVA was intended to be used to determine if the adjusted pre-test scores of the given population (students in the study) were equal across all of the four different groupings in the study (Green & Salkind, 2008; Hinkle et al., 2003). However, after computing the statistics, problems emerged with meeting assumptions for this statistic.

The Levine's Test for Equality of Variances was conducted to determine if the variances of the student population's test scores could be assumed to be homogeneous and that the data met the assumptions of ANCOVA (Green & Salkind, 2008; Hinkle et al., 2003). Levine tests the null hypothesis that the error variance of the dependent variable is equal across groups (Green & Salkind, 2008; Hinkle et al., 2003). The test results allowed for the assumption of homogeneity in that there were no significant differences in variance. Therefore, the first assumption for ANCOVA was met (Hinkle et al., 2003; Horn, 2013). However, for the results of ANCOVA to be considered, the between-subjects effects of the covariate must produce a non-significant result (Hinkle et al., 2003; Horn, 2013). This test examines the interaction between the covariate (pretest) and dependent variable (posttest) and determines if the homogeneity-of-regression assumption was met (Hinkle et al., 2003; Horn, 2013). The significant test result, $F(1,94) = 70.17$, $p = 0.00$, demonstrates that ANCOVA could not be employed in the study. Since the assumptions of the ANCOVA test were not met, the test could not be used to satisfactorily correct the scores of the post-test (dependent variable) for the initial differences in the group's pre-tests (covariate) (Green & Salkind, 2008; Hinkle et al., 2003; Horn, 2013). Although procedures exist for attempting to counter this situation (Kim, 2010), accomplishing this task is acknowledged as difficult and problematic. Therefore, the conclusion was reached to perform a

74

one-way analysis of variance (ANOVA). ANOVA is an effective test for evaluating data

consisting of scores on two different variables (pre and posttest) (Green & Salkind, 2008; Hinkle

et al., 2003). The pre-test scores for all of the students in the study were subtracted from their

post-test scores to provide differences for each participant. These scores were then used to

calculate the ANOVA. The Levene Test of Equality of Error Variances was performed, and the

results allowed for the assumption of homogeneity in that there were no significant differences in

variance, $p = .423$. Therefore, the assumptions of ANOVA appear to have been met (Hinkle et

al., 2003), and results are as follows.

   Table 2 shows the results of the one-way ANOVA. The test is significant, $F(3,95) =$

9.81, $p < .05$, between the groups on the posttests, and 24% of the variance is attributed to

groups. The Partial Eta Squared column indicates a strong relationship between the score

differences and the treatment groups in the study. The results indicate the null hypothesis can be

rejected. Since the overall F test was significant, follow-up tests were needed to determine

differences between the treatment groups.

Table 2 Test of Between Subject Effects

Source	SS	Df	MS	F	P	PES
Groups	178.916	3	59.639	9.807	.000	.236
Error	577.710	95	6.081			
Total	756.626	98				

The results of all possible post hoc comparisons using the Tukey Honestly Significant Difference (HSD) Test (Hinkle et al., 2003) are listed in Table 3. *SS* is the sum of squares; *df* are the degrees of freedom; *MS* is the mean squared; *F* is the F Test; *P* is the level of significance; and *PES* is Partial Eta Squared. Of the six possible comparisons, four were found to be significant. These significant groups were the Control and Empathy Training groups ($p < 0.01$) with the empathy mean exceeding the control mean; the Control and Empathy Training/Clothing groups ($p < 0.01$) with the empathy/clothing mean exceeding the control mean; the Clothing and Empathy Training groups ($p < 0.01$) with the empathy mean exceeding the clothing mean; and the Clothing and the Empathy Training/Clothing groups ($p < 0.01$) with the empathy/clothing mean exceeding the clothing mean. There was no significance between the Control and Clothing groups and the Empathy Training and Empathy Training/Clothing groups. In all, significant comparisons emerged with empathy training and empathy training/clothes exceeding the control or clothes only scores.

Table 3 Multiple Comparisons (Tukey HSD)

Group	Group	*MD*	*SE*	*P*	Lower Bound (95% CI)	Upper Bound (95% CI)
Clothes	Control	.07	.712	1.000	-1.79	1.93
Empathy	Control	2.99	.712	.000	1.13	4.85
Empathy/Clothes	Control	2.41	.706	.005	.56	4.25
Empathy	Clothes	2.92	.697	.000	1.10	4.74
Empathy/Clothes	Clothes	2.34	.691	.006	.53	4.14
Empathy	Empathy/Clothes	.58	.691	.834	-1.22	2.39

Table 4 illustrates the effect sizes of the different groups. Determining the effect sizes between groups is important for research (Wilkinson & APA Task Force on Statistical Inference, 1999). According to Hinkle et al. (2003), "effect sizes provide another measure of the magnitude of the difference expressed in standard deviation units in the original measurement" to help determine "practical importance" (p. 249). Any score over .5 is considered to be a large effect size (Cohen, 1988). The SPSS program does not calculate effect sizes directly. To determine the effect sizes, dependent t tests were conducted to obtain each group's t value and degrees of freedom. The t value was then squared and divided by t^2 plus the degrees of freedom (t^2/t^2+df). After taking the square root of this quotient ($\sqrt{t^2/t^2+df}$), the effect size was determined (Field, 2009). Table 4 indicates that there was a large effect size between control and empathy groups (.678), control and empathy training/clothing groups (.564), clothing and empathy training groups (.610), and clothing and empathy training/clothing groups (.600). There was only a

Table 4 Effect Sizes

Group Comparisons	Effect Sizes
Control and Clothing	.094
Control and Empathy	.678
Control and Empathy/Clothing	.564
Clothing and Empathy	.610
Clothing and Empathy/Clothing	.600
Empathy and Empathy/Clothing	.210

small effect size between control and clothing groups (.094) and empathy training and empathy training/clothing groups (.210), comparisons that failed to show statistically significant differences.

Research Question One Summary

The results indicate that there were self-reported differences in the empathy levels of students who participated in the study. Specifically, there were statistically significant differences between control and empathy groups, control and empathy training/clothing groups, clothing and the empathy training groups, and clothing and empathy training/clothing groups. The results all implied the impact of empathy training. These four pairwise comparisons produced effect sizes that are considered to be large (Cohen, 1988). The null hypothesis was then rejected as a significant difference was identified.

Introduction to Qualitative Data

Research questions two and three in the mixed methods study were completed with a focus group methodology. Focus group interviews were designed to discuss particular topics with small groups of people (six to eight) for up to two hours (Patten, 2009). The primary focus of the researcher in the focus group interviews was to remain flexible, listen well, and ensure that all parties involved were given the same opportunities to speak (Flick, 2009). The researcher extended an invitation to all of the teachers and facilitators of the participants involved in the study. The focus group interviews were recorded, and all of the teachers and facilitators effectively and eagerly answered the questions presented to them. The teachers were aware of the empathy training program but lacked details of the program. In illustration, one of the

teachers commented before the interview that she "really didn't know enough about what went on in the study program." Research question two deals with the teachers involved in the study, and research question three deals with the program facilitators.

Research Question Two

Research Question 2: Will teachers report differences in the empathetic behavior of students who receive the experimental treatments designed to increase empathy in the study?

One of the techniques employed to collect the qualitative data of the study was a 45 minute focus group interview (Flick, 2009) with the teachers of the participants. The focus group was conducted at the conclusion of the study, and structured interview questions were employed. Students who participated in the treatment program were the topic of discussion in the focus group at the school. The purpose of the focus group interview with the teachers was to collect data in context from individuals who observe daily conditions within school hours and thus were able to detect behavioral changes in children. The teachers of the participants were given the opportunity to decline the interview, and those who did agree to participate signed a consent form. Four teachers of the study participants were in attendance for the focus group interview.

Question One: Will you please discuss any observed restraint from students who could have exhibited inappropriate physical interactions?

Full text of the teacher focus group comments is Appendix I. In summary, it was reported that one of the students got in trouble with other children during the course of the study and was placed by an administrator in ISS. The student was removed from ISS by the

79

administration and returned to class where students were watching a video. The same children

who provoked the above-mentioned student started to agitate him again. This time, the student

went to his teacher and asked to be removed from the contentious situation to avoid conflict.

The student demonstrated more self-restraint "toward the end of the study," but his teacher didn't

know if the fear of returning to ISS or the empathy training had the biggest impact on his

decision.

Another male student who participated in the study and remained in trouble for fighting

throughout the year demonstrated self-restraint. According to one of the teachers, this student

also asked to separate from a problematic situation with other students instead of engaging in

physical contact. This separation from conflict wasn't as consistent as desired, but there was still

a difference. Three of the teachers confirmed that a female student who was considered to be

"all over the place all day long," and "loud" was less assertive and demonstrated better behavior.

Things "have been much calmer in class," commented the teacher. Other teachers indicated that

another challenging student who participated in the empathy training program also exhibited

better behavior.

Question Two: Will you please talk about any prosocial behaviors that were exhibited by the

participants since the program started?

A student who stayed in continuous trouble at the school was observed apologizing to

another student for hurting his feelings. The other teachers were surprised to hear this response

during the interview. The student, according to his teacher, ran into another student on the

playground and uncharacteristically asked for forgiveness for the incident. Another program

participant who had relentlessly nagged and picked on other students stopped the harassment and

started to ask those students to play during recess. "Students are starting to band together," remarked one of the teachers. The teachers witnessed some of the children who stayed after school for the empathy training program asking other students who demonstrated more negative, aggressive behaviors to refrain from these negative attitudes and actions. These students also started standing up for other children who were bullied, specifically those children who appeared to be attempting to obey their teachers. Teachers reported more unity, teamwork, and manners from the program participants (please and thank you).

Question Three: Please discuss any demonstrations of listening that you had not previously observed for a given participant.

One of the students in the program was observed being more attentive in class. This student was typically off task and easily distracted before the study started. However, according to one of the teachers, this student stayed on task more near the end of the year, and there was a noticeable increase of focus and attentiveness. No other comments were made on listening.

Question Four: Please discuss any demonstrations of emotion that you had not previously observed for a given participant.

Typically when other students would get in trouble, several of the program participants were quick to laugh at them. However, again according to the teachers, there was less snickering at the expense of other students and more positive reinforcement for the expectations of the teacher to be met. If students started giggling or laughing inappropriately in class, some of the program participants would protest, remarking that things weren't funny and that the other children should make the right choice and listen to the teacher.

Question Five: Were there any situations where one of the program participants was affected by the emotions of another student?

According to teachers, a few of the students in the study seemed more emotional for hurting other students' feelings. Two of the teachers stated some of the female participants were observed being more compassionate towards other student's feelings. Girls in the program were seen hugging one another and being more affectionate. These same girls, according to the teachers, were antagonistic and combative before the study began. Another student who received incentives from the program asked permission to get those items for another boy in class so that child could feel special. Program participants more actively checked on the progress of other students. A couple of students at the school experienced tragedies in their personal lives during the study, and there was an outpouring of emotional support from the program participants (letters, cards, words of encouragement and empathy). Some students in the study gave small gifts to those ailing students and wrote empathetic cards. One study participant stood up in class and told the hurting students that he understood how the ailing children felt even though his feelings may not have been as bad. One teacher remarked, "There was an outpouring of emotion over the last few weeks in our class." These students also participated in counseling sessions during the course of the study.

Question Six: Please describe any situations where program participants tried to help another student or engage in that student's interests.

Children in the program volunteered to help struggling students who experienced difficulty in class. According to one of the teachers, one of the ESOL students in the program

constructed a project about Mexico and was visibly excited about his work. This student asked if he could share (the child was typically reticent to speak) his work in class. The program participants in this class were described as being empathetic, affectionate, and supportive of his efforts. These students normally wouldn't have "given a flip about other students' interests," indicated one teacher. However, these students listened to the boy as he presented his project, asked questions, and became more involved. A "bond" seemed to form in this class, and program participants were involved. This teacher credited the empathy training for some of the impact. Another teacher stated that her class also gave presentations and that program participants listened intently and clapped at the end of all of the projects. The kids who presented the projects felt "important" and "validated," replied two of the teachers. Another boy in the program uncharacteristically wanted to recognize one of his peers for doing well in sports. All of the teachers in the interview agreed that there were so many other students who really needed to participate in the empathy training program but were not chosen.

Research Question Two Summary

According to the qualitative data provided above, several of the students who received experimental treatments in the study demonstrated noticeable differences in empathetic behavior. However, it should also be noted, that only four teachers were present at the interview to discuss observed changes in empathetic behavior, and not every program participant was mentioned in the interview session. Only some of the children who attended the after school program were described as having noticeable changes in empathy at the study's completion. None of the members of the control or clothing only groups were described as having demonstrated changes in behavior.

Research Question Three

Research Question 3: Will program facilitators report differences in the empathetic behavior of students who receive the experimental treatments designed to increase empathy in the study?

This 75 minute focus group was conducted with program facilitators at the conclusion of the study, and structured interview questions were employed as with teachers. Students who participated in the treatment program were the topic of discussion in the focus group with the facilitators. The purpose of the focus group interview was to collect data in context from individuals who observed the interactions of students attending the empathy training program and thus were able to detect behavioral changes over the course of six weeks. Eight facilitators were in attendance for the focus group session, and all groups were represented.

Question One: Will you please discuss any observed restraint from students who could have exhibited inappropriate physical interactions?

Full text of the focus group comments is contained in Appendix J. In summary, there was an overwhelming consensus among the program facilitators that in the beginning of the program study, there was little-to-no restraint from most all of the participants. Students were completely "disruptive at the start of the study," indicated one facilitator. There was "no restraint in the beginning," remarked another facilitator. Other facilitators echoed his sentiment. The children "touched one another; they pushed, shoved, ran around, made faces and noises, and refused to listen," stated another facilitator. One other facilitator described the first 30 minutes of week one as "completely chaotic and depressing" and students "did what they could to distract others." A few of the children in the study were extremely insubordinate and belligerent at the

study's onset. "I am a woman and I never thought I'd be pushed and yelled at by a nine-year-old child," commented one of the facilitators. However, as the weeks progressed, the same facilitator witnessed an "overwhelming amount of verbal and physical restraint." Positive, respectful, and proactive communication started to replace the negative behavior demonstrated in the first week of the program. The facilitator went on to say, "My fear started to subside after the first week" as more self-restraint was exhibited. All facilitators commented that as the weeks progressed, and the kids witnessed empathy continuously being modeled from the leadership, there was a perceptible turnaround in all of the groups. Students started removing their hands from one another, took their seats when asked, and wild noises and gestures waned consistently. When one student would condemn another student, other program participants would come, typically in groups, to the defense of that person and would encourage the other student to make the right choice. However, one facilitator indicated there were still isolated events that took place throughout the course of six weeks where students didn't demonstrate self-restraint (not sitting down, not asking permission). In illustration, some words were exchanged during the fifth week between two group members, but the problem was quickly resolved through proactive communication and understanding, not a physical altercation.

Question Two: Will you please talk about any prosocial behaviors that were exhibited by the participants since the program started?

As the weeks progressed, facilitators observed several prosocial behaviors emerge. Many of the introverted and aloof ESOL students started to gain confidence and speak out in their groups, while the other more extroverted members of the group consistently encouraged respect for the ESOL students' voices. Facial expressions started to change; students seemed as if they

85

were "pleased to be in the program," one facilitator remarked. If there were students who

exhibited non-empathetic behaviors and responses in the various groups, other members were

quick to rehearse previous lessons, modeling the proper empathetic response/action/behavior for

those students. All facilitators concurred these behaviors were not evident at the start of the

study. Several of the students would slouch and non-verbally exhibit an apathetic attitude during

week one of the study. "It's like they didn't even care," exclaimed one facilitator. However,

most of the students started to posture themselves in a more respectful position (conducive to

listening) and typically (but not all of the time) would communicate displeasure if a peer didn't

do the same. Facilitators considered these actions "empathetic." Program participants were

observed lining up at the door of the cafeteria to help facilitators as they carried materials and

supplies for the afternoon sessions. These students greeted their leaders with hugs and high-fives

during this time, and several of the students asked the facilitators about their day after the

personal greeting. Many of the students, according to the facilitators, started the study by cutting

in line and pushing one another when various items were given out in the cafeteria before the

break-out sessions. However, as time progressed, patience and subsequent behaviors started to

surface from the students. The disrespectful behaviors exchanged between the different races

earlier in the study also alleviated somewhat, and a more team oriented, all-inclusive, prosocial

set of behaviors started to materialize.

Question Three: Please discuss any demonstrations of listening that you had not previously

observed for a given participant.

All of the facilitators reported minimal listening skills from most all of the students at the

commencement of the study (save the more quiet, ESOL learners). By weeks three-four of the

study, most all of the learners were more controlled and subdued, and as previously mentioned, more likely to sit down in a respectful and attentive manner when the lessons started. Many of the students were obviously listening to their facilitators, because all facilitators reported a more consistent reiteration of comments made by peers and adults alike. However, one facilitator admitted having a difficult time getting "certain children to listen." A few of the "ring leaders" in the four groups who typically used their influences to promote aggression started to come to the aid of the program facilitators if other students were not listening or paying attention. Many of the students started to submit to authority regularly, especially when it appeared that facilitators' feelings were being hurt. As the study neared conclusion, many of the more aggressive participants only had to be asked once when leaders made suggestions to them; these behaviors were non-existent in week one. All of the groups reported instances where program participants separated themselves from one another to avoid conflict or distraction but also reported instances where friends would talk too much.

Question Four: Please discuss any demonstrations of emotion that you had not previously observed for a given participant.

Many of the African American females in the study were observed being more affectionate, caring, and empathetic throughout the course of the study. These individuals were reported as being quite "headstrong, stubborn, and selfish" at the study's opening but demonstrated helpful, caring, and accepting attitudes as the weeks progressed. These girls, along with many of the male participants of all races, became really interested in physical contact and demonstrative with facilitators by rubbing arms, holding hands, hugging, and similar gestures. All of the program facilitators commented that most all of the students consistently sought out

affection and physical contact as the weeks advanced. One facilitator noted, "It seemed as if they were hungrier for affection than they were any of the incentives." Compliments became more endearing and more numerous throughout the six week study, and a few of the participants called the facilitators "mom and dad," repeatedly saying "I love you." Many of these same children had acted defensive and callous in the beginning of the study. "Students looked like they were becoming more sensitive," indicated one facilitator. Other facilitators noted that around the middle of the study, study participants started asking more intimate and personal questions (how their days had been and what their lives were like). Students became "very emotional" concerning their voices being heard in each of the respective groups, stated several facilitators, who also said they didn't have to bribe the students with incentives to participate and to support one another by the end of the study.

Question Five: Were there any situations where one of the program participants was affected by the emotions of another student?

The empathy training program included role playing techniques and the use of literature to open up discussion about things that made group participants depressed. All group facilitators reported hearing appalling and devastating information about the student's lives. By the conclusion of the study, all facilitators witnessed a tremendous appreciation and concern for the difficult, life conditions of the students. Several program participants embraced storytellers who were distressed by realistic and hurtful circumstances. Students "patted one another's backs, held hands, hugged, and even offered help for hurting kids." One boy said "he'd go to the house of another boy and protect him," indicated one facilitator, who also stated these moments ultimately led to "deep conversations." Facilitators started feeling like "actual members" of the

peer groups and were able to "facilitate instead of dictate," expressed one facilitator. Several

boys, described as challenging at the onset of the study, were observed reaching out to some of

the less involved students during these times. Two of the facilitators described instances where

two students who threatened to leave the program after week one came to the defense of two,

distressed, ESOL children who seemed to receive the brunt end of a joke or conversation. All

facilitators reported starting out as isolated individuals but concluding the study as more of

cooperative team. One facilitator joked, "We were never perfect." Other facilitators agreed. As

the facilitators said their farewells to the children at the study's conclusion, many of the students

became extremely emotional and demonstrated their emotions with tears and an outpouring of

physical and verbal affection. "I cried all the way home," one facilitator reminded. "Those kids'

lives were truly touched," she continued.

Question Six: Please describe any situations where program participants tried to help another

student or engage in that student's interests.

A more collective atmosphere of sharing and teamwork became more apparent, according

to facilitators. Students from all four groups were observed helping struggling students with

poster boards employed during the lessons, even assisting them with spelling; these actions were

reported as "non-existent" at the genesis of the study. "In the beginning it seemed like they

wanted to hurt each other," stated one facilitator. Many of the students started to share food and

candy with one another, and the selfish attitudes of many of the students lessened by week six.

Facilitators remarked that several of the study participants seemed to become protective of one

another, especially in the cafeteria, by ensuring that each student received equal amounts of

candy, snacks, food, and incentives during-and-after the study sessions. All facilitators remarked

that support for equal distribution was not visible at the start of the study. Stealing was common in week one, and facilitators noted that these deceitful acts didn't stop completely. However, by the conclusion of the study, students who were questioned about taking something that didn't belong to them often told the truth, and items were consistently returned to the respective owner.

Research Question Three Summary

Based on the qualitative data provided above, the students who received experimental treatments in the study demonstrated noticeable differences in empathetic behavior, according to the facilitator's account. However, it should be noted, that many, but not all, of the children who attended the after school program were described as having noticeable changes in empathy at the study's completion.

Differences were discovered for the research questions guiding the study. The quantitative aspects of the study demonstrate significant differences between children who did not stay after school for empathy training and the ones who did attend the training, and the effect sizes are considered large (Cohen, 1988). The qualitative aspects of the study also suggest noticeable differences in the empathetic behaviors of the students who attended the empathy training. A discussion of the findings, potential explanations for the findings, methodological concerns, and suggestions for future research will be the topics of the final chapter.

CHAPTER V

SUMMARY AND DISCUSSION

Introduction and Statement of the Problem

Chapter Five will provide a summary of this study. This chapter will re-examine the statement of the problem, purpose, significance, and methodology of the study. Chapter Five will close with findings, implications of results, problems from the study, recommendations for practice and future research, and conclusion.

As has been seen and demonstrated by the literature, living in a poverty-stricken, aggressive culture is correlated to students becoming overly aggressive or even violent (McMahon & Washburn, 2003). The proliferation of antisocial and dysfunctional behaviors like incivility, outrage, and lack of empathy starts in early childhood and carries over into school (Lichter et al., 2002). Therefore, at-risk youth living in poor, urban environments tend to be more individualistic instead of communalistic, self-involved instead of empathetic, and concerned with material possessions instead of achieving social or educational goals (Lichter et al., 2002). Trout (2009) indicates that an empathy deficit frequently exists for children of low-income families because of a lack of educational opportunities and available resources. Research suggests that this lack of empathetic concern contributes to behavioral problems, increased aggression, social maladjustment, interpersonal violent behavior, and illegal weapon possession (Sams & Truscott, 2004). Because rising aggression, violence (Mott, 2012), and school safety

(Connor, 2004) have been a matter of public and educational concern, there is a need to determine effective ways of reducing this trend. One approach may be through enhancing empathy in children at risk for aggressive and violent behavior.

Purpose of the Study

Many students who live in impoverished urban areas and attend local, neighborhood schools are prone to negative social and aggressive behaviors and poor empathy development (Curtner-Smith et al., 2006). This reduction in empathy is a correlate of adverse social behavior and a clear impediment to success in the academic environment (Kaukianinen et al., 1999). Consequently, many urban, district schools struggle academically and continue to search for methods of solving copious behavioral problems. However, empathy can be improved in these at-risk students (Portner, 1997). Given an adequate amount of time and direction, most children can learn how to develop and demonstrate empathetic concern for others in an altruistic fashion and can come to the realization that other individuals have distinct opinions and beliefs that are readily dissimilar (Upright, 2002). This elevation in empathy can benefit schools, because individuals who have heightened levels of empathy are more likely to exhibit prosocial behaviors and are less likely to exhibit anger or aggression (Volbrecht et al., 2007). Students who are considered to be cooperative and supportive in class also have elevated levels of empathy (Litvak-Miller et al., 1997). Consequently, this study investigated several approaches which may help to improve empathy in children of low- income families who attend urban, neighborhood, elementary schools.

Significance

Many of the at-risk children living in poverty who attend these urban schools demonstrate unsettling behaviors and often get into trouble during the week. Empathy, however, can reduce these disturbing behaviors. Research suggests that individuals possess the ability to empathize at birth (Tucker, 2013). About the age of two, children normally possess the cognitive, affective, and behavior capacities needed to exhibit concern and to help individuals in need (Zahn-Waxler et al., 1992). Thus, focusing on the impact of the family on the lives of these children is imperative, because parenting and subsequent exposure to society throughout childhood and adolescence play a fundamental role in determining the actual development of empathy levels of an individual (Knafo et al., 2008).

Positive parental and familial involvement provides an enduring impact on the empathy levels of children (Swick, 2005). Empathy properly develops in children who have already developed feelings of attachment with their caregivers (Swick, 2001). Parental modeling of empathy is important for children as well, because modeling helps establish compassion as behavioral standard and affords the children discernible illustrations of empathetic behavior (Caldwell, 1989). When parent and child attachments are dysfunctional and children's physical and emotional needs have not been properly addressed, oppositional disturbances, noncompliant behaviors, and delinquency develop (Fonagy et al., 1997). If caregivers are unable or unwilling to model empathy and remain pessimistic, neglectful, and distant toward their children, the development of empathy is negatively affected and emotional maladjustment becomes common (Gauthier, 2003). An improper development of emotional regulation, empathy, and social competence often ensues in these children as well (Yoshikawa et al., 2012).

However, it is possible for education to develop a program designed to meet the needs of these children by reducing the risks of aberrant behaviors resulting from poverty in a precarious and violent society. Empathy training programs have proven to be successful at elevating empathy levels of children (Belgrave, et al., 2011). A proliferation of prosocial and empathetic perspectives, attitudes, behaviors and relationships will benefit all stakeholders in school, specifically students, teachers, and their corresponding relationships (Feshbach & Feshbach, 1982), and thus the more research available on determining empathy correlation to short and long term changes in behavior the better. There is a vast need in schools for children to learn how to experience and demonstrate empathy for others, because the development of empathy serves as the foundation for moral reasoning, judgment, decision making, and subsequent altruistic behaviors (Manger et al., 2001). When empathy levels are improved in students, there is a greater likelihood that disruptive behaviors will be mitigated, prosocial behaviors will be exhibited, and academic achievement may increase in the process.

Methodology

This study employed a mixed method, experimental design to investigate if self-reported levels of empathy could be altered across various experimental treatments. Ninety-nine third and fourth grade students participated in the study after returning permission slips from guardians and agreeing to participate. These students were randomly divided into four different groups. All groups received treat bags for participation. In the study, the control group received no incentives; the clothing group received sets of clothes; the empathy training group stayed after school for a two-hour, empathy training program; and the empathy training/clothing group remained after school for two-hours to participate in the program while receiving new sets of

clothes. All of the students completed a pre-test based on the work of Bryant (1982) before the

study began and post-test (Bryant, 1982) at the study's conclusion. The researcher examined the

pre and post-test scores of students in the study to determine if new clothing and empathy

training helped elevate self-reported empathy levels in low-income children who attend urban

district schools. The means of the pre and post-tests were compared across the groups seeking

significant differences using one-way ANOVA and appropriate *post hoc* analyses. The

researcher also queried teachers and program facilitators in focus groups to collect more

information on the behavior of the students under scrutiny, and their answers were analyzed.

Findings

The findings from the study were significant. Students who participated in the control

and clothing groups dropped almost a point on their post-test mean scores. However, the drop

for these groups may well represent regression to the mean, essentially a more accurate

representation of their scores on this scale. The empathy training group scored approximately

two points higher on post-test, and the empathy training/clothing group scored approximately

one-and-one-half points higher on the post-test. It was determined from the analyses that there

were significant differences between control and empathy training groups, control and empathy

training/clothing groups, clothing and empathy training groups, and clothing and empathy

training/clothing groups. Statistics were calculated to determine effect size, and it was

concluded that all of the differences were large (Cohen, 1988).

Teachers and program facilitators reinforced the statistical findings. Teachers reported

differences in the empathy levels of some of the students who attended the empathy training

program for six weeks. Facilitators also observed noticeable differences in the program

95

participants' behaviors, especially from week one to the conclusion of the study. Therefore, in this study there was a triangulation of data (not solely reliant upon quantitative data), because teachers and facilitators also observed changes in the empathetic behaviors of program participants. All of the results from the study support mutability of empathy in urban, middle-aged children living in poverty over a short term period. These findings also support the literature. Feshbach (1989) developed an empathy program where at-risk students individually received 30 hours of training in empathy, and as a result, empathy levels heightened. Doyle and Aboud (1995) also discovered improvement in children's empathy levels by exposing them to empathy training. Salmon (2003) demonstrated reduced suspensions, decreased office referrals, and improved grades through an empathy training program. Among many other programs, there was a significant decrease of aggression and increase of prosocial behavior for the children who participated in the Roots of Empathy Training Program (Sams & Truscott, 2004) as well.

Threats to Internal and External Validity

As with any study, certain aspects of the design could have affected the positive changes that were observed. The current study is no exception and some possible problems emerged in this investigation. In illustration, the current research delineated effects of specified techniques for elevating empathy levels in urban, middle-aged children who attend SSUDS and live in poverty. However, only short-term effects of the empathy training were scrutinized. Long term effects weren't taken into consideration. While results were positive, the endurance of the outcome is simply not known.

The instrument that was used in the study may have technical flaws. For example, the *IECA* (Bryant, 1982) only measured the affective elements of empathy (not cognitive) and could

have produced imprecise results. Students in the current study may or may not have answered

survey questions according to definite feelings. The normative sample on the *IECA* (Bryant,

1982) incorporated students who attended private, parochial schools, which may not accurately

measure at-risk students who attend SSUDS or other students who attend public schools.

It is possible that self-reported levels of empathy were altered in the present study,

because students were given an opportunity to stay after school, enjoy snacks, participate in fun

activities, eat delicious meals from local restaurants, and take home incentives accrued in the

program. Doing anything after school may have been a better alternative than taking the bus

home to some of the decrepit housing accommodations discovered in the study, and this situation

could have altered test results. In this regard, it is thus possible that the well-known Hawthorne

Effect (Patten, 2009) influenced the findings. In part, while this is a possibility, children who

received clothing only did not provide the same level of results as those children who received

training and clothing. This finding tends to question the results as being somewhat attributable

to Hawthorne Effect, but it does not eliminate the possibility.

It is unknown if the significant empathy gains of some of the program participants had

anything to do with the empathy treatment itself. Since there was not a fifth group of students in

the study who stayed after school only to spend time with willing adults (who did not participate

in empathy training), it is impossible to determine if the boost in empathy levels can be attributed

to the empathy training.

Based on the works of Campbell and Stanley (1963), there could also have been

contamination between the groups. As part of the experimental design of the study, incentives

were issued to different groups at different times throughout the course of the study. A few of

the students in the control group who participated in the study were observed being disappointed

for not immediately receiving clothing incentives like other randomly selected students in the study. There were also a few members of the control and clothing groups who were disappointed for not being able to attend after-school empathy training after learning of the program participants' fun and excitement during activities. Campbell and Stanley (1963) indicate that these "reactive arrangements" could affect the internal validity of the study and should be avoided (p. 20). The "history" of student interaction between the taking of the pre and post-tests "might produce effects confounded with the effect of the experimental stimulus," ultimately causing post-test scores to regress in the control and clothing groups (Campbell & Stanley, 1963, p. 5). Campbell and Stanley (1963) encourage researchers to control for these variables in the experimental design. However, there was no way that the researcher could prohibit discussion between group members at school over a six-week period. Facilitators were only present on school grounds once a week for two hours after school and could not manage what students did or did not decide to discuss with one another at school throughout the week. Each child was randomly selected for group appointment, and all incentives were provided to every student in the study after the training program concluded. In retrospect, a group engaged at school in typical after school care activities (watching TV or playing games on computers) might have yielded differing outcomes with the control group.

Implications of Research Findings

Successfully educating students who attend urban and often poor schools is a challenge facing education that has gained local and national attention. The at-risk students who attend urban, neighborhood schools are faced with overwhelming obstacles in school and, for many, the obstacles at home are typically more demanding. Success in school may or may not be a priority

for those students who live in sub-standard conditions, possess minimal resources, and often lack the support needed to excel in the classroom. Proper behavior may or may not be a priority for at-risk students who are taught one set of behaviors at school and another set of behaviors at home (Kozol, 1991). Achievement in the classroom can be exigent for any middle-aged student, especially those children who are exposed to other daunting variables such as poverty and low resource communities. If conditions of students are not addressed, even more intricate problems may await all students who walk the hallways of local, urban schools and the educators and administrators who attempt to lead them. Specific to this study, local urban schools spend a great deal of time and energy working to ameliorate the aggressive and disruptive behaviors of their middle-aged students who are living in poverty. These behaviors ultimately jeopardize the learning environment for all students who attend the school. However, empathy training might make a difference.

In this study, there was a statistically significant difference in student self-perceived behavior presumably as a result of the empathy training. This was seemingly corroborated by focus group derived observations of the participating adults in the study. Empathy training resulted in changed scores, but other treatments like new clothes did not make a difference in empathy as it was measured. Since there was no difference between the clothing and control groups, empathy training seems to have had a stronger initial effect than clothing or nothing. Clothing and empathy training may work together, but since clothing does not work by itself, speculation would be that empathy training was responsible for the significant differences demonstrated by statistics and qualitative interviews. Regardless, this study demonstrated that certain behaviors and attitudes can be altered short term in middle-aged students who attend neighborhood elementary schools. Based on the results of this study, empathy training programs

should be considered as a means for treating the negative social behaviors of the at-risk elementary students who attend urban, neighborhood schools and live in poverty. If self-reported levels of empathy can be altered in six weeks, longer, more comprehensive programs may carry the possibility of even greater results in behavior and academic achievement. Intervention strategies aimed at promoting empathy in students then are an accepted step in dealing with some of the immediate and long term behavior problems in urban, neighborhood schools, being recognized as a proactive or intervening tool (Feshbach & Feshbach, 1982). It is important to note that these results were preliminary and based largely on self-report. Observations did seem to verify changes in behavior, however, at least during the six weeks of study proper. Caution would be urged for full scale implementation in lieu of additional research but cautiously implemented, carefully targeted and evaluated programs might well be considered.

Why such a short duration and relatively unobtrusive program should have strong effects is a topic worthy of discussion. Children are born with the capacity to empathize with other people (Tucker, 2013), but life experiences determine how this empathy develops (Hoffman, 2000). Thus, there are some logical explanations why the study produced changes in the empathy levels of some students but not others. Perhaps not all of the students who attended the after-school program were considered empathy-deprived, although students were assigned randomly to treatment groups. Students were not assigned or analyzed by gender, age, or ethnicity, but while ethnicity was not considered a variable in the current study, specific themes emerged during qualitative data analysis that dealt specifically with ethnicity and should be addressed. Approximately half of the children who attended the empathy training program were categorized as ESOL students and were described by facilitators as being completely respectful,

attentive, benevolent, and considerate. These students mostly kept to themselves and seemed less likely to seek positive reinforcement, according to program facilitators. Most all of the ESOL students in the study rarely (if ever) got in trouble throughout the six week program and most were considered by facilitators as empathetic based on their actions throughout the training sessions. There appears to be an explanation for the exemplary prosocial behaviors demonstrated by these ESOL students who participated in all of the randomly assigned treatment groups with other students of different races. Abdul-Adil and Farmer (2006) indicate, "strong parental involvement is positively associated with a child's readiness and success in school, school attendance, positive attitudes toward education, and entry into post-secondary education" (p. 2). Teachers acknowledged that most of the parents of many of these ESOL students consistently come to the school for PTA activities, ensure their children come to school regularly and on time, are positive toward educational goals, and offer continuous support to their children who attend school. These students were also more likely to be picked up by parents after each weekly training session, and for the ESOL children who were dropped off by bus in the afternoon, the overwhelming majority was welcomed by adults waiting at the door. The literature speaks to the highly empathetic, family-oriented and supportive nature of many Latino communities, regardless of economic status, which readily embraces family, respect, and support for treating others like family (Bordas, 2007). Bordas (2007) notes, "The Latino saying *Mi casa es su casa* reflects a sprawling sense of inclusiveness and generosity," exemplified by "what I have is also yours" (p. 59). While many ESOL guardians lack the language skills needed to support their children academically, Latino guardians are likely to exhibit more intimate and protective behaviors over their children than non-Hispanic guardians (Center for the Advanced Studies in Child Welfare, 2013). Academic achievement, improved behaviors, accountability,

101

social skills, and attendance (Billman, Geddes, & Hedges, 2005) are all correlates of the parental involvement demonstrated by these Hispanic families, and these constructs were visible throughout the study. Many of the ESOL students in the study tended to score higher on the empathy pretests, and according to teachers, were also already deemed more empathetic in class based on the respectful actions demonstrated throughout the year. Based on observation, since there appears to be a strong, positive attachment with caregivers who are readily involved in their children's lives at school, it stands to reason that the empathy training would not impact these ESOL students as much as it would other children, because their empathy levels were higher before starting the program.

Many African American children who participated in the study made significant gains in empathy. These students were readily identified by teachers and program facilitators in the focus group interviews as having complete turnarounds in empathetic behavior. Several of these students had significant behavioral problems in class and when the study started (by teachers and facilitators) but demonstrated more prosocial behaviors by the study's conclusion. Teachers repeatedly indicated that unlike the ESOL students, most African Americans who participated in the program lack empathy but also lack attention and support from their families for whatever reason, and program facilitators reinforced these claims based on comments made by students in weekly sessions. These guardians are rarely seen at school, according to teachers, and seem non-existent in their child's lives. Most of the African-American students were forced to utilize the free bus transportation offered at the conclusion of each weekly study, and based on observations, many of these children were dropped off at empty establishments. The children who participated in the study were generally doing poorly in school often because of disruptive behavior, disrespect for others, and lack of attention (Whitehead, 2010). Based on the literature

review, inadequate parenting is at least related to other negative behaviors described by observers. Research demonstrates that parents and guardians of African-American students aren't typically involved in urban school settings (Smith, Krohn, Chu, & Best, 2005), which again contributes to poor academic performance and negative social behaviors (DeCastro-Ambrosetti & Cho, 2005). This appears to be the case in this study.

The students who demanded more affection from and gave more affection to program facilitators were African-American, several of whom called facilitators mom and dad, grandmother and grandfather. Many of these African-American students were categorized as "clingy" by the facilitators and even "attention deprived." As trust was earned and attachments formed with program facilitators over the course of the six-week program, empathy levels started to increase for many of these African-American students as demonstrated by the qualitative and quantitative results of the study. To this end, it should also be noted that one Hispanic child, who was identified by teachers as neglected and physically abused by certain members of his family, made one of the biggest gains in empathy according to posttest results and focus group interviews. This boy stayed in trouble at school, according to teachers, and attacked one of the female facilitators at the beginning of the study. However, he formed a tight bond with one of the male facilitators and was seen hugging him throughout the study. Teachers said his behavior completely changed after attending the study. Again, the parent-child attachment theory mentioned previously in the literature review supports these observations, and it appears, regardless of race, attachment with another individual and parental involvement helped support empathy development in many of the children who participated in the current study.

There may well be other reasons why many African-American students made more heightened gains in empathy in the study. Bandura's social learning theory supports the notion

that individuals learn how to act based on observing people around them and will ultimately

imitate these behaviors (Schunk, 2008). For six weeks, all of the students in the program had

empathy and other prosocial behaviors modeled before them, and it is likely that this modeling

increased student's "range and rate of learning" (Schunk, 2008, p. 128), while impacting several

of the student's empathy levels in the process. However, this theory does not explain why ESOL

students seemed less likely to make empathetic gains in the program. Perhaps ESOL students'

entry empathy levels were sufficient that a short term program could not demonstrate large gains.

Then again, based on the information gleaned from the study, it appears that the empathetic

involvement from program facilitators helped fill a social void in many of the African American

students who participated in the study, and empathy levels heightened. Based on observational

and other qualitative data produced by the research, the ESOL students appeared to possess more

concrete relationships at home (before the study began) and consequently were less likely to

need attachment with facilitators. Therefore, it is possible that the significant results

demonstrated by the study were positively correlated with relationship formation and trust

formed in the empathy training sessions, not the training itself. If this information is taken into

consideration, researchers could then question if attachment and involvement with parental-

figures with empathetic individuals were more responsible for the large effects in empathy levels

of many students in the program. This question is significant and merits further scrutiny to better

determine why short term gains were made in self-reported levels of empathy for some students

in the study. Not considering differences in ethnicity limited the utility of the study, therefore,

future studies should attend to this possible distinction as well.

The researcher has speculated that the results could be attributed to a Hawthorne Effect.

Recalling that original study, the results indicated that performance improved no matter what

was done, positive or negative, to the Hawthorne Plant workers (McMillan & Schumacher, 2010). However, by all accounts, what was done in the study was strictly positive and was unique in many of these children's experience. Thus, one may wonder if the program's findings might be attributed to a novelty effect (McMillan & Schumacher, 2010). For six weeks, program participants were taken out of their daily routines. Instead of going straight home after-school and facing daily life in an urban neighborhood, participants in the empathy training were loved, supported, encouraged, well-fed, treated with candy and snacks, and allowed to see empathetic behavior in action. However, the environment witnessed by program participants over the six-week training period (and even in the classroom) isn't necessarily representative of the atmosphere these students are forced to endure after school. During the empathy training program, students were given snacks before the empathy sessions and if extra food or drinks were requested by program participants, their requests were accepted. These students had meals catered especially for them each week, and leftovers were distributed so that the students had food to eat for the weekend. Incentives and rewards offered over the course of the study were high quality. Praise was abundant, affection visible, listening available, and support was readily available. However, following the program, many students went home to situations where extras are often non-existent and praise, affection, compassion, and support may or may not be available. Therefore, the question still remains if student gains in empathy will continue when the controlled atmosphere of the study gives way to life in an urban neighborhood.

Most all the students who rode the bus after the empathy training sessions travelled home to precarious situations. All children (regardless of race) in the study, many of whom reside in government housing projects, live in neighborhoods deemed precarious and unsafe by the surrounding community. In illustration, during the third week of the study, the assigned bus

driver for the program had to re-route her scheduled travel plans due to a fatal shooting on one of the streets where at least 15 program participants lived. This homicide was reported by all three major networks in the city. Students on the bus were described as being visibly upset, continually asking why "stuff like that had to happen" where they live. During training sessions, students would openly speak about murders, abuse, and ever-present danger at home. Being exposed to violence can negatively impact young people "by chronically activating the body's stress response, decreasing the reactivity of the brain to violence, and training the brain to solve problems with violence and hostility" (White & Swartzwelder, 2013, p. 221). This exposure, including the violence in video games, may cause children to "withdraw socially" during a stage of development where children need to interact socially in order to develop prosocial behaviors (White & Swartzwelder, 2013, p. 221).

Neighborhoods where the students dwell are also commonly known for heightened and illegal drug use and drug dealings. Based on observation, many of these children play in the streets where these activities take place. Research demonstrates that as middle-aged children draw nearer to middle school and adolescence, their brains start to possess characteristics that make drugs more appealing. This enhances the likelihood that they will experiment with them (White & Swartzwelder, 2013, p. 221), and these students need to look no further than the local street corner for a supply. As academic averages plummet and behavioral problems climb as these children continue in school, more prevalent opportunities to leave school and join gangs also become lucrative (Kronholz, 2011). According to Piaget's theory of cognitive development, the children being discussed in this study are in the concrete operational stage of development (Schunk, 2008). This stage is characterized by a major turning point in cognition as children become mature enough to think logically and operationally (Schunk, 2008). At this stage of

cognitive development, these middle-age students possess the ability to think carefully and "draw on their own experiences" (Schunk, 2008, p. 339). However, life experience in an urban neighborhood, up until this point in time, has been difficult at best, which likely decreases hope for a better tomorrow. Resources are scarce; living conditions are atrocious; educational opportunities are minimal; neighborhoods are violent; peer pressure is eminent; frustrations emerge; and being aggressive is sometimes the only tool that many of these children possess to survive in the urban neighborhood. Consequently, logical thinking suggests that external dreams for a successful future will be regularly exchanged for an internal, non-empathetic, survivalist mentality for these youth (Trout, 2009). Therefore, based on all of these interrelated variables, it seems unlikely that changes in empathy described in the study will continue. Changes in empathy appear to be more likely in controlled environments.

Recommendations for Practice

If high levels of empathy have been positively correlated to helping at-risk urban youth become less violent and aggressive (Cohen & Strayer, 1996), programs aimed at heightening levels of empathy should be considered in education. When individuals high in empathy commit aggressive acts, they become distressed and are less likely to commit the act again (Feshbach, 1964). Behavioral changes can be made in school as determined by this study, and empathy training programs can be implemented in every school pending approval from district supervisors and administrators. Empathy training cannot be considered a panacea for all of the problems facing urban, neighborhood schools, and more support outside of the school (discussed later) is needed. However, empathy training programs offer a great place for schools to begin dealing with the disruptive behaviors that cause so many problems in urban, neighborhood

107

schools. School leaders could also be utilized to help recommend children who seem to be more at-risk than others and could speak specifically to problems needing attention after school in training. This information would benefit facilitators immensely as they attempt to help students develop greater levels of empathy and other prosocial behaviors. To ensure continuity, teachers and administrators should also receive empathy training. This knowledge will allow all school officials to better model empathy and better reinforce information discussed over the course of the study. Having the information provided in the empathy training program repeated and modeled in class may benefit the students academically and socially.

The second consideration for practice involves parenting and time. Since positive parent-child relationships are fundamental for these at-risk students (Zhou et al., 2002), reaching out to the family members of program participants through direct communication and compassion could possibly strengthen family support systems, and in turn, impact empathy levels (Swick, 2005). Parents may even learn techniques and glean information needed to help their children at home, which may even benefit the parents personally. For parents who do not want to or cannot be involved, program facilitators could use that information to help reach out even further to their children. Once again, this study demonstrated that attachments made by caring facilitators may also impact empathy levels. More time is also needed with the actual program participants. Students were also only given 12 hours of actual study time over the course of six weeks. While empathy training programs have shown positive gains in empathy levels of students who participated in only six total hours of empathy training (Pecukonis, 1990), a longitudinal study where students could spend more time building relationships, developing trust, facilitating sessions, and observing student behavior could produce more gains in student empathy.

To make the program clearer, increased attention needs to be directed towards program facilitators and their training. An increased number of trained facilitators would help ensure that training groups remain small, and individual attention is given to more students throughout the program. Also, including a trained individual solely responsible for dealing with chronic problematic behaviors would allow facilitators to concentrate on empathy training instead of disciplinary action. Program facilitators should receive training that deals with all of the different cultures and hardships represented in urban, neighborhood schools. This information will help facilitators possess a better understanding of the traditions, customs, and hardships of these students. Also requiring all facilitators to take a tour of the neighborhood where these children live will allow facilitators to put things in better perspective. All of this knowledge could possibly impact the empathy levels of students and facilitators alike. To this end, the students under scrutiny spend almost eight hours a day at school Monday through Friday with limited time outside of the classroom. Several of the students in the study expressed displeasure about having to stay at school for such an extended period of time (despite study happenings). Thus, a change of surroundings could have proven advantageous to heightened student empathy levels by adding a more personal touch to the sessions.

When dealing with altering empathy levels of at-risk students who attend urban, neighborhood schools, the best case scenario is probably limited to altering levels of empathy in school. Increased observation is needed to determine if and how long increased levels of empathy exist outside of a controlled environment. To help sustain the improvements made in empathy and prosocial behaviors during empathy training, other social programs in designated places are needed outside of the school that can daily offer students reprieve from their surroundings and continual, positive reinforcement. Programs outside of the empathy trainings

109

could also work in conjunction with teachers, administrators, and training facilitators to ensure tenets learned in school and in empathy trainings are reinforced. As empathy is continually modeled in and outside of school, resilience training could also be utilized to help these students make more prosocial choices in the midst of neighborhood pressures. In resilience training, youth learn to identify erroneous thoughts, assess the thought's truthfulness, and confront unconstructive beliefs with a more constructive alternative (Gillham & Reivich, 2007). This program would also offer an effective supplement to the empathy training and would likely increase the chances that the self-reported gains in empathy training were sustained outside of school.

Suggestions for Future Research

The data produced by the current study are only preliminary. Other research in the field is needed. The topic of elevating empathy levels in urban, middle-aged students who attend local neighborhood schools and live in poverty offers researchers many possibilities for future research.

As determined by this study, children behave a certain way under specific conditions in a controlled environment. However, it is yet to be determined if these students will act the same in a different environment. As the adults in the study pull away and the support from training lessens, future research is needed to see if the children will act the same. There is no way to verify that the changes in the current study were lasting. Therefore, a longitudinal study is needed to determine if there can be long term changes in empathy and if gains in empathy can be sustained outside of the classroom where heightened pressure, drug use, and gang involvement are prevalent. If the differences in empathy can be maintained over the long term, additional

110

investigation could also include the best method for sustaining empathy changes in these students. The literature should be examined to support future directions and to determine how school, family, and community may change the outcomes.

The treatment groups employed in this study were new clothes, two-hour empathy training sessions, and two-hour empathy training sessions with new clothes. Since the current study revealed that empathy levels of children can be modified, future research should consider other possible treatments for modifying empathy. Also, further investigation is needed to determine what conditions create the greatest levels of empathy alteration in children.

It is possible that the random sample of students drawn for this particular study do not reflect other at-risk students who attend urban, neighborhood schools and live in poverty. Since only a small number of students from SSUDS located in the southeastern portion of the United States were considered in the current study, additional research could include larger numbers of students from other urban, neighborhood schools (in different areas) that may help determine if the results found in this study transfer to other students.

Poverty may affect students of different ages differently. The current study investigated students who were in the third and fourth grades. There is limited evidence as to the best age to conduct empathy training. Additional investigation is needed with students who are younger than the students who participated in this study. There is added research available for students who are older than the present sample, but limited empirical evidence exists concerning the effects of empathy training on younger elementary school students who attend local, urban schools. The distinctiveness of that age group would appear to encourage additional research.

Further investigation on the effects of empathy training need not only delineate urban, middle-aged children who attend local, urban, elementary schools and live in poverty. Special

needs groups should also be considered for future study as well as other sub-populations of students. Researchers could seek to determine if students from other cultures, schools, and economic backgrounds demonstrate similar results as well. The need to take poverty into account for this study was a frequent theme in the review of literature (Lichter et al., 2002; Maccartney, 2011), and poverty was inextricably woven to the empathetic development of the children who participated in this study. However, poverty is not restricted to urban areas. More research is needed on the impact empathy training has on at-risk students who live in impoverished rural environments.

Subsequent research is needed to determine if empathy training or merely time spent with affectionate and benevolent adults was the cause of the significant differences in student's empathy levels discovered in the study. To determine if the actual empathy training was responsible for self-reported increases in empathy, future research could include additional groups of students who remain after school with other adults but do not participate in the actual empathy training itself. Also, a series of longitudinal studies where students start the empathy program at a young age and are continually monitored for a long duration would be beneficial.

Ethnicity and gender were not constructed as attribute independent variables in the study but possibly should be so considered for future research. Inner city children at a local neighborhood school were observed in this study, but data were not specifically organized nor collected with regard to ethnicity and gender. Conventional analyses were thus precluded. However, based on teacher and facilitator observations, there were distinct behavioral differences in results for the different ethnic groups in the study, and perhaps to a lesser extent, gender. Therefore, experimental treatments imposed during this study may have impacted gender and the various ethnic groups (in this case African American and Hispanic) differentially.

Investigation of these group differences should be contemplated in future research as treatments might proceed accordingly. Looking at the effect of a majority culture engaging with a minority culture in a charitable capacity and how that may influence relationships is also worthy of scrutiny.

Conclusion

All students should have the right to expect that the educational system will help provide them with a solid opportunity to succeed. However, some children who attend classes lack this belief. One of the paramount objectives in education is ensuring that individual needs of every student are met in the classroom so these students are properly equipped to meet the needs of society. Not all needs are academic, and at any rate, these other needs must be met (Maslow, 1954) to increase the likelihood of academic achievement. In the view of the current researcher, empathy training should be considered by education as another avenue where the individual needs of students can be met. Based on the findings of this study, empathy training can be utilized to alter, for the short term, the self-reported empathy levels of middle-aged children who attend urban, neighborhood schools and live in poverty. While empathy as an internal skill cannot be developed instructionally (Tanndag, 1992), the empathetic potential of another person can be heightened through comprehensive training (Sahin, 2012), and this study reinforced that assertion. Granted, there are many problems and challenges facing these students and the schools/school systems that attempt to educate them, and many of the impediments are outside of the school's reach. Neither school systems nor individual schools can ensure that every child who attends these schools lives in proper conditions, consumes healthy food, drinks clean water, possesses adequate clothing, and experiences the positive, support systems needed to excel in

113

school. However, by attempting to mitigate levels of aggression through empathy training, at-risk students who attend urban, neighborhood schools and typically lack prosocial behaviors may receive help, and other students who are forced to deal with these students on a daily basis may increase personal levels of understanding and may attempt to aid in the process as well. Increased empathy levels in the students may then enhance the culture and climate of the school, offer teachers and administrators a better environment to prepare students, decrease behavioral problems, and increase levels of academic achievement. Empathy training may not be enough by itself, but when combined with other promising affective strategies like resilience training (Gillham & Reivich, 2007), the potential for altering at-risk students' affect is substantially heightened.

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116

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APPENDIX A

STATEMENTS OF PERMISSION

HAMILTON COUNTY DEPARTMENT OF EDUCATION
3074 Hickory Valley Road
Chattanooga, Tennessee 37421
423.209.8600 • Fax 423.209.8601

Rick Smith
Superintendent

February 28, 2013

Dear Mr. Yother,

I have read your proposal title, The Impact of Specialized Treatment on the Empathy Levels of Urban, Middle-Aged Elementary School Students, and in our conversations you have made the purpose and activities of the proposed project clear to me. Your research represents an attempt to produce outcomes that are greatly needed by many students. I am happy to approve your research as you have described it. It is my opinion that your activities are potentially valuable to the district and positive results could lead to a consideration of similar programs in the future.

You have my approval and support to conduct this research project. I look forward to discussing the outcome of the study with you in the near future.

Sincerely,

Rick Smith
Superintendent

East Lake Elementary
3600 13th Avenue
Chattanooga, TN 37407
423/493-0366-Office
423/493-0370-Fax

Joyce Lancaster, Principal
Nikki Bailey, Assistant Principal

2/28/13

Dear Mr. Yother,

I have read your proposal title, The Impact of Specialized Treatment on the Empathy Levels of Urban, Middle-Aged Elementary School Students, and in conversations, you have made the purpose and activities of the proposed project clear to me.

As per our conversation on 2/28/13, I have requested the following.
- Friday will be the 1 day a week that you are at East Lake Elem.
- I will be provided with a list of your workers.
- All workers will have had cleared fingerprinting done.
- Insured transportation will be provided.
- Your workers will be at East Lake Elementary by 3:00 on Fridays.

Your research is important to East Lake Elementary School and represents an attempt to produce outcomes that are greatly needed in our school. I am happy to approve the research in East Lake Elementary School as you have described it, as long as the mentioned conditions are met.

It is my opinion that your activities are potentially valuable to the school, and positive results could lead to a consideration of similar programs in the future. You have my approval and support to conduct this important research project. I look forward to participating and discussing the outcome of the study with you in the near future.

Sincerely,

Joyce Lancaster

Joyce Lancaster
Principal
East Lake Elementary School

148

APPENDIX B

PARENTAL CONSENT FORM TO PARTICIPATE IN RESEARCH

Dear Parent or Guardian,

Hello! My name is Ronald Yother, a doctoral student of Dr. Ted Miller in the Department of Education at The University of Tennessee-Chattanooga. I currently teach in the Hamilton County Department of Education and have done so for three years. I request permission for your child to participate in a research study to be used for my doctoral dissertation. I am conducting research on raising empathy levels in students who attend urban, Title One schools. I hope to find out from the study if distibuting clothes and conducting empathy training for students who attend these schools will help them better develop prosocial behaviors like empathy. This study has been approved and endorsed by Mr. Rick Smith, the Superintendent of the Hamilton County School system and East Lake Elementary's principal, Ms. Joyce Lancaster. All volunteers will be fingerprinted and approved by Ms. Lancaster before the study begins to ensure safety.

The study will only be six weeks long and will take place in the cafeteria from 3:00 to 5:00 P. M. every Friday after school. The program has been designed to help your child have a lot of fun! The study consists of the following activities:

1. Your child will meet in a group with other East Lake students to discuss the day's activities.
2. Students will break up into groups of 10 to participate in discussions and activities centered around empathy and how to demonstrate concern for others. No activities will be videotaped.
3. After the interactive activities, your child will then rejoin the other students to discuss what they learned for others to hear.
4. Afterwards, all of the students will receive a hot meal provided by the training facilitators.
5. Once the session is over, if you can't come pick up your child, transportation will be provided for you.

Everything will be explained in terms that your child can understand as all of the volunteers have children of their own and each have at least 10 years of experience working with elementary school children. Your child will participate only if he or she is willing to do so.

Students will be given a short survey before and after the program to see if there were any changes in their levels of empathy. Only I will have access to the the test results. The names of your children will be codified for confidentiality purposes and a former teacher at East Lake Elementary will help oversee all of the weekly sessions to ensure that all children are being treated fairly. For any interested parents, a summary of the survey results will be provided. Please indicate at the end of the consent form if you wish to have these results sents to you. If so, please provide your mailing address. If you do not wish to have the survey results sent to you, you may contact the school to obtain the results of the study. These results will be made available for one month.

Partcipation in the study is voluntary. Your decision to allow your child to participate in the study will not affect the services normally provided by East Lake Elementary. Even if you give

permission for your child to participate, he or she is free to refuse to participate. If your child agrees to participate, he or she can leave the study at any time without any pressure to stay.

Should you have any questions, please feel free to contact me at 423-385-5007 or e-mail at Ronald-Yother@utc.edu. If you have any questions regarding your child's rights as a research subject, you may contact the chair of the University of Tennessee-Chattanooga's Institutional Review Board (IRB), Dr. Bart Weathington, at 423-425-4289 or e-mail at instrb@utc.edu. Please keep this letter after completing and returning the signature page to your child's teacher. Thank you in advance for your consideration.

Sincerely,

Ronald Yother

Please indicate whether or not you wish to allow your child to participate in this project by checking one of the statements below, signing your name and returning it to me. Sign both copies and keep one for your records.

_____ I do grant permission for my child to participate in Ms. May Flower's study of the Transitional Living Program.

_____ I do not grant permission for my child to participate in Ms. May Flower's study of the Transitional Living Program.

_____   _____
Signature of Parent/Guardian   Printed Parent/Guardian Name

_____
Date

APPENDIX C

STUDENT ASSENT FORM TO PARTICIPATE IN RESEARCH

Study of Elevating Empathy

1. My name is Ronald Yother. I am a student at the University of Tennessee-Chattanooga and a teacher at Ganns Middle-Valley Elementary School.

2. My professor, Dr. Ted Miller, and I are asking you to take part in a research study, because we are trying to learn more about empathy levels in students your age.

3. If you agree to be in this study, I will ask you a few things over the next few weeks:
   I will ask you to fill out a brief survey in class.
   Some of you will be asked to participate in an after-school program
   I will ask you to fill out a brief survey once the after-school program is finished.

4. I do not believe that you will be hurt or upset by participating in this study. If you take part in the study and feel like you have been hurt or upset in any way, you can stop being in the study. I will not tell anyone your name nor will I let them know how you answered your survey questions.

5. This study may help you, but if you participate in the study, your help will teach me how to better assist children in the future.

6. Please talk this over with your parents and teachers before you decide if you want to participate in the study. Your parent or guardian gave permission for you to participate already. Even though your guardian agreed for you to participate in the study, you can still decide not to participate. The choice is yours to make.

7. If you do not want to be in the study, you do not have to participate. Remember, being in the study is up to you, and no one will be upset if you do not want to participate or if you change your mind and want to drop out of the study later.

8. You can ask me any questions that you have about the study at any time. Please call me at (423)-385-5007 with any questions. If you have any questions regarding your rights as a research subject, you may contact the chair of the University of Tennessee-Chattanooga's Institutional Review Board (IRB), Dr. Bart Weathington, at 423-425-4289 or e-mail at instrb@utc.edu.

9. Signing your name at the bottom means that you agree to be in the study.

_____
Signature of Subject

_____   _____
Printed Name of Subject   Date

APPENDIX D

INDEX OF EMPATHY FOR CHILDREN AND ADOLESCENTS

Items in *italics* score negatively.

1. It makes me sad to see a girl who can't find anyone to play with.

2. *People who kiss and hug in public are silly.*

3. *Boys who cry because they are happy are silly.*

4. I really like to watch people open presents, even when I don't get a present myself.

5. Seeing a boy who is crying makes me feel like crying.

6. I get upset when I see a girl being hurt.

7. Even when I don't know why someone is laughing, I laugh too.

8. Sometimes I cry when I watch TV.

9. *Girls who cry because they are happy are silly.*

10. *It's hard for me to see why someone else gets upset.*

11. I get upset when I see an animal being hurt.

12. It makes me sad to see a boy who can't find anyone to play with.

13. Some songs make me so sad I feel like crying.

14. I get upset when I see a boy being hurt.

15. *Grown-ups sometimes cry even when they have nothing to be sad about.*

16. *It's silly to treat dogs and cats as though they have feelings like people.*

17. *I get mad when I see a classmate pretending to need help from the teacher all the time.*

18. *Kids who have no friends probably don't want any.*

19. Seeing a girl who is crying makes me feel like crying.

20. *I think it is funny that some people cry during a sad movie or while reading a sad book.*

21. *I am able to eat all my cookies even when I see someone looking at me wanting one.*

22. *I don't feel upset when I see a classmate being punished by a teacher for not obeying school rules.*

APPENDIX E

INFORMED CONSENT FORM FOR TEACHERS

Consent to Participate in Focus Group
Topic: The Impact of Specialized Treatment on the Empathy Levels of Urban, Middle-Aged
Elementary School Students

You have been asked to participate in a focus group conducted by Ronald Yother as a part of his research for a doctoral dissertation. The purpose of the focus group session is to collect data in context from teachers in grades 3-5 who observe daily conditions within school hours and thus are able to detect behavioral changes in the children who participated in the study. Other teachers in grades 3-5 at your school will also be asked to participate. The information learned in the focus group will be combined with other quantitative and qualitative information from the study to possibly help identify useful strategies for increasing empathy in urban, middle-aged, elementary school students. The focus group session will last approximately 60 minutes in the school cafeteria.

You can choose whether or not to participate in the focus group and stop at any time. You may choose to refuse to answer any question during the focus group. Nothing will be held against you. Although the focus group will be tape recorded, your responses will remain anonymous, and no names will be mentioned in reports of the information. Any references to information that would reveal your identity will be removed or disguised prior to the preparation of the research reports. There is no anticipated physical or psychological risk for participating in the focus group. All research materials will be locked in a safe in the home office of Ronald Yother. You will be compensated for your time with a $25 gift card to Books-A-Million at the conclusion of the focus group.

Should you have any questions, please feel free to contact me at 423-385-5007 or e-mail at Ronald-Yother@utc.edu. If you have any questions regarding your individual rights in the focus group, you may contact the chair of the University of Tennessee-Chattanooga's Institutional Review Board (IRB), Dr. Bart Weathington, at 423-425-4289 or e-mail at instrb@utc.edu. Thank you in advance for your consideration.

I understand this information and agree to participate fully under the conditions stated above:

_____   _____
Signature of Parent/Guardian   Printed Parent/Guardian Name

_____
Date

APPENDIX F

FOCUS GROUP MATERIAL

Question	Source
1. Will you please discuss any observed restraint from students who could have exhibited inappropriate physical interactions?	**1. CTRS** q #1, 7 **IECA** q #6, 14
2. Will you please talk about any prosocial behaviors that were exhibited by the participants since the program started?	**2. CTRS** q#4, 37 **IECA** q#1, 12, 14, 17, 18, 21
3. Please discuss any demonstrations of listening that you had not previously observed for a given participant.	**3. CTRS** q#9, 18, 26, 28, 55 **IECA** q#10
4. Please discuss any demonstrations of emotion that you had not previously observed for a given participant.	**4. CTRS** q#14 **IECA** q#2, 3, 8, 9, 13, 15, 20
5. Were there any situations where one of the program participants was affected by the emotions of another student?	5. **CTRS** q#31, 41 **IECA** q# 5, 7, 10, 22
6. Please describe any situations where program participants tried to help another student, share, or engage in that student's interests.	**6. CTRS** q#22, 35, 50 **IECA** q#1, 4, 12, 17, 21

APPENDIX G

EMPATHY TRAINING PROGRAM SCHEDULE

3:00-3:10- Welcome children and discuss objective for the day

Week One/Lesson One- What is Empathy?

Week Two/Lesson Two- Empathy and Learning to Read Others' Feelings

Week Three/Lesson Three- Empathy and Feeling Others' Feelings

Week Four/Lesson Four- Empathy and Managing Supportive Statements

Week Five/Lesson Five- Empathy and Making/Keeping Friends

Week Ten/Lesson Six- Empathy and Conflict Resolution

3:10-4:00- Individual group training and activity sessions

4:00-4:20- Students will be given time to complete lesson worksheets and to ask questions about the weekly lesson. Worksheets Include**:**

Week One- *Definitions of Empathy; What Empathy Looks Like; Empathy Grade Card; World Without Empathy; The Secret of Success*

Week Two- *Create and Read a Face; Bubbles of Emotions; Feelings Crossword; Reading Body Language; How Do Others Feel?*

Week Three- *Empathy and Self Talk; Imagining What it Would be Like; If I Were in that Position; Sharing Feelings; My Feelings Other Feelings Journal*

Week Four- *Choosing Empathetic Statements; What is Encouragement?; Wrong Time Right Time; Making My Own Empathetic Statements; Showing an Interest in Others*

Week Five- *Friendly Attitude; What do People Want from a Friend?; Really Knowing a Friend; Making Others Feel Special; The Golden Rule*

Week Six- *Evaluating Conflict Resolution Styles; Lots of Ways to Settle a Conflict; Win-Win; Conflict Resolution Word Search; Ranking My Conflict Resolution Skills*

4:20-4:50- Students come together as one large group for interactive discussion. During this time, meals will be provided to the children.

4:50-5:00- Summary of lesson and closing remarks

APPENDIX H

WEEKLY CHECKLIST FOR PROGRAM FACILITATORS

1. Were you prepared for the weekly lesson (study, materials, etc.)?

2. Did you help participate in the welcoming the students as a whole group?

3. Did you help create a caring environment for your individual group?

4. Did you use positive reinforcement during the training activity?

5. Did you actively seek out opportunities to praise group members?

6. Did you model empathy for the program participants?

7. Did you help draw attention to similarities of your group members?

8. Did you take the time to ask your group members how they may be feeling?

9. Were you explicit about the daily objectives?

10. Did you include two weekly activities and all other requirements for the lesson?

11. Did you have the students complete the weekly worksheets?

12. Were you actively involved in your group's participation in the final whole group?

13. Did you help feed the children?

14. Did you help ensure their safety?

15. Did you help ensure that all of the students were taken home safely?

APPENDIX I

TEACHER FOCUS GROUP INTERVIEW TRANSCRIPT

Question One: Will you please discuss any observed restraint from students who could have exhibited inappropriate physical interactions?

I can discuss a student but I can't necessarily talk about causation because there are a couple of things that might have caused it. But one of my students was in the empathy training group and during the course of the study he got into some trouble at school and was put into ISS for not following procedures and an accumulation of a series of bad behaviors. I talked to administration and got him out of there because the administration had planned on him staying in there the rest of the year but when he got out of there, probably about a week ago, toward the end of the study, I noticed at the end of the day when the kids were watching the Magic School Bus and were cooling off, some of his friends who had gotten him into trouble in the first place were kind of rough housing him. He came up to me and asked if he could stay out in the hall so he wouldn't get into any trouble. He said he didn't want to be around students who were trying to get him to do the wrong thing. I don't know if he just didn't want to go back to ISS or maybe all of this empathy training was starting to have an effect on him.

I had similar things happen with another student ever once in awhile. He kind of goes back and forth but I did see a difference in him. He would come to me and also ask me if he could stay out in the hall so that he didn't get in trouble with the other kids. But it wasn't consistent.

I had student who is usually all over the place all day long and loud. She never stays focused, and to me her behaviors really have improved since the program started. She is usually so loud but over the past few weeks she has really been trying to follow procedures and has been less assertive. (Other teachers replied, we've noticed that too). Things have been much calmer in class lately.

Well, and then we noticed change with student z (Another teacher replied, yes we sure have noticed it with her). She has been much calmer and better.

Question Two: Will you please talk about any prosocial behaviors that were exhibited by the participants since the program started?

I have a couple of those especially student x. I actually observed him apologizing to someone for hurting their feelings (Two other teachers exclaimed, really, and laughed). It was on the playground when I didn't, no one was watching him and he ran into someone and the said something then he said, you know what, I am sorry (other teachers exclaimed that is good).

Even in my room, student y has had an issue picking on boys relentlessly all year and constantly and toward the end of the year we finally had a conversation about it and about it was hurting her feelings and how would she feel if it was her who was being treated that way. I noticed she started to play chase with the boy at recess. They still haven't had any more issues and that has been about a week. For this student, that was good (Another teacher agreed).

166

I have noticed more pleases and thank yous (another teacher said yeah I noticed that too).

I have noticed a lot of my children starting to band together. When a certain student would pick on another little boy, these students would go to his side to support him and they were like he's my friend; he's my friend so please stop. So I am seeing them like, I am seeing these students stick together for the ones that are right instead of the students who are in the wrong (other teachers agree).

Question Three: Please discuss any demonstrations of listening that you had not previously observed for a given participant.

I have a student who has listened and been a lot more attentive in class since the program started. When I am up teaching, before she has been all over the place and helps her group get off task, easily off task, but here lately she is more, Ok, my teacher is talking it's time to listen or she'll turn her desk completely so that her eyes are right on me and she is able to focus.

Question Four: Please discuss any demonstrations of emotion that you had not previously observed for a given participant.

I have seen these children not laugh at others so much. Normally when students get in trouble or are asked to go to their seats you hear a lot of snickering and thinking everything is funny, I am seeing less of that. And you are seeing other children say that was not funny (another teacher agrees). So there is definitely a lot of change on that front.

Question Five: Were there any situations where one of the program participants was affected by the emotions of another student?

I've seen student x apologizing for hurting other people's feelings. And actually with a lot of these girls in the program (another teacher agrees), they have been a lot more mothering lately (another teacher says right, right), checking on each other. (The other teacher interrupts)-there have been a lot of feuds between these girls throughout the school year and eve after talking to administration they were standoffish and feuding but here lately they have been banning together and making sure each other is ok. And like even today when we were lining up on the playground, the girls had to give each other hugs before they could separate and go but they were at each other's throats not too long ago.

I have another student to add to that. I had a couple of students in my classroom had tragedies right about the time the study started and so we had some, so they counselor has come in and talked to my class a couple of times since those tragedies happened but a combination from what they got from the study and what they heard from the counselor, I have just noticed

such an outpouring of emotional support for the hurting children. These students wrote letters and cards and gave bracelets for the two girls who were affected. They checked on each other all the time. They gave them cards and gifts students who were in the study actually, said can I give her this pencil, card and bracelet or whatever so they are giving gifts to each other, writing and saying I know how you feel, I've lost someone too. And then several of the students said I know how it feels to lose something. My dog died; it wasn't as bad as yours, but I know how that feels. I know how it feels to hurt for something that is lost. Yeah, there was just an outpouring of emotion over the last few weeks in our class.

This isn't nearly as deep as your class by any means but I had a student who got a bracelet from the study and came to me and asked, he asked would you please make sure that we can one of those for student x so he can be a part of everything too.

Question Six: Please describe any situations where program participants tried to help another student or engage in that student's interests.

Well I mean I have had instances in class lately where children in the program have volunteered to help other students with their work, or if they are struggling. Or if they know the student can't read very well. They'll say, you know, I'll read for them, so I have seen more of that.

Can you repeat the question? Well today, one of my very low English language learners in the program has been going to his ESOL studies and has been studying other countries and put together a packet about Mexico, Guatemala, and Puerto Rica, and he was really, really excited about it so when he came back into class today he asked to share with the class so we took time out to let him share with the class. Several of the students took a real interest in what he had done and asked questions about the different countries and what he understood about them, national birds, or flags, or whatever. These students would, normally, I mean for example, the kids in the study, I mean normally, they wouldn't have given a flip about other students interests (other teachers agreed). So, there has been a bond in this class lately I am sure we can attribute some of that to the empathy training.

It's funny you say that. Because my students presented those projects today too and when they got done those children clapped for them (another teacher asked, Did they?). Yeah, and they listened and then they clapped for them when they were done. And those three little boys felt so important and validated.

And we had one out of interests and because it was cool, one child has been playing baseball on Saturday and there was a news report where he had been interviewed on the news. The student on the news didn't tell me that, one of the study participants did (oh neat, replied another teacher) and, out of nowhere said did you know he was on the news last night, and he really made me pull it up to show the whole class for them to see. Another child was on there also saying I joined the team so I can turn my life around (That's good replied another teacher.

APPENDIX J

FACILITATOR FOCUS GROUP INTERVIEW TRANSCRIPT

Question One: Will you please discuss any observed restraint from students who could have exhibited inappropriate physical interactions?

Well I mean at the beginning of the study there was, I mean, no restraint. Gee whiz (all other facilitators agree and laugh. One said oh boy). Rough beginnings I guess. The kids were completely disruptive at the start of the study and to be honest, I questioned if I was going to be able to do a good enough job with them (yeah me too, said another facilitator). Things were out of control, completely chaotic, and quite frankly, depressing. And it's like no one would come to help us. We were on our own.

Yeah, sorry, there was no restraint in the beginning (Two other facilitators said it is true and no there was not). Wow, I mean the kids touched one another; they pushed, shoved, ran around, made faces and noises and refused to listen. I mean they were doing what they could do to distract others. I know the kids were distracted because I was distracted. And it honestly made me a bit nervous. I've dealt with kids for a long time but this one seemed kind of different. Certain kids were really at each other.

It was completely chaotic and depressing. You know what mean? I know your wife was scared. Student x was rebellious and pushy-shovey, even on the girls. His shell had to be cracked.

He had defense mechanisms. He was going to bully and was going to be quick to slug. You know, I am a woman and I never thought I'd be pushed at by a nine-year-old. I don't think I ever, ever thought a kid would have so much disrespect for an adult. I mean arguing is one thing but pushing a stranger who tries to help? I just didn't get it. The arguing and bad talk was there too.

Well, I know as we went along though, there became a good amount of verbal and physical restraint though. There was a lot of good (other facilitators agreed). Maybe they thought we were worried (laughing) (others laughed). I don't know. We just tried to keep on loving them and sticking to the plan right? I mean that's what we were there for. Show empathy right? How were they going to get it if we didn't show it ourselves? It changed me a lot watching them change like that. My fear started to subside after the first week and you could really tell they were just little kids who needed someone. They started showing others empathy (other facilitators agree in background). You could see it (others agreed in background). The tough ones backed off.

I noticed they started taking their hands off one another and stopped prying on it. I mean I could talk forever really. They started helping each other out later, helping us out, they stopped attacking each other as much with their words, bodies. They defended each other, really those who acted like they wanted to do what I said, especially. It wasn't always perfect. (Another facilitator said no they weren't some of mine had a hard time sitting down sometimes and would just go to the bathroom when they wanted). Toward the end those two boys got at each other but they didn't fight. That meant something to me. They talked. I felt like they'd learned something from me.

I had three boys who always wanted to punch each other but as the weeks progressed, they started separating on their own. We rewarded them for this good behavior too. They eventually learned to keep their hands off each other and stopped acting like worms in hot ashes. They were able more to restrain themselves; I mean compared to the beginning. They sat down and participated. I watched them unwind too. They moved. Being related, a few of them, probably made it harder to be still. Some were harder to control than others but you could see others start moving away. I thought it was a positive. The other ones got the drift.

Student z always tried to act like he was going to buck up in the beginning. But he stopped. We saw some change. Dominant attitudes changed. Students would talk about shooting one another and how guns should be held in the beginning. But that stopped for the most part.

Question Two: Will you please talk about any prosocial behaviors that were exhibited by the participants since the program started?

Oh they got better and my quiet Hispanic students started to talk too (two other facilitators said yeah ours too). But they weren't very touchy feely. Student d would always keep students from straying off topic but made sure that others didn't get wrapped up in other side stuff if that's what you mean.

They started cooperating. They acted like they wanted to be there. That made me feel good about it. You could see it in their eyes. They seemed pleased to be in the program by that point. I had students, when they heard someone say something negative would say, hey that's mean; you shouldn't say that; you should tell them that you are sorry. They started taking up for me, and I know they heard what I said because they would tell the students who would try to act out that they should be listening to what we were doing in class. They did hear what we said and stood up and participated.

I noticed a difference in the way they sat (another facilitator said yeah). It's like they didn't even care in the beginning and they didn't have to tell you. You could see it by the way they sat down or wouldn't sit. During snack time student z acted like he wanted to kill someone. But, it's like they understood and got the concept that sitting up was important and a nice way to show empathy and to support us. Many of mine, I mean not all, but by the last week, they were really sitting up and being nice to one another. They started saying nice things about one another in the group. Before they would laugh and make fat jokes or making fun of the dots on kids' heads. But I told them we all have something wrong and we should try to make others feel better. One of the tough kids actually told another boy he thought his eyes were cool. That was empathetic. They really pulled together and said I like your shoes, hair or this and started complimenting each other. They shared too and willing to speak- even the Hispanic children who would freeze up. That really came the last two weeks.

I noticed it by the way they would come to the door and love on us, always saying hi and asking how we were doing (another facilitator said yeah that made me feel good too). They

started caring about other kids and us. I started high fiving too- guess I was cool.   I heard them asking other facilitators how their days were (oh they did, said a few others in background).

They smiled and looked completely different. I thought we would have some race fights. There were some tensions between some of the black kids and some of the Hispanic kids. They were at each other man. But things mellowed and they started working together instead of being against each other. It was a war zone at first but it got different. The races started mingling and working together. They played together. There were definite issues between the Hispanics and the blacks but it got better. Even the Hispanic kids wouldn't talk Spanish behind my back.

Question Three: Please discuss any demonstrations of listening that you had not previously observed for a given participant.

Listening changed across the board.

Yeah listening changed a ton.

From the beginning there was none but by the end, across the board they were listening. I mean they were controlled enough to listen by the middle of the study. They were sitting and listening whereas before they were squirmy and always into something. Some of the more quiet Hispanic kids weren't but most were. But it got better.

Not all of them listened. Getting certain children to listen was always tough for me.

I know but things got better.

True.

They got better, especially with my ring leaders who always tried to break everyone from listening to me. They would always seem to pick on other people too but I noticed they started to pick on other people, you know, in a good way, if they wouldn't listen to me. I always thanked them for it too and when I did, other kids seemed to want that praise. So I did it a lot. If I acted like my feelings were hurt, you could really watch student w and his friends shut up and tell others to listen.

I noticed when something would try to break out, several of my kids would move to a new spot (ours too in the background). Some of the friends would talk too much sometimes but they got better. They listened.

My whole group ended up listening. They could always repeat what was said.

I had one who would never sit down but he helped out a lot with me. The first day no one would sit down but they sat down and listened after that. Teamwork got better. When we

did rehearsal exercises that helped. They listened because it helped them repeat what we all would say. I would reward them for that.

Yeah and they started picking up their trash after we asked.

Yeah they did (others did). The listening changed dramatically. My empathy chair really helped with listening too.

Some of mine wouldn't listen though because they would buddy up. I had to separate them. Divide and conquer. As the weeks progressed, they got farther away on their own and listened. Some of the Hispanic children had a hard time repeating me. But yet, they were trying I could tell.

Question Four: Please discuss any demonstrations of emotion that you had not previously observed for a given participant.

Our girls, our headstrong stubborn and selfish girls started to really help more. They wanted to punch and fight but the last week, after we kept on loving and dealing with them, they started being more affectionate. They were holding and rubbing my hand and telling me how beautiful I was. I felt accepted honestly. I told my husband it made me feel good. Their attitudes changed from not caring to helping and wanting to hold hands. They would constantly rub arms and hands.

Yeah they were very affectionate and wanted to love back.

They were very, very affectionate except some of my more quiet Hispanic children who didn't want to really be touched. You know but they were still very polite and considerate. Just not as much.

Yeah I had a few of those too actually- maybe more than a few. But most of our other ones were very affectionate too- especially three of my students.

Yeah my kids were really reaching out to be touched and helped. My African American kids more than the others but love really started breaking out. They were clingy even- like, maybe attention deprived. I mean some of my Hispanic children showed affection in their own way but not like some of my other black children. They wanted to go with me everywhere. I was blown away by the physical contact being made. I was really blown away and wasn't expecting that at all. They were clinging to us.

They were starving for attention. You could see it. It broke my heart. So I loved them with everything in me. Some of the black children looked like they'd never been hugged or held. It seemed as if they were hungrier for affection than they were any of the incentives. They were like sponges; I mean sponges, even the tough ones. I told them I loved them. They acted like

they didn't want it at first but they broke as I pushed through. They craved love and affection. I just wonder if anyone is hugging them today.   They called us mom and dad.

Yeah they did us too. And they said I love you a lot.

Student x, the tough one, would always meet me at the door and hug me and rubbed my hand. He even tied my shoe. I couldn't tell him no for an answer- he lacked of love from home and attention. The four main ring leaders in our group always wanted to be held. They would rub his back. They would rub his hair. You could tell they are not receiving it at home, especially our black friends. It makes me want to hold them more. Heck, they wanted to know how my day was. Other students looked like they were becoming more sensitive. It made me more sensitive.

And I didn't even have to give them candy to behave. They were very emotional about being involved in my life and others. They wanted to be heard. And you know what, I wanted to hear them.

Yeah we had that happen too. It was neat.

Question Five: Were there any situations where one of the program participants was affected by the emotions of another student?

The kids started to come to one another's rescue in their own way. Not all of them but many. And when we had sharing time, when we had the students role play and told them stories to get them to talk, we heard some things that is still hard to believe. It was gruesome. There were emotional responses to one another.

Yeah some of the things we heard shocked me- shootings and violence, not eating, not sleeping. It was bad. When our kids heard about caskets and sad things, most of them have seen a lot of death and violence, so yeah, different things, the sad things, brought out more participation and affection from others.

It was very bad but you now it's like it brought them all together, especially for the boy who had a shooting in his family. If you wanted to talk about ice cream, you wouldn't get very far but when one of the kids would start talking about their home lives things changed. Nobody ever made fun of anyone. Christmas was always a negative for them. They seemed to share in each other's grief.

You could really watch all the kids come together after those talks. We were never perfect (another facilitator said us either) but we developed as a team as the kids talked about their hardships and what made them sad. I included myself. I was transparent. And several of the girls would hold my hand.

Yeah our kids really started bonding during those story times. A connection was made from home with us. We all listened so closely. I cried so many times (other facilitators agreed). They would hold my hand. I just wanted to rescue all of them. But they really stuck up for one another. They all related to break-ins. Sad stories seemed to bring out the most support.

Ours patted one another's backs, held hands, hugged, and even offered help for our hurting kids in the group. I mean not all of them but most I mean. Student z even said, when one of the kids was telling a story about his grandma being attacked, that he'd go to student y's house and protect him. We had some deep conversations. I wish so many people could hear that. I got so sucked up in what those kids were saying- all of them. We actually started feeling like actual members of their families and part of the group.

Well, when we got to those lessons, it's like you could facilitate instead of dictate. I no longer felt like a disciplinarian whose job was to herd cats. My more rebellious kids started to become more empathetic and take up for one another because it was like they all realized they were all in the same boat I life. It was pitiful and wonderful at the same time (other facilitators agreed).

Saying goodbye was the worst. We didn't want to leave (other agreed). I'm not sure who was more emotional. I cried all the way home. I miss them. I think they miss me too. Those kids' lives were truly touched.

Watching everyone hug made me feel really good. There were lots of emotions. There were changes. There was fun. You could see it happening everywhere in the cafeteria. I needed that affection too. I want to see them again.

Question Six: Please describe any situations where program participants tried to help another student or engage in that student's interests.

Hmmm. Let me think. When we were doing poster boards, the kids who couldn't read and who couldn't speak well were helping one another. I mean that was non-existent in the beginning.

They started sharing things too, especially their candy and food during mealtimes. I couldn't believe that. If another student wouldn't like something, another would give what they had to help. Student x was a good servant and never wanted to see anyone left out- always, always. They would fight for things in the beginning but that really did seem to change. But not only would they fight, they would steal. But I can say this, by the end, if you would ask them about stealing at least you would get the truth and I even had others return stolen items.

I had kids steal candy too but they would fess up and give it back. They wanted others to have. They acted like they didn't mean too if they felt like someone in their group was going to be without.

They always wanted, if someone was left out, our group always seemed to want to make it right and provide for them even if that meant telling us. It didn't even matter what color you were. They seem territorial. Almost like gangs.

VITA

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Currently, Ronald serves as a fourth grade teacher at Ganns Middle Valley Elementary and is the vice-president of the Coat of Many Colors Mission in Chattanooga, Tn. In this capacity, he is able to motivate and educate children from different parts of the district by helping meet the basic needs of the less fortunate and creating opportunities for all children to succeed. His interests include public speaking, theology, sports, weight training, and spending time with his family.