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COMPASSION: CAN SERVICE LEARNING MAKE A DIFFERENCE, AND IF SO, HOW?

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COMPASSION: CAN SERVICE LEARNING
MAKE A DIFFERENCE, AND IF SO, HOW?

BY

EDWARD GOLDBERG

A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF DOCTOR OF
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UNIVERSITY OF RHODE ISLAND

AND

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2018

DOCTOR OF PHILOSOPHY DISSERTATION

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ABSTRACT

The future of education is often framed in terms of bringing education into the second half of the 21st century. Technology and along with it, faster and better ways to bring content to our students are important topics for discussion; but how our students treat each other and other members of their community is equally, if not more, important.

This study takes a look at how we may be able to encourage and foster compassion among our students. I wanted to know how compassionate thoughts and feelings develop following a service-learning experience focused on compassionate behavior. In this qualitative study, I interviewed a small group of students one year following a service-learning experience. I had initially interviewed them for a pilot study immediately after the service-learning experience. I wanted to hear how participants described their feelings of compassion and I wanted to know if the feelings they had immediately after the service-learning experience persisted for a year after that experience.

I conducted interviews with each of the 7 participants and also conducted a focus group session with the participants. The findings shed some insight into how compassion develops in young people. It also showed that in this small study the participants were inspired to feel compassion when they had to act compassionately as part of the service-learning program. There were mixed results as to the durability of those feelings one year later. A constructivist grounded theory for the development of compassion is proposed and a model suggested for how compassion develops and is motivated through the influences of Community and Experience.

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I would like to thank my wife Carol for her valuable feedback, advice, common sense and insightful critiques on the various steps along the way.

DEDICATION

I would like to dedicate this work to my wife Carol; without her help and support none of what I have ever accomplished would have been possible.

And I would like to also dedicate this work to my father, a life-long educator and inspiration, who passed away last spring.

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CHAPTER 1: INTRODUCTION

Statement of the problem

The emphasis in public education on reading, writing, and math skills often overlooks educating children to become compassionate, moral, and responsible citizens. Looking at both the United States and the world as a whole, we see students graduating from schools and going out into the world unprepared in how to be responsible citizens. They are at times overly self-focused, at times disaffected and disconnected (Marks, 2000). Studies have shown a decrease in empathy and a rise in narcissism, particularly among college students (Konrath, O'Brien & Hsing, 2010; Twenge, et al, 2008).

Schools assume responsibility for many functions that are also addressed in the home, extended family, community, and religious institutions. "Moral education is a community wide enterprise and not a task exclusively reserved for home, school, or church" (Noddings, 1984, p.171). Church attendance, though, has been on the decline, with only about 25% of adults attending religious services regularly, down from 42% in 1965 (Angier, 2001). Should schools be responsible for teaching moral behavior? John Dewey (1897) said "the home is the form of social life in which the child has been nurtured and in connection with which he has had his moral training. It is the business of the school to deepen and extend his sense of the values bound up in his home life" (p.8).

Although moral behavior can be taught in school, it is generally not explicit or consistent (Sizer & Sizer, 1999). There is an interest in our country (and around the world, for that matter) in teaching morality to children (Fenstermacher, G., Osguthorpe, R. & Sanger, M., 2009; Lukens-Bull, R.A. 2000; Meyer, J. 1988). Throughout recorded history people have been motivated to instill moral values in their children, and they

wanted to see those values translate into behavior that will follow children into adulthood. And, critically, we hope that moral behavior is expressed in an integrated fashion into daily life. Educators have always been tasked with providing guidance to students; so, as a society, we want to know that our education system is developing positive, compassionate, empathetic, contributing members of that society (Fenstermacher, Osguthorpe, & Sanger, 2009; Cohen, 2006; Johnson, Livingston, & Schwartz, 2000). The importance of the role of the school in teaching moral behavior hasn't changed, so it's important for schools to reexamine the role they have in cultivating moral behavior. Although, by many measurements, teenage behavior has improved over the past two decades; for example, teen smoking, pregnancy and drug use are at new lows (SAMHSA, 2015), there is also an increase in moral relativism. Additionally, schools have to decide what, of that desired moral behavior, is to be taught. Honesty, responsibility, respect, and kindness are all behavioral qualities that are cherished and promoted in both home and school. An additional, universal foundational moral behavior, that complements these four, is compassion. "Love and compassion are necessities, not luxuries. Without them humanity cannot survive" (H. H. the Dalai Lama, 1998, p.70). School officials have struggled in recent decades with decisions about including, or not including, moral and character education, wondering if that should be left to the family. So, we have the issue of should moral behavior be taught in school and if so, what should that look like?

Nel Noddings (1984) argued that not only should schools address moral and ethical behavior, but that a certain aspect of ethical behavior – caring, should be the primary responsibility of schools. Carol Gilligan (1982), in a famous response to

Kohlberg's Moral Dilemma Questionnaire (MDQ), challenged the notion that the highest levels of moral reasoning are informed by a formal reliance on reason. She posited that this emphasis on reason ignores the primarily feminine approach, which emphasizes an ethic of caring over one of justice, the latter being the dominant ethic of the American legal system and governmental policy. As a result, the two have been portrayed as opposing each other. Either we are caring or we are just – has been a common theme, rather than seeing the two as not being mutually exclusive. Conklin and Hughes (2016) talked about training pre-service teachers to be “compassionate, critical and justice-oriented” (p.47). Ideally then, the two can be joined and students can act with both compassion and justice. My focus in this study is on compassion. Future studies should look at the union of compassion and justice, rather than examining them as opposing issues.

Both Noddings and Gilligan emphasized caring, an important accompaniment to compassion. What is **compassion**? Compassion, in the Buddhist sense, is based on an understanding of emptiness and dependent arising. An overly simplified definition of this very complex philosophical concept is that all things arise in dependence on other things. Orr (2014) referred to this form of compassion as *karuna*, a Sanskrit word generally translated as “compassion”; however, *karuna* sees the interconnectedness of all human and non-human entities. Orr pondered the question: can fostering and generating compassion through actions of caring for others, change people's worldview and appreciate better our interconnectedness? In a common usage or a secular interpretation, we could say that compassion means “suffering with.” In both a Buddhist and non-

Buddhist understanding, someone with compassion wants to alleviate the suffering of others.

In *The Challenge to Care in Schools* (1992), Noddings suggested a major overhaul of the way schools are structured. Organization and curriculum are, she felt, inadequate. She argued that schools should be organized around themes of care, and that they should be student-centered. The popularity of student-centered schools has waxed and waned over the years. Frederick Taylor was a proponent of a scientific management approach to business in the early years of the 20th century. A follower of Taylor, John Franklin Bobbitt advocated the application of Taylor's scientific approach to education. *The Elimination of Waste in Education* (1912) was Bobbitt's recommendations of how to apply Taylor's business model to schools. The goal was to make schools more efficient with centralized authority and detailed programmed instruction. Even the use of space and time adhered to rules for maximum efficiency (Bobbitt, 1912). The purpose, as well as the connection, between this business model and educational model was to prepare students to become workers that would work in an industrialized economy. Since then there have been attempts at student-centered education along with efforts that favor the system over the individual. The release of the *A Nation at Risk* report (United States, 1983) was one of the things that led to a push towards "getting back to basics". When advocates for pushing the "three Rs" hold sway, we move away from a student-centered approach. When a new psycho-social discovery in child development captures the public's attention then we move toward a student-centered approach. When Kohlberg (1984) created his Just Community Schools – schools that emphasized equal rights for students, conflict resolution that emphasized fairness and morality, and an inclusion of

moral discussion as part of the curriculum – it was a novel approach. Schools have practiced compassion and caring, but that hasn't been the primary focus of the educational experience, except in a handful of religious or community-oriented settings, such as the Israeli Kibbutz or Reggio Emilia schools. Even if educators determine that schools should emphasize the need to foster more caring students, instead of just preparing them for work; that doesn't necessarily translate into nurturing within each student his or her compassion for others. We need current research that investigates how compassion develops in young people. Can we teach students to be more compassionate not only to fellow classmates but also to fellow citizens in their own local community, as well as their global community? What conditions contribute to the awakening and development of compassion and what does that compassionate look like?

Service-learning is a structured learning experience that combines community service with explicit learning objectives, preparation, and reflection (Seifer, 1998). Campus Compact, a coalition of American universities, reported that in 2003, 82% of university students were engaged in some type of service learning (Plante, Lackey, & Huang, 2009). Public K-12 schools are also looking at the value of service-learning, where meaningful service is integrated with instruction and reflection. Shelley Billig (2002) identified two different approaches to service in terms of degree. Some programs are driven by curriculum, highly linked to standards, and assessed using criteria employed in typical academic subjects. Other programs are tangentially related to curriculum and emphasize service more than learning. Students reflect on their own attitudes and behaviors rather than on a curriculum. Reasons for instituting service-learning programs also vary greatly. The majority of administrators in a study conducted

by The National Center for Educational Statistics (1999) said that “helping students become more active members of the community” (p.10) was their primary reason for instituting a program. Other reasons include improving school spirit, encouraging altruism, and teaching critical thinking skills. What about results? Research on service-learning suggests an increase in academic performance and enhanced moral development among student participants (Plante, et al., 2009). Billig (2002) found that there were positive impacts on students in the areas of personal-social development, academic achievement, citizenship, and career awareness. The importance of learning while doing service differentiates service from service-learning. It’s the same distinction between service-learning and simple volunteerism.

Service can be seen as a moral responsibility or as a means to an end. Looking at service as a moral responsibility brings up questions of how thoughts or feelings of compassion are developed and nurtured by both school and home. Do feelings of compassion inspire acts of compassion? Are acts of compassion performed because of a moral responsibility in the Kantian sense – a more or less formal and detached obligation – or do compassion and caring come from a natural caring that comes out of love and is a natural not a forced inclination (Noddings, 1984)? Can compassionate behavior generate feelings of compassion in students? I want to know how actions that involve caring about others actually affect self-reported feelings of compassion. The specific service-learning program I used in this study was a tool used to investigate how compassion develops in students.

The intent of this study is to shed light on how compassion develops in students, as well as whether their compassionate thoughts, feelings and behaviors endure one year

after a supervised service-learning experience. How do programs, like service-learning, that can be included in the curriculum, influence moral attitudes of compassion – including but not limited to compassion in the Buddhist sense of a universal desire to free others from suffering? The service-learning program I instituted in the initial study, as well as the present follow-up study, adheres more closely the second approach described by Billig (2002) – emphasizing personal attitudes and beliefs over curriculum. Despite the historical significance of moral education, there is a dearth of research on the development of moral attitudes and behaviors and what impacts that development. There is not a strongly established connection between belief and behavior, and many would say that studies measuring the effect of moral reasoning or moral judgment on moral behavior have been inconclusive (Eyler, et al., 2001). This study looks at these processes from the other direction; that is, using compassionate behavior to examine how beliefs and feelings of compassion develop, persist and influence subsequent behavior. It proposes to examine the development and persistence of compassion (thoughts, feelings and behaviors) in young people one year following a service-learning program that encourages compassionate behavior.

Personal Inspiration

A foundational experience for me was seeing my father, a middle school principal, put forward the idea that students who were physically disabled or cognitively delayed had a right to an education alongside other students. This was not a commonly held belief in the 1960s and 70s. It was a question of what was just, as well as what was compassionate. It made an early impression on me that schools were not just places to be tested on the 3 Rs, but must also consider the social and moral development of children.

There is a concept in Judaism that I learned from an early age – Tikkun Olam – in English it means “repair of the world.” Although this concept can have deep philosophical and Kabbalistic meaning, in a very basic commonly used sense, Tikkun Olam means social justice. This expression has been adopted into the name of the progressive publication *Tikkun*. The subheading of the publication reads “to heal, repair and transform the world” (Tikkun, 2017). We want to see, in our own local as well as our global society, people who practice social justice and compassion, regardless of whether this is in a secular or a religious sense. And I wanted to explore the manner in which actions of compassion inspire feelings of compassion. In Judaism, there is the obligation to pray whether one feels like it or not. It is understood that the simple act of prayer can generate the feelings required for heartfelt prayer. So, again, actions and behavior are believed to support and encourage like feelings.

I also wanted to consider a Buddhist perspective in looking at the importance of actions of compassion in inspiring feelings of compassion. Losang Samten, formerly the personal attendant of H.H. the Dalai Lama, is a Tibetan Buddhist scholar, author of several books and the director of The Tibetan Buddhist Center of Philadelphia. He is also a personal friend and inspiration. Wanting to get his perspective, I asked him, if he felt that cultivating compassion was important. He said that it is of primary importance. Practicing compassion is a foundation of Buddhism and that compassion has to be cultivated. I wanted to get his perspective on what, he felt, stimulates compassion; and how young people develop compassion. For Buddhists, mantra recitation is very important in cultivating compassion, so I asked Losang which he felt was more crucial — practicing service to others or prayer and mantra recitation. Certainly, they are not

mutually exclusive, but without hesitation he replied “service”. He added that prayer and mantra recitation is also very important. He feels that the calmness and focus required in prayer and mantra recitation promotes compassion.

Approach

My investigation used a qualitative research approach that can best be described as Constructivist Grounded Theory. As part of a pilot study, I examined through interviews how compassion developed (or didn't develop) in young people engaged in a supervised service-learning experience. I then conducted the present follow-up study a year later to explore the persistence or further development of compassionate feelings, thoughts and behavior, and any other lasting effects of the service-learning experience. Despite believing that our educational system must nurture and encourage the development of compassion, I am not certain how that compassion develops or what it looks like in young people. My study used two sets of one-on-one interviews, one in the original and one in the present follow-up study, along with a focus group in the second study to allow the voices of the students themselves to shed light on what inspired feelings and actions of compassion and how they described that experience of compassion. In this study, service-learning is a tool used to provide participants with an opportunity to engage in compassionate behavior and then reflect on how that behavior (in this case service) influences further compassionate behavior as well as compassionate thoughts and feelings. As with any tool, if its use in a curriculum can inspire compassionate feelings and compassionate behavior then there are curricular as well as theoretical implications from this study.

Purpose of the Study and Research Questions

The purpose of this study was to examine how students' self-reports of their actions and feelings of compassion were affected by a service-learning experience. Accordingly, my research questions (RQ) were: (1) How do students who have participated in a service-learning project make meaning of compassion? (2) How do students describe the immediate, short, and long-term influence of the service experience on their sense of, and feelings of compassion?

Significance of the Study

According to the Center for Information and Research on Civic Learning and Engagement (2010), volunteerism among teens has declined since a high of 33% in 2005. Further, high schools are less likely to offer opportunities for volunteering than they did in 2005 (CIRCLE, 2010). Because of negative connotations surrounding "community service," a term often used to describe a punishment given to criminals in place of jail time, "service learning" may not have as strong an appeal as it could. Despite this, one out of four sixteen year olds still volunteers and does so because of a desire to help. Because service learning is learning in addition to service, there is an added academic incentive.

Historically, there has been a lack of evidence connecting belief and behavior (Blotner, & Bearison, 1980, Grinder, 1964). Yet, much recent science has shown the importance of feelings and their impact on the amygdala in memory and likely as a driver for behavior (Barrett & Satpute, 2013). My study examines the development of *feelings* of compassion. Future studies could examine if and how this persists and how it then motivates future behavior.

Chapter 1 has explained the need and purpose for my study. Chapter 2 summarizes the theoretical framework that guided a pilot study, and a preliminary study, as well as the current study. Chapter 3 describes the methodology used to conduct the study. Chapter 4 discusses the findings of the study, while Chapter 5 reaches conclusions as a result of the findings.

CHAPTER 2: LITERATURE REVIEW

Theoretical Framework

No research into compassionate feelings and behavior would be complete without looking into the foundational work of Lawrence Kohlberg, Carol Gilligan, and Nel Noddings. With roots in psychology, philosophy and education, Kohlberg expounded on Jean Piaget's theories of moral and social development. Piaget, who studied children's social and moral development and compared that development to adult development, found that children develop their own moral sensibilities, not necessarily from what they are taught by adults, but from what they observe in the world around them, from their interactions with the people around them, particularly their peers (Piaget, 1932). Piaget's constructivist approach to understanding moral development stressed that morality is socially constructed.

In *The Philosophy of Moral Development* (1981) Kohlberg, like Piaget, theorized specific stages of moral development and, like Piaget, argued that children progress through those stages as they mature. Kohlberg's stages are more descriptive and develop more slowly than what was envisioned by Piaget, in large part because he believed that growth in moral reasoning depended on and followed cognitive growth. Kohlberg's stages go from infancy to adulthood rather than ending at adolescence. Additionally, Kohlberg's subjects were studied in a way that looked at their internalized moral judgments. He did not look closely at social development and social interaction in the way that Vygotsky did (Vygotsky, 1978). In his seminal work, Kohlberg argued against moral relativism and for the importance of a value system. But he also felt that values have to transcend whatever happens to be a cultural norm, and he saw that as problematic

if adult authorities dictate and impose desired values, as it arrests children's development to conventional moral reasoning. According to Kohlberg's six stages of moral development, one becomes increasingly advanced in moral reasoning, stages are not skipped, and regression is very rare, a consequence mainly of some kind of trauma. Generally, the advancement corresponds to age, but even adults may not reach Stage 5 or 6, which are the post-conventional stages of moral reasoning, in which people transcend the ethnocentrism of conventional social norms. Respectively, they are the social contract stage and the universal ethical principles stage, where those principles can supersede laws and conventions.

Subsequent studies of moral education have expanded on and refined the work begun by Piaget and Kohlberg (Gilligan, 1982; Noddings, 1984). Concerns about cultural and ethnocentric biases in the moral dilemmas presented to subjects, as well as the researchers' own interpretative biases, have resulted in creating realistic age-appropriate situations for subjects rather than abstract and artificial dilemmas. Another concern involves the lack of consideration for moral feelings. Kohlbergian thought would say that the highest level of moral development equates to the highest level of cognitive judgment in the 6 stages. Carol Gilligan (1982), a colleague of Kohlberg's, disagreed, pointing out that there were biases in Kohlberg's preliminary studies, in particular, gender biases. In Kohlberg's studies, subjects were mostly male and were given higher scores for using reason and judgment to solve a dilemma. Females tended toward a lower level of moral reasoning in Kohlberg's study, according to Gilligan, because they were awarded lower scores for having a perspective that valued relationship building and caring over justice and reason.

Gilligan argued that males looked at morality based on the primacy of individual rights and therefore were scoring higher in moral development, whereas girls showed a stronger sense of being responsible to the world. Instead of thinking how they can exercise their rights without interfering with others' rights, females were more likely to think of responsibility to others, to family and to people in general, as the primary criterion of and challenge to moral action (Gilligan, 1982).

Gilligan found that women are far more likely to put emphasis on care and relationships, men on rights and independence. She did find that there are women who see things in terms of justice and men who emphasize caring, so her work uses 'male' and 'female' for what is seen as *typical* for male and female behavior. There have, however, been critiques of the critique. For example, James Rest's (1979) Defining Interests Test (DIT) found little gender difference in moral judgment. Some have criticized Gilligan for putting too much emphasis on gender, saying instead that social context is more of a determinant for moral decision making. Gilligan's response to this, building on the work of Nancy Chodorow (1978), is that the different socialization of boys and girls, is precisely the reason they tend to frame moral questions differently. In any case, recognizing gender differences, as well as differences among individuals, leads us to ask: Is moral development a question of levels of understanding right and wrong, or is it levels of care, or some combination of both?

Nel Noddings has taken this issue of care as the foundation of morality even further. Noddings (1984) faults traditional studies of morality for being unduly focused on reason and on laws and principles, which are the domain of the male, the father, the "detached one" (Noddings, 1984). Noddings feels that the caring relation, founded in the

feeling a mother has for a child – not reason – is the basis of ethics. “We want to be moral in order to remain in the caring relation and to enhance the ideal of ourselves as one-caring” (Noddings, 1984). She, like Gilligan, recognizes that men can also fill the role of “one-caring,” the term she uses for the one who cares, and that women can be in the role of “cared-for”; however, traditionally, and most commonly, even in the present, it is women who are the ones who care and men are the ones they care for, which happens to form the primary moral dilemma for women as they advance into moral maturity. In *Caring: A feminine approach to ethics and moral education*, (1984), Noddings not only reveals deficiencies in a reliance on reason as a basis for moral advancement, she also suggests that “natural caring,” i.e., the caring a mother feels for a child, is superior to what she refers to as “ethical caring,” in the Kantian sense of a moral “duty” to care. Some have felt that this emphasis on caring for other is narrow and simplistic, ignoring something even as important as self-care and creating a martyr out of the one-caring (Hoagland, 1990). But, according to Gilligan (1982) the fact that women are socialized to put the care of others before their own self-care is precisely the problem that acts as the catalyst to moral maturity, where caring ought to apply equally to self as to others. In other words, the conventional social expectation that women should put the care of others before their own is precisely the deficiency of conventional morality, according to both Gilligan and Noddings.

The unequal relationship is an issue not only in social interactions but also education, an area to which Noddings devoted most of her attention. “Moral education is a community wide enterprise and not a task exclusively reserved for home church or school” (Noddings, 1984). Noddings sees the teacher-student relationship in much the

same way she sees the mother-child relationship. She feels that the lack of choice existing in many of our schools, along with structures that rely on reward and punishment, are antithetical to a system of caring, which, if followed, would lead to healthier, happier and more successful students.

Although it was not the focus of his research, from Piaget, we can extrapolate that children make moral advancements in a way that is connected to their social environment. Whether it's pre-school or high school, educators recognize that no student is an island and that social environment affects moral development. From Kohlberg (1981) we see the importance of moral development as an explicit *aim* of education, not just something that unfolds by itself. He also showed us that justice isn't just moral judgment – it is also social justice and that a goal of education is social justice. And Gilligan's and Noddings' work with caring bring us to what has historically been overlooked in public education, which has typically assumed the transmission of knowledge and training for the future to be the primary responsibility of schools. Taken together, these scholars show us that compassion can also be a primary responsibility of schools.

As it concerns the actual teaching of compassion or caring, the discussion shouldn't end with Noddings, because her views on caring in education fall short of what could truly enhance caring or compassion as an educational aim. Noddings (like Kohlberg) helpfully points out that moral *knowledge* does not necessarily lead to moral *behavior*. In fact, most studies show a poor correlation between moral knowledge and moral behavior (Blotner, & Bearison, 1980, Grinder, 1964). Noddings' valuation of a student as more than a cog in a wheel of achievement and performance is a necessary

antidote to contemporary educational practice. She sees the role of the teacher – the role of the *one-caring* – as someone whose “state of consciousness is engrossment” (Noddings, 1992). Unfortunately, this maternal model, while important, overlooks the role of reciprocity in a relationship. Rather than being a person whose “state of consciousness is engrossment,” the teacher should be someone whose state of consciousness is compassion.

Noddings (1992) shows that students should learn to care for themselves, others, animals, the environment and even things. Teachers, on the other hand, she feels, should expect nothing for their efforts from students besides acknowledgment. As teachers *engross* themselves in their students they are expected to give the student whatever they need. Noddings, by the way, doesn’t really make it clear how teachers discern the difference between a student’s want and a student’s need. Teachers, according to Noddings, should care for their students as if they were their children. Interestingly, if a teacher can treat all her students equally or equitably, without unfair judgments or favoritism, she would be practicing equanimity, an important aspect of compassion in the Buddhist sense. A caution here is that one also has to be compassionate to oneself. The role of teacher as martyr is as problematic as that of parent as martyr (Hoagland, 1990). Noddings portrays a very narrow role for teachers to aspire to – that of the self-sacrificing mother. Those who give unconditionally, in this model, risk fostering in their students a sense of entitlement – i.e., feeling cared for but not feeling responsible. It’s important that being cared-for is accompanied by caring for.

Despite these concerns, Noddings knows that education is more than academics and opens up the possibility that schools can be responsible for teaching, and actually

teach, compassion. In addition to having expertise in subject matter pedagogy, can teachers and school personnel foster caring and responsibility? Can teachers and school personnel teach compassion? And, if there is a poor connection between knowledge of morality and moral behavior, what would elicit compassionate behavior on the part of students? Can this be done with teachers proving themselves to be strong role models? These are questions that researchers have more recently been looking at, building on the foundation begun by people like Piaget, Kohlberg, Gilligan, and Noddings.

Review of Subsequent Literature

“Moral education is not possible without a critical appraisal of moral norms and rules” (Ruiz & Vallejos, 1999). Ruiz and Vallejos state that, regrettably, moral education has begun and ended with moral judgment. They feel that “a compassion-based moral education can be imparted by means of strategies leading to ... respect for others, personal responsibility and reflexive criticism” (Ruiz and Vallejos, 1999).

As mentioned, studies have shown that the research has not offered strong evidence of a relationship between moral reasoning and moral behavior. Studies which have examined the relationship between moral judgment and moral behavior in young children have found a low positive correlation (Blotner, & Bearison, 1980, Grinder, 1964). Blasi (1980), however, argues that research designs, seeking to establish a correlation, have been poor. Particularly, measurements of moral action have been inadequate. Blotner and Bearison (1980) used a focused measure of altruistic action, making targeted observations of the way students share, rather than the broader concept of moral behavior. They rejected Kohlberg’s Moral Development Questionnaire (MDQ), feeling that the dilemmas presented to students have not always been culturally or age

relevant. Other researchers have repeated this notion. Ruiz and Vallejos (1999), while not outright rejecting a cognitive approach to moral education (what we see with Piaget and Kohlberg), instead recommend that the cognitive approach be incorporated into a model of action. Arguing that while what people *think* abstractly and what they *do* in fact are not necessarily aligned, they wrote, “Moral education should take into account the ethics of compassion towards and commitment to others, to human beings as they are, not as an ideal or fable” (Ruiz & Vallejos, 1999, p. 6). They lament those forms of moral education that have begun and ended with moral judgment. Ruiz and Vallejos state that empathy and compassion come about when there is a real understanding of what happens in a “real other.” This is a necessary combination of feeling and intellect and, of course, different from the theoretical scenarios presented in the MDQ, where questions were designed to *assess* moral reasoning. Principled moral reasoning, reasoning that transcends conventional social norms, is signified by the two post-conventional stages in Kohlberg’s hierarchy of moral judgment.

Frans deWaal, in his book *The Age of Empathy* (2009), an examination of empathy in animals, said we are more likely to help those we identify with more. He feels that there is an evolutionary progression from emotional mimicry to consolation to perspective taking and targeted helping. This is not a phenomenon exclusive to primates. Empathetic behavior can occur even among rodents. This would suggest that compassion, more than reason, is to some extent an instinctive behavior.

In a study of 129 Finnish university students (JuuJarvi, Myyry &Pesso, 2010), researchers did not find gender differentiation in regard to care and justice reasoning. They did, however, find that subjects who scored the highest in care reasoning also

scored high in justice reasoning. This suggests an integrated moral maturity, actually a thought also proposed by Kohlberg (1984), supporting the idea that justice and care are not mutually exclusive in the morally mature individual. The authors did find a gender difference in regard to feelings of sympathy. In male subjects, they found that sympathy appeared only after advanced steps in perspective-taking. For females, it seemed to be a more natural condition, appearing at a younger age. The western concept of perspective taking is paralleled in Buddhism with the concept of exchanging self and other, where “one exercises compassion by putting oneself in a position of someone who is either above or below one’s station” (Shantideva, 2006, p. 189).

While the research on the relationship between moral reasoning and moral behavior has been inconclusive, some have suggested that there is a positive relationship between the two (Bruggeman & Hart, 1996). Although Eyer, et al., (2001) felt that the connection between moral reasoning and moral behavior was not well established, Kohlberg, twenty-five years earlier, argued that people at the higher stages of moral reasoning (post-conventional) are, at the very least, better equipped to solve complex moral dilemmas (Kohlberg & Lickona, 1976). He speculated, then, that this stage translated to a higher level of moral action. Following along with this speculation, supporting studies (e.g., Heilbrun & Georges, 1990) have shown that students who were rated as being closest to the post-conventional levels of moral reasoning on Kohlberg’s Moral Dilemma Questionnaire (MDQ) were more likely to show self-control for resisting negative behavior than students who were identified as being closest to a conventional level on the MDQ. Although this can be classified as a form of moral action, resisting negative behavior is not the same as engaging in positive moral behavior.

Some researchers have tried to quantitatively *measure* compassion. Hwang, Plante, and Lackey (2008) used a variation of the Sprecher and Fehr Compassionate Love Scale (Sprecher & Fehr, 2005) to measure compassion in college students and observe its relationship to pro-social behavior. They modified Sprecher and Fehr's 21-item Compassionate Love Scale by using five questions that they felt would measure compassion toward non-intimate others. Calling this the Santa Clara Brief Compassion Scale (Hwang, Plante & Lackey, 2008), the researchers felt a shorter instrument would widen research possibilities. Their studies and others have linked the development of qualities such as compassion and empathy to an increase in pro-social behaviors (Sprecher & Fehr 2005; Dovidio & Penner 2001; Davis 1996).

Educators can think not only about activities of care and compassion but also what aspects of care and compassion can be taught. Maughn Gregory (2000) used Gilligan's concept of care to identify six virtues of care – virtues that can be taught and that they see as part of a democratic education. The virtues are behavioral and combine feeling with action. They consist of: “acquaintance, mindfulness, moral imagining, solidarity, tolerance and self-care” (Gregory, 2000, p.1). These virtues are both internal and external; they overlap with Buddhist concepts of compassion and include a social consciousness. Civics, or how a society functions, is also part of this education. Deborah Orr (2014) makes an argument for compassion to be a guiding motivation on how a society should be run, showing that as important as rights, including human rights, and responsibilities are, respecting rights does not guarantee compassion toward others, whereas a compassionate society based on a Buddhist ideal of compassion would necessarily respect rights. Orr feels that the Buddhist notion of compassion (*karuna*)

blends Gilligan's ethics of care with social justice. Part of encouraging students to behave compassionately is providing an environment of compassion and teachers who behave compassionately. Orr argues for karuna to be part of a mindfulness practice in the classroom. A Buddhist sense of compassion as a moral imperative may seem different from that of an "ethical" Western viewpoint. Buddhism doesn't have a tradition of "ethics" in the Western sense of a formal abstract system. Historically, in the West, reason became of paramount importance in all moral theory. Historically, moral development was understood primarily as an abstract rational process. Orr feels that here is where reason replaced reasonableness (Orr, 2014). According to Orr, as well as what we saw with Noddings and Gilligan, the ethics of rights and justice seem to have been generated chiefly by males within their usual sphere, which is the public domain. As mentioned previously, Noddings, like Gilligan, argues that this ethic of justice is based on reason and focuses on the impersonal, abstract, and objective. The ethic of care, on the other hand, sees the self as communal and in a relationship with others. Orr proposes that the natural care that Gilligan and Noddings wrote about can be expanded upon and deepened into a Buddhist notion of compassion, through mindfulness practice (Orr, 2014). It's also important to note that compassion in Buddhism isn't a feeling; it is a rational wish to benefit all by relieving suffering.

Noddings (1984) states that one can become easily exhausted if one tries to extend the ethic of caring to some unknown suffering people far away. That poses an ethical dilemma. In fact, it is the chief challenge to a feminist ethics, as both Gilligan and Noddings acknowledge. Compassion poses a slightly different moral position from caring. Caring involves looking after others and must include some sharing of

perspective of that other, but compassion involves an appreciation of the suffering of others that is not always accomplished through caring. “Compassion is a complex evaluation of, and reaction to, suffering that one wishes to ameliorate. Compassion can be cultivated over time as a significant part of developing moral character” (Hedge & Mackenzie, 2012). Compassion involves a commitment to help, a commitment to be personally involved, beyond the inner circle of one’s closest relations. This is an important consideration when looking at service-learning. Getting students involved in helping or being a part of their local or greater community should be a part of compassion education. Another key point from Hedge and Mackenzie is that compassion needs to be cultivated over time. Zembylas (2013), wanting to differentiate between pity and compassion, used critical theory to propose that classrooms can join justice (in the form of social justice action) with compassion and get kids to be “active and critical compassionate citizens.” This observation of Zembylas is slightly different from, but also blends with Orr (2014) who based her work on a Buddhist ideal of compassion. H.H. The Dalai Lama (2003) in *The Compassionate Life* says that compassion is a wish for everyone to have happiness and to be free from suffering. Compassion is also a willingness to do something to ease that suffering. In Buddhism, it’s not an emotional response like empathy, which is an ability to understand others’ emotions (de Waal, 2009), but rather a response that is founded on reason. A recognition of empathy as a biological component of our human state is important. de Waal (2009) says that empathy is part of an ancient heritage a hundred million years old. The significance of this in an educational context is that empathy is already a part of every student. In his studies of humans and non-human primates de Waal (2009) found a progression in stages of

empathy: from an emotional contagion or mimicry, to consolation (as in concern for others), to perspective taking. This perspective taking is an important requirement for enduring pro-social behavior. So, empathy is important, and an emotional response to a need can ensure caring and possibly action. But this shouldn't push aside compassion. If we remove the religious overtone to compassion – something that could end up being an impediment in a public school – what we're left with is a desire to help all who suffer, so that they can be happy. There is a sense of equanimity and universality to *compassion* that isn't always present in *empathy* – or in caring. de Waal (2009) found that, in non-human primates – and it's certainly true for humans too, caring behavior that is extended to members of one's social group may not be extended to members outside that group. I believe that compassion cannot be just a feeling, but needs wisdom so as not to be simply an action of caring, but an action of justness. This is a part of Buddhism as well.

What can be implemented in a school curriculum that can help develop more compassionate students? The literature shows studies have been conducted using mindfulness to help develop more compassionate students. Meditation and mind training have been used in Buddhism to cultivate compassion for millennia. Meditation and mind training are currently used in secular environments – often in the field of psychology and therapeutic settings, for example, in self-compassion programs designed to help individual patients with their own lives. Bluth and Eisenlohr-Moul (2017) conducted a self-compassion study on 47 middle and high school students to look at the correlation between self-compassion and positive well-being. The researchers recognized that there is extensive literature linking stress to adolescent problems such as depression and anxiety (Grant et al., 2003; Kushner, 2015; McMahon, Grant, Compas, Thurm, & Ey,

2003; Moksnes, Espnes, & Haugan, 2014; Sheidow, Henry, Tolan, & Strachan, 2014). If teens are able to enact positive coping mechanisms, they are less likely to experience stress, as well-being is not merely the absence of negative symptoms, but also the presence of positive ones (Seligman & Csikszentmihalyi, 2014). Determining that self-compassion is a combination of self-kindness and mindfulness, Bluth and Eisenlohr-Muhl recruited adolescents to be participants in a study that required them to enroll in an 8 week mindfulness course. Participants in this quantitative study were surveyed before the 8 week course, after the course and then 6 weeks later. Researchers confirmed a first hypothesis that stress levels for participants decreased pre- and-post intervention; at the same time, there was an increase in mindfulness, self-compassion, gratitude, resilience, and curiosity (Bluth and Eisenlohr-Muhl, 2017). A second hypothesis, that depression and anxiety would decrease as a result of the intervention, was not confirmed (Bluth and Eisenlohr-Muhl, 2017).

Self-compassion programs, such as Compassionate Mind Training (CMT), have had success in reducing self-criticism and improving self-compassion (Gilbert & Procter, 2006). Compassionate Mind Training is not a program for clinicians. Rather it is a program directed at patients. In a pilot study using six volunteer participants attending a mental health day center in the UK, the researchers found reduced anxiety, depression and self-criticism as a result of the meditation program (Gilbert & Procter, 2006). Hooria Jazaieri along with Geshe Thupten Jinpa, the latter of whom is known, among other things, as the primary translator for H.H. The Dalai Lama when he gives talks in the West, led a team of researchers at Stanford University to develop and test a compassion cultivation program. Jazaieri and Jinpa, et al., (2013) developed a program called

Compassion Cultivation Training (CCT). They found in a randomized control trial of 100 adults that those who participated in the 9 week CCT program of meditating on compassion showed higher levels of compassion for others and self-compassion and lower levels of fear of compassion than participants in the control group.

Most studies on compassion focus on self-compassion exclusively; those that do measure levels of compassion toward others combine that measurement with measurements of self-compassion. Neff and Pommier (2013) conducted a study that examined the link between self-compassion and concern for others. They add their names to a long list of researchers who have found that self-compassion has a positive association with psychological health (Neff, Kirkpatrick, & Rude, 2007). Neff and Pommier (2013) realized, though that “while the personal benefits of self-compassion are well established, there has been less research that has examined whether self-compassion benefits others” (p. 3). They cited additional studies that posit that self-compassion is linked to compassion for others. The writers do not necessarily suggest a causal relationship, or that self-compassion is a pre-requisite to compassion for others; however, they do see a connection. According to Neff and Pommier (2013), self-compassion contains elements of self-kindness, a sense of common humanity and mindfulness. Despite the complexity of self-compassion, in a very me-centered world, “self” is more prominent in peoples’ minds than “other”. It is very possible that the relationship between the two, self and other, exists because compassionate people have a healthy sense of self and therefore exhibit characteristics of self-compassion. Despite a lack of evidence for a direct relationship, Neff and Pommier (2013) cite a study (Longe et al., 2009) where subjects who exhibited self-compassion showed, through MRI tests, that

their neuronal activity was similar to that of people who exhibit compassion for others. Most of these studies are in the field of psychology rather than education, so the focus on self-compassion is understandable; however, sometimes there are accompanying results of compassion for others, as shown in the Longe et al. study (2009). In another example, Reddy, Negi, et al., (2013), carried out a study on youth in foster care using a compassion program similar to CMT and CCT called Cognitively-Based Compassion Training (CBCT). The authors found that after the 6-week training, subjects experienced reduced levels of depression and anxiety and increased hopefulness. The majority of the 70 participants used the techniques taught in the program to reduce stress. They also reported an increase in self-compassion and feelings of compassion for others.

While there is quite a bit of research on the influence mindfulness has on compassion, less research has been done on the effect of service and service-learning on compassion. I was particularly interested when I found a study from Switzerland that appeared to be a corollary to my study. In my study, I wanted to see if acts of service promote compassion; the aim of the Swiss study (Leiberg, Klimecki & Singer, 2011) was to see if compassion training inspired pro-social behavior. The study was a very intriguing one that consisted of two separate experiments. In the first experiment a pro-social game was introduced to participants. The Zurich Prosocial Game (ZPG) assesses pro-social behavior, including the influence of reciprocity and distress cues on pro-social behavior. In the second experiment participants' pro-social behavior was measured after completing a short-term compassion training session. A control group was given training in short-term memory. The results of the study showed an increase in pro-social behavior as a result of the compassion training, but not as a result of the memory training. This is

not particularly surprising, but one of the things that makes this study interesting is that the authors looked at compassion, not just as an emotion, but as a motivational state as well. They observed that situation-specific empathic concern alone may be short lived (Leiberg, Klimecki, & Singer, 2011). If compassion training can increase pro-social behavior, can pro-social behavior increase compassion?

This study looks at feelings of compassion and self-reported compassionate behavior over time, where the durability of concern and the durability of motivation become important. The participants in the study were asked questions in their interviews that required them to think about compassionate thoughts, compassionate actions and how those thoughts and actions might differentiate over time.

Studies meant to examine the effects of increasing self-esteem in adolescents (Baumeister, Bushman, & Campbell, 2000; Crocker & Park, 2004) found that sometimes unintended effects such as increased tendencies to bullying and narcissism resulted. Unlike self-esteem, self-compassion, researchers (Leary, Tate, Adams, Allen, & Hancock, 2007) found, does not have many of the unintended negatives associated with boosting self-esteem, like bullying and narcissism, yet it retains positives such as increased feelings of self-worth. Neff and McGehee (2010), wanting to go a bit further by recognizing that prior studies on self-compassion did not examine self-compassion in adolescents but rather only in young college-age adults, conducted a quantitative study on 235 adolescents and found that self-compassion in adolescents was similar to that of college-age adults. Those participants scoring higher in self-compassion reported less depression and anxiety, as well as greater feelings of social connectedness (Neff & McGehee, 2010). There are many such studies on *self-compassion* in adolescents, yet

few on *compassion* in adolescents. Kirby (2016), in a study of eight compassion-based interventions, states that “To date, there has only been one meta-analysis conducted on compassion-based interventions (Kirby et al., 2015), which included 23 randomized controlled trials (RCTs) over the last ten years.” Six of the eight compassion-based interventions that Kirby studied focus on the cultivation of compassion (Kirby, 2016). Some of the differences among the interventions revolve around duration and theoretical foundations. Additionally, although professedly secular in nature, some of them are more heavily influenced by Buddhist ideals. It’s not my intention here to specifically evaluate these eight programs, but rather to look at what they have in common and what impact they had on this study. All of the interventions included a mindfulness component, and all included an “active experiential component,” where participants had to *practice* compassion (Kirby, 2016). The issue of practice is getting closer to the focus of my study. I was interested in finding how compassion can be taught or encouraged in adolescents. Unlike many studies that look at moral judgment, or studies that look at self-compassion, or studies that look at non-engagement in negative behavior, Kirby’s (2016) study of eight compassion-based interventions notes that these interventions include two features that I feel prove themselves to be important in teaching and encouraging compassion: (1) mindfulness or reflection and (2) practice of compassion – “the active experiential component” (Kirby, 2016). It was my interest to see if this experiential component could be satisfied by a service-learning program. If so, students could engage in service, suitable for their community and their schools’ curricula, without schools needing to register for potentially expensive trademarked programs. Conklin and Hughes (2016) found in a qualitative study of teacher educators that

“because teacher educators have not modeled the compassionate, equitable teaching practice they want their graduates to use,” many pre-service teachers have been resistant to the Social Justice Teacher Education presented by their instructors. This finding is not necessarily transferrable to examples that K-12 teachers set for their students, but it’s certainly worth examining the connection as we look at how to educate students in compassion. As with so many things, students want to see that their teachers are practicing the same behaviors that they are advocating — whether it’s directly related to the curriculum or not.

Service-Learning

In the interest of looking for ways that compassion can be increased in adolescents, my study looked at the longer-term influence, one year after the initial service-learning experience, that specifically service-learning has on compassion. A relationship between empathy and civic action has been observed (Batson & Shaw, 1991; Plante, et al., 2009). Plante, et al. did a study of the effect of immersion trips on levels of compassion and empathy in college students. The researchers performed two experiments, using both experimental and comparison groups. In the first experiment, one half of the experimental group engaged in a service-learning project that involved building houses for people affected by Hurricane Katrina. The other half spent a week in Puebla Mexico, learning about difficulties facing residents of that community. The researchers found that immersion participants in the first experiment had higher levels of self-reported compassion than the members of the comparison group. In the second experiment, participants engaged in a variety of weeklong experiences where they learned about poverty, mining, hurricane reconstruction, and immigration. In this

experiment, participants in the immersion group once again had significantly higher scores on the compassion measure, than did a control group that was recruited through classes and clubs. This could lend some additional credence to the idea that service-learning influences moral behavior. Plante, et al., (2009) found that students participating in these service-learning programs had higher scores of empathy and compassion than those who did not participate. There were, however, some problems with this study – students were not placed randomly; rather, students decided whether to be part of the experimental group or comparison group. Additionally, pre-trip compassion scores were already higher for those students who were part of the experimental groups. This may explain why in the first experiment there had not been much of a change between pre- and post-trip measures of compassion.

Another recent study on the effect of civic action on moral development (Bernacki & Jaeger, 2008) emphasized the foundation established by John Dewey (1916) that education must include moral and civic responsibility. In this study, researchers showed how Dewey's concept of civic responsibility led to our present day understanding of service-learning: the idea that service and learning are connected. The researchers wanted to see if service-learning had an impact on moral development. According to Bernacki and Jaeger (2008), there is not a lot of research supporting the belief that service-learning implicitly teaches moral reasoning. Previous studies support this finding. Eyler, et al., (2001) noted that the impact of service learning on student cognitive moral development is mixed. They found that in some studies service-learning did contribute to moral development (Boss, 1994; Gorman, 1994) and in other studies there was no difference in moral development between service-learning and non-service-

learning groups (Cram, 1998; Fenzel & Leary, 1997; Greene, 1996). Thus, more work needs to be done.

A key factor in many of the existing studies is that they measured cognitive moral development as decision making. The Bernacki and Jaeger study (2008) used the Defining Issues Test (DIT) (Rest, 1979), which is a measure of moral development using hypothetical stories or dilemmas based on Kohlberg's primary research tool.

Interestingly, despite the fact that Bernacki and Jaeger (2008) found no significant effect on moral development as a result of service learning, there were increases in students' self-reported understanding of, and ability to solve, social problems. The authors state that future research would benefit from using tools that measure moral thinking and moral action. They questioned their own study, wondering if moral reasoning is possibly not a good outcome to measure the efficacy of a service-learning program. They even suggest the utility of a mixed-methods approach in future studies (Bernacki & Jaeger, 2008), recognizing the limitations of a quantitative study. They also recommend the use of an instrument that would measure instances of moral practice that could show that increased moral reasoning did indeed lead to greater frequency of moral action.

Additionally, Bernacki and Jaeger found that, in previous studies, smaller sample sizes were less likely to show an impact on their dependent variables. Even their own samples were rather small. Perhaps a larger sample size would make a difference in effect.

Howard, Gelmon, and Giles (2000) proposed that there is a need for additional research using methods other than surveys, suggesting a need for more qualitative research on service learning, an idea seconded by Shumer (2000). Billig (2002) did a review of the research on K-12 service learning and found that service had a positive impact on

students' social relationships, academics, citizenship, and career awareness. She found that, in the more successful service-learning programs, students had responsibility for their roles, autonomy in the work they did, reflection time as well as involved teachers who helped students understand the meaning of their experiences. Further, they tied service-learning to an academic area that required proficiency. In light of this study (Billig, 2002), and Kirby's (2016) study on compassion interventions, there are some areas of intersection, specifically that of reflection and action. All of this research acknowledged, the question remains: How can schools – public K-12 schools, not just universities – include in their curriculum something that will help foster compassionate behavior? That “something” may be a compassion or mindfulness training. There have been some benefits shown for programs like this. Service-learning, I feel, has some advantages over these programs. Service-learning programs may possibly cost less, especially if the program is local. It also has the added benefit of providing a service and allowing participants to be the providers of that service to local institutions.

CHAPTER 3: METHODOLOGY

Introduction

The objective of this study, the follow-up to a previous study of a middle school service-learning experience, was to find out what students who engaged in service learning had to say about their feelings of compassion and compassionate behavior one year later. This is part of the larger question of what schools can do to increase feelings of compassion and compassionate behavior in students. There is quite a bit of quantitative research on moral development (not so much on compassion specifically), as well as on service-learning. There is, however, a shortage of qualitative research on compassion, particularly for public school students. To really understand how compassion works in young people, how to inspire compassion, and how an intervention influences that compassion, it's important to hear the voices of those students. It's the real voices of real students that give richness to our understanding of compassion and how it develops. For that reason, the primary tools used in both the pilot and present studies were one-on-one interviews. More specifically, the pilot study utilized reflective journals during the course of the service-learning, followed by post-experience interviews. The data collected therein, as well as the accompanying analysis, inform the current study but will not be addressed in detail in this dissertation. The primary data for the present study were collected through a follow-up interview and focus group discussion, both conducted approximately one year after the original service-learning experience.

In the follow-up study that comprises the focus of this dissertation, I used semi-structured, open-ended questions, including some unplanned follow-up questions, to gain

greater insight into the individual participants. Each interview thereby became more than just a means of verifying a hypothesis. Instead each was a way of hearing the voices of the students as they described their experience, while simultaneously attempting to make meaning out of the feelings of compassion they had before, during and after their service-learning experience. Because I wanted to understand the ‘durability’ of feelings of compassion, questions in the interviews and the focus group were phrased in a way that challenged students to reflect on their feelings of compassion before, during and after their service-learning experience. The intensive semi-structured interviews “combine[d] flexibility and control and open interactional spaces for ideas and issues to arise” (Charmaz, 2014, p.58). The semi-structured interviews were organized around a set of predetermined open-ended questions. Other questions emerged from these predetermined questions. (DiCiocco-Bloom & Crabtree, 2006).

This study, like its pilot, stands apart from most service-learning research because it looks at 13-14 year olds rather than university undergraduates. Additionally and importantly, studies that have focused on either moral reasoning or caring behaviors have, for the most part, neglected the element of self-reflection (Kohlberg, 1981; Noddings, 1984; Powers, Higgins, & Kohlberg, 1989), an essential component of service-learning (Seifer, 1998).

There have been recent studies that have looked at the effect of service-learning on student achievement, self-confidence, and sometimes pro-social behavior (Bernacki & Jaeger, 2008; Billig, 2011; Plante, Lackey, & Hwang, 2009), but most studies have been quantitative. Quantitative studies strive for objectivity and hard data but often do not provide answers that would give meaning or significance to the questions being asked.

What is missing from these studies is rich data – specifically, the voices of the students themselves, which is necessary in order to really understand how compassion works in young people, how to inspire compassion, and how service impacts those who serve. Using the real voices of real students gives us a richer understanding of compassion. Creswell (2014) noted that in the social constructivist worldview “individuals develop subjective meanings of their experiences... [T]hese meanings are varied and multiple, leading the researcher to look for the complexity of views rather than narrowing meanings into a few categories” (p. 8). He stated, too, that constructivist researchers use more open-ended questioning and that the subjects’ responses to those questions are to be seen in a social context.

The methodology I used in this study can be described as *constructivist grounded theory*. Grounded theory was a method developed by Barney Glaser and Anselm Strauss, when they were conducting research on dying hospital patients in the mid-1960s. *The Discovery of Grounded Theory* (1967) was a ground-breaking publication of that method and offered another critique of, and alternative to, a more positivist, objectivist approach that relied on hypotheses and a-priori assumptions. Grounded theory, wrote Glaser and Strauss (1967), is traditional research in reverse. Theories are developed after the data have been analyzed. Denzin (1997) wrote of grounded theory that “it is the most influential paradigm for qualitative research in the social sciences today.” In the present study meaning was inferred from the voices of participants rather than to discover hidden truths. The concept of emergent research, whereby the analysis and significance are extrapolated from the data – as much as that is possible given the researcher’s own inevitable preconceptions – therefore resonates with my intention.

Some years after its inception, practitioners of traditional grounded theory began to critique the methodology for what they considered to be its excessive emphasis on objectivity. In the new millennium, Kathy Charmaz (2014) took a different approach to grounded theory – something she calls “constructivist grounded theory.” Building on the work of Glaser and Strauss (1967) she added elements that diverged from those used by the two pioneering researchers. For example, constructivist grounded theorists do not make assumptions about an objective external reality as it impacts subjects’ behavior. Instead, theories and conclusions are “constructed” from the interactions and interpretations of subjects and the researcher, rather than “discovered.” In a constructivist approach participants are given the freedom to make meaning of their own experiences. Indeed, in this study, it’s the participants that are reflecting on their own experiences in the context of the community and society to which they belong. In other words, Charmaz (2014) recognized the researcher not as a dispassionate objective observer but as a participant in constructing meaning and interpreting data. “The bottom-up approach of grounded theory gives the method its strength, when the researcher asks analytic questions of the data. The researcher’s subjectivity provides a way of viewing...data” (Charmaz, 2014, p. 247). She saw her research as “stressing social context and interpretive understanding” (Charmaz, 2014, p.14). In recognizing the involvement of the researcher, I recognize my own subjectivity, but I also see how that subjectivity is influenced by and takes cues from the social context, in this case the psychological and social world of teenagers in middle school. Charmaz rejects an individualistic constructivist methodology that underplays the value of social interaction

as well as individual subjectivity. It is a balanced approach that I feel comes closest to a methodology that answers the research questions.

Setting and Participants

The location for both the pilot and current study, was a grade 5-8 public middle school in a New England suburban community, with an enrollment of about 350 students. Most of the students would be considered middle class. The student population is about 98% white, with slightly more girls enrolled than boys.

The facility where the original service experience took place was a nursing home/medical rehabilitation center located in the same community, which is predominantly white and middle class. The facility is nicer than most in the area partially surrounded by woods and on a quiet residential street. The facility, overall, is comprised of three parts. There is an independent living assisted living section with individual apartments, a common restaurant, a gaming room and a small reading room/library. The second section is a nursing home. It's close to the independent living/assisted living area and those residents get first priority if they need to be admitted to the nursing home. The nursing home is a small facility with about 40 patients, many of whom are from the area. The recreation director who provided instruction to the students has her office here. Finally, the third section of the facility is a section called The Cottage. It's not a separate facility and isn't really a cottage. It is connected to the nursing home by passcode-protected doors and also has access from the outside. It has a common living /TV area, a small kitchen, meant to look like a home kitchen and a dining area in addition to a dozen individual apartments. The Cottage houses about 12 long-term residents with dementia.

For the original service-learning study, ten students were purposively selected, based on interest, from the eighth grade class. These students were my own Language Arts students. The breakdown by gender of the eighth grade as a whole was about 50% female/50% male. It is worth noting that, in terms of the general population, as suggested by other studies, females are more likely than males to be involved in service learning (Miller, 1994), and this imbalance was reflected in which students volunteered to participate. Einolf (2011) found that, generally speaking, females are more likely to gravitate toward giving and caretaking roles than are males. The participants for my study were selected on a voluntary basis, with the result that seven volunteers were female and three male. Although all seven female participants and two male participants agreed to be interviewed at the end of the service-learning activity, only the female participants agreed to be interviewed in the follow-up research, which began almost a year after the preliminary interview. All three of the male students declined to participate in both the interviews and the focus group.

Since I was the participants' teacher there is, of course, a threat to validity, which will be discussed under Limitations. Mitigating this threat is the reality that the participants knew me and trusted me. The participants understood the intention of the study, which had been clearly explained, and that there were no tricks or hidden agendas that would affect their class standing or grades. They knew that my interest was in hearing and presenting their thoughts; so there wasn't any suspicion or fear of being interviewed.

It will be helpful to provide an overview of the participants, then of the key service activities in which they engaged the clients. I noted that the participants were all

female, all white and they were my former students. At the time of the intervention they were 13 to 14 years old. At the time of the interviews and focus group they were 14 to 15 years old. Of additional interest is that although they all held in common an interest to be helpful, they had different personalities. None of them were the most popular students in their grade, nor did they want to be. All were well liked by their peers. Two of the seven would consider themselves activists — not very outgoing, except when it comes to something they feel strongly about. Two of the seven were somewhat shy, two liked to be funny and elicit attention and six of the seven were academically oriented and grade conscious. There were two pairs of the participants who were close friends. Otherwise it wasn't a group of the closest friends, and yet they all got along with each other very well.

Key Service Activities

The participants engaged in whatever activities the recreational director had planned. Sometimes we knew in advance and as the director got to know the participants a little better she asked them for input on designing activities. Some of the activities involved gentle memory tests. The participants learned that sometimes family memories could be painful and sometimes not. Sometimes patients didn't remember important events in their lives and sometimes they would remember things incorrectly. The participants played Concentration type games with the patients using cards with large letters or pictures. In some of the games the patient could be successful by, for example, matching two photos of butterflies, by visually recognizing the similarities, even if they couldn't remember the word *butterfly*. They did some games that required identifying states of the Union. This was difficult for all but a few patients. Remembering songs from the 40's and 50's was much easier for the patients and even the participants knew

some, especially Christmas songs and show tunes. Sometimes patients just identified songs but there was also a lot of singing. The student participants also engaged the patients in arts and crafts projects that didn't require too much dexterity like watercolors. Additionally, they did physical activities like bowling and catching a ball. They even played a Nintendo Wii golf game. A more long-term project was a scrap book project that had been started before the participants in the study started working at the nursing home. A local poet had gotten the patients to write poems about themselves. Family members and staff supplied photos and the participants helped the patients find pictures they liked in magazines, and all of this was put together in binders for the patients to look through. Some of the patients really enjoyed this; some with more advanced dementia were not able to see the relevance to themselves.

Procedure

The present study is a follow up to the preliminary pilot investigation conducted ten to twelve months prior. The participants had engaged in a 10-week, community-oriented service-learning program, working with elderly patients with Alzheimer's at a local nursing home, during the 2015/2016 academic year. The actual volunteer time occurred during the course of the school day. Students spent two hours a week for the ten weeks engaged in service. This was designed to create a more intense experience. Studies have shown that time spent in service is a factor in determining whether there is an impact from that service (Bernacki & Jaeger, 2008; Boss, 1994). The students worked with patients with Alzheimer's on assisted activities that were decided by the recreation director of the facility, with input from the students. As a *service-learning* program, the experience also consisted of learning about issues facing the elderly, such as Alzheimer's

disease, our current health care system, nursing home care, respect issues, and psychological and social issues facing the elderly. It was also important that the participants didn't feel like they were doing the service for themselves or that the work they performed was provided primarily for their benefit. The students did whatever work the nursing home's recreational director decided, with their input, would serve the needs of the clients while they were there.

Debriefings were conducted after every service day. These were short, informal discussions involving the whole group of volunteers – including some volunteers who were not part of the study. There were twenty volunteers in total – ten were part of this study. This informal discussion usually started on the bus ride back to school and continued over lunch in my classroom and usually started with me asking students how they felt.

Directly after the service experience, in late May and early June of 2016, participants were interviewed individually. During the experience, participants also kept reflection journals, in which they were required to write after every volunteer session. According to Blyth, et al., (1997) young people who do not reflect on their experiences are more likely to express less socially responsible attitudes towards serving others, and they are less likely to help in the future. Those who did reflect were more likely to be engaged in school, which shows that the value of service-learning is not just connected to feelings of compassion but to success in school as well. These findings corroborate John Dewey's claim that humans do not learn from experience, they learn from reflecting on that experience (Dewey, 1938). Thinking of the Buddhist understanding of compassion, it is also interesting to note that self-reflection is an important element of Buddhism and

Hinduism – called Svadyaya in Sanskrit and meaning “self-study,” which, in both faiths, is considered essential for any positive movement in consciousness or psychosocial development. This reflective component is present in research as well; Bernacki and Jaeger (2008) found, in their study on the impact of service-learning on moral behavior, that objective measurements alone are insufficient to constructing a full understanding. For a valid and richer interpretation of *why* people have specific moral beliefs and behaviors, a qualitative perspective is necessary.

The concluding interviews of the pilot study, while not part of the current study, as a pre-cursor, as a pilot study, serve to inform it. For the current study, I contacted the ten participants in early 2017, after receiving IRB approval, to arrange interview appointments. Recruitment was limited to the students who had participated the previous year. At the time of the pilot study the students were finishing their 8th grade year. At the time of the follow up interviews and focus group these same students were in 9th grade, attending the local high school. The focus of this paper is on the interviews and focus group conducted in June of 2017. The purpose of the current study, of course, is to look at the longer term effects of the service learning experience. Generally speaking, the students interviewed directly after the service-learning experience had an enthusiasm for service that had me wondering if it could be maintained. They were interested in helping, flattered that they could be helpful and focused more on the experience than themselves. I also wondered if in the later interviews students would look at specifically the service experience at the nursing home or themselves as compassionate or less than compassionate people. Their responses in the pilot study were simpler and less diverse.

The coding for those interviews can be found in the Initial Coding Framework (Appendix F-1).

Reminding the participants of the interviews conducted in June 2016 I asked them, via email, in early 2017, if they were interested in participating in a study that looked at the durability of feelings of compassion. I told them that the study would involve an interview that expanded on the interview I conducted with them the previous year at the end of the service-learning experience, as well as a focus group session. I had told them at the end of the previous academic year, after the preliminary interviews, that I would be contacting them the following year. So the request was not unexpected or new. I had actually sent out a few emails – before I had received IRB approval in order to reestablish contact. Eighth and ninth graders tend to lose interest in things that are not foremost in their minds, so I wanted to keep the idea of the follow-up research fresh for them in the hope that they wouldn't change their minds about agreeing to be interviewed. Despite my hope that the participants would remain interested in the follow-up study, I made sure to repeat that their participation was completely voluntary, this time without even the remote possibility of any subtle coercion, as I was no longer in a position of authority in relation to them. Once I received IRB approval, I provided all the participants with Child Assent and Parental Consent forms (Appendices C and D respectively). These forms were similar to those given for the pilot, but the IRB required that the participants renew both their and their parents' agreements to participate. Of the ten participants in the service-learning experience, seven female students said they would participate in the interviews and focus group for the current study. None of the three male volunteers wanted to participate in the study. Despite being helpful contributors

during the experience at the nursing home, the three boys who participated in the service project did not maintain contact with me once the project ended. They participated in neither the interviews for the current study, nor the focus group. Ultimately, all seven of the female participants were interviewed, and five of the seven participated in the focus group. As previously mentioned, the focus group interview was conducted at the middle school where I teach. It is also where the participants went to school. The individual interview questions (Appendix A) and the focus group questions (Appendix B) were similar but not identical.

Data Collection

Interviews. As previously mentioned, in the pilot study, students were interviewed at the end of the 10-week service-learning period. In the current study, the participants were interviewed close to a year after the initial interview, in May and June of 2017. The interview questions (See Appendix A) were designed to get students to think about why they act the way they do and to give some insight into their thoughts and feelings about compassion and compassionate behavior. The complete set of questions is in Appendix A, but the following provide a sample:

1. How would you describe your own compassion during your service-learning experience?
2. What did you learn about yourself from this service-learning experience?
3. What have you done since then? Have you had feelings of compassion or engaged in compassionate behavior in the last 12 months? Explain.
4. If that was true after your experience, is it still true? Explain.

The participants were also asked to reflect on how those thoughts might or might not have changed since they were first interviewed for the pilot study. The format of the interview, which entailed an open-ended style of questioning, allowed for students' authentic voices to be heard. The value of the open-ended interview for the purposes of authenticity is supported by many researchers (Seidman, 1998; Creswell, 2014; Charmaz, 2014). Intensive interviewing is "a flexible, emergent technique that combines flexibility and control and opens interactional space for ideas and issues to arise" (Charmaz, 2014, p. 58). Charmaz recognizes that the interview is a "performance" (Charmaz, 2014, p78). What a participant says she did or thought may not be what she actually did or thought. At the same time, interviews are the most common form of data collection in qualitative research.

I introduced the interview session by saying that I would be asking the participants questions about their personal feelings of compassion in connection with their service-learning experience, and particularly as related to the passage of time. I did not show the participants the specific questions ahead of time because I did not want them to feel that they were to be answered in the way they would answer a questionnaire. I also told them that any additional insights they had, even if seemingly irrelevant, should be shared.

I conducted the interviews myself using the voice recorder of my Samsung Galaxy S5. I also took notes on my laptop computer. (The preliminary interviews that were part of the pilot study were audio-recorded on a Phillips Digital Voice Recorder.) The presence of a smartphone on a table during an interview is more familiar and therefore less intimidating than an additional recording device. The interviews were

conducted at the high school that the participants attended, but after regular school hours. One of the participants attended a local magnet high school, and her interview, as well as the focus group session, was conducted at the school where I teach (and that all participants attended as eighth graders). The location of the interviews was in and near the school's cafeteria, depending on availability and noise level. The location was chosen because it was an open and public place yet a spot could be chosen within the space of the cafeteria for quiet and privacy without isolation. The interviews lasted approximately 30 minutes. Initial exchanges of pleasantries that were not part of the interview were not recorded, but were, of course, important in order to set the subjects (and myself) at ease. Even though they knew me, it was still important that I made them feel comfortable. The interview location was safe, familiar and non-threatening. We were seated in identical chairs as well, to avoid any hints at a power differential. Grayson-Sneed, Smith and Smith (2017) state that to get reliable data, in their research on medical patients, interviews should be patient-centered. The subjects feel confident that their privacy will be protected, that they are not being judged and that they know the purpose of the interview (Grayson-Sneed, Smith and Smith, 2017). At the end of each interview I read back what each participant said as a form of member checking. Almost everything that was recorded was accepted or in some cases clarified. In only one instance a participant said she wanted to completely retract a statement.

After the interviews were recorded, they were played back and transcribed "by hand" on my MacBook Air. Before transcribing each interview, by playing back the interview step by step, I played the interview in its entirety to recapture the general tone and direction of each interview. I did not use any transcription software. Although time

consuming, this direct transcription had the added advantage of allowing for my own note-taking and memo-writing, which Charmaz (2014) says “constitutes a crucial method in grounded theory because it prompts you to analyze your data and codes early in the research process” (p. 162). Such memo-writing is an opportunity for critical reflection. For added richness and context, I also decided to include non-essential utterances. When participants said “uhh” or “you know” or similar utterances, I, for the most part, included them. I think they can indicate important things about the participant’s attitude toward the topic being discussed. Maybe the participant is hesitating for a reason, or maybe the participant is distracted. In any case these non-essential utterances can sometimes provide added insights.

Coding

Boyatzis (1998) proposes that there are three approaches to developing code: an approach that is theory driven, an approach that is driven by prior research, and an approach that is data driven. My approach is data driven. In grounded theory, conclusions evolve from the data rather than data being used to prove or disprove a theory or hypothesis. I did the coding manually in a series of steps. I first took a look at the codes I used in my pilot study when the service program had ended. Those codes developed through several drafts in the process of interpreting the data gathered from the pilot interviews. The first step was to assign codes line by line without any predetermination. In other words, if a participant spoke of making a connection I just wrote on the line: *Making a connection*. This collection of codes was my Open Coding List. I then organized that list into an Initial Coding Framework and went through several drafts of recombining codes as I went through the interviews multiple times.

Some of the more significant themes; i.e. themes that presented themselves with repetition were: *Coming to terms with definitions, Compassion, Learning, Community, Approaches to service (or motivation), Benefits and Experience*. I looked at these codes to make sure they would be applicable to the current interviews and eliminated any that would not. The resulting collection of codes became my *a priori* codes. These codes constitute the items on an Open Coding List (Appendix E). A priori codes are based on prior research – either from the individual researcher, him or herself, or from another researcher conducting a similar study. In this case, these codes were developed by this researcher and came about as a response to the data. Although they can be classified as a priori, or existing code, now; that wasn't the case when they were developed. Although a priori codes can be useful, it's important to “assess a protocol critically and if necessary, adapt the guidelines to suit your own research” (Saldana, 2009. p. 177).

I wanted to create a bridge from this current study to my previous data collection by using codes that were important at the time of the pilot data collection, but at the same time recognize the emergent nature of grounded theory coding. At the time of the pilot and when running the current study, I needed codes that would evolve from the data. As Charmaz (2014) states, emergent “codes emerge when you scrutinize your data” (p. 114). Every interview is unique and even though the participants were the same individuals that participated in the pilot, and the interview questions were similar, they weren't identical, so it was important to incorporate emergent codes as well. Of course, all the a priori codes from the interviews were emergent codes in the beginning, and all emergent codes from the current study will become a priori codes, subject to critique and reframing, in future studies. In the early coding framework (Appendix E) for example, there were

many lines that were coded as *Compassion* (Codes 2a-2e in Appendix E). These sub-themes consisted of: Concern for others, Helping beyond expectations, Putting oneself in others' shoes, and Limits to compassion. At this early stage, I hadn't coded a distinction between compassionate *thoughts* and compassionate *behavior*. That was something to look at as the framework evolved.

Using the a priori codes, I then looked at all the interview transcripts together and identified major repeating patterns of responses. I underlined key words and looked for emergent themes that I noted in the left margin. The interview questions in the current study were similar to the interview questions in the pilot, with additional questions that accounted for the passage of time since the service-learning experience. As a result of these differences as well as some small additional experience of the interviewer, there were some new codes. I then organized a coding framework, identifying and organizing the Open Coding List into themes and sub-themes. If there were two codes that, on further reflection, seemed very similar, then I combined and renamed one of them. In other words, I combined the two codes. The broadest categories, such as Compassion, Community or Benefits became my Themes. Under these themes I identified sub-themes and sub sub-themes, drilling down to three levels. This appears in Appendix F-1 as Initial Coding Framework: Themes and sub-themes: Final Draft: Emergent codes. An example of an emergent code came under the theme of Learning. The participants had done more self-reflection in the year that had passed and so in addition to the code of *self-awareness* under Learning about Self, there was the new code of *self-improvement*. This appeared in both a code for *self-improvement of thought* and *self-improvement of*

behavior as well as identifiers of being *more responsive* or *more thoughtful*. These codes emerged from the words of the participants, and reflect how they see themselves.

I also wanted to be aware of *how* a code was phrased. Again, to really let the words of the participants speak for themselves and to make sure that their voices came through clearly without prejudgments or preconceptions, I tried to follow Charmaz's suggestion (2014) to code for an action rather than for a type of person. Then, I went through all the individual interviews and the focus group interview a final time, adding again codes that emerged from the most recent analysis. It was at this time that I coded the focus group interview. This final framework is Focused Coding Framework: Themes and sub-themes final draft (Appendix F-2) Individual and Focus Group Interviews. It includes codes that emerged after the transcription as well as post-editing additions that appear in italics. At this point the interviews were printed without notes or code. After the final coding framework was developed, specific codes were assigned to the lines of text on the transcribed interviews, using the coding framework. An assistant, assigned the codes, first by hand in the margins and then typed onto the documents. The assistant has experience in social psychology and coding. Appendix F-2 includes any emergent codes added during this coding process. These additions are also italicized. The assistant also went through each interview a second time and any additional codes added during this second examination are in bold print. Once the interviews were coded, they were ready for documentation of results and analysis. This type of analysis is iterative and continuous so there wasn't a discrete separate analysis. I used the same coding framework for the focus group, and again the same assistant used those codes as she went through the focus group interview line by line. Additional codes that emerged appear in

Appendix F-2 in italics. After the initial coding, I went through each interview and further elaborated on the initial codes to come up with a coding framework that shows various themes and sub themes. In the next chapter, I'll describe the most significant themes and how those themes were developed into a theory.

Trustworthiness

It is essential that any qualitative researcher ensure trustworthiness of his or her study. According to Lincoln and Guba (1985), there are five components of trustworthiness that need to be addressed: credibility, transferability, dependability, and confirmability. Two of the aspects of credibility are: member checking and prolonged engagement in the field. To ensure adequate *credibility* I frequently read back what participants said in their interviews to make sure I was capturing their intent. There were no instances where a participant said that I didn't correctly capture the intent of what was said, and I had to make a change. For the most part, there were no changes because during the course of the interview I said things like "I want to make sure I have this right", and then I would repeat what I thought I heard. This would be integrated into the interview rather than checking afterward. In only one instance did a participant approach me after the interview — it was the next day — to ask me to remove something unflattering she had said about a family member from her transcript; so I did. I had captured accurately what she said, but she didn't feel good about having said it. It was important that I did not cause her to regret being interviewed. As for *prolonged engagement*, I have been working with students in service-learning for close to 10 years and I certainly feel immersed in the field. In terms of *transferability*, in this type of study one usually cannot generalize study findings to other situations, and I have endeavored

not to do so here. Even if the results are not transferable in the strictest sense the data from this small study can inform further study or policy decisions about compassion in education. A *dependable* study needs to be accurate and reliable, according to Lincoln and Guba (1985). I made sure in my study that the data were captured and reported accurately. Sound quality was very good in the recording of the interviews, with only several words marked as inaudible. Careful transcription by hand also insured accuracy. Finally, a qualitative study needs to demonstrate *confirmability*. I do want to present my *positionality* on the study. I have a strong interest in making an argument for including compassion in school curriculum. I was hoping that the participants would report feelings of compassion as a result of the intervention (which they did) and that they would also report that those feelings lasted from the intervention to one year later (which had mixed results).

Limitations

When looked at through the lens of more objectivist methodologies than constructivist grounded theory, the most obvious limitation is that I know all the participants well. While the personal ties that come with this familiarity could be considered a source of subjective influence, there is good reason to believe that their trusting me allowed them be more open, disclosing personal feelings they otherwise might not have done. It could have been problematic to let my familiarity with the participants influence the way I coded their responses to my questions. For that reason, an unbiased assistant, unfamiliar with the participants, coded all the interviews. In briefing the assistant, I included information about the codes, but no information about the participants.

The results of this study have the potential to further validate or invalidate the importance of service-learning and the impact that it has on encouraging feelings of compassion and, possibly, moral behavior. There are, however, some threats to *validity* in the study. Because I conducted the research and had been the participants' Language Arts teacher, there was the threat that participants' responses could have been guarded in a different way than that discussed above. That is, despite my assurances that there was no evaluation tied to their participation or their personal responses, they might still have anticipated positive or negative consequences for something they said or did. To minimize this danger, in the initial study to which the present study comprised a follow-up, and in accordance with IRB guidelines and federal law, a recruitment informational session was conducted by the school guidance counselor, along with child assent and parental consent forms that explained the rights of the subjects, helping mitigate that threat. As part of my follow-up study and amended proposal to the IRB, I provided new revised child assent (Appendix C) and parental consent forms (Appendix D). Student comfort level to participate in this service-learning activity is increased by knowing the supervisor of the study. The recruitment script, child assent letter, and parental consent letter were all approved by the IRB. The fact that I was no longer the participants' teacher when I interviewed them further mitigates any concerns about a teacher being a primary investigator.

The remaining significant threat is that of subject attitude. To ensure trustworthiness, as I did with the initial interviews, I reminded students that no grades were involved in this experience. As noted above, there is limited transferability or generalizability in this study. Closely related to this limitation is the fact that I used a

purposive sample. It could be said that the only students who would volunteer to participate in a study like this are students that already would describe themselves as compassionate. It is doubtful that this impacted the study negatively. In fact, I think a purposive sample offered richer self-reflection on the part of the participants. First of all, this was an exploratory study that could inform further investigations. Secondly, I did not ask dichotomous questions, such as “Do you or do you not feel compassion?” Rather, I asked participants to describe their feelings of compassion and how they thought those feelings were impacted by the passage of time and ongoing experience.

An additional concern is privacy. Following IRB protocol, in order to protect participants’ privacy, I informed them that I would not use their real names in any published documents. I did refer to them by their real names in the interviews but when transcribing any real name in the dissertation text that reference was changed to a pseudonym, chosen by that participant. An additional protection for participant privacy per IRB protocol is that the paper copies of the interviews are in a locked desk in my house. Digital copies are on my password protected computer. There are no versions of the interviews in the cloud.

CHAPTER 4: FINDINGS

The Eight Emergent Themes

In the analysis of the data, i.e. the transcripts of the interviews, with their accompanying codes, eight themes emerged. The Initial Coding Framework and Focused Coding Framework (Appendix F-1 and Appendix F-2, respectively) reflect those eight themes. Each of the eight themes, grounded in the data, emerged with a complement of sub-themes. The themes are described below and the interrelationship among the seven primary themes is illustrated in the theoretical model (see Figure 1). The first theme to emerge was: Coming to Terms with Definitions.

Coming to Terms with Definitions

Participants were trying to come to terms with differences between sympathy, empathy, and compassion. “Maybe when you feel sympathy towards someone, or empathy towards someone but on a greater level” was how Sarah put it. Fernanda said that to her, “Compassion is ... to put yourself in someone else’s shoes... to feel how they’re feeling, even if you haven’t experienced it.” And Hannah said: “Caring about someone or something.” Many of the participants thought that it meant being helpful or kind. Blair’s statement summed this up well: “I think it means caring for other people. It’s just a synonym for kindness I guess and caring in general.”

Seven Primary Themes

The seven primary themes were: (1) Engaging in Compassionate Thoughts, Beliefs and Feelings; (2) Engaging in Compassionate Behavior; (3) Motivation; (4) Learning and Change; (5) Benefitting Self and Others; (6) Community and (7) Experience. Titles of emergent themes reflect language of action. In *Constructing*

Grounded Theory (2014), Charmaz stated “We gain a strong sense of action and sequence with gerunds” (p. 120).

Engaging in compassionate thoughts, beliefs and feelings. The first major theme, *Engaging in Compassionate Thoughts, Beliefs and Feelings*, often came from a non-specifically defined source. Some participants stated that these thoughts were already within them. Sometimes, it seemed to be a result of the way they were brought up. Often, participants didn’t know why they felt the way they did; they just did.

Georgia said that it is important “to feel that feeling of doing something for another person that doesn’t benefit yourself because you care about what you’re doing and the person that you’re helping”. In the focus group Blair said,

While we were going frequently, seeing them often in their environment and how they acted made me more compassionate and sensitive to other people with those types of illnesses like Alzheimer’s and being at that age.

Like how life is for people at that age.

Both participants refer to the development of their feelings of compassion, which I will return to later in the discussion of theoretical codes.

Engaging in compassionate behavior. Participants talked not only about the service-learning experience but also about other times they engaged in compassionate behavior. Fernanda remarked about her aunt who is in a wheelchair, “Sometimes she doesn’t want you to push, but she can’t make it up the hill without a little help. So you push a little without even saying anything.” Fernanda, when talking about the nursing home said, “It was a daily example of compassion. It wasn’t like you had to look for it or you had to think about being kind. You just went and that’s what you did.” Her

compassionate behavior extended beyond the nursing home. When speaking of compassionate behavior at the hospital, Fernanda said, “I know recently I’ve had to go to the hospital a lot. You see a lot of people there who just need you to be kind.” In the focus group Fernanda said, “When you’re just out and about and you have to help someone in a split second you just make the decision. You don’t really think about being kind. You just do it.”

Motivation. So what makes a participant “just do it”? Motivation for action came up frequently in the interviews. Blair felt this motivation before being asked to participate in this study.

I participated because I really like helping people. I’ve always known I want to work in a hospital or an environment like that. It’s kind of similar to a hospital... People that need your help. I just wanted to be a part of that.

Hannah also said, “It’s just something I enjoy doing. I like giving back to the community.” Jennifer saw her action or continued compassionate behavior coming from the benefits she saw from her experience of being compassionate: “It made me want to continue working there and continue helping people, because I was seeing the difference it was making. It made me want to keep being as compassionate as I was being.”

Learning and change. Participants felt that, directly or indirectly, as a result of the intervention, they had learned something about what they were doing, the people they were helping and even themselves. Sarah said “I’ve just gotten to overall know and understand older people better, and understand why they do the things they do. I feel like I’ve gotten to understand the older part of humanity.” She continued:

I learned I shouldn't judge people. I shouldn't judge people with Alzheimer's or dementia. That's not their fault. It's just genetic. They couldn't reverse that even if they wanted to. So I learned that I shouldn't judge people based on who they are or what disabilities they have.

Sometimes the learning was about oneself. Blair said "I'm a lot more aware."

Benefits to self and benefits to others. Most of the participants recognized that there were benefits. Often the same person recognized the two at the same time.

Jennifer, for example, said:

I really loved it there [the nursing home]. I would always look forward to the day that we would go... I really liked the patients that were there, and I liked the way that they always seemed to enjoy it when we showed up. I don't know. It always made me really happy.

Hannah felt her service experience had helped her leadership skills and was "opening up new ideas for college." At the same time, she also recognized that working with residents at the nursing home, such as listening to a man who was a former teacher, made them feel better, as well.

Community. Participants identified community differently. Blair looked at the larger community. She said "I feel compassion towards what's important; things going on in the world right now. You know like equal rights." Jennifer talked about a group she belonged to called Alliance for Acceptance, a high school group whose mission is advocating for LGBTQ students and who promote a general message of acceptance "...anything to do with equality and acceptance for everyone." At the same time, both Jennifer and Hannah were reminded of their own family through their experience. Both

have grandfathers with Alzheimer's and both made the connection between the residents they were helping and their own grandparents. Sarah, too, connected the residents she was helping to her own grandparents.

Like now when I go visit my grandparents, I'm like "Hi tell me a story. Tell me about yourself. What's interesting?"

Experience. Participants shared the impact of both their prior experience in performing acts of compassion and their recent service-learning experience. They felt that prior experience added to their more recent experience. Sarah and Hannah described volunteering with a school club and packaging meals for a shelter as helpful in wanting to volunteer at the nursing home. Their motivation was enhanced by their prior experience, which allowed them to have the current experience. Sarah said "As I went through my experience at the nursing home, and volunteering there my compassion levels grew."

Analysis

Code comparison. Characteristic of qualitative analysis is the use of inductive reasoning and characteristic of Grounded Theory is the constant comparative process of looking at data. Charmaz (2014) defines this process as "A method of analysis that generates successively more abstract concepts and theories through inductive processes of comparing data with data, data with code, code with code, code with category, category with category and category with concept" (p. 342). So, after looking at the data, comparing it with the codes, refining the codes and identifying categories, I used the categories in identifying the emergent themes. Next I looked at the data; i.e. the interviews and their accompanying lines of code again, connecting them to the themes in order to uncover relationships and develop an emergent theory. One of the noticeable

things in looking at the individual interviews is that, more striking than common threads and points of similarity is, how different and unique each voice was, as it should be. Each participant had her own motivation for participating, and each had her own perspective on feelings of compassion and compassionate behavior. Despite the uniqueness of each coded interview, one of the codes that repeatedly emerged was 2.h, *“Compassionate thoughts and beliefs come about as a result of compassionate behavior.”* The codes can be found in Appendix F-2. Hannah said, “I know it’s weird, but when I help the Alzheimer’s patients it makes me more thankful to have my memory and to have my family. I have my grandparents.” Although Hannah’s feelings of thankfulness are not an example of compassion, the compassion she felt for the residents inspired her to be thankful for her grandparents, not only showing the influence compassionate behavior has on compassionate thoughts and feelings, but it also shows an important connection to her social community. Sarah said, “Compassion always stays with me...it has stayed with me since [the nursing home].”

Another commonality — an obvious one — is that all the participants were motivated to do service and to be compassionate — whatever that word meant to each participant. As discussed above, many of the participants seemed to confuse compassion with kindness. It’s a reasonable confusion. One of the Dalai Lama’s most cited quotations is “My religion is kindness” (H.H. The Dalai Lama, 2006. p. 59). A central aspect of compassion for the Dalai Lama is the wish for others to be free from suffering. That also involves feeling or apprehending some of that suffering. Acts of kindness that aim for the happiness of others do not necessarily involve feeling the suffering of that other. I was moved by the fact that some of the participants’ answers indicated that they

did indeed feel the suffering of those they with whom they were working. As Hannah said:

J. and N. both seem like really nice people. It makes me sad when they don't really know where they are. J. would get really stressed when he thought he had to go across the street to deliver something or grade something [from one of his former students].

Although there are elements of pity in Hannah's remarks, it's also clear that she is understanding the suffering that these two nursing home residents were experiencing. It was not simply an example of feeling the importance of carrying out acts of kindness. At the same time, without thinking about the suffering of others, Hannah just "likes helping out." I found that the result — the acts of kindness or compassion — were not affected by the participants' definition of compassion. Their behavior was giving and caring — regardless of whether it was an example of kindness or an example of compassion. Hannah's statement about her compassion for the resident with whom she was working emphasizes the importance of *Community* to her. Sarah's *Experience* continued to impact her *Compassionate Thoughts and Feelings*. Going back to the coding and the data of the interviews helped to confirm the support that those codes give to the themes.

Frequency of codes within the Eight Emergent Themes. Quantitative analysis of coding sometimes involves a presence/absence scoring. A quantitative analysis of an interview, for example, might involve noting the presence or absence of a particular word or phrase and measuring the frequency of appearance of that word or phrase (Boyatzis, 1998). In the type of qualitative study I conducted, just the mention of the word *compassion* is not necessarily relevant. Rather, how the participants used the word and

how they responded to it offers richer data. Its meaning was almost totally dependent on the context and personal interpretation of its use. Nonetheless, I did measure the frequency of codes to uncover interesting patterns and relationships. This was not a quantitative study, so getting precise quantitative data wasn't my intention; rather, I wanted to see if there was a pattern to the responses, and since any information is data, especially in Grounded Theory, and all data can be informative, I thought that a frequency chart would offer a helpful, additional perspective on students' voices.

Now that the primary themes were identified and data from the interviews reinforced that they were indeed primary, I wanted to look at patterns of relationship among the themes. So I went back again to the participants' responses and the individual codes. I particularly noted any response that occurred with a frequency greater than 10 times and organized that data in a Coding Frequency Chart (Appendix G). On the Coding Frequency Chart the one-on-one interview responses are in normal text while the focus group responses are in bold text. The following met the criteria of occurring with a frequency of greater than 10 times: *Concern for others: Compassion (2.a.i)*; *Automatic natural response to a need (3.c)*; *Compassionate thoughts, beliefs and feelings many months after the service experience (2.c.iii)*; *Engaging in compassionate behavior many months after the service experience (3.a.iii)*; *Compassion wears off, doesn't stick (2.f.iii)*; *Compassionate thoughts and beliefs come about as a result of compassionate behavior (2.h)*; *Compassionate acts lead to or promote more compassion (3.d)*; *Learning about self: self-awareness (4.b.i)*; *Understanding of clients: their experiences, abilities and disabilities (4.c.i)*. Each is discussed below.

Concern for others: Compassion (2.a.i) may have occurred at a higher frequency for the same reason that a definition of compassion does — compassion is the topic of discussion. We are talking about the participants' concern for others. This particular code doesn't have a value attached to it. That is, just the mention of the word compassion doesn't necessarily give a value to the word, so this code was not really that useful. The coded theme, *Automatic natural response to a need*, also occurred frequently, the word "automatic" being an important descriptor. For example, Fernanda said, "It was not like you had to look for it or you had to think about being kind. You just went and that's what you did." She later said, "If you have to think to be kind then you're just being kind because that's expected of you." Judging from their own words, for some of the participants being compassionate when someone has a need came naturally. For these participants, it seems that compassionate thoughts and feelings are already present. In addition to the type of comment Fernanda offered above "...that's what you did", there was another type of comment that received this code. As Britnee said when asked to explain an automatic response to someone's need: "Umm, little things like someone's locker is stuck or someone wants to borrow a book. Just small stuff that everybody should do." She had the idea that helping others is something everyone should do, but she was not really being compassionate in the fuller sense of the word of feeling their distress or suffering. She was not really thinking about someone else — who they are and what they need. This is one of the problems with the code *automatic response*. Because it's automatic, it does not rely on careful or intentional thought. In my coding scheme, the acts that Britnee describes can be considered acts of kindness, but not acts of compassion.

Compassionate thoughts, beliefs and feelings many months after the service experience and *Engaging in compassionate behavior many months after the service experience* were also both coded frequently. This would suggest that when both compassionate behavior and compassionate thoughts stick, they last for a while. This phenomenon came up frequently within and across individual interviews. As Sarah said,

My behavior has changed a lot. Maturity played a part in that, too. I don't know. Like now when I go visit my grandparents, I'm like "Hi, tell me a story. Tell me about yourself. What's interesting?"

I coded this *Engaging in compassionate behavior many months after the service experience*. At another point in the same interview, Sarah said, "Since it has stayed with me since [the nursing home], it could possibly disappear in the future." This response I coded as *Compassion wears off; it doesn't stick* (2fiii). It was coded as compassion not sticking because she was speculating on the possibility, even though that had not happened to her but might. In some ways, this is a misleading code assignment because although she is talking about the lack of durability of compassion — which was one of my research questions — she is not saying that she has experienced that lack of durability.

Otherwise, the coding for compassion not sticking was associated primarily with two of the participants: Britnee and Blair. In Britnee's case, she felt conflicted. She said that she felt good about helping:

While we were there, I was hanging out with people and trying to make them happy. I care a lot about that. I felt really bad for them. I kind of have a soft spot for elderly people.

At the same time, when trying to describe why her compassionate behavior didn't stick after the service-learning experience, she said, "I've thought about going back to the nursing home, but I don't know how I would do it. I can't just go to the door." She had difficulty articulating how she felt, but seemed to be motivated more by pity than compassion. Further, that pity was uncomfortable. Britnee said she pities people who beg in the street, for example. It makes her uncomfortable yet she feels better if she does something, such as give food to the person who's begging. She wanted to do more volunteer work, she said, but just had not gotten to it. Blair, whose interview had several codes for compassionate behavior not lasting, not sticking, when asked how she felt about her service-learning experience nine months later, said:

I think during and right after would be the same, and then later it started slowly declining. Yeah, uhh (laughing), I was better last year about not making jokes that would offend people.

Alternatively, Blair wanted to volunteer and saw a benefit. She said, "I think it definitely makes you a more compassionate person, like seeing firsthand those types of people [Alzheimer's patients]." She had a superficial understanding of expectations: "Even if they're not making sense you kind of like have to pretend. You can't be like mean." But she was not really motivated by compassion, and, although I declined to ask her directly, would maybe not always describe herself as a compassionate person. At least at the time of the interview she valued other characteristics more than being compassionate. She valued being direct, which she saw as honesty, more than being compassionate. When asked why she felt that she and people she knew were less

compassionate at the time of the interview than they were a year earlier, just after the service-learning experience, she said:

Like in middle school people are really careful about what they say. It's a small school. In high school, people don't really care and that's a good thing, because everyone has their friends. In middle school everyone wants to be friends with everyone.

In this instance, Blair is equating politeness with compassion and stating that being overly concerned with politeness reduces one's ability to be straightforward. She did feel that the service experience helped her to be more compassionate; she just felt it did not stick. Here is a participant who was actually not motivated to be compassionate, which makes her response to questions regarding the effect of service on compassion all the more interesting, and maybe even more revealing than responses from participants who have a stronger interest in being compassionate. In discussing the service experience at the nursing home, Blair said:

I think it did make me more compassionate, 'cause we went like, once a week. How often did we go? [My response: 10 times over 2 months.] So I think that like during that time I was definitely more compassionate than I am now. So I don't think it stuck with me.

Blair, as well as the other participants, felt that doing service at the nursing home, helped make her more compassionate. Unlike other participants, however, that consequence was not particularly valued. It's almost like the service experience stimulated her feelings of compassion, despite a disinterest in being compassionate, while a lack of motivation to be compassionate contributed to the lack of durability of those

feelings of compassion. Blair's insight into her own motivation and the limits to her compassion are additionally interesting in light of Stage Three in Kohlberg's Six Stages of Moral Judgment. This is the stage of social conformity. People behave in ways that are expected of them. In this regard Blair's views of her own compassion are probably authentic in that she is not trying to do what's expected of her. She admits she has become less compassionate but also recognizes that when she was given the opportunity to behave compassionately she did, and that made her feel more compassionate.

Another grouping of high frequency codes in the interviews was *Compassionate thoughts and beliefs come about as a result of compassionate behavior* (2.h) and *Compassionate acts lead to or promote more compassion* (3.d). Most of the participants felt that in a 'what comes first, the chicken or the egg?' discussion, compassionate behavior, in this case service, leads to compassionate thoughts, beliefs, and feelings. This would certainly be an argument for providing service opportunities for students, with the thought that in a small target population, acts of service stimulate thoughts, beliefs, and feelings of compassion. As Hannah said: "I really enjoyed doing it. It made me feel more compassionate."

Another similar grouping: *Learning about self: Self-awareness* (4.b.i.) and *Learning about others: Understanding of clients* (4.c.i) are both about learning. All the participants said they learned something in the service experience, either about themselves or about the residents that they were working with, or both. As Fernanda said:

Well, like sometimes if people have it under control, or they feel like they just need to fix it for themselves. In that situation, you don't always want

to get involved, because they're trying to prove something to themselves and they just need to do it on their own.

Fernanda also stated:

Progressively, I learned about judgment, because you walk in the door and you see people in wheel chairs; you see people who aren't always that together or with it, but if you talk to them you realize how amazing their lives have been and how interesting they can be. So during it [the service experience] that's what I was really surprised by. Just after, it was still kind of fresh in my mind that everyone has lived a life. Everyone is worth talking to and getting to know. Now I guess it's just another reason why you should never judge people or be rude to people.

These two statements from Fernanda show that she learned both about herself and about the people she was working with. She felt she had a better sense of when to help and when not to help. She learned something about herself, including her motivation to help others. For Fernanda, the regularity of the action and the exposure to those she was supposed to help made a difference — “That was when it stops being I have to be kind to you because you're older and I'm here, and more I actually want to be kind.”

Compassion seems to already be inside people like Fernanda but that, even for her, unless there are opportunities to act compassionately, compassion won't spontaneously present itself. From her own words, there would seem to be others who are much less likely to act compassionately unprompted, on their own. She described herself from the beginning as a compassionate person and a person active in service, someone who volunteers for a variety of causes, but she also said:

I think everyone starts at a place, and the more that happens the more you move farther on that scale to more compassion and kindness. So I guess I was pretty kind before, but not always that aware of everyone. This [the experience at the nursing home] definitely added to...this was a reminder to always help out people.

Young people do not always get credit for being self-reflective, but self-reflection can occur together with the behavior that is often associated with teens — that of being overly self-conscious. Georgia felt that the work necessary for service, though at first uncomfortable, especially for someone who is shy, proved to be helpful for her personal growth. I coded such cases *Learning about self: Self-awareness*:

I learned when I found out I was going, I thought I would be very awkward and uncomfortable, but doing it I wasn't, and I was more social than I thought I would be. And I learned that I am capable of doing something so personal like that.

Georgia felt that her biggest learning curve and the most change she experienced was when she first started the service-learning experience, and that after that beginning growth and realization that she has mostly stayed the same:

I would say I'm pretty much the same. There's not a lot that has changed. That's kind of a disappointing answer. I said this before. I'm more mature...before that I didn't have an understanding of what it was like to volunteer...to help the community... I was less mature then. I was less determined then. I feel like when you're not volunteering and you're not

seeing these major things happen before you that you're helping to happen.

Georgia ended up feeling a sense of usefulness and purpose that she did not anticipate, and that she thought wouldn't have happened if she had not been doing service. Jennifer, on the other hand, internalized her learning experience:

It has opened my eyes to other opportunities and ways to help people. Not only that, it's also given me new experiences that I hadn't had before.

And I feel like these experiences have changed me in some ways.

They've made me want to continue doing this. They've made me want to help people more than I already have...and all of this gunky stuff. It's made me want to keep working at nursing homes. So much so that maybe when I am old enough I'll end up working full time at them.

It is important to note that Jennifer prides herself on speaking her mind and being an independent thinker. She would not be saying such things just because she felt compelled to do so. Her comments offer insight into her motivation and her views on compassion. These comments are also connected to two other codes: *Compassionate thoughts and beliefs come about as a result of compassionate behavior* (2h) and *Compassionate behavior as a continuum or progression — compassionate acts lead to or promote more compassion* (3d). These two concepts, that compassionate behavior leads to compassionate thinking and that compassionate behavior leads to more compassionate behavior, became important in discussions during the focus group session.

Looking at the frequency of the coding in the interviews helped to not simply confirm the identification of the themes, but to reveal some relationships the themes had

with each other. This is another example of the constant comparative method in grounded theory (Charmaz, 2014). Additionally, Charmaz stated that “Theoretical codes can help you specify possible relationships between categories you have developed through focused coding” (p.150). Looking at the relationship between the themes that emerged after the one-on-one interviews was the next step in developing a theoretical code. The focus group data is particularly helpful in demonstrating how the theoretical codes emerged, related back to the individual interviews, and gave rise to a model.

Focus group analysis

Rosaline Barbour (2005), writing about the use of focus groups in medical education research, said that many researchers have evolved their views of the value of focus groups. There is a movement from a more reductionist, positivist view, where the value of a focus group is to narrow down data for it to be presented to other participants, to a view where the data is valuable in itself. For example, focus groups have been used in medical education research in narrowing the pool of questions for a questionnaire. But Barbour found that the medical student voices in a focus group had more valuable data to offer, on issues such as curriculum, than what was gleaned from more conventional instruments such as questionnaires (Barbour, 2005).

Focus group dynamics. The dynamics of the focus group conducted for this study led to some interesting data that differed from that discovered in the one-on-one interviews. Focus groups intentionally allow for interplay among the participants. This interplay can reinforce a participant’s belief, and it can also offer challenges that require a participant to defend or reconsider a position. In a focus group, several participants may respond to a single question. That repetition allows the participants to consider and

reconsider an issue or question. Additionally, discussion is key. Group interaction is not only important; it is an essential characteristic of focus groups. In a focus group, what is important is the interaction within the group. The participants influence each other through their answers and discussion (Freitas, et al. 1998).

Discussion is important for young people, perhaps especially so, given the importance that social interactions have during adolescence and youth. It allows for an idea that may be a bit more complicated to be considered and tested. As much as the focus group allows for stimulating inter-participant discussion, strong personalities can dominate a focus group session in subtle and not so subtle ways. Shyer participants may be reluctant to share their thoughts in front of others. In the one-on-one interviews, I felt participants were more likely to be themselves than they were in the focus group session. There were not any responses that could be directly coded *Selfish motivation: What others think of me* (6.b.iv), but I sensed a reluctance among the participants in the focus group to share motivations for compassionate behavior that might be considered “unpopular.” There was a shared interest in helping out among the seven participants. Yet, despite this mutual interest, there was a certain reserve among some of the participants not to be too excited. It was important for students to retain an element of “coolness.” And, given the contrast between their self-expression in the one-on-one interviews versus the focus groups, such reticence limited their perhaps more genuine expressions of compassion. A willingness to be compassionate was somewhat more apparent in the one-on-one interviews.

Focus group theme analysis: the beginnings of theoretical coding. In the focus group, participants wrestled with the question of whether *Compassionate thoughts and*

beliefs come about as a result of compassionate behavior (code 2h) or *Compassionate behavior comes about as a result of feelings of compassion* (code 3f). Sarah said:

I feel that the majority of the time, if you do an action, you get something out of it. Actually... always. If you do an action, you get something out of it. The majority of the people got...like we went to [the nursing home] and then what we got out of it was compassion

On the other hand, Blair said:

I think everyone who volunteered for this, I think we're all pretty compassionate people, and are generally nice and want to help people [laughing]. Like it goes to show that if you're compassionate and want to help people you'll go and find programs where you can go and volunteer.

This led to a discussion that allowed participants to really consider if one phenomenon precedes the other. Hannah noted:

Normally when you volunteer somewhere you learn more about it, like you learn more about dementia and Alzheimer's. I think that helps be more compassionate.

Discussions do not have to have a resolution, but I think the participants felt that, although not obliged, they wanted to settle on some resolution, which was another interesting dynamic of the group discussion. In the one-on-one interviews, I presented follow-up questions, sometimes even a third or fourth question on a related topic. The focus group, as Freitas, et al (1998) note, relies on interaction. As a result of the discussion and their interest in reaching a conclusion, the participants in the present study came to the consensus that they, or any participant, started with a certain degree of

compassionate thoughts, beliefs, and feelings. That pre-existing compassionate orientation inspired them to get started in performing acts of compassion, and those acts of compassion, they felt, inspired more compassionate thoughts and feelings to form. That interplay of feeling and action allows for the interchange between *Compassionate Thoughts and Feelings* and *Compassionate Behavior* in both directions. That is to say that compassionate feelings drive compassionate behavior which in turn drives feelings and so on, creating a positive feedback loop. According to the participants, a small element of compassionate feeling has to be present to get started. Future research could determine where or how this originates. This resolution seemed satisfying to the group, but also points to a possible problem with the validity of focus-group research: namely that if there is an incentive to come to consensus, even if that is not being encouraged by the moderator, it has the potential effect of marginalizing divergent opinions. The possibility for marginalization, then, would seem to be a limitation to focus group research. On the other hand, the participants' enthusiasm for coming to consensus shows how they are trying to make meaning in their social group, which supports a social constructivist understanding of the way they make meaning.

There were topics that did not come up in the one-on-one interviews that did come up in the focus group session. Some topics also received more discussion time in the focus group session. Motivation, for example, was an important topic for discussion in the focus group. It entered into the discussion as participants spoke of what got them to be interested in being part of the study. In some cases, it was because they felt a need — which points to community and sometimes it was more directly connected to community, for example a friend or sibling recommended that they participate.

Aside from the confusion about whether acts of compassion are truly acts of compassion or rather acts of kindness; different answers were offered for why participants were motivated to volunteer at the nursing home. Fernanda said, “It’s always good to help people.” Blair said, “I like helping people.” Britnee said, “I’ve always had a soft spot in my heart for old people, and I just wanted to help them.” Sarah’s reason was “I did it because my sister did it... I just wanted to go there and help out.” Helping is a motivating factor in each case, although there are other accompanying reasons for each response, as well. This study focused on finding out how students develop compassionate thoughts and feelings; and what may trigger those compassionate thoughts and feelings. From my review of the coded data, for the students in this study, service fostered feelings of compassion, whether pre-existing or not. As mentioned above, Hannah said:

Normally when you volunteer somewhere you learn more about it, like you learn more about dementia and Alzheimer’s. I think that helps be more compassionate.

Hannah’s comment actually addresses two things: first, that their service-learning experience, a form of compassionate behavior, triggered compassion, and second, that the learning aspect of service-learning contributes to, and is enhanced by, experience. As stated in Chapter 3, participants not only served at the nursing home, but they also learned about health care for the elderly and Alzheimer’s disease. The residents at the nursing home who had Alzheimer’s benefitted from having young people help them with scrapbooks, talk to them, and play Concentration-type card games. It is fair to say that they benefitted even more when the participants understood what to expect from a person

with Alzheimer's. The participants certainly benefitted more from their experience when they understood whom they're helping and how best to help. Their compassionate behavior, i.e. their experience, was enhanced by their learning. Also, their learning benefitted their Community; i.e. the residents of the nursing home. The participants benefitted, I think from learning a little about health care for the elderly, such as what Medicare and Medicaid are and how funding for eldercare faces opposition by some in government. Although such exposure to larger social issues was not the focus of this study, it is relevant to consider what effect that exposure and involvement had on the participants' compassion. The additional influence of such social awareness likely plays an important role in developing compassion, both in thought and deed. As Blair said, "We are compassionate to the things that affect us directly." This sentiment led to a discussion in the focus group session about choice; both in a general sense of how do we decide who to help and, more specifically, should there be choice involved in a school-wide service program.

The purpose of this study was to look at how participants described their feelings of compassion after participating in an intervention that encouraged compassionate behavior. So, it is important to examine the idea that, if service does foster or stimulate compassion, is that in itself a reason to make service a requirement? Or does making it a requirement take away the inherent benefits and expressions of compassion? Once it is a requirement, will it no longer encourage compassion? These questions will be entertained in Chapter 5: Recommendations for Future Research. This idea of choice as a factor in looking at compassionate behavior goes back to the theme of *Motivation*. What

stimulates people to behave compassionately? The next section looks at Motivation as a vector for connecting the other themes.

Analysis Summary: connecting the theoretical codes

The eight primary themes that emerged from the data of the interviews and focus group create a pattern of interrelationship. Once the focused coding was complete and it was clear how the primary themes, in an inductive way, emerged from the data, I looked at *how* those themes created a pattern of interrelationship. Looking at that pattern, that interrelationship, was how I used theoretical coding to make sense of the pattern of relationship among the themes and the story that this pattern tells. Grounded theory is an ideal way to illustrate a theory of process. And in this study, I found that the process is the important interrelationship among *Motivation; Experience; Community; Compassionate Behavior; Compassionate Thoughts and Feelings; Benefits to Self and Others; and Learning and Change*. By recognizing the role that *Experience, Community and Motivation* have in influencing both *Compassionate Behavior* and *Compassionate Thoughts and Feelings* and being aware of those factors that can interfere with that process we can nurture and foster these expressions of compassion. Continuing forward with this inductive reasoning I was able to use patterns of influence described above to develop a theory to explain the results of the study: namely that *Compassionate Thoughts and Feelings* develop under the influence of *Community* and *Experience*.

Theoretical model

The diagram in Figure 1 illustrates this theory and how it can be used as a tool for a continuing understanding of patterns of compassionate behavior. I went through seven or eight iterations of this model before I had one that I felt really represented the process.

Each time it changed it was because there was a relationship, direction or process that was in the data and was not adequately explained by the model. The model is best understood by looking at the eight themes and their interrelationship. To the left is *Community*. It is represented by a large circle and positioned in a way to connect to other categories. *Community* is an important component of the emergent theory in that it influences *Compassionate Feelings*. The participants felt connected to each other. Travelling with each other, working with each other, debriefing with each other offered a sense of connection. Fernanda said, "I would say it's another experience we all had together. It's just another thing to add to all the things we've done together." They also felt connected to the people they were serving. Hannah said, "I like giving back to the community." Georgia, in describing one of the residents of the nursing home with whom she had developed a bond, showed that her sense of community extended to the people with whom she was working. It was not a dispassionate act of service, performed simply because it is the right thing to do.

That one experience (the scrapbook) I feel had a lot of an effect just the very simplest levels of compassion of just caring about someone else.

And it made me care about H___ and really like her because she's such a sweet person and so thoughtful. That person and that experience gave me the very basic level of caring about another person.

Community, in the model, influences *Compassionate Thoughts and Feelings* as we can see from the remarks of Sarah and Georgia. *Community* also influences or motivates *Compassionate Behavior* as we can see from the remarks of Sarah, Fernanda and Georgia. The etymology of the word motivation comes from the Latin *movere*, meaning

to move; and also from the 1904 Psychological use meaning an inner or social stimulus to action (Motivation, n.d.). The participants were motivated by their sense of connection with each other, the need to fulfill a purpose and their connection to the residents. This motivation I represented with arrows, rather than shapes, to show the movement from *Community* to *Compassionate Behavior* as well as the movement from *Compassionate Thoughts and Feelings* to *Compassionate Behavior*. That movement, or motivation, that connects *Community* to *Compassionate Behavior* is illustrated by the following remark from Fernanda:

One day, she [a resident Fernanda was working with] was going through a scrapbook of her life and I remember it because at that moment I realized that she lived such an interesting life and she had such interesting jobs.

That was when it stops being I have to be kind to you because you're older and I'm here, and more I actually want to be kind.

Another influence on *Compassionate Thoughts and Feelings* is *Experience*. In an earlier iteration of the model, I had two separate domains for *Compassionate Behavior* and *Experience*, which included both experiences in compassionate behavior and general experience. To present behaviors that in many ways overlapped, as two separate spheres, did not make as much sense as to have them unified into one representation. This is a very influential emergent theme and appears as a large circle to the right in the model. *Compassionate Behavior* and *Experience*, as already mentioned, are influenced by *Community*, and they also *Motivate Compassionate Thoughts and Feelings*. Fernanda had this to say:

Initially you do the activity because you're compassionate. You learn more about how to be compassionate and empathetic when you do the activity. So it raises the levels of the compassion.

Sarah said:

...as I went through [the nursing home] and volunteering there my compassion levels grew. I got to know the people, so that connected me on a personal level, so therefore my compassion levels increased.

Experience can be *Current Experience* or *Past Experience*. Each of these can be an example of *Compassionate Behavior* and both can influence *Compassionate Thoughts and Feelings*. Although, as mentioned earlier in the chapter, sometimes the influence of a past experience can diminish over time; current experiences eventually become past experiences and past experiences impact current or future experiences. Additionally, new behaviors also become current experiences. Because of this, past and current experiences are represented in the model as a continuous loop.

Georgia stated:

I think that before the nursing home there was not a lacking of compassion but a lacking of compassion for a certain group of people...Right after the nursing home...when I went there and after we finished going there, it was boosted to a higher level because I was with a different type of group that I wasn't used to being with and with a group that was very different than what I was used to.

Georgia's reflection also showed that, for her, just one *Experience* could be enough to inspire feelings of compassion:

That one experience (the scrapbook) I feel had a lot of an effect — just the very simplest levels of compassion of just caring about someone else.

And it made me care about H___ and really like her because she's such a sweet person and so thoughtful. That person and that experience gave me the very basic level of caring about another person.

The emergent theory presents the idea that *Compassionate Feelings* develop under the influence of *Experience* and *Community*. The theme of *Compassionate Thoughts and Feelings* is represented by a large rectangle in the model. It appears at the top in a position of prominence. As already stated, *Compassionate Thoughts and Feelings* are influenced by *Community* and by the *Compassionate Behavior Experience*. *Compassionate Thoughts and Feelings* and its relationship with *Compassionate Behavior* was an important topic of discussion in both the interviews and the focus group, with most participants seeing a causal relationship between the two, with their belief that their compassionate behavior caused their compassionate thoughts and feelings. At the very least, the data of this study shows that the participants felt strongly that their compassionate actions and the regularity and consistency of those actions influenced their thoughts and feelings of compassion. *Motivation* again plays a role in both directions where behavior moves someone to feel and think compassionately, and compassionate thinking or feeling moves people to act compassionately. Because the participants felt that they needed some compassionate thoughts to initiate compassionate behavior but that it was the experience created from that behavior that was a more significant contributor to compassionate thoughts and feelings the arrows connecting the two domains are shaded differently with the heavier line designed to represent a stronger influence.

Finally, at the bottom of the model are the themes of *Benefits to Others*, *Benefits to Self*, and *Learning and Change*. All of them are a result of, and in turn, influence *Experience*. For the purposes of developing the theory and model, I split the category of *Benefits to Self and Others* into two separate categories. In the focused coding, *Benefits* was a single category, but in developing a theory it seemed clear that *Benefits to Others* has the added dimension of explicitly and directly influencing *Community* — in fact *Others* is *Community*. *Benefits to Self* may also connect to *Community* because sometimes what seemed to be just a benefit to self was also a benefit to community. As Hannah said “It’s made me more comfortable being around people. I’ve been able to do things like talk out or lead a game.” Furthermore, learning about oneself or about others (*Learning and Change*) can impact the community. An example of this is how the service experience affected Hannah, and the way it helped her learn about herself, and connected her to similar experiences in her family.

Yeah, I definitely realized more about myself almost, in a way. I know it’s weird but when I help the Alzheimer’s patients it makes me more thankful to have my memory and to have my family. I have my grandparents...

She was making connections between her experience during service, learning about herself, and her relationship with her family. Hannah said that working with patients in the nursing home made her feel “thankful and appreciative” of her grandparents. Hannah’s response shows one way in which compassionate behavior affected her feelings of compassion, brought about self-knowledge as well as benefits to the patients, and connected her to her community (family).

Chapter 5 will draw conclusions from the above analysis and show applications and recommendations for future research that stem from the emergent theory that: Compassionate Thoughts and Feelings develop under the influence of Experience and Community. I will also explore implications for public policy as well as limitations of this study.

CHAPTER 5: DISCUSSION

An initial pilot study examined how middle school students described their feelings of compassion immediately after engaging in a service learning intervention working with elderly patients, most of whom had Alzheimer's. The current study and the focus of this dissertation had the purpose of further examining students' self-reports of their feelings and acts of compassion one year following that experience. The specific research questions were (1) How do students who have participated in a service-learning project make meaning of compassion? (2) How do students describe the immediate, short, and long-term influence of the service experience on their sense of, and feelings of, compassion? These questions examine students' self-described feelings of compassion and their responses hopefully shed light on not only how young people feel about their own compassion but also what implications their experience might have for future research as well as for policy and curriculum.

Making meaning

The way the participants in the study made meaning of compassion was sometimes complicated. The participants, eighth graders when the study began and ninth graders as the final interviews were conducted, exhibited the varying levels of physical, cognitive, emotional and social maturity typical of that age group. They were, and probably still are, coming to terms with the very complicated concept of compassion. Reflective of the participants' varying levels of emotional maturity were differences in their self-reported expressions of compassion. Nonetheless, they did understand and appreciate, to varying degrees, what it means to give of oneself, as some came closer than others to differentiating compassion from kindness. As Fernanda said in her interview,

“The word compassion to me means that you can understand and put yourself in someone else’s shoes, to feel how they are feeling and see the world from their point of view, even if you haven’t experienced it.” Fernanda is showing an understanding of caring for others that not all adolescents are aware of. Since this study was with participants in a stage of rapid development at many levels, it provides interesting data on how compassion develops, perhaps through many levels. Future studies on other populations such as high school, college or graduate students, or Buddhist monks for example, would yield, I suspect, additional levels of development of compassion. The stage of life these young participants are in makes the study not generalizable, yet provides an opportunity for future research. Eighth and ninth graders show varying levels of emotional maturity. It would be interesting to see if there is, perhaps, a Kohlberg-style of hierarchy that looks at levels of compassion the way Kohlberg looked at moral reasoning. For example, pity could be a less developed form of caring. Britnee said “I feel sorry for old people.” She did care, but that was the level of her caring. Fernanda’s quote above points to something more along the lines of empathy. Further studies could examine whether people progress through levels of compassion or caring such as pity, sympathy, kindness, empathy, compassion and fierce compassion. Something like fierce compassion, which has a powerful energy directed toward social justice for example, is a “level” many adults have not reached or even understand — much like Kohlberg’s 6th level of moral development (Kohlberg, 1981).

Community

A study by Plante et al. (2009) suggested that contact is an important factor in stimulating compassion. My study suggests that although contact may be important, it is

the connection the participants had with the people with whom they were working that was helpful in strengthening the bond between them and developing participants' compassion. As Sarah said, "Volunteering there, my compassion levels grew. I got to know the people, so that connected me on a personal level, so therefore my compassion levels increased." What Sarah is saying points to the importance of community in both generating and sustaining compassion.

Community is not only the community of nursing home residents it is also the community of family and friends. Students like Hannah applied what they learned and experienced with the residents of the nursing home to their own grandparents. Community also includes the other participants. In the focus group, some of the participants seemed to be holding back a little in revealing the depth of their compassionate feelings. That would be a limitation of my study in that there exists a "cool factor" that prevented participants from being as revealing in the focus group as they were in the one-on-one interviews. As important as community is, community, in terms of peer pressure and how one is seen by members of one's own community, can be a limitation. This study did not examine the negative impacts of community on the development of compassion. Future studies should investigate both positive and negative influences of community, and how changing community can impact the development of compassion. It is interesting to note that in Buddhism, which is a source of my interest in looking at compassion, one of the three foundational tenets (or three jewels) is the Sangha or Community — the other two being the Buddha and the Dharma (or teachings). Looking at the influence of community on compassion — whether that community is a

community of Buddhist practitioners or a community of college students, could add rich data to that presented by middle school students in this study.

Finally, another limitation and opportunity for future study is related to the specific characteristics of participants. The study used a very small number of participants. A sample size of seven limits transferability and generalizability. Additionally, all the participants in the interviews and focus group were female. In the planning stage, I was counting on the three male participants in the study to be interested in being interviewed and participating in the focus group. It is possible that at their stage of development they were unwilling or unable to share their feelings. Some may believe that female middle school students are on average more compassionate than male middle school students. As this is not a quantitative study and no statistics are being compiled, this does not pose that type of threat to validity. It does pose a different threat to validity. It offers a different picture than the one that would be presented if there had been both male and female voices on the subject of compassion. The male participants were also helpful in their volunteer work, also positive, and they also bonded with the patients, so it would have been interesting to see what they had to say about the experience. All limitations offer suggestions for future research. Future studies could use a larger sample size and future studies could be sure to include both male and female participants.

Motivation

Participants were reflective about their motivation, what they learned about themselves, and about what it means to be compassionate. As Jennifer said:

I think I kind of learned that maybe this is something I would want to do full time, which I never thought of a career in this kind of field. Then, it

was just something I really enjoyed doing, but since then I have looked into a couple opportunities to work in this type of field.

Motivation is enhanced when there is time for reflection. Kirby (2016), Billig (2002), and Mabry (1998) all found that service experiences were more impactful when students were provided the opportunity to be reflective. “Programs containing high-quality reflection activities that go well beyond summarizing” (Billig, 2002, p.188) were found by Billig to have a maximum impact on participants. Responses like Jennifer’s illustrate how the participants in my study made meaning of compassion through self-examination. Jennifer also said that she has always been compassionate. She stated that “That’s just the way she is.” This comment has implications for further study. If compassion is a fixed character trait that cannot be altered (which unlike Jennifer, I do not believe it is) then what does that mean for developing compassion in those who do not show the same compassionate thoughts and feelings or motivation for compassionate behavior?

Durability

The second research question “How do students describe the immediate, short, and long-term influence of the service experience on their sense of, and feelings of compassion?”, yielded somewhat mixed results. Most of the participants said they were still engaging in compassionate behavior and still having thoughts and feelings of compassion. Yet, a couple of the participants were thinking of the experience as an event in the past, one that inspired compassion at the time. However, due to their busy schedules, among other things, the early experience was no longer encouraging compassionate behavior or compassionate thoughts and feelings, despite the fact that

each participant considered herself to be a compassionate person. In the Coding Frequency Chart (Appendix G), it can be noted that both the code 2.c.iii, *Compassionate thoughts and beliefs existed many months after the service experience*, and the code 2.f.iii, *Compassion wears off, it doesn't stick*, occurred with a fair amount of consistency.

In a study designed to measure the effect of an intervention on reducing feelings of prejudice between Palestinian-Israeli schoolchildren and Jewish-Israeli schoolchildren, researchers set up three programs: skills-training designed to combat prejudices and stereotypes, a direct contact intervention, and a control group (Berger, et al., 2018). The researchers found in this quantitative study with an N of 148, that the questionnaires administered at the end of the program, designed to measure prejudicial thoughts, showed the most significant progress in the contact group. At the same time the effects on the contact group did not have the same durability as the skills training group. I think this finding has an interesting connection to my study because contact alone is not sufficient. There needs to be a sense of community. In my study the participants developed connections beyond contact and as part of the service learning intervention they engaged in compassionate behavior (which was also their experience), and they learned about what they were doing.

So how does this fit with durability? Berger et al. (2018) found, in their quantitative study, that the group that showed the most positive thoughts toward others did not sustain those positive thoughts. Actually, a limitation of my study is that it was not a longitudinal study that measured the durability of compassion regularly over time. At the same time it presents an opportunity for future research. The theoretical model (Figure 1) suggests that Compassionate Behavior impacts Compassionate Thoughts and

Feelings and Compassionate Thoughts and Feelings impact Compassionate Behavior. One of the reasons that most of the participants in my study described still having compassionate feelings one year after the intervention ended is that they were still engaging in compassionate behavior through various other volunteer activities. Those who felt that those feelings had diminished cited lack of time, among other things, for having stopped engaging in compassionate behavior. This is a good topic for a future quantitative study. How long does the impact of service learning on levels of compassion last? Does service need to be repeated at intervals? That it does need to be repeated at intervals is suggested by the data that implied that Compassionate Behavior impacts Compassionate Thoughts and Feelings, which in turn, impact Compassionate Behavior again. Future research could further clarify this process, including quantitative research that would look at the minimum and maximum length of those intervals at which service or any other compassionate behavior needs to be repeated.

Because the concept of impermanence is a foundation of Buddhism, it is therefore not at all surprising that anything physical or non-physical, including feelings of compassion, is impermanent. Even modern science now recognizes impermanence in such concepts as neuroplasticity (Bergland, 2017). Science may well be “catching up” to Buddhism. What about education? Says Cowan (2018) “As educators we need to catch up to where Science and Buddhism already are and recognize that moral education is an ongoing endeavor”.

Experience

Prior experience in performing acts of compassion, along with the experience of the service-learning intervention is what gave the participants in my study the opportunity

to engage in compassionate behavior. My study showed that experience clearly influenced both additional compassionate behavior and compassionate thoughts and feelings. If the seed of compassion is within everyone —and specifically, in the case of my study, if it is in all adolescents — and the nurturing or development of that compassion is impacted by the opportunity to practice that compassion, then Experience as seen in the theoretical model (Figure 1) would have to be a consistent presence. Further study could examine when experience in acts of compassion is a factor and when it is not.

In grounded theory, ideas come from the data rather than the data supporting ideas. An unanticipated subject of discussion in the focus group was that acts of compassion give rise to more acts of compassion. It is not simply that compassionate actions have a positive effect or linger in one's consciousness but that compassionate actions seem to stimulate more compassionate actions. I referenced in an earlier chapter The Zurich Prosocial Game (ZPG). In that study Leiberg, Klimecki, and Singer (2011) found that compassionate behavior was stimulated by compassion training. Similar results were found in the compassion training study from Reddy et al. (2013) and the compassion cultivation training study from Jazaieri et al. (2013). The codes in my interviews were derived from what came from the students themselves. That is, they felt that compassion caused more compassion, and that the way to get people to be compassionate is to give them the opportunity to behave compassionately. This would suggest further research along the lines of a quantitative study that would look at a possible causal relationship between experience in compassionate behavior and further compassionate behavior.

Experience: Designing service-learning programs

The title of my study is whether or not service-learning can make a difference in compassion. It is clear from the study that it can. It was a driving factor in the development of feelings of compassion. What implications, then, are there for service-learning programs in education? First, school officials would have to decide if service-learning should be included in the curriculum. If service-learning programs are to be part of the curriculum, then what would be their design, what would they include? My study, along with others (Billig, 2002; Kirby, 2016) showed the importance of reflection time as well as the importance of sufficient contact time (Bernacki & Jaeger, 2008). Furthermore, school officials will have to make decisions regarding service-learning as a requirement. Should service-learning programs be made mandatory? This was an important topic of discussion in the focus group and is an important topic for future research, including to question whether mandatory service programs diminish genuine feelings of compassion. This is a tough question, one that participants in the focus group wrestled with because they recognized the value of everyone performing service yet they also recognized what is lost when it is made mandatory. The participants thought that valuable programs could be designed that allowed students the opportunity to choose a partner in the experience. Some of the participants, like Blair, were concerned that service could be inconvenient. In this case participants do not want to engage in just any service; it has to fit with their interests. On a certain level, that is contrary to what would be an accepted mindset for compassionate behavior. At the same time, if compassionate thoughts, beliefs, and feelings can be achieved through service, if that service can trigger

compassionate thoughts and further compassionate behavior, then does it matter if there are conditions put on that service.

Given that compassion seems to develop through the subject's own motivation, experience, and social interactions reflected through community, as asserted in social constructivist theory, it would seem that students' prior experience and interests, individually and collectively, need to be accommodated. Certainly, in the constraints that could be encountered at a public school with its variety of interests and motivations on the part of the students, conditions such as choice of work and choice of hours should be acceptable provisions. As Hannah said, "If they're forced to do something they have no interest in then they may not participate or do as well."

Future research directions

Several areas for future research have been discussed above. This is just a brief recap: Does compassion develop in stages similar to the development of moral reasoning that Kohlberg developed? What characteristics of community are important in driving the motivation to behave compassionately? Are there negative impacts of community? This is suggested by the focus group data but not explored in depth. How might the design of a service-learning program impact motivation and the development of compassionate feelings and behaviors? Specifically, do mandatory program requirements alter motivation and negatively impact compassion? Is there a causal direction between compassionate feelings and compassionate behavior or among any of the elements in the proposed model? And finally, is compassion a durable or impermanent phenomena, and what factors influence the time that compassion endures following service? More work, both quantitative and qualitative, is needed here.

Policy

Not only do school officials need to decide whether or not service-learning programs need to be a part of school curricula, there are also more global educational implications that should be considered. How can the theoretical model help us see what is missing in our educational system? What would produce a more compassionate educational system? This level of engaged social work is supported by social constructivist theory, in which active, reflective societal engagement has the best potential for increased involvement, understanding, and commitment. Working for ten years with student volunteers who have helped the elderly, I know there are many young people who are strong advocates for providing not only care but also dignity and respect for the elderly.

Although generalizable conclusions cannot be drawn from a qualitative study of this size, it seems that volunteering to help others does indeed foster and encourage thoughts and feelings of compassion, with the potential for more enduring changes through multiple experiences over time.

Conclusions

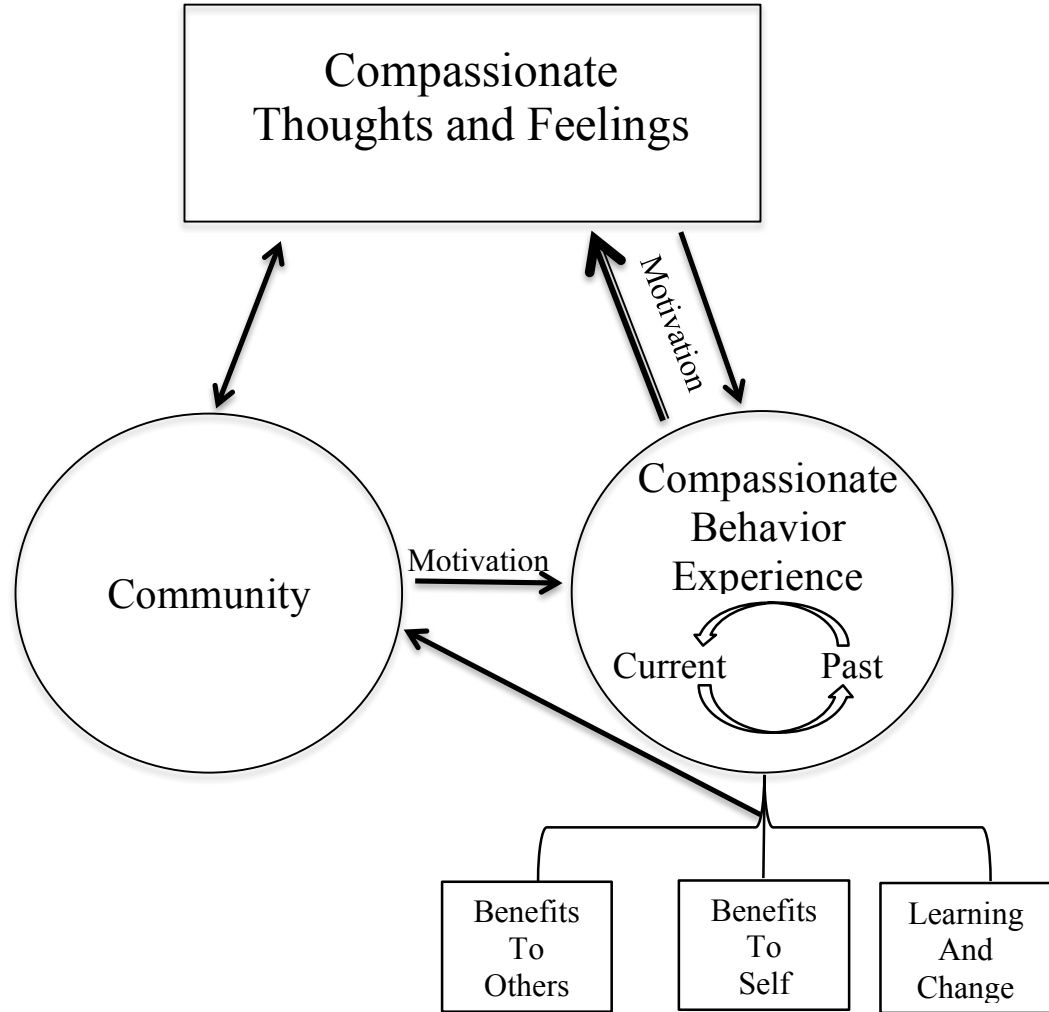
The theory, grounded in the data of the interviews, that Compassionate Thoughts and Feelings develop under the influence of Experience and Community, gives insight into how young people make meaning of their own compassion. This social constructivist model contributes to the idea that choice based on interest and past experience not only increases motivation but enhances understanding and durability, since participants are engaged in constructing and reconstructing their world view. This fits in with the theory that the participants' past experiences, their own unique community

as well as the community that overlaps with other participants, plus their motivation, contributes to compassionate behavior

Understanding how the eight themes interact with each other helps to create a greater understanding of how compassionate thoughts and compassionate behavior work in young people, and how compassionate thoughts and compassionate behavior operate in the society at large. Not only is the theory grounded in the data here, it also serves to make meaning of that society, including how to promote compassionate behavior. There are implications for future research and ultimately change in policy in education, as well as politics, health care, etc. What kind of experiences can we, as educators, give kids so that they can go out into the world and create a more compassionate community? More research on compassion in education and more studies on the effects of service-learning can only add to our knowledge base.

FIGURES

Figure 1: Theoretical Model



APPENDICES

Appendix A: Interview Questions

“All of your answers are confidential and even your name will be kept confidential. So it turns out there’s only one participant whose name starts with _____ and that’s you. Can you pick a pseudonym that we can use that starts with the first letter of your first name?”

1. Are you familiar with the word ‘compassion’? What does it mean?
2. What had you done that is compassionate before the service learning experience last year?
3. How would you describe your own compassion during your service experience?
4. What have you done since then? Have you had feelings of compassion or engaged in compassionate behavior in the last 9 months?
5. What did you learn about yourself from this service learning experience?
6. If that was true after your experience, is it still true? Explain.
7. What usually motivates you to do something for someone else?
8. Does service pose any problems? Are there any negatives?
9. What would you say to someone who was thinking of getting involved in his or her community?
10. Do you think your experience at A_____ Nursing Home changed you in any way? Explain.
11. How would you describe the way you thought about others during your experience at A_____, just after your experience and now- 9 months after the end of your experience?
12. What has changed?
13. Do you remember anyone with whom you worked? What effect did they have on you?
Did it affect your feelings of compassion? Explain.
14. What has the experience done for you? How do you think you have benefitted others? Be specific. If you’re not sure that your efforts have been beneficial, why do you think that’s the case?

15. Can you tell a story from your experience at A_____? A story that shows the impact of the experience on you.
16. How would you teach what you've learned to others?
17. Tell me how you have changed (inside)- if you even have.
18. How has your behavior changed? Explain any differences in your behavior from before the service experience, to just after, to now.

Appendix B: Focus Group Questions

- Welcome back to being together. Has your experience at A___ come up among you over the past almost year?
- Why did you participate in the service-learning activity at the nursing home last year?
- Why are you here today?
- In the interviews last spring and in the interview you all just did in the last couple weeks I asked you about what you were doing and how that connected with the concept of compassion. Can anyone want to comment on that now?
- Are there any distinctions between you the person before the service-learning activity, you the person during the activity and you at the end of the activity? Explain.
- And what about now? What happened between last June and today? Have any of those thoughts, feelings and behaviors remained? Have they intensified?
- What kinds of volunteer activities or acts of compassion have you engaged in since last June?
- Would you have done these if you had not participated last year?
- What do you think about making service a requirement in school?

Appendix C: Child Assent Form

Child Assent Form

Compassion: Can Service Learning Make a Difference, and If So, How?

I am doing a study to learn about how service projects affect compassion

If you choose to be in the study, then you will spend about two hours every other week doing a service for a local nursing home. You will also be interviewed and keep a reflection journal.

If you don't want to be in the study, you can say "No" and nobody will be upset at you and nothing bad will happen. Also you can change your mind at any time and nobody will be upset and nothing bad will happen. If you are not part of the study you will still be able to volunteer at the nursing home even though you won't be interviewed and you won't keep a journal.

If you think you were treated badly or have any problems with this study, you should tell your parents and they will know what to do.

Do you have any questions about the study?

Would you like to do it?

Statement of Assent

I have read and understand the information about this study, and I agree to participate in it. It's my choice to be in the study, and I can change my mind at any time.

I ___agree ___do not agree to be audiotaped for this study.

Print Name of Participant: _____

Signature of Participant: _____ Date: _____

Name of researcher obtaining assent: _____

Appendix D: Parental Consent Form

PERMISSION DOCUMENT

Rhode Island College

Compassion: Can Service Learning Make a Difference, and If So, How?

Dear parent or legal guardian:

We are asking permission for your child, or the child in your legal care, to be in a research study. We are asking because your child was a participant in a similar study last year. Your child was selected because he/she participated in last year's study by volunteering at the Avalon Nursing Home.

Last year he/she was interviewed at the end of the volunteer experience.

For the purpose of this study your son/daughter will be interviewed again as a follow up to last year's experience.

Please read this document and ask any questions you may have before deciding whether to permit your child to be in this study.

Edward Goldberg, a doctoral student at Rhode Island College, is conducting this study under the supervision of Dr. David Brell of Rhode Island College.

Why this Study is Being Done (Purpose)

We are doing this study to learn about the effect of service learning on compassion.

What will be done (Procedures)

If you allow your child to be in this study, here is what will happen:

He/she will be interviewed.

The interview will probably last 45 minutes to an hour.

The interview will be audio recorded.

There will also be a focus group session involving all the participants. The session will last about an hour and will also be audio recorded.

There won't be a compensation for this study

Risks or discomfort

There are no risks for child to be in this study that are different from what would be experienced on a typical field trip. Being in this study will not benefit you or your child directly.

Deciding whether to be in the study

Nobody can force your child to be in this study. The decision is up to you and your child. Your child will be asked separately whether he or she wants to participate, and his/her wishes will be followed. Both you and your child can choose not to be in

the study, and nobody will hold it against you. You or your child can change your mind and stop the study at any time, and you do not have to give a reason. If you decide to quit later, nobody will hold it against you.

How your information will be protected

Because this is a research study, results will be summarized across all participants and shared in reports that we publish and presentations that we give. Your child's name will not be used in any reports. We will take several steps to protect your child's information so that he/she cannot be identified. Instead of using your child's name, the information will be given a code number. The information will be kept in a locked office file, and seen only by myself and other researchers who work with me. The only time I would have to share information from the study is if it is subpoenaed by a court, or if we think your child is being harmed by others then I would have to report it to the appropriate authorities. Also, if there are problems with the study, the records may be viewed by the Rhode Island College review board responsible for protecting the rights and safety of people who participate in research. The information will be kept for a minimum of three years after the study is over, after which it will be destroyed.

If you or your child think you were treated unfairly, have complaints, or would like to talk to someone other than the researcher about your rights or safety as a research participant, please contact Cynthia Padula, Chair of the Rhode Island College Institutional Review Board at IRB@ric.edu, or by phone at 401-456-8598.

You will be given a copy of this form to keep.

Appendix E: Open Coding Framework

Open Coding Framework: a priori

1. Coming to terms with definitions
 - a. Compassion
 - i. can be confused with pity
 - b. Empathy
 - c. Altruism
 - i. “paying it forward”
 - d. Sympathy
2. Compassion
 - a. Concern for others
 - b. Helping beyond expectations
 - c. Putting oneself in others’ shoes
 - i. gratefulness for one’s own situation
 - d. Limits to compassion
 - e. Understanding compassionate manipulation
3. Learning
 - a. Lessons learned from experience
 - b. Learning about self
 - i. self awareness
 - ii. gratefulness for one’s own situation
 - iii. limitations to patience and caring and compassion (see 2d)
 - c. Learning about others
 - i. understanding of clients: their experiences past and present
 - understanding clients’ abilities and disabilities.
 - Improves participants’ ability to help
 - ii. respect for others (clients and health care workers)
 - reciprocity of respect
 - iii. recognition of others’ accomplishments
 - iv. appreciation of others
 - appreciate others’ accomplishments
 - v. learning about others inspires compassion
4. Community
 - a. Making connections
 - i. client reminds participant of relative/extrapolating service experience to family experience and vice versa
 - ii. making connections between self and client.
 - iii. making connections with diverse people
 - iv. seeing connections between clients and health care workers
 - b. Importance of community
 - c. Socio-political realizations
 - d. Communal responsibility
 - e. Pluses and minuses of attachments
5. How to approach service
 - a. Altruistic intent/motivation

- i. improves positive thinking in self
 - improves positive thinking in others
 - ii. helps others
 - iii. inspires wanting to help
 - iv. based on others' needs
 - v. pleasure doing service
 - vi. see oneself in others
 - b. Selfish motivation
 - i. 'utilitarian' reason for service: i.e., to put on resume
 - ii. [self-focused reason] I look like a good person
 - iii. my friends were doing it
 - c. Neutral motivation
 - i. seemed good to do
 - ii. had free time
 - d. Advice for getting involved
 - i. "go for it"
- 6. Benefits
 - a. Benefits to self
 - i. improved communication skills
 - ii. improved social skills
 - iii. pushed personal limits
 - iv. felt good
 - v. felt helpful
 - vi. new relationships
 - vii. improved patience
 - viii. increased understanding
 - ix. academic benefits
 - x. be more caring
 - xi. be braver
 - xii. has personal meaning
 - b. Benefits to others
 - i. people feel helped
 - ii. clients are happier
 - iii. people feel appreciated
 - iv. people feel respected
 - v. clients become more social/ open up
 - vi. positive impact on clients
- 7. Experience
 - a. prior service experience
 - b. comparisons among service experiences
 - i. types of interactions: one on one vs not one on one
 - ii. face to face vs behind the scenes
 - iii. value of 'real life' experiences
 - c. lessons learned from experience
 - d. meeting of expectations

Appendix F-1: Initial Coding Framework

Initial Coding Framework: Themes and sub-themes Final draft: Emergent codes.
Italicized codes were added after 2nd evaluation of interviews.

1. Coming to terms with definitions
 - a. Compassion
 - i. can be confused with pity
 - b. Empathy
 - c. Altruism
 - i. “paying it forward”
 - d. Sympathy
2. Compassionate thoughts and beliefs *and feelings*
 - a. Concern for others
 - i. compassion
 - ii. empathy
 - iii. sympathy
 - iv. pity
 - b. Putting oneself in others’ shoes
 - i. gratefulness for one’s own situation
 - c. Compassion as a continuum or progression
 - d. Avoiding being judgmental
 - e. Understanding manipulation of one who is “cared for” for compassionate reasons
 - f. Limits to compassion
 - i. compassion fatigue
 - ii. indifference
 - iii. compassion wears off, doesn’t stick
 - g. *emotional connection*
3. Compassionate behavior
 - a. Engagement in compassionate behavior as a function of time
 - i. engaging in compassionate behavior during the service experience
 - ii. engaging in compassionate behavior just after the service experience
 - iii. engaging in compassionate behavior many months after the service experience
 - b. Limits to compassionate behavior
 - i. Time
 - ii. Health
 - iii. forgetting- out of mind
 - c. Automatic natural response to a need
 - d. Compassionate behavior as a continuum or progression (compassionate acts lead to or promote more compassion)
4. Learning and resultant change
 - a. Lessons learned from experience
 - b. Learning about self
 - i. self-awareness
 - ii. gratefulness for one’s own situation
 - iii. self-improvement

- (1) more responsive
 - (2) more thoughtful
 - iv. limitations to patience and caring and compassion (see 3b)
 - v. learning of opportunities
 - c. Learning about others
 - i. understanding of clients: their experiences past and present
 - understanding clients' abilities and disabilities.
 - Improves participants' ability to help
 - ii. Respect for others (clients and health care workers)
 - reciprocity of respect
 - iii. recognition of others' accomplishments
 - iv. appreciation of others
 - appreciate others' accomplishments
 - v. learning about others inspires compassion
 - d. Positive change (self-improvement)
 - i. in thought
 - ii. in behavior
 - e. Negative change
 - i. in thought
 - ii. in behavior
5. Community
 - a. Making connections
 - i. client reminds participant of relative/extrapolating service experience to family experience and vice versa
 - ii. making connections between self and client.
 - iii. making connections with diverse people
 - iv. seeing connections between clients and health care workers
 - b. Importance of community
 - c. Socio-political realizations
 - d. Communal responsibility
 - e. Pluses and minuses of attachments
6. Motivation
 - a. Altruistic intent/motivation
 - i. Improves positive thinking in self
improves positive thinking in others
 - ii. helps others
 - iii. inspires wanting to help
 - iv. based on others' needs
 - v. pleasure doing service
 - vi. see oneself in others
 - vii. inspires others
 - b. Selfish motivation
 - i. 'utilitarian' reason for service: i.e., to put on resume
 - ii. [self-focused reason] I look like a good person
 - iii. my friends were doing it
 - iv. what others think of me

- c. Neutral motivation
 - i. seemed good to do
 - ii. had free time
- d. Advice for getting involved
- 7. Benefits
 - a. Benefits to self
 - i. improved communication skills
 - ii. improved social skills
 - iii. pushed personal limits
 - iv. felt good
 - v. felt helpful
 - vi. new relationships
 - vii. improved patience
 - viii. increased understanding
 - ix. academic benefits
 - x. be more caring
 - xi. be braver
 - xii. *leadership skills*
 - b. Benefits to others
 - i. people feel helped
 - ii. clients are happier
 - iii. people feel appreciated
 - iv. people feel respected
 - v. clients become more social/ open up
 - vi positive impact on clients
- 8. Experience
 - a. prior service experience
 - b. comparisons among service experiences
 - i. types of interactions: one on one vs not one on one
 - ii. face to face vs behind the scenes
 - iii. value of 'real life' experiences

Appendix F-2: Focused Coding Framework

Focused Coding Framework: Themes and sub-themes

Interviews and Focus Group

Previously “Emergent” codes with newly emergent codes or *post coding additions in italics*

1. Coming to terms with definitions
 - a. Compassion
 - i. Can be confused with pity
 - b. Empathy
 - c. Altruism
 - i. “paying it forward”
 - d. Sympathy
2. *Engaging in* compassionate thoughts, beliefs and *feelings*
 - a. Concern for others
 - i. Compassion
 - ii. Empathy
 - iii. Sympathy
 - iv. Pity
 - b. Putting oneself in others’ shoes
 - i. gratefulness for one’s own situation
 - c. Compassion as a continuum or progression
 - i. *compassionate thoughts and beliefs during the service experience*
 - ii. *compassionate thoughts and beliefs just after the service experience*
 - iii. *compassionate thoughts and beliefs many months after the service experience*
 - iv. *compassionate thoughts and beliefs stay static*
 - v. *compassionate thoughts and beliefs decrease*
 - d. Avoiding being judgmental
 - e. Understanding manipulation of one who is “cared for” for compassionate reasons
 - f. Limits to compassion
 - i. compassion fatigue
 - ii. indifference
 - iii. compassion wears off, doesn’t stick
 - g. *Emotional connection*
 - h. *Compassionate thoughts and beliefs come about as a result of compassionate behavior.*
3. *Engaging in* compassionate behavior
 - a. Engaging in compassionate behavior as a function of time
 - i. engaging in compassionate behavior during the service experience
 - ii. engaging in compassionate behavior just after the service experience
 - iii. engaging in compassionate behavior many months after the service experience
 - b. Limits to compassionate behavior
 - i. time
 - ii. health
 - iii. forgetting- out of mind

- iv. *proximity- compassion restricted to those that are closest – family and friends or similar experiences*
 - c. Automatic natural response to a need
 - d. Compassionate behavior as a continuum or progression (compassionate acts lead to or promote more compassion)
 - e. *Compassionate behavior not dependent on previous acts of compassion*
 - f. *Compassionate behavior comes about as a result of feelings of compassion.*
 - g. *Compassionate behavior, or service, as a requirement.*
 - i. *as a positive thing*
 - ii. *as a negative thing*
4. Learning and resultant change
- a. Lessons and resultant change
 - b. Learning about self
 - i. Self awareness
 - ii. Gratefulness for one's own situation
 - iii. Self improvement
 - More responsive
 - More thoughtful
 - iv. Limitations to patience and caring and compassion (see 3b)
 - v. Learning of opportunities
 - c. Learning about others
 - i. understanding of clients: their experiences past and present
 - understanding clients' abilities and disabilities.
 - Improves participants' ability to help
 - ii. respect for others (clients and health care workers)
 - reciprocity of respect
 - iii. recognition of others' accomplishments
 - iv. appreciation of others
 - appreciate others' accomplishments
 - v. learning about others inspires compassion
 - d. Positive change (self-improvement)
 - i. in thought
 - ii. in behavior
 - e. Negative change
 - i. in thought
 - ii. in behavior
 - f. Neutral change
 - i. in thought
 - ii. in behavior
5. *Making a community*
- a. Making connections
 - i. client reminds participant of relative/extrapolating service experience to family experience and vice versa
 - ii. making connections between self and client.
 - iii. making connections with diverse people

- iv. seeing connections between clients and health care workers
- v. *making connections with fellow participants*
- b. Importance of community
- c. Socio-political realizations
- d. Communal responsibility
- e. Pluses and minuses of attachments
- 6. Motivation
 - a. Altruistic intent/motivation
 - i. improves positive thinking in self
 - improves positive thinking in others
 - ii. helps others
 - iii. inspires wanting to help
 - iv. based on others' needs
 - v. pleasure doing service
 - vi. see oneself in others
 - vii. inspires others
 - b. Selfish motivation
 - i. 'utilitarian' reason for service: i.e., to put on resume
 - ii. [self-focused reason] I look like a good person
 - iii. my friends were doing it
 - iv. what others think of me
 - c. Neutral motivation
 - i. seemed good to do
 - ii. had free time
 - iii. compliance
 - d. Advice for getting involved
- 7. *Benefitting self and others*
 - a. Benefits to self
 - i. improved communication skills
 - ii. improved social skills
 - iii. pushed personal limits
 - iv. felt good
 - v. felt helpful
 - vi. new relationships
 - vii. improved patience
 - viii. increased understanding
 - ix. academic benefits
 - x. be more caring
 - xi. be braver
 - xii. *leadership skills*
 - xiii. *increased maturity*
 - b. Benefits to others
 - i. people feel helped
 - ii. clients are happier
 - iii. people feel appreciated
 - iv. people feel respected

- v. clients become more social/ open up
 - vi. positive impact on clients
8. Experience
- a. prior service experience
 - b. comparisons among service experiences
 - i. types of interactions: one on one vs not one on one
 - ii. face to face vs behind the scenes
 - iii. value of 'real life' experiences

Appendix G: Coding Frequency Chart

Key: Participant Interviews, **Focus Group Discussion**

Theme	Subtheme: frequency							
1. Definitions	a. 9, 1	b. 2	c. 1	d. 3				
2. Compassionate Thoughts	a. 2, 1 i.12, 3 ii.4 iii.1, 3 iv.5, 1	b. 1, 1 i.1	c. 4, 1 i.5 ii.2 iii.14, 3 iv.1 v.1	d. 5	e. 1	f. 2, 1 i.1 ii.2 iii.10	g. 3	h.11, 7
3. Compassionate Behavior	a. i.1, 4 ii.4, 2 iii.13, 4	b. 6 i.5 ii.1 iii.6 iv. , 3	c. 10, 3	d. 14, 1	e. , 1	f. 3, 7	g. i. , 2 ii. , 8	
4. Learning and change	a. 6, 3	b. 2, 2 i.10 ii. 4 iii. 3 iv. 3 v. 8	c. 2, 2 i.20, 7 ii. 3, 1 iii. 1 iv. 7 v. 5, 1	d. 2 i. 6, 1 ii. 5, 1	e. i. ii.	f. 2, 1 i. ii. 1		
5. Community	a. 1, 1 i. 4 ii. 5 iii. 1 iv. v.1, 4	b. 3	c. 3, 2	d. 1	e.			
6. Motivation	a. 8 i. 3 ii. 9, 6 iii. 3 iv. 5 v. 9 vi. vii.	b. 2 i. , 1 ii. iii. , 1 iv.1	c. i.4, 3 ii. iii. , 2	d. 9				
7. Benefits	a. 4 i. 3 ii. 8	b. i ii						

7. Benefits (cont.)	a.iii. 5 iv. 8 v. 3 vi. 4 vii. 2 viii. 3 ix. 3 x. 3 xi. 3 xii. 2 xii. 1	b. iii iv v vi						
8. Experience	a. 10	b. 3 i. ii. 2 iii. 1						

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