Perspectives in Education 2015: 33(3)
ISSN 0258-2236

http://www.perspectives-in-education.com

Developing empathetic skills among teachers and learners in high schools in Tshwane: An inter-generational approach involving people with dementia

Erna Alant

Stephan Geyer

Michael Verde

This article describes the implementation and outcomes of an experiential learning approach to facilitate the development of empathetic skills among teachers and learners at two high schools in Tshwane, South Africa. An inter-generational training programme, the Memory Bridge Initiative (MBI), aimed at exposing participants to interactions with older persons with irreversible dementia, was used as a means to develop empathetic skills. Programmes such as MBI have the potential to develop empathetic skills and to cultivate interpersonal and personal skills among the learners and the teachers. Seven learners and six teachers, recruited through non-probability sampling, from two high schools in Tshwane participated in the three-and-a-half-day training programme which serves as the basic training to equip teachers and learners for the implementation of the programme in their respective schools. Focus-group discussions were conducted with the teachers and the learners separately before and after exposure to the MBI programme. Both learners and teachers agreed that the programme contributed to their interpersonal and personal development. Learners also adopted a more positive way of perceiving older persons and people with

Erna Alant
(Corresponding author)
Special Education, Indiana University, Indiana, USA and Centre for Augmentative and Alternative Communication, University of Pretoria, South Africa
E-mail: ealant@indiana.edu

Stephan Geyer
Department of Social Work and Criminology, University of Pretoria, South Africa
E-mail: stephan.geyer@up.ac.za

Michael Verde
Doctoral Student in Inquiry Methodology, Indiana University, Bloomington, Indiana USA.
E-mail: jmverde@indiana.edu

Alzheimer's disease. It is recommended that inter-generational programmes should be implemented in more high school settings to determine best practices to develop empathetic skills among learners. Inter-generational programmes could minimise the isolation of older persons with dementia and equip the youth with transferrable skills to educational and work settings.

Keywords: Empathetic skills development, inter-generational programmes, Memory Bridge Initiative, experiential learning, high school learners, people with dementia, interpersonal and personal skills development, Tshwane Metropole.

Introduction

The past decade has seen a dramatic increase in training and research in empathy from multidisciplinary perspectives (Ickes & Ickes, 2009). This interest is not only rooted in human beings' exceptional capacity to "feel with" others, as is evident from evolutionary biology and neuroanatomical history, but also from the central role that the ability to accurately infer another person's thoughts and feelings has on the social development of young people (Zeidner, Roberts & Mathews, 2002). The realisation that we are an empathetic species and that we are all interconnected has significant implications for rethinking the mission of education (Rifkin, 2010). Schools are increasingly educating learners to interact with others using social networks via the internet in which information is shared rather than stored. This emerging sense of interconnectivity goes hand in hand with efforts to increase understanding between people globally, not only on a cognitive, but also on a socio-emotional level. This transition is profoundly reconfiguring the way in which learners learn and create communities (Nelson & Christie, 1995; Rifkin, 2010). It is interesting to note that conditions and experiences that promote violence in children and youth are, on the whole, the opposite of those that create caring, helping and altruism (Staub, 2002). A commitment to incorporating empathetic education into the 21st-century Grades 1-12 curricula is, therefore, a social necessity and not merely a pedagogical enhancement.

Depending on the research context, however, empathy can have many different definitions, ranging from knowing another person's internal state, *i.e.* cognitive empathy and cognitive accuracy (Eslinger, 1998), to states of "feeling with" or resonating with the other which can occur at any level, including neural to phenomenological, conceptual to affective (Preston & Hofelich, 2012). According to Preston and Hofelich (2012: 25), true empathy is "a compassionate other-oriented state that requires a distinction in the observer between self and other". This "feeling with another" can be understood through direct perception or imagination of their state (Basch, 1983); however, the extent to which empathy requires self-other overlap is not clear. Proponents in favour of the necessity of self-other overlap do not define this overlap as primarily aversive or distressing, but rather as an "oneness" or inter-subjectivity that does not confuse personal boundaries (Preston & Hofelich, 2012).

Training in empathy at schools has been mainly conducted to impact on antisocial behaviour, *i.e.* interpersonal violence, anger management and bullying (Jagers, Morgan-Lopez, Howard, Browne & Flay, 2007; McMahon & Washburn, 2003; Sahin, 2012). Fonagy, Twemlow, Vernberg, Nelson, Dill and Little (2009) described a programme using a whole-school intervention to target bullying, to improve the capacity of school staff and learners to interpret their own and others' behaviour in terms of their mental states. In the mentioned study, 1,345 third to fifth graders in nine primary schools in a medium-sized Midwestern city in the United States of America participated in a cluster-level randomised controlled trial to evaluate the effectiveness of active intervention for two years, followed by one year of minimal input maintenance intervention. Outcome measures included peer and self-reports of bullying, by standing and metalizing behaviour and classroom behavioural observations of disruptive and off-task behaviour. This approach proved to be effective in impacting on reduced aggression and victimization in the treatment group. Furthermore, Fonagy et al. (2009) pointed out that maintaining empathy may have been an important factor in the treatment's effectiveness.

In South Africa, a number of programmes address bullying and interpersonal violence among learners in the school system. The development of social skills (e.g., assertiveness training and anger management) are key among these endeavours and often coincide with the learning outcomes of Life Orientation as a school subject (Lazarus, Khan & Johnson, 2012). In the Western Cape Province of South Africa, the Department of Basic Education launched the *Safe Schools Programme*, with the vision of "safe learning institutions for all". Apart from training learners to be safe in schools and in their communities, the programme contributed to the development of school safety committees, the utilisation of safety rescue officers, learner support offices and a Safe School Call Centre (Lazarus *et al.*, 2012). Lazarus *et al.* (2012) opine that exact research findings about the impact of the programme are still lacking.

Empathy necessarily includes affective attunement, or "feeling with" another; therefore, teaching a learner empathetic abilities, as opposed to merely teaching him/her *about* empathy, requires engaging learners' attention in their own and others' affective life. As this skill in "feeling with" is as much a corporeal achievement, as a cerebral one, the delicate challenge is to facilitate the learners' increased facility with an affective balancing between the self's needs and the other's needs. On a continuum of emotional detachment to complete merger with another, the empathetic communicators continually coordinate their own and another's subjective realities by using their awareness of own emotional reasoning to gain insight into the other's experience as the other is experiencing it (Galinsky, Ku & Wang, 2005). This complex intra- and interpersonal conversation involving affects, cognitions, and existential being in the world is what Martha Nussbaum (2003) terms, the sympathetic imagination.

Learning to relate to others empathetically is not like learning mathematics, acquiring literacy, competing in athletics, or performing in the arts, though some of the skills and aptitudes required for each of these kinds of learning overlap with aspects of empathetic education. Both athletics and the arts, for instance, provide rich contexts for evoking self-other interactions. Both do so, however, for the purpose of winning, on the one hand, or creating an artefact, on the other. The end of empathetic communication, by contrast, is intrinsic to its means; the world it is concerned to realise only exists between and among us, and only then when we participate in creating it. The Memory Bridge Initiative (MBI) (www.memorybridge.org) presumes that the mindful refinement of such a skill – the affectively creative skill of "feeling with" another – will most meaningfully occur in real-time, real-world situations, that is to say, experientially.

The outcome of the MBI was established in the United States of America (cf. Wescott & Healy, 2011). This study was a single-group pre- and post-qualitative design and compared learners' perceptions about older persons and Alzheimer's disease[1] at the baseline and follow-up measures. Based on the outcomes of a self-administered questionnaire, the research findings indicated that the perceptions of learners about older persons and Alzheimer's disease shifted from negative or neutral to predominantly positive after exposure to the MBI (Wescott & Healy, 2011).

The *hiatus* is that the outcomes of the MBI were not yet established outside the United States of America. Therefore, the *rationale* for the study was to explore and describe the outcomes of the MBI with South African learners and teachers. The *research objectives* of the study were the following: to explore and describe the experiences of teachers and learners, respectively, after exposure to the MBI programme, and to explore and describe the influence of the MBI on the attitudes/conceptualisation that learners have about older persons with irreversible dementia before and after exposure to the MBI programme.

This research study was underpinned by *participatory consciousness* as theoretical framework (Heshusius, 1994). The researchers' interest was on the participatory consciousness between the teacher/learner and the older person with dementia and "… the awareness of a deeper level of kinship between the knower and the known. An inner desire to let go of perceived boundaries that constitute 'self' – and that construct the perception of distance between self and other …" (Heshusius, 1994: 16).

Before proceeding to an exposition of the research methods and procedure, research findings and discussion, this article provides a brief overview of the MBI programme.

The Memory Bridge Initiative™

Each of the three core activities of the programme (Verde, 2013) motivates empathetic communication in one or more self-other relationship contexts: the Buddy partnerships exercise interpersonal awareness; the I-Land mapping activity exercises intrapersonal awareness, and the peer-circle communications exercise intragroup awareness. All three activities occur throughout the programme. Each offers an imaginative space to reflect upon, synthesise, and reconsider one's ongoing experiences with others. Each activity constitutes both an arena for practising and for performing empathetically motivated self-other integrations. Given the centrality of these activities in the initiative's design, it is vital to explicate in some detail the structure and function of each activity.

Buddy partnerships

All MBI learners (including the teachers who were included in the South African implementation of the MBI) are paired with a person with irreversible dementia. These cognitively frail older persons are referred to as 'Buddies' in the programme. The student-buddy pairings are random. Buddies in the programme only need to meet two requirements: the representative of the residential facility wherein they reside or visit daily must know that the older person selected for participation in the programme has an irreversible form of dementia that impairs consistently "normal" conversation, and that the selected older person will, in the representative's judgement, gain emotional satisfaction from a learner's visits with him/her. The cognitive capacities of the Buddies invariably range from those that are able to carry on more or less sustained, socially typical conversations to those who do not speak and give few conspicuous indicators of relating to those who initiate communication with them.

Depending on the programme's implementation structure, learners will either meet their Buddies in person four times over a ten-week, ten-meeting implementation of the MBI, or twice over a three-and-a-half-day application of the programme. (Both versions of the programme involve 20 total participation hours.) The clearly articulated and continually reinforced objective for the learners in their meetings with their Buddies is for the learners to connect with their Buddies in emotionally attuned and responsive ways that incline the Buddies to feel that they matter to the learner. There is no instrumental purpose of the student-Buddy meetings, nothing that the learners are expected to gain by, or extract from the visits. Rather, the learners are encouraged simply to "be with" their Buddies during their time together, to create an interpersonal space in which their Buddies feel respected, attended to, and genuinely cared about.

I-Land Mapping[2]

The I-Land Activity consists of learners creating a map of their "inner world". They are asked to capture, on a large sheet of paper, their interior universe in whatever form

and configuration of symbols and colours that resonate with their imagination. It is stressed to the learners that there is no correct or incorrect way to render their I-Land. Various examples are given, illustrating the idea that the facilitator is not expecting them to emulate any particular design pattern. It is further stressed that the I-Land map need not be artistically impressive. Examples of what often appear on learners' I-Land maps are given: memories, hopes, fears, important people and places, familiar feelings, important moments in life, and so on. The learners are also informed that they will share their I-Land maps with each other, but that no one will be able to ask them any questions about what is on their I-Land map. They are reassured that only what they choose to share about their maps will be shared. Learners are given about 90 minutes to complete their I-Land maps, *i.e.*, the drawings of their "inner world". The maps are shared in the context of the peer circle.

Peer circle communications

The content of the MBI experience emerges in the communication contexts that the programme structures and facilitates. What is learned in the programme is the "how" of empathetic communication, as opposed to a specified "what" that the facilitator teaches; hence, the designation of the teacher as the facilitator and not the instructor. The peer circle is the space of sharing and attending in which the "how" of empathetic communication is exercised in frequent intervals throughout the programme – it is comparable to the studio of an art class, the gym of a rugby team, or the laboratory of the scientist: a site of translating concepts into practices. In the peer circle, learners practise the three preconditions of empathetic communication, namely Respect, Attention, and Care, and the three skills of "feeling with" another, namely Letting Go, Letting In, and Letting Be, as operationalized in the programme (Verde, 2013).

The two sets of principles, which are displayed at every in-class meeting on two large animated posters, are theorised by MBI as the attitudes, in the first case, and imaginative and affective actions, in the second, that create the optimal conditions for empathetic communication to occur in the programme. In addition, the principles provide the learners with a simple meta-language (a symbol set) with which they can make associations between future novel social situations and the insights experientially gained in the programme. The participants create the peer circle by arranging their chairs at a comfortable distance from each other in a circle. The facilitator is expected to invest the peer circle with a noticeable degree of gravity. While nevertheless relaxed, the communication of participants in the peer circle is expected to be always respectful, deeply attentive, and caring. The peer circle is where a certain quality of communication engenders the *felt* sense of community, the experiential space in which the intrapersonal, interpersonal, and intragroup become synthesised.

Research methods and procedure

As a qualitative study, the collective case study design was used whereby a group of learners and teachers were exposed to focus-group discussions before and after exposure to the MBI in order to explore and describe the outcomes of the MBI with South African learners and teachers (Creswell, 2013; Fouché & Schurink, 2011). Focus-group discussions were conducted by one of the researchers. The participants included six teachers and seven Grade 10 learners from two high schools in Tshwane, South Africa. The teachers were recruited through volunteer sampling by approaching the schools and requesting that they identify teachers who would be willing to participate. The teachers had to agree to participate in the programme for five days (approximately 35 hours) and meet with an older person with irreversible dementia during two visits of about 45-60 minutes each. Thereafter, the teachers and their colleagues identified potential Grade 10 learners (*i.e.*, purposive sampling) to participate in the study (Rubin & Babbie, 2010). From all the learners identified, only those who were interested in the MBI implementation (*i.e.*, volunteer sampling) had to submit an application form to volunteer their participation in the MBI (Strydom & Delport, 2011). This application indicated that they consider themselves as a young person who would like to learn and grow from the experience of communicating with an older person with irreversible dementia; must be in Grade 10; must be fluent in English; agree to participate in the programme for three-and-a half days (approximately 20 hours) and be willing to meet with an older person with irreversible dementia during two visits of about 45-60 minutes each. The final selection of learners was done by ensuring gender and racial diversity. Researchers deemed it necessary to explore and describe the outcomes of the MBI among research participants that reflect a *micro cosmos* of a typical South African classroom setting in the metropolitan areas of the country, such as Tshwane.

Facility staff and family members identified thirteen older persons with irreversible dementia, who resided at a residential facility in Tshwane (*i.e.*, purposive sampling). The older persons had to comply with the following two criteria: have irreversible dementia and be able to benefit from and would like to have interactions.

MBI training took place over a three-and-a-half-day implementation for both teachers and learners. In addition, the teachers attended an additional one-and-a-half-day training workshop to equip them for the future implementation of the MBI in their respective high schools. Focus-group discussions were conducted before and after exposure to the MBI with teachers and learners and transcribed *verbatim* using Express Scribe™. Thematic analysis, according to the qualitative data analysis process proposed by Creswell (2014), was implemented. After the transcription of the focus-group discussions, the data sets were read several times to obtain familiarity with the content. Thereafter, a process of coding commenced which ultimately resulted in the identification of themes. To ensure the trustworthiness of the qualitative study, the codes and identified themes were compared to ensure that the final findings

reflect agreement between the two coders (*i.e.*, inter-coder agreement) (Lietz & Zayas, 2010). Furthermore, an independent coder confirmed the codes and themes (Nieuwenhuis, 2007). Throughout the process, the Dedoose™ programme was used to assist with the thematic analysis.

Besides exploring the experiences of the learners and teachers, respectively, after exposure to the MBI, the seven learners met for a two-hour focus-group discussion in which MBI's basic programmatic details were explained. During this discussion, learners were asked to respond to two simple prompts: "Write down the first three words that come to mind when you hear the term 'old person'" and "Write down the first three words that come to mind when you hear the term 'a person with Alzheimer's disease'". Learners were informed that there are no right or wrong answers and that they should simply capture the first three words that come immediately to mind when they heard the terms announced. Learners were requested to capture their responses independently. During a post-experience focus-group discussion, held two days after the learners' final visit with their Buddies, the learners were asked to again capture their immediate responses to the same two terms, based on exactly the same two questions.

Working from the pre- and post-experience lists, the researchers, similarly as Wescott and Healy (2011), first distilled the words on each of the four lists, *i.e.*, pre- and post-experience responses to "old person" and to "a person with Alzheimer's disease", respectively, by identifying synonyms, where such were evident. For example, "experienced" and "wise" were grouped under a single term: "wise". Secondly, the remaining words on each list were grouped into three categories: words with positive, negative, and neutral/ambiguous connotations. "Friendly", for example, was coded as positive; "sick" as negative; and "emotional" as neutral/ambiguous. If the denotation or connotation of the word was not evident to two additional peer reviewers, the word was coded as neutral/ambiguous. To identify potential shifts in the perceptions of learners about an "old person" and "a person with Alzheimer's disease", the researchers determined the frequency of positive, neutral and negative words before and after exposure to the MBI. As such, the researchers transformed qualitative content into quantitative data (Rubin & Babbie, 2010). Frequencies are reported in the findings section.

As part of the ethical considerations of this study, all participants had to provide informed consent to participate in the study, while informed assent was obtained from learners, and informed consent from their legal guardians. Furthermore, all older persons with dementia had to provide informed consent, or it had to be provided by their legal representatives. Ethical clearance for the study was obtained from the Gauteng Department of Basic Education (Ref. no.: D2013/248), the school management boards of the high schools concerned, the management of the residential facility, as well as the South African university (Research Ethics Committee of the Faculty of Humanities at the University of Pretoria, dated 07/01/2013).

Findings and discussion

Teachers and learners' perceived experiences of the training will be described first, followed by a comparison of the learners' descriptions of "an old person" and "a person with Alzheimer's disease" before and after exposure to the MBI.

Teachers' descriptions of the training experience

Three main themes emerged from the teachers' descriptions of the benefits derived from the training, namely increased awareness of self and other; building relationships, and long-term benefits for personal growth.

Theme 1: Increased awareness of self and other

Three of the six teachers commented on how this training *increased their awareness of self and other*, for example, G: "I became more aware of the people ... Also if I think of myself … meeting my buddy – I think … I became aware of people around me – not just seeing them as distant creatures running around, but being aware of how human they are". A second teacher (I) elaborated: "It enhanced one's awareness of how one communicates and also when you communicate to be more attentional in the way you come across to a person." Another participant (L) acknowledged the impact of the training, stating: "Your community understanding and awareness grow". All these comments alluded to an acknowledgement of a narrowing of the communication distance between participants, but also of positive association with others.

Theme 2: Building relationships

The second theme related to *building relationships.* Four of the six teachers commented on the explicit benefits of the training in facilitating relationships between teachers and learners. Teachers mentioned that they felt "safe" and felt mutual trust developing with the learners and that they were aware of a new dimension in their relationships. For example, one (I) stated: "You feel safe with one another and with the learners and even when we reached out to each other we felt safe and even with the old people they felt safe". Another teacher (K) elaborated: "I did see one of [the] boys today and there was an immediate connection. We didn't have to say it – it was in our eyes and our smile because he was the only one in the class that was selected and I didn't want to draw attention to him and the special time we had together in front of the whole class …". A third teacher (S) also commented on the power of an acknowledging smile between her and a student: "I agree with everyone, with [the] girls when I teach them in class, it is all it takes – just a smile. You can't treat them special because of this, but it is really nice, I saw N today – now I don't teach her at all ... but we saw each other and we went 'hallo ...'. Just the general skills I feel that you can really put into practice throughout your life."

Theme 3: Long-term benefits for personal growth

The third theme related to the *long-term benefits for personal growth.* Three of the teachers commented on the potential value of this programme for all teachers and learners, as it focuses on enhancing understanding and "being together". For example, H: "You don't have to be a sport star, you don't have to be a giant, you have to be human to participate and in terms of the bigger social context, for me the benefit is to link up communities to ... try and bridge communication gaps. That's the core issues coming through – so ... you don't have to do something extraordinary to be participating or to benefit from this. The benefit is not only an immediate 'feel good' effect, it is something you can practise and it will enhance your life style – so you can replicate it". A second teacher (L) stated: "It's definitely been a personal growth ... and not just from the centre – there is a rippling effect to grow in this area". A third participant (S) also elaborated on the long-term benefit of having learnt this skill: "Just the general skills I feel that you can really put into practice throughout your life. It is focused now – we meet our Buddies, but even broader, people that you perhaps don't know how to communicate with on a social level, it teaches you those communication skills. Letting go of judgements – I think that is a very good skill to learn for teenagers at an early age to feel comfortable in a place and to learn how to be with people – I think that is a good thing for relationships. The skills you learn you just take into your relationships in the future. Especially learning these at such a young age will benefit teenagers a lot and also just experience the sort of interest and personal growth seated in the programme". The most pervasive underlying common theme in the teachers' responses related to the benefits of the programme in relation to the positive impact it had on their own ability to be with others, to feel safe and trusted and that they became aware of a skill that, they believed, would impact on their own and their learners' lives beyond this experience.

Learners' descriptions of their training experiences

Learners were asked to share how they would describe this experience to learners who have not participated in this experience. Two main themes emerged from this discussion: Comments related to learning about patience, kindness and meeting new people, and learning important skills. In addition, learners were also asked to comment on what specific insights they gained about themselves during the training.

Theme 1: Learning about patience, kindness and meeting new people

All seven of the learners mentioned that they learned about *kindness, patience and made new friends* as part of the experience. They appreciated meeting new people and making new friends during the process. These friends did not only include their peers and the teachers, but also their Buddies, e.g. M: "I would tell anyone who hasn't taken this programme that it's a great learning experience and you can learn patience, kindness and make great new friends." A second (F) stated: "I thought it was a great experience but it goes like C said, or P, you have to do it to understand

exactly how you feel and what you learn from it. And you learn definitely a lot of skills and a lot of patience. Especially, if you didn't know that you had sort of patience in you. Yeah, it was just great to meet new people and learn to understand people in a better and different way". Another student (F) referred to the building of trust: "I'll say we learned quite a lot of things and made new friends like made a [sic] … like adjusting with new people and staying with them so many days … Like a trust build on people that we really never knew".

Theme 2: Learning important skills

A second main theme related to an acknowledgement of the *skills they gained.* All learners stated that they have gained significant skills from the experience, but were not always able to define what exactly they thought they learned. For example, F: "Um ... How do you say I learned really different things ... different … It's like at school we never think of working with people and communicating ... I don't know how to say it but yeah. And yeah it's a life experience. We'll never forget about it because once you learn something it stays forever. And yeah, I think. And patience too. And also that understanding ... How do I explain this now?". Participant K described it as follows: "To me, I'd tell them it's exciting but also very nerve-wracking 'cause you never know what really's gonna happen. And like being, learning about people is very exciting and so they can also learn about new people … it's just very exciting. You've gotta be dedicated and yeah ...". Another participant (F) referred to learning about Alzheimer's disease: "It was really fun. You got to learn more about Alzheimer's, I never knew such existed. And um, patience. It's hard to control your emotions as um …".

Theme 3: Specific insights gained about the self during training

When asked about *specific insights gained during the training*, the confidence that learners gained in their own abilities ranging from, for example, recognising and affirming their ability to communicate, being able to talk to a group, tolerating their Buddies' repetitions and their ability to care for others were most noticeable. For example, F: "I can't talk in front of lots of people, like a crowd when I see a crowd I just tap out. I can't be there now 'cause I get scared because I don't know half of the people ... Now I've seen that I can actually communicate with people and yeah. I feel like I can be part of crowds and all that. I never knew that I could actually listen to someone's problems and care about it. Normally I would listen and I would roll my eyes and be like 'Mm. Not my problem'. But I actually cared very much about … problem when she told me about her problems but yeah". Another learner (H) referred to the age differences in the interaction, stating: "I noticed that age is definitely just a number. It doesn't matter how old anyone is. I also learned about myself. I'm usually an understanding person but I found that I could be patient and understanding ...". Learner (F) emphasised learning about the self: "To me I learned because sometimes when I'm in a conversation with someone I like ... sound selfish ... Talk about stuff I want to talk about it, base it around me. But I kinda learned to,

just kinda go with the flow and talk to them about what they want to talk about. I can do that, but I learned how to almost improve it. And also I learned that it's okay if something's not always being said back to me". Similarly, M stated: "I was talking to Maria (buddy) and she kept on repeating herself and I kind of tolerated that … I also learned that I could kind of tolerate. Things didn't upset me as much. It was okay that she asked me that same question ten times 'cause it didn't matter ...".

Table 1 shows learners' prompts on how they describe "an old person" and "a person with Alzheimer's disease" before and after exposure to MBI.

Table 1: Frequency (f) of responses to prompts before and after exposure to MBI

	Before exposure to MBI			***After exposure to MB***		
Prompts	Positive (f=18)	Negative (f=1)	Neutral (f=2)	Positive (f=21)	Negative	Neutral
Older person	Kind (f=6) Wise (f=3) Friendly (f=3) Cute (f=1) Happy (f=1) Willing (f=1) Intelligent (f=1) Emotionally strong (f=1) Motivating (f=1	Slow (f=1)	Old (f=1) Granny (f=1	Kind (f=8) Wise (f=4) Smart (f=3) Friendly (f=1) My friend (f=1) Unique (f=1) Funny (f=1) Happy (f=1) Young (f=1)		
	Positive (f=2	Negative (f=15)	Neutral (f=4)	Positive (f=9)	Negative (f=9)	Neutral (f=3
Person with Alzheimer's disease	Special (f=1) Sweet (f=1)	Lonely (f=4) Memory loss (f=3) Confused (f=2) Awkward (f=2) Scared (f=2) Sick (f=1) Frail (f=1)	Differently abled (f=1) Abled (f=1) Brain (f=1) Quiet (f=1) Old (f=1)	Kind (f=2) Curious (f=2) Friendly (f=2) Wise (f=1) Patient (f=1) Not so lonely (f=1)	Forgetful (f=4) Lonely (f=3) Scared (f=1) Hard to share knowledge (f=1)	Differently abled (f=1) Emotional (f=1) Old (f=1)

Table 1 presents the terminology used by the seven learners to describe an older person and a person with Alzheimer's disease. The number of specific responses (*f*) is provided after each of the descriptive terms used. There were 21 responses as participants were asked to identify *three* terms to describe each concept before and after exposure to MBI.

Table 1 indicates that the learners' perceptions of both "old person" and "person with Alzheimer's disease" were more positive after exposure to MBI. After exposure, all participants described older persons as positive, while mixed terms were used before exposure to the programme, e.g., one negative description and two neutral concepts. The frequency of positive associations made with "person with Alzheimer's disease" increased from two before exposure to MBI to nine after exposure to MBI. Similarly, the frequency of negative associations made with "a person with Alzheimer's disease" decreased after exposure from 15 to nine.

There was also an unanticipated finding. Although the positive changes in the learners' perceptions of an "old person" and a "person with Alzheimer's disease" improved, the concepts they used to describe these two categories of people before and after exposure proved most informative. In the focus-group discussion *after* exposure, the learners first shared the basis of their responses to "person with Alzheimer's disease" prior to sharing the same with respect to "old person". With the third learner's explanation, the focus-group facilitator realised that all of the learners who had shared their prompts, based their response with reference to their Buddies as the source of their response to the prompt "old person." At that point, the focus-group facilitator interjected, asking those learners who responded to the prompt "old person" with their Buddy specifically in mind to raise their hands. Six of the seven learners indicated that, when responding to the prompt "old person", they were thinking about their Buddies.

Before the training, the difference in the kinds of associations the learners' made between "old person" and "a person with Alzheimer's disease", with nearly all of the associations made with the former being positive (f=18) and the associations made with the latter being negative (f=15), suggests that, before the exposure, the learners imagined an "old person" and a "person with Alzheimer's disease" to be persons of two categorically distinct kinds. After the training, all of the learners but one imagined that his/her Buddy, in addition to having Alzheimer's disease, was nevertheless "an old person". Six of the seven learners' positive post-MBI associations with "old person" were made with some reference to their Buddies.

The researchers did not anticipate – indeed, did not consider – the possibility of the learners responding to the prompts offered to them in ways that challenged the very basis of the categorical distinctions implicit in our questions. In what way(s), and to what extent, the training contributed to six of the seven learners coming to see a "person with Alzheimer's disease" and an "old person" as the same person assigned different cultural labels seems to warrant additional research.

This study confirms findings of existing research (Kimber, Sandell & Bromberg, 2008; Preston & Hofelich, 2012; Staub, 2002) that showed increased gains in self-other perceptions, understanding of others, generosity, and kindness (Feshbach & Feshbach, 1982) in participants after training in empathic and socio-emotional skills.

These studies indicated the participants' increased ability to engage in pro-social behaviours after training in empathy.

In addition to the above gains, current findings also indicate a movement towards stronger identification and emotional overlap between the learners and their buddies. This is particularly interesting, as studies have shown that it is generally easier to empathise with people similar to oneself (cf. Rogers, 1975). The majority of the learners in the current study showed a movement towards more positive association with people with Alzheimer's disease as the boundaries between "old person" and "person with Alzheimer's disease" started to become more diffuse.

Conclusion

This study highlights the power of an experiential approach in facilitating learning and skill-building in empathetic listening, and confirms the individual benefits derived by teachers and learners after exposure to a programme focused on facilitating the development of empathetic listening. All learners and teachers agreed that this training programme contributed to their interpersonal and personal development in meaningful ways. Teachers and learners grew closer together during the training and became acutely aware of the communication gaps that were evident between them. The participants also realised that these gaps, at least partially, reflected a lack of understanding and empathy in their interactions with each other. This increase in self-other awareness is particularly relevant in facilitating a safe and inclusive school context. Narrowing the gap between "us" and "them" is an important process for overcoming interpersonal violence and bullying within the South African school context. Another important outcome of the programme relates to the positive way in which the learners described their own perceptions of old people and people with Alzheimer's disease. People with Alzheimer's disease became more "human" to the learners, as they experienced the blurring boundaries between people with Alzheimer's disease and older persons. Participants were, therefore, able to look beyond the "label" of Alzheimer's disease to regard the person as someone who is older, kind and compassionate, although they have some memory problems. This ability to "look beyond" is particularly important in view of the highly negative image that prevails in society in relation to Alzheimer's disease and dementia. The attitude that people with Alzheimer's disease and dementia are less worthy and should be isolated from society is not only prevalent in developed countries, but also in developing countries, such as South Africa (Van der Poel & Pretorius, 2009). It is, therefore, not surprising that the participants had mostly negative perceptions of people with Alzheimer's disease or dementia. However, this training programme showed that, with some exposure to older people with dementia and training, learners and teachers can understand the importance of "being with" another in an empathetic way and the impact it could have on their own interpersonal relationships, as well as the well-being of people with dementia. Furthermore, the ability to look beyond labels could be transferred to the school system and be invaluable to cultivate

a culture of learning together and living in peace in a diverse society, such as South Africa's "rainbow nation".

Limitations of the study

This study included a small number of teachers and learners as participants. Nonetheless, this case study research provides rich and descriptive findings about the potential of the MBI to facilitate the development of empathetic skills among young people and teachers alike. Replicating this training programme with a larger number of participants would be important to provide more information on the gains made as well as individual variability between participants. In addition, the implementation of the MBI with a greater number of participants over an extended period of time could enable researchers to determine the impact of the programme in addressing antisocial behaviour (e.g., bullying and violence) in the school system.

Similarly to other short-term training programmes, the challenge of this experiential programme lies in sustaining the benefits to ensure lasting impact within the school context. As mentioned earlier, the MBI programme starts off with an intensive three-and-a-half-day training aimed at providing selected teachers and learners with the material, skills and experience to conduct the programme during a ten-week period in their own schools. Detailed manual and video material is provided to facilitate the roll out in schools.

This study used an intensive three-and-a-half-day training schedule which can be a limitation due to the practical difficulties of implementing such a schedule within the South African school context. However, this programme can also be implemented over a 10-week period: two hours per week with four exposures to the Buddies. This less intensive application of the training programme might be easier to accommodate as an extra-curricular activity in South African schools.

Recommendations for further research

More extensive research needs to be implemented to monitor the implementation of the programme in the participating South African high schools in order to document challenges and achievements over time. This would require monitoring of how the teachers in this study decided to implement the programme, the outcomes as well as the challenges experienced as part of the training process with learners. Unfortunately, this extension was not within the scope of the current grant.

Apart from programmatic research, however, further research documenting the development of learners and teachers' empathetic skills is important. Measurement instruments focused on empathetic skills currently available are, to a large extent, inappropriate for utilisation among the diverse language groups of South African learners and not geared towards monitoring improvement in the development of these skills. The use of descriptive terms, as used in this study, could make a significant

contribution towards the development of more inclusive measuring instruments to describe and monitor the development of empathetic skills among young people.

Acknowledgement

This research was funded by the Fund for the Advancement of Peace and Education: Creative Paths to Peace, School of Education, Indiana University, Bloomington, Indiana.

Endnotes

Dementia, of which Alzheimer's disease is the most familiar kind, is a condition characterised by the progressive deterioration of an older person's ability to process and express logical ideas, orientate him-/herself about time and his/her location; s/he finds it difficult to make simple decisions and his/her short-term memory is affected (McInnis-Dittrich, 2014).

The I-Land mapping forms part of the training as a source of shared experiences between participants. It was not a source of data for this study in order to afford both teachers and learners a safe environment for identifying "*selfother*" (cf. Heshusius, 1994) relationships.

References

Basch MF 1983. Empathic understanding: A review of the concept and some theoretical considerations. *Journal of the American Psychoanalytic Association,* 31: 101-126.

Creswell JW 2013. *Qualitative inquiry and research design: Choosing among five approaches.* 3rd ed. Los Angeles: Sage Publications.

Creswell JW 2014. *Research design: Qualitative, quantitative, and mixed methods approaches.* 4th ed. Los Angeles: Sage Publications.

Eslinger PJ 1998. Neurological and neuropsychological bases of empathy. *European Neurology* 39: 193-199.

Feshbach ND & Feshbach S 1982. Empathy training and the regulation of aggression. *Academic Psychology Bulletin*, 4: 399-413.

Fonagy P, Twemlow SW, Vernberg EM, Nelson JM, Dill EJ & Little TD 2009. A cluster randomized controlled trial of child-focused psychiatric consultation and a school-systems focused intervention to reduce aggression. *Journal of Child Psychology and Psychiatry*, 50: 607-616.

Fouché CB & Schurink W 2011. Qualitative research designs. In: AS de Vos (ed), H Strydom, CB Fouché & CSL Delport, *Research at grass roots for the social sciences and human service professions.* 4th ed. Pretoria: Van Schaik, 142-158.

Galinsky A, Ku G & Wang C 2005. Perspective-taking and self-other overlap: Fostering social bonds and facilitating social coordination. *Group Processes and Intergroup Relations*, 8: 109-124.

Heshusius L 1994. Freeing ourselves from objectivity: Managing subjectivity or turning toward a participatory mode of consciousness? *Educational Researcher*, 23: 15-22.

Jagers RJ, Morgan-Lopez A, Howard TL, Browne DC & Flay BR 2007. Mediators of the development and prevention of violent behaviors. *Prevention Science*, 8: 171-179.

Kimber B, Sandell R & Bremberg S 2008. Social and emotional training in Swedish schools for the promotion of mental health. *Health Education Research,* 23: 931-940.

Lazarus S, Khan N & Johnson B 2012. Towards safer schools. In: A van Niekerk, S Suffla & M Seedat (eds), *Crime, violence and injury in South Africa: 21st-century solutions for child safety.* Killarney: PsySSA Press, 134-147.

Lietz CA & Zayas LE 2010. Evaluating qualitative research for social work practitioners. *Advances in Social Work*, 11: 188-202.

McInnis-Dittrich K 2014. *Social work with older adults.* 4th ed. Boston: Pearson Education.

McMahon SD & Washburn JJ 2003. Violence prevention: An evaluation of programme effects with urban African American students. *Journal of Primary Prevention*, 24: 43-62.

Nelson LL & Christie DJ 1995. Peace and conflict. *Journal of Peace Psychology*, 1: 161-178.

Nieuwenhuis J 2007. Analysing qualitative data. In: K Maree (ed), *First steps in research*. Pretoria: Van Schaik, 99-122.

Nussbaum M. 2003. Compassion and terror. *Daedalus*, 132: 10-26.

Preston SD & Hofelich AJ 2012. The many faces of empathy. *Emotion Review*, 4(1): 24-33.

Rifkin J 2010. Empathic education: The transformation of learning in an interconnected world. *Chronicle of Higher Education*, 56(37): A30-A31.

Rogers C 1975. Empathic: An unappreciated way of being. *The Counselling Psychologist,* 5: 2.

Rubin A & Babbie E 2010. *Essential research methods for Social Work*. 2nd ed. Belmont, CA: Brooks/Cole Cengage Learning.

Sahin M 2012. An investigation into the efficiency of empathy training program on preventing bullying in primary schools. *Children and Youth Services Review*, 34: 1325-1330.

Staub E 2002. From healing past wounds to the development of inclusive caring: Contents and processes of peace education. In: G Salomon & B Nevo (eds), *Peace education: The concept, principles, and practices around the world.* Mahwah, NJ: Erlbaum, 73-86.

Strydom H & Delport CSL 2011. Sampling and pilot study in qualitative research. In: AS de Vos, (ed), H Strydom, CB Fouché & CSL Delport, *Research at grass roots for the social sciences and human service professions.* 4th ed. Pretoria: Van Schaik, 390-396.

Van der Poel R & Pretorius C 2009. Dementia in low- and middle-income countries. *Dementia,* 8**:** 451-454.

Verde M 2013. Manual for Memory Bridge South Africa. Unpublished.

Wescott A & Healy T 2011. The Memory Bridge Initiative on service learners. *Educational Gerontology*, 37: 307-326.

Zeidner M, Roberts RD & Mathews G 2002. Can emotional intelligence be schooled? A critical review. *Educational Psychologist*, 37: 215-231.