2011

Communal Empathy in Native American Older Adults

Heather Lynn Dorlando
The University of Montana

A QUALITATIVE STUDY OF EMPATHY AS PART OF THE RESILIENCE PROCESS IN NATIVE

AMERICAN OLDER ADULTS

By

HEATHER LYNN D'ORLANDO

BA Psychology, Salve Regina University, Newport, RI, 2002
MA Experimental Psychology, University of Montana, Missoula, MT, 2003

Dissertation

presented in partial fulfillment of the requirements
for the degree of

Doctor of Philosophy
in Experimental Psychology, Lifespan Development

The University of Montana
Missoula, MT

Official Graduation Date July 2011

Approved by:

Sandy Ross, Associate Dean of The Graduate School
Graduate School

Gyda Swaney, PhD, Co-Chair
Psychology

Kimberly Wallace, PhD, Co-Chair
Psychology

Paul Silverman, PhD
Psychology

Thomas Seekins, PhD
Psychology

Angelica Lawson, PhD
Native America Studies

D'Orlando, Heather, PhD, Summer 2011   Developmental Psychology

Communal Empathy in Native American Older Adults

Chairperson or Co-Chairperson: Dr. Gyda Swaney

Co-Chairperson: Dr. Kimberly Wallace

  Recently it has been posited that resilience is a dynamic process that develops, fluctuates, and is embedded in social context. With a dynamic systems approach it is possible to investigate resilience within a Native American community, which includes addressing the concept of cultural resilience and empathy. A secondary qualitative data analysis of 28 interviews with Native American older adults was conducted. Research questions addressed the context in which empathy was demonstrated, what dimensions of empathy were utilized, if empathy was used as an emotion-focused or communal coping strategy, and what outcomes were described when using empathy as a coping strategy. Analysis revealed that in the lives of the participants empathy is better understood as the multidimensional construct Communal Empathy. Communal Empathy is a relational and dynamic process of collectively shared feelings and acting compassionately for the good of the community. The dimensions within this overarching construct (i.e., Perspective Taking, Empathic Concern, Relational Empathy, and Empathic Wisdom) contain elements of the traditional approach to empathy with nuances that emerged within the relational worldview of Native Americans. These findings have important implications for understanding the strength and resilience of Native American older adults, who as a collective have overcome profound loss and adversity to not only survive but also thrive. These findings also begin to fill large gaps in the current body of research, enhancing both traditional and Native approaches to empathy. Further research is needed, however, to delineate the relationship between empathy and resilience for Native American individuals and others.

Communal Empathy in Native American Older Adults

Native American older adults are a culturally diverse population consisting of some 561 federally recognized tribes. Nonetheless, they often share a common history of colonization and a similar worldview based on core behaviors, beliefs, and values (Heavy Runner & Morris, 1997; House, Stiffman, & Brown, 2006). Moreover, they share a common experience of military and cultural suppression produced by the westward expansion of the European colonists. This expansion robbed the native populations of their culture by separating individuals from their parents and children, suppressing spirituality, and introducing alcohol and disease) (Weaver, 2005). Many Native American older adults alive today deal with the daily ramifications of these historical traumas they experienced personally, as well as continued prejudice and oppression (Brave Heart & DeBruyn, 1998). Compared to non-native elderly, their death rates as a group are 400% greater for alcoholism, 100% greater for diabetes, and 150% greater for accidents (Ferraro, 2001).   This does not include the more general problems they face as a minority elderly group living in the United States, such as higher rates of poverty, lower educational levels, and inadequate access to quality health care or preventative services (Jackson et al, 1990).

With these hardships so evident it is understandable why so much of the early research on Native Americans came from a deficit model (Smith, 1999). Studies that use a deficit approach do not paint a complete picture of the continuing journey of Native American people. In fact, some of that research perpetuates stereotypes and increases discrimination against Native American individuals (Cajete, 2000; Smith, 1999). Rather than focusing on deficits within a community, recent research focuses on the strength

within Native American communities and families. This presents a process of resilience as rooted in their culture (Belcourt-Dittloff, 2006; Ferraro, 2001; Fleming & Ledogar, 2008; Goodluck, 2002; Heavy Runner & Marshall, 2003; Walters & Simoni, 2002). *Resilience* is commonly defined in the literature as an individual's ability to bounce back from or avoid negative outcomes in the face of major internal and external stressors, or risk factors (Staudinger, Mariske, & Baltes, 1995). *Cultural resilience*, in turn refers to a culture's ability to maintain collective identity, knowledge, and practices despite overwhelming obstacles. It is using one's traditional life-ways to foster positive outcomes that might otherwise be impossible amidst discrimination, oppression, poverty, neglect, abuse, and violence (Strand & Peacock, 2003). Native American cultural strength comes from the shared core views of "spirituality, child-rearing/extended family, veneration of age/wisdom/tradition, respect for nature, generosity and sharing, cooperation/group harmony, autonomy/respect for others, composure/patience, relativity of time, and non-verbal communication" (Heavy Runner & Morris, 1997, p. 1). Cultural strengths can often serve as *protective factors*, which are defined as personal or environmental factors that buffer an individual from stress and enhance the chances of developmentally positive outcomes (Werner, 1990).

One recent study that aimed to further the understanding of resilience, risk factors, and protective factors in Native American older adults was the Native American Resilience (NAR) project (Wallace & Swaney, 2009). As one part of the overall NAR research project empathy was examined as a potential risk factor (Kirby, 2008a). *Empathy* is the ability to understand the mental and emotional states of others, as well as a concern for their feelings, desires, and needs (Davis, 1980; Eisenberg & Fabes, 1998;

Schieman & Van Gundy, 2000). Despite contributions to the existing literature and useful suggestions for treatment and assessment in the Native American community, the research was only able to capture one aspect of empathy. Indeed, the quantitative methodology selected seemed to force a Westernized interpretation of empathy onto the data, when relatively little is known about the lived experience of empathy in a Native American population. For example, treating empathy as an individual trait, that may or may not be malleable, ignores the Native American relational worldview as well as excludes their focus on continuity and process (Fleming & Ledogar, 2008).

To revisit empathy from a strengths perspective and a native worldview was crucial, because it advances the understanding of Native American cultural resilience while also potentially providing knowledge for applied therapies, As such, the broad purpose of this current study was to understand empathy as part of the dynamic resilience process of Native American older adults. To achieve this goal, specific research questions were derived from the existing literature and pilot work (Kirby, 2008b), and these questions targeted the lived experiences of the sample. The first question was, what is the context in which empathy is being utilized or demonstrated by the participants. This includes who is involved, when the trait is exhibited, and what aspects of the situation evoke empathy. The second question asks what dimensions of empathy are described in the interviews. Of particular interest was whether current conceptions of empathy are applicable to this sample or if different nuances might emerge as a pattern. The third research question revolves around whether empathy is being used as an emotion-focused or communal coping strategy and the outcomes that are described when empathy is used as a coping strategy. For example, did the participants report it to be a

successful coping strategy, and which if any well-being indicators were present in the lives of those who utilized empathy?

Resilience

Resilience is a phenomenon that has been operationalized in several ways since it was first studied in psychology in the early 1970s (Fleming & Ledogar, 2008). Resilience has been described as a positive adaptation in the context of severe personal, familial, or environmental stresses that would normally lead to impairment of cognitive and/or functional abilities (Garmezy 1991; Masten & Coatsworth 1998; Rutter 1987). More succinctly, Luthar (2006) writes that resilience is "positive adaptation despite adversity" (Luthar, 2006, p. 740). Some researchers have moved away from this definition to study resilience as a personality trait, labeled "ego-resiliency" (Klohnen, 1996). Still others criticize the original concept for acknowledging the maintenance of development during or recovery from a trauma, while ignoring the possibility for a person to flourish and grow throughout the process (Ryff, Singer, Love, & Essex, 1998). When faced with adversity some individuals emerge with stronger and more developed capacities (Higgins, 1996). It is this line of thinking that gave rise to treating resilience as a dynamic process and not as an outcome.

Early resilience researchers such as Garmezy (1970) and Werner (1971) would list the risk factors and characteristics of vulnerability, as well as protective factors that were within the individual, family, and community. These factors were treated as fixed attributes that either did or did not lead to resilience (Waller, 2000). Such studies were primarily conducted with children and adolescents, disregarding adulthood despite the fact that adversity continues to be experienced across the lifespan (e.g. Rutter, 1987;

Werner & Smith, 1992). Common protective factors include: social competence, problem-solving skills, autonomy, sense of purpose and future, caring and support, and high expectations (Benard, 1991). Each factor has been examined in relationship to *resilience outcome variables*, which are typically defined as desirable age-appropriate developmental criteria that are demonstrated or emerge during or after periods of stress and adversity (Fleming & Ledogar, 2008; Masten, 2001).

After two decades of resilience research being conducted in populations of children and adolescents, Ryff and colleagues (1998) conducted a resilience study in an adult population. They decided this was important since stress accumulates as a person ages (Ryff et al., 1998). Influenced by the concepts of "reserve capacity", the decline of biological, psychological, and social reserve (Staudinger, Mariske, & Baltes, 1995), and successful aging (Baltes & Baltes, 1990), Ryff and colleagues looked for signs of psychological well being despite adversity in young, middle, and older adults. Several studies (Hardy, 2004; Lamond et al., 2009; Nygren et al., 2005; Ryff, Singer, Love, & Essex, 1998; Wagnild, 2003) found that older adults scored similarly if not higher than other age groups on existing resilience measures. Being that resilience was an assumption of successful aging models, but not specifically included, Lamond and colleagues (2009) investigated the relationship between these concepts and found a number of positive correlations. For example, resilience was positively related to successful aging's psychological components of optimism and emotional well-being (Lamond et al., 2009).

Harris (2008) feels strongly that while individuals age they should not solely aim for successful aging, but should instead strive for resilience (Harris, 2008). This is because most concepts of successful aging (e.g., Baltes & Baltes, 1990, Selective

Optimization with Compensation; Kahana & Kahana, 1996, Preventative and Corrective Proactivity Model; Rowe & Kahn, 1997, Health Promotion Model) exclude individuals who will suffer from some sort of disability or illness in their life. In addition, the above-mentioned concepts of successful aging are preventative in nature and do not speak to those born into adverse circumstances without adequate access to the resources necessary for "successful aging" (Harris, 2008). For example, Harris (2008) interviewed older adults with dementia, a sample in the midst of adverse circumstances. The analysis revealed that these individuals still met many observable criteria for resilience.

Slowly the scientific community has come to acknowledge the fact that to find examples of resilience in all ages is not out of the ordinary, and is in fact quite common. Masten (2001) points out that one large change in resilience research over the years is the acceptance of resilience as "a common phenomenon that results in most cases from the operation of basic human adaptational systems" (Masten, 2001, p. 227). Similarly, Mills and Schuford (2003) suggest that resilience is a hard-wired function that allows us to regain our natural well-being. This perspective allows for greater optimism, because if resilience is a normative process, interventions and social contexts have the potential to assist in its development (Masten, 2001).

Resilience as a Dynamic Process

Another shift in the resilience research began to occur in the 1990s when an individual's relationship with the social environment came to the forefront. Rutter (1987) wrote that researchers must be careful not to imply "absoluteness" with the terminology used regarding resilience, as it is a process that changes through time. Werner (1971) had posited years earlier that protective factors occur not only within the individual but also

within the family and community, but he did not explore the continual exchange that takes places between these systems. The Ecosystem Perspective, first advanced by Bronfenbrenner in 1979 to explain human development, does so, suggesting that resilience is "a multidetermined and ever-changing product of interacting forces within a given ecosystemic context" (Waller, 2000, p. 290).

This approach is in line with life-span theory and premises that resilience is multidimensional and multidetermined. For resilience to be multidimensional means that it can occur in several domains (i.e., biological, psychological, social, spiritual, and environmental) and does not need to be an across the board phenomenon (Luthar, 2006). For example, a child that is faced with a large adversity may demonstrate resilience by performing well academically but simultaneously exhibit poor interpersonal skills. Resilience is multidetermined in that risk and protective factors that exist in the abovementioned domains can occur within the individual, family, community, and larger environmental systems. These social systems continuously interact with one another (Waller, 2000). Additionally, adaptation criteria that is considered resilient is also in constant flux due to shifting cultural norms (Masten, 2001). Therefore there is no simple equation that equals resilience. There is instead a complex web of mediating and moderating relationships between stressors, risk factors, protective factors, coping strategies, and outcome variables that begins at birth and ends at death. This is why resilience is a process, a product of transactions that will vary at different points in time and in response to different stressors, and not an end product (Waller, 2000).

It is important to remember that in the present study such complex interactions take place within a Native American cultural context. Long and Nelson (1999) suggest

approaching Native American resilience from a relational worldview, where the environmental, mental, physical, and spiritual forces are all interdependent. Hartling (2008) describes how the Relational-Cultural Theory (RCT) can be utilized to view resilience as a relational activity. The premise of this theory is that the formation and maintenance of growth-fostering relationships are necessary for healthy development. The strength of the Native American culture is that it facilitates this type of relationship building instead of inhibiting it with goals of independence and individual achievement. Under this perspective, resilience is redefined as "the ability to connect, reconnect, and resist disconnection in response to hardships, adversities, trauma, and alienating social/cultural practices" (Hartling, 2008, p. 56).

This view fits well with the conceptualization of resilience as a dynamic process. It is about maintaining balance between the numerous interacting factors in one's circle of life and recognizing how every event in one's life is interrelated (Cross, Earle, Echo-Hawk Solie, & Manness, 2000). Researchers have posited a number of such factors, including for instance: cultural identity, spirituality, language, sharing, and social connections (Fleming & Ledogar, 2008; Heavy Runner & Marshall, 2003; Heavy Runner & Morris, 1997; House, Stiffman, & Brown, 2006; Long & Nelson; Walters & Simoni, 2002). One such factor that has not been examined in detail in a Native American sample is empathy. This lack of research is unfortunate, because empathy may be playing an important role in helping individuals establish harmony and avoid conflict and resentment in their relationships. To begin to address this gap in the literature, the research questions in the current study explore the multiple contexts and relationships in which empathy occurs and thereby includes the relational perspective. While the

interviews used in this study were not designed to specifically probe into how empathy is involved in the process of resilience, several aspects of such a process can still be ascertained. The methodology selected and the research questions examined extract such aspects from the lived experiences of Native American older adults, and serves as a preliminary step to understanding the role empathy plays in the resilience process. In order to better understand such a relationship and the resilience process itself, it is important to first consider the risk factors that are specific to the Native American community.

Risk Specific to a Native American Community

A *risk factor* is a personal or environmental condition that makes an individual more vulnerable to adversity, meaning that additional stressors have an increased likelihood of leading to maladjustment (Fleming & Ledogar, 2008). Risk factors that have been documented to affect child development include: economic hardships, parental mental illness, substance abuse, child abuse and neglect, teenage motherhood, divorce, child-care stressors, political violence, and war (Werner, 1990). Native American communities have high rates of these social problems (Brave Heart & DeBruyn, 1998) in addition to being geographically isolated and without public transportation (Long, Downs, Gillete, Kills in Sight, & Iron-Cloud Konen, 2006). This makes many available resources inaccessible and when risk factors occur in combination without relief they have more impact than when in isolation (Fleming & Ledogar, 2008). House, Stiffman, and Brown (2006) conducted a qualitative study with urban Southwestern American Indians and found that when asked to describe hardships participants often discussed discriminatory experiences, negative stereotypes, and prejudices. Researchers Fleming

and Ledogar (2008) found that for aboriginal and indigenous communities the largest

existing risk factors were perceived discrimination and historical trauma.

Historical trauma is an unresolved grief and chronic trauma that spans

generations (Brave Heart & DeBruyn, 1998). More specifically, historical trauma or

historical unresolved grief is a result of years of oppression and abuse suffered by

American Indians at the hands of European colonizers and the majority culture. It

includes the continual loss of land, cultural practices, and lives, which are not properly

acknowledged or allowed to be publicly mourned (Brave Heart & DeBruyn, 1998). This

manifests as psychological and social pathology that has been likened to

"intergenerational Post Traumatic Stress Disorder" (Duran & Duran, 1995). Researchers

have theorized that a majority of the social ills of the American Indian community stem

from this pain (Brave Heart & DeBruyn, 1998).

The participants in the current study are Native American adults living in a

community that has endured specific instances of recent trauma including, but not limited

to, Indian boarding schools and pandemics. Similar to the experience of many tribes, in

order to force assimilation children were sent to boarding schools where they were

deprived of family connection and systematically stripped of their culture (Horejsi,

Heavy Runner Craig, & Pablo, 1992; Robinson-Zanartu, 1996; Brave Heart & DeBruyn,

1998). This trauma has had numerous negative consequences including but not limited to

loss of traditional language, disrupted cultural transmission of parental skills, and

severely obstructed community bonding (Horejsi, Heavy Runner Craig, & Pablo, 1992;

Robinson-Zanartu, 1996; Brave Heart & DeBruyn, 1998).

The Native American participants in the current study are also over the age of

fifty. As mentioned before, negative life events and chronic life conditions will accumulate with age (Ong & Bergeman, 2004). The participants therefore are at even higher risk for chronic and acute diseases (Smith, 2003). They generally experience a reduction of income and higher rates of death and bereavement (Volcek, 1994). Hardy, Concato, and Gill (2004) found that older adults also report that they find stressful the necessary cessation of meaningful activities and their inability to function at past levels. In such a high-risk environment it is imperative to study how individuals and the community continue to thrive, because despite all odds, examples of this are abundant (Goodluck, 2002; Heavy Runner & Marshall, 2003; Heavy Runner & Morris, 1997; House, Stiffman, & Brown, 2006; Long et al., 2006; Long & Nelson, 1999). Perhaps empathy as a cultural strength, or empathy working in combination with other cultural protective factors, is operating in some way to keep the adaptive systems on track. As such, protective factors and resilience indicators must also be considered as part of the resilience process. However, given that the broad purpose of the current study was to understand empathy as part of the dynamic resilience process of Native American older adults, protective factors and resilience indicators cannot be understood without also placing them in the framework of cultural resilience.

Cultural resilience, Protective Factors, and Resilience Indicators in the Native American Community

The notion of "bouncing back" from hardships is one that resonates cross-culturally (Hunter, 2001). This can be seen in Native American communities through an examination of traditional languages. Some examples of this include: the Blackfeet phrase for resilience "Pi saats si kaa moo taan" meaning "miracle survivor"; the Lakota

words "wacan tognaka" meaning "strong will"; and the Ho-Chunk Nation expression of

"wa nah igh mas jah" meaning "strong mind" (Heavy Runner & Marshall, 2003, p. 16).

Native scholars and researchers now use the term cultural resilience to capture these

long-standing concepts. *Cultural resilience* illuminates how the negative effects of

discrimination, oppression, poverty, and violence can be overcome using traditional ways

of life (Strand & Peacock, 2003). Clauss-Ehlers (2008) argues that *cultural resilience* is

the extent to which one's cultural strength promotes the development of coping within a

matrix of norms, peer relationships, and family structure. Heavy Runner and Morris

(1997) describe Native cultural resilience as an "innate human capacity for

transformation and change [that] is ever present; like the circle of life it is unbroken and

unending" (Heavy Runner & Morris, 1997, p. 1).

Cultural resilience as a concept includes a social adaptation perspective where

individuals and groups achieve strength and flexibility through observance of their

cultural beliefs and values (Holleran & Waller, 2003). It is the conviction of many

researchers, such as Iris Heavy Runner, that resilience is not a trait or an outcome

variable, but an innate ability that all can tap into if shown the way (Fleming & Ledogar,

2008; Heavy Runner & Morris, 1997; Long & Nelson, 1999). For Native American

individuals, this capacity for transformation and growth includes several protective

factors. Goodluck (2002) best captures them in her study on Native American children.

The themes that emerged in her work were: power of the group; relevance of identity;

importance of spirituality; the next generation; Native American values; education;

environment; Native American voice; and political relationships. Some of these specific

strengths fall into several larger categories, which have also been found in other research.

These larger categories include: cultural identity, spirituality, social connections, school, childcare customs, language, traditions, community, stories, kinship and mutual assistance, healing practices, humor, sharing, harmony, respect, land, and interdependency (Fleming & Ledogar, 2008; Heavy Runner & Marshall, 2003; Heavy Runner & Morris, 1997; House, Stiffman, & Brown, 2006; Long & Nelson; Walters & Simoni, 2002).

These cultural protective factors have been identified by those who have adopted a strengths perspective in response to past researchers who saw Native Americans as possessing "cultural deficits" (Holleran & Waller, 2003). Academics had practiced "risk by association" which is a term used to explain how professionals saw any person from a disadvantaged societal group as at risk, leading to whole populations being pathologized (Waller, 2000). While deficit focused research models tend to marginalize, the current study used a strengths perspective, which empowers individuals and cultural groups to take their own unique path to wellness (Goodluck, 2002). Research of this nature is important because rather than focus on disadvantages and weakness, a strengths perspective focuses on the abilities and protective factors within a community. Protective factors can fill an essential human need by allowing an individual to feel cared for and connected to others (Rutter, 1987).

Another researcher has previously investigated the resilience process from a strengths perspective. Belcourt-Dittloff (2006) created the term "reziliency" to encapsulate the psychosocial factors that allow for resilient reintegration in Native American communities. The quantitative section of this study provided support for the protective factors of social support, communal mastery, coping style, hope, and spiritual

involvement. The qualitative portion of Belcourt-Dittloff's study (2006) reveals that in addition to these strengths the participants also considered the following important in resilience: acceptance, transcendence, bravery, love, courage, humor, achievement in the community, prayer, forgiveness, kindness, and empathy (Belcourt-Dittloff, 2006). In the Thought Listing Technique (Cacioopo & Petty, 1981) that was applied, participants were asked to record any thoughts associated with resiliency and whether these thoughts were neutral, positive, or negative. In addition, they were instructed to think about a Native American individual they would consider to demonstrate resilience and list the person's attributes. Of particular relevance to the present research, empathy was one of the attributes that was mentioned repeatedly (Belcourt-Dittloff, 2006).

Just as it would not be appropriate to assume that all cultures share the same protective factors, it is also not the case that resilience indicators are identical. To meet conceptual requirements of resilience, a person must have had adversity to overcome and be "doing all right" if not demonstrating adversarial growth (Harris, 2008, p. 45). Goodluck (2002) proposed a Native American cycle of well-being and in this model three domains are interconnected. The well-being indicator domains are Helping Each Other (social connections), Group Belonging (extended family), and Spiritual Belief System and Practices (rituals and ceremonies). These well-being indicators emerged from a qualitative analysis of 22 professional articles describing Native American life, beliefs, values, world-views, and cultural norms (Goodluck, 2002). In the present study, these resilience or well-being indicator domains served as a guide and were examined in relationship to the use or demonstration of empathy. If indeed the participants in the current study were using empathy as a way to overcome adversity or in response to

adversity, then there should have been associated indicators of well-being if resilience occurred. Even though several of the Native American cultural strengths or protective factors may seem related to empathy, it was not until the research of Belcourt-Dittloff (2006) and the Native American Resilience project (Wallace & Swaney, 2009; Kirby, 2008a) that empathy surfaced as a theme related to resilience.

NAR Project Preliminary Qualitative and Quantitative Analysis

As mentioned previously, the Native American Resilience Project (Wallace & Swaney, 2009) was designed to examine resilience in Native American older adults and identify possible stressors and protective factors that are involved in this process. This investigation began with the collection of 28 semi-structured interviews from Native American individuals over the age of fifty who resided on a reservation in the North Western United States. One pattern that emerged during the initial qualitative analysis of these data concerned the participants' responses when asked to describe their major stressors or daily hassles. Indeed, interviewees consistently described the trouble of others within their social network, which was labeled a "ripple effect". The ripple effect, also referred to as "stress contagion" in the existing literature, is a pattern of people describing the pain of others in their social network as their own pain. This led researchers to question if empathy was operating as a risk factor by exposing people to the high levels of suffering in the community and causing elevated levels of depressive symptoms. To test this theoretical proposition, a series of relevant hypotheses were developed, and an empathy, network stress, and depression measure were examined in a quantitative analysis (Kirby, 2008a).

Findings indicated that when network stress is measured by summing the number

of life events that occurred to others, empathy moderates the relationship between network stress and depressive symptoms (Kirby, 2008a). Simple slope analysis revealed that for individuals with very low levels of empathy, there was not a relationship between network stress and depressive symptoms. For individuals with high levels of empathy, in contrast, there was a strong, positive relationship between network stress and depressive symptoms. More specifically, individuals with high levels of empathy reported increased depressive symptoms as the number of life events occurring to significant others increased (Kirby, 2008a).

Despite this interesting and important finding, the quantitative study did not capture the lived experience of empathy and its multi-faceted nature, which had emerged in the qualitative interviews. The original qualitative interviews had also revealed, perhaps more frequently, that empathy was being used as a way to cope with life stress and daily hassles. As a result, the original interviews were revisited to explore empathy not as a risk factor but as a possible protective factor. More specifically, a preliminary pilot analysis for the current study was conducted. This pilot analysis comprised the line-by-line coding of one selected interview by a primarily Native American research lab team. When an empathy related code arose, discussion was encouraged with regard to the context, the outcomes, and the cultural understanding of empathy. Stemming from this pilot analysis, the results of the quantitative empathy study conducted by Kirby (2008a), and the literature more broadly, a series of possible research questions emerged and led to the development of the present study. As all of the research questions revolve around the concept of empathy, it is important to examine this construct next.

Empathy

Empathy has been defined and measured in the literature in numerous ways. Many describe it as the ability to understand the mental and emotional states of others, as well as a concern for their feelings, desires, and needs (Davis, 1980; Eisenberg & Fabes, 1998; Schieman & Van Gundy, 2000). Social scientists feel that empathy could be a dispositional trait or a learned behavior consisting of both a cognitive and an affective dimension (Davis, 1996; Siu & Shek, 2005). The affective component involves emotional responses to the distressed target (Davis, 1996), which may include sympathy, sensitivity, and sharing in the suffering of other people (Schieman & Van Gundy, 2000). The cognitive feature involves the awareness of others' problems and emotions along with the capacity for role taking (Davis, 1996).

Early attempts to measure empathy either isolated the emotional component or focused on the accurate perceptions of others (Cliffordson, 2002). In contrast, Davis (1980) approached empathy as a multidimensional construct, where each dimension was a crucial building block comprising the more general concept. These dimensions include Empathic Concern, Perspective Taking, Fantasy, and Personal Distress. The instrument he developed to test empathy given this definition was the Interpersonal Reactivity Index (IRI; Davis, 1980), and it has since become the most widely used instrument in assessing empathy (Pulos, Elison, & Lennon, 2004). This was the measure utilized in the earlier described quantitative research (Kirby, 2008a).

After reviewing the initial coding of the interviews and conducting the aforementioned pilot analysis with the Native American research team, only two of Davis's four dimensions, Empathic Concern and Perspective Taking, seem applicable to the shared experiences of the participants (meaning that the naturally emerging codes

match the existing definitions of these two dimensions). These two specific dimensions were also utilized in the quantitative research of Realo and Luik (2002) on empathy as an attribute of collectivist cultures. The first of these dimensions is *Empathic Concern*, which assesses the individual's reported tendency to experience feelings of warmth, compassion, and concern for others. Empathic concern can be thought of as other-oriented in nature and represents the affective component of empathy (Davis, 1996; Siu & Shek, 2005). This capacity seems related to the Native American cultural strengths of generosity, personal relationships, and social connections, which Goodluck (2002) posited. In a Native American sample, O'Nell (1996) reported that generosity is a crucial part of interdependence and involves giving of gifts, time, and attention. Individuals in that tribal community were moved by virtue of compassion to help others who were in need (O'Nell, 1996). Yet, the dimension of Empathic Concern had not been researched in a Native American community at the outset of this current research. As a result, this study examined how and when Empathic Concern (specifically including the words and concepts meaningful to this sample) was demonstrated by the participants.

The second applicable dimension of empathy is *Perspective Taking,* which measures an individual's cognitive attempt to role take or understand another person's point of view (Davis, 1983). This dimension reflects the cognitive aspect of empathy (Davis, 1996; Siu & Shek, 2005). Given the definition, it is possible that this capacity is related to the Native American strengths of reciprocity, interdependency, group orientation, and respect, which again were identified by Goodluck (2002). O'Nell (1996) explains the interdependent self is equivalent to the concept of pity. Being pitiful, experiencing material poverty and/or lack of family, evokes generosity in others.

Through perspective taking individuals notice the condition of others and realize themselves to be more powerful and capable of helping (O'Nell, 1996). For the purposes of the current study, it was assumed that to achieve this one must be able to take another person's point of view. In order to better understand this aspect of empathy, this research investigated how and when Perspective Taking is demonstrated by the participants, and also the different nuances of empathy described. It is important to remember that in the current study the dimensions of empathy that emerged may be specific to the sample, which consists of older adults living in a collectivistic culture.

Older Adults, Collectivism, and Empathy

Despite being the most rapidly expanding age group in the nation (May & Alligood, 2000), relatively few studies that specifically measure empathy have been conducted in older adult populations. A review of the literature revealed no studies where the lived experience of empathy was qualitatively analyzed in a sample of older adults, as the current study achieved. Most quantitative studies that exist actually discuss how empathy levels have been found to decrease with advanced age (Bailey, Henry, & Von Hipple, 2008; Baron-Cohen, Joliffee, Mortimore, & Robertson, 1997; German & Hehman, 2006; McKinnon & Moscovitch, 2007; Sullivan & Ruffman, 2004). When viewing the aging process from a strengths perspective, however, researchers have documented that while the cognitive dimension of empathy may undergo a gradual decline with advanced age, there is no difference found within the affective dimension of empathy (Bailey, Henry, & Von Hippel, 2008; Phillips, MacLean, & Allen, 2002). This may be due to older adults' reduced ability to recognize and interpret other's mental states (Bailey, Henry, & Von Hippel, 2008).

Isquick (1981) found that older adults who demonstrate lower cognitive empathic scores could be trained to regain this ability, or at least demonstrate empathic behavioral skills. This is important as some speculate that in addition to many other factors, one of the reasons that older adults experience a decreased social network size is due to their difficulty with higher social functioning skills (Bailey, Henry, & Von Hippel, 2008). Empathic abilities have been shown to be an essential component for higher social functioning (Baron-Cohen & Wheelwright, 2004). Also, empathy is a necessary component of helping behaviors, and older adults who report being involved in helping behaviors have higher levels of well-being and life satisfaction (Davis, Leveille, Favaro, & Logerfo, 1998). Therefore, some nursing homes promote programs that train older adults to be more empathetic (May & Alligood, 2000).

Empathy has not been widely studied from a cross-cultural perspective either, and an extensive literature search before the onset of this study did not reveal any studies that looked at empathy in a Native American population. There has been research, however, concerning the connection between collectivism and empathy, as empathy is among personality and value tendencies that are often associated with collectivism (Realo & Luik, 2002). Holleran and Waller (2003) define collectivism as involving mutual empathy. Native American culture is broadly defined as falling more toward the side of collectivism on an individualistic/collectivistic continuum (Hobfoll, 1998). The emotions of a collectivist are other-focused and socially engaged. The focus is on maintaining group harmony, which requires that an individual can easily understand the emotions of those in their in-group. In addition, collectivists develop an interdependent self, a concept of self that is in a way intertwined with those around them (Realo & Luik, 2002).

Researchers Realo and Luik (2002) quantitatively tested these speculations and found that family and society-related forms of collectivism are moderately positively related to the affective dimension of empathy (measured with Davis's Empathic Concern scale from the IRI; 1980) but no forms of collectivism are related to the cognitive dimension of empathy (measured with Davis's Perspective-taking scale from the IRI; 1980). They uncovered a strong positive relationship between empathy and the personality trait of Agreeableness [e.g., being helpful, likeable, kind, considerate, and cooperative (Graziano & Eisenberg, 1997)]. Agreeableness is a trait found to be related to empathy in several studies (Graziano, Habashi, Sheese, & Tobine, 2007; Hahn & Comrey, 1994; Realo & Luik, 2002). Realo and Luik's research (2002) revealed Agreeableness to be positively related to all collectivistic attitudes. They concluded that on a personal level empathy is related more closely to personality traits than to collectivism, but discuss the importance of investigating these relationships in real-life conditions (Realo & Luik, 2002).

Taking this advice, Wu and Keysar (2007) constructed a study in which the cognitive dimension of empathy, perspective-taking, was measured during a communication game that individuals from a collectivistic culture (China) and an individualistic culture (the United States) participated in. These researchers concluded that while Chinese and American children follow similar developmental trajectories regarding theory of mind, it is at the level of use and not at the level of ability that culture has an effect. For example, Wu and Keysar (2007) concluded that aspects of the collectivistic culture of the Chinese, which focuses attention on others, resulted in the Chinese participants being better at solving perspective-taking problems, assessing the

intentions of another person, and setting aside their own private perspective. Taken together, the above mentioned conflicting studies demonstrate the importance of documenting the lived-experience of empathy in a Native American older adult sample. Exploring the extent to which empathy is present and how it is utilized in this sample begins to fill the large gap in the research literature. It represents a small, but important step in addressing the relationship between empathy, age, and collectivism.

Empathy and Resilience in the Literature

The relationships between empathy and several positive outcomes, including conformity to norms, moral conduct, and altruistic behavior, have been documented (Davis, 1996; Eisenberg & Miller, 1987). As discussed previously, studies with older adults have revealed that empathy is positively related to higher social functioning, which in turn is positively related to higher levels of life-satisfaction (Bailey, Henry, & Von Hippel, 2008). Also, empathy was found to be negatively associated with levels of depressive symptoms, as were the separate dimensions of Perspective Taking and Empathic Concern, in a sample of Native American older adults (Kirby, 2008a). Low levels of empathy, in turn, were associated with aggressive behavior and abuse (Eisenberg & Miller, 1987). As a result, empathy is a trait often thought of as desirable, and many therapists and educators attempt to foster it (May & Alligood, 2000).

In the existing body of resilience research it is difficult to find reference to empathy in any age or ethnic group. Among the commonly mentioned protective factors of children and adolescents, social competence is described by Benard (1991) as including qualities of empathy and caring. Yet, no studies are mentioned that test the relationship between empathy and resilience. Similarly, Hippe (2004) lists empathy

among the qualities that would make for a resilient child without citing any studies to

substantiate this claim. In the Native American resilience literature, Long and colleagues

(2006) advocate Native American schools helping students to build empathy for other

cultures to combat the isolation of reservation communities; and Hartling's relational

view of resilience (2008) promotes helping clients of all ages to develop mutual empathy

in their relationships. Still, the qualitative study by Belcourt-Dittloff (2006) was the first

in which participants listed empathy among the attributes associated with resilience. As

previously mentioned, the broad purpose of the present study is to begin to provide detail

regarding this relationship. To accomplish this goal, the present research considered

empathy's connection to coping strategies during the resilience process.

Empathy and Coping Strategies

For many years researchers approached coping styles in a dichotomous fashion.

Individuals either utilized problem-focused coping, directing energy toward handling

specific aspects of the problem, or emotion-focused coping, adjusting their emotional

reactions to the problem (Hobfoll, 1998). It was thought that problem-focused coping

strategies led to the most favorable outcomes and the utilization of emotion-focused

coping was seen as flawed and weak (Roth & Cohen, 1986). It followed that those

individuals or groups that demonstrated primarily emotion-focused coping (e.g., women,

older adults, and members of minority groups) were not as well adjusted and thus were at

risk. Within this framework, cultural differences and accessibility of resources or

inequalities of power in society were often overlooked (Hobfoll, 1998). It is not useful to

judge the effectiveness of the coping strategy applied without considering the context.

For instance, Roth and Cohen (1986) argued that when considering the effectiveness of a

coping strategy, it is crucial to consider the controllability and demands of the stressor, as well as the short versus long-term adaptiveness of the approach.

When Folkman and Lazarus (1980) examined the sources of stress in connection to the use of emotion-focused or problem-focused coping, they found no difference between the genders. The only difference at the time was that women were given lower level work positions that required less of a demonstration of problem-focused coping and therefore it was a strategy employed less often by women overall (Folkman & Lazarus, 1980). It may be true that one reason there is more emotion-focused coping observed among ethnic or sexual minorities is that they are given less opportunity to demonstrate problem-focused coping. As a result, an important distinction needs to be made between helpful emotion-focused coping (i.e., acceptance and positive reinterpretation) and negative emotion-focused coping (i.e., avoidance, denial, and ruminating on negative emotions). Native Americans may demonstrate more helpful emotion-focused coping as a result of having less power in the larger society, which results in problems that cannot be affected through direct action (Hobfoll, 1998). Acceptance and positive reinterpretation in certain circumstances may involve dimensions of empathy. To accept the behavior of others may necessitate taking the perspective of others, and positive reinterpretation may involve the expression of pity for others who are worse off or do not see the harm that they are causing. Despite this possible association between them, an extensive review of the literature did not reveal a direct mention of empathy in emotion-focused coping theory or research. The current study dealt with this by observing when and how empathy is being utilized as a coping strategy in the lives of the participants.

Such contextual questions additionally establish if empathy is used as a

communal coping strategy. Since Native Americans value getting along with others, e.g., harmony, and reliance on the social group, e.g., interdependence, (Hobfoll, Jackson, Hobfoll, Pierce, & Young, 2002), it is not surprising that in times of stress they turn to family, friends, and the larger tribal community. *Communal coping* (Lyons, Mickelson, Sullivan, & Coyne, 1998) expresses the belief that overcoming adversities is possible by being part of a close-knit social network. This is different from simply expecting to receive help or support from such associations, although this does occur, and instead has more to do with one's self-efficacy being generated from one's group membership (Hobfoll et al., 2002). This type of coping is common among any group of individuals that have been affected by the same stressor (Lyons et al., 1998). Lyons and colleagues (1998) argued that empathy is a central motive for communal coping and strong relational ties that exist in a group lead members to maximize other's emotional well-being even at their own expense. The current study attempts to examine whether and how empathy functions as a communal coping strategy in the lived experience of Native American older adults.

Qualitative Analysis and Native American Research

Several qualitative methodologies have been used to study Native American communities, including naturalistic, ethnographic, and participatory research (Davis & Reid, 1999; Strickland, 1999; Waller, 2000). Strickland (1999) highlighted that the value of using a linguistically based approach aids in gaining insights when little is known about a subject. This is often the case in cross-cultural research, and was especially relevant in the current research involving Native Americans and empathy. Also, Waller (2000) describes how narrative approaches that try to capture the subjective experience of

resilience may expose unconsidered protective factors and adversities. She further

explains that in a narrative individuals share their dynamic journey along the "resilience-

vulnerability continuum" (Waller, 2000). In the current study, conducting a secondary

qualitative data analysis of the participants' narratives tried to ensure that the theories

generated were based in the participants' words, their experience, and their world-view.

This is important to Native American communities as past research has told their story

from a Western perspective, that of the colonizer and oppressor (Smith, 1999). In

addition, the academic perspective "despite some theoretical grounding in diversity,

remains an extension of the dominant culture's base of largely European Western values,

ethics, and norms" (Marshall & Batten, 2003, p. 140). This type of research has

furthered stereotypes and aided in discrimination of the Native people, while

simultaneously destroying their trust in the scientific community (Caldwell et al., 2005;

Marshall & Batten, 2003; Smith, 1999). There is more than one way to make scientific

interpretations, and this includes a native way to approach science (Cajete, 2000).

Using a qualitative design aids in the interpretation of the data in the light it is presented.

Through constant comparisons and data checking (see the Analysis section) the

researcher will help to ensure that the conclusions are not simply meaningful to the

academic community, but more importantly meaningful to the population from which the

data came. If this were not done, the findings would have no hope of benefiting the

community, a mistake made numerous times in the past by researchers involved in Native

American studies (e.g., see Norton & Manson, 1996). As so much has been taken from

the Native community in the past, this research in which the participants gave their time,

their knowledge, and an emotional investment, must be valued and repaid by giving back

needed information. This information must not be a restating of what the people already know themselves, but an insight that will help them to celebrate the existing strength within their community and foster further resilience in their people (Smith, 1999; Strickland, 1999).

With that in mind, a series of three questions were derived from the pertinent literature and existing knowledge base. Krahn and Eisert (2000) stress the fact that questions and not hypotheses are an important starting point of qualitative methods. The research questions aimed in a specific way to address major holes in the existing body of research and to contribute to our understanding of empathy as part of the resilience process of Native American older adults. However, since the literature review for the current qualitative research project was based on studies conducted in a Western linear paradigm, the answers to these questions may take a different form in the context of an indigenous research paradigm. The following are the broad research questions that were used to guide this study, but as will be acknowledged later, they fell short of the research needs by focusing on outcomes more than process.

1. In what context is empathy utilized or demonstrated?

2. What dimensions or different nuances of empathy are described in the interviews?

3. Is empathy used as an emotion-focused or communal coping strategy? If so, what outcomes are described in association with either coping strategy?

Based on preliminary and pilot analyses, and in an attempt to gather appropriate information for the specific research questions, a number of sub-questions were used to guide data analysis (see Table 1).

Method

Participants

Participants included 28 Native American adults, ages 50-79 with a mean age of 59 years, who participated in the "Coping in Later Life" semi-structured interviews (Wallace & Swaney, 2009). This sample consisted of 18 females and 10 males living on a reservation in the Western geographic region (See Table 2 for further demographic information). All individuals were compensated thirty dollars for their participation in the interview process. Participants were recruited through: local senior centers on the reservation; flyers; newsletters; local paper and radio advertisements; and word of mouth.

The participants in this community reported experiencing a large range of stressors throughout their lifespan. As children at least ten of the participants attended Indian boarding schools, the consequences of which were mentioned in the introduction. Five women reported having given birth to a child before the age of 17, and many of the participants suffered emotional, physical, and/or sexual abuse as children. Approximately half of the respondents reported growing up around addiction, and several developed alcohol and drug addictions of their own. More than five participants discussed how drug related accidents affected their lives, and four participants spent time in prison. In addition, half of the participants experienced divorce. Ten participants were seriously affected by physical and/or emotional illness, and approximately 50% reported a non-normative loss of significant others (e.g., parents, siblings, partners, spouses, and children). As a more general backdrop to these serious issues were the pervasive stressors shared by the participants. These included stressors such as: raising multiple children in a home; frequent relocation; poverty; and prejudice.

Other life events common for the participants were both sources of stress and sources of strength. Three male participants were war veterans, more than half of the participants had received some level of higher education, and most were currently employed or volunteer workers. To characterize these participants by their stressors does not due them justice, as there was an abundance of strengths shared throughout the interviews as well. The participants in this community have lives characterized by helping others and caring for family. The majority discussed the importance of spirituality, whether involving traditional spiritual practices or organized religions. Their culture and traditional ways (including language, dance, prayer, story-telling, arts/crafts, music) emerged as important sources of strength for 15 of the participants. Many stayed physically active through work or exercise, and two participants specifically mentioned the importance of walking outdoors and being in nature. Overall these participants shared many examples of love in their lives. In addition, the importance of laughter was either discussed explicitly or demonstrated indirectly by numerous respondents during the interviews. After the discussion of difficult times in their past, several participants would make jokes or find some humorous part of the stressful situation to share with the interviewers.

Interviews

The semi-structured interviews utilized in the current study were conducted in-person at the participants' location of choice (i.e., mostly residences) and ranged from 45 minutes to 2 hours in length. All interviews began with informal conversation to place the respondent at ease (Kaufman, 1994) and proceeded with a series of open-ended questions. Two trained research assistants conducted each session and audio-recorded

the responses after obtaining permission to do so from the participant.[1] Structured

interview questions were used as a guideline to assist participants sharing their life

histories with particular focus on the challenges they have encountered and the ways in

which they overcame adversity. The semi-structured protocol was developed in response

to pilot research conducted by the Primary Investigator (Wallace & Bergeman, 2002).

The interviews all began with the question "What would you say have been the major

stressors in your life?" (Wallace & Swaney, 2009) and continued with a list of questions

that can be found in Table 3. The interviewers were responsive to the lead of the

respondents and conducted appropriate follow-up questions as necessary. The 27 taped

interviews were transcribed verbatim by the research team. In order to assist with

thematic analysis, transcription logs were maintained to note reflections, ideas, and any

negative cases (Wallace & Swaney, 2009).

Analysis

Research Team

In the current study a secondary qualitative data analysis was conducted by a

research team consisting of students, researchers, and members of the Native American

community utilized in this study. The students were both undergraduate and graduate

students of the University of Montana. While some were Native American students, all

were interested and involved in other multicultural research projects on campus. The

primary researchers from the larger Native American Resilience project, Dr. Gyda

Swaney and Dr. Kimberly Wallace, participated on the research team throughout the

analysis. In addition, an older Native American adult who had not participated in the

---

[1] There was one participant who did not wish to be audio-recorded and interviewers instead took extensive notes. These notes were included and analyzed in the current study.

NAR project interviews was able to participate as a valuable research team member. Lastly, additional information was also sought from a linguistic specialist within the Native American community who had participated in the NAR interviews. Dr. Swaney collected information regarding vocabulary, in addition to discussing the meaning of words and loss of Native language in the community.

This team was able to meet in person for three consecutive days of collaborative analysis and discussion. Leading up to these immersion meetings the members prepared with specialized readings regarding Native American research, qualitative research, grounded theory, and other pertinent articles. During these meetings the team was not presented with the research proposal so as not to bias their initial analysis. They were, however, aware of the research questions to help focus discussion. These in-person meetings lasted approximately four hours each; there were several continued communications with team members via email afterwards, and a smaller portion of the larger team was able to conduct two additional phone conference meetings. Overall, the team was able to collectively code four randomly selected interviews, but they reviewed and participated in all subsequent analysis.

Secondary Qualitative Data Analysis

During the secondary qualitative analysis of the raw data certain strategies were borrowed from grounded theory. Grounded theory refers to a collection of methods that aid in systematically gathering, synthesizing, and analyzing qualitative data in order to generate substantive theories (Charmaz, 2003). Similar to the goals of the current study, grounded theory focuses on studying the process of social phenomena by beginning with individual experiences and generating synthesized, related categories that make sense of

the data (Charmaz, 2003). More abstract constructs are pulled from the relationships

between categories and when these abstract constructs are compared back to the original

data to determine their utility, it is possible for the researcher to discover theory (Krahn

& Eisert, 2000).

Given that this study comprises a secondary qualitative analysis, the simultaneous

analysis and data collection required by grounded theory was not possible.   While this

could be viewed as a limitation, Glaser (1998) warns of the danger in using interview

guides in data collection, as they force preconceived ideas onto the interviewee. Because

specific questions about empathy were not included in the original semi-structured

interview protocol, its natural emergence as a recurring theme in the raw data lends

strength to the developed research questions. In addition, the preliminary thematic

analysis that was conducted by the NAR lab team was used as a guideline to further

probe the interviews and combat researcher bias. The original codes generated in the

pilot analysis through line-by-line coding of "caring for others," "feeling pain of others,"

"seeing a silver lining," "perspective taking," and "making social comparisons" were

revisited with the new research questions in mind. It was determined at that time that the

current research questions could be answered with the existing data despite the fact they

were not included in the original interview questions.

To best accomplish this, a number of data analyzing strategies were borrowed

from grounded theory including a generative analysis phase, an interpretive phase, and a

theorizing phase. During the generative phase each interview is examined line-by-line

and coded to capture what is happening or being expressed in each statement of the

interviewee. The connection and/or similarities between these codes are considered, and

as the analysis moves into the interpretive phase the larger functions of the important

codes/themes are explored. Conceptual categories are formed through this process, and

lastly the relationships and meaning of conceptual categories are outlined in the

theorizing phase (Charmaz, 2003).

Generative Phase

In the current study the researcher and research team returned to the transcriptions

to seek new insights and additional codes, as suggested by Charmaz (2003). In this phase

there was an open coding process, which entails line-by-line and word-by-word

examination. The participants' answers were often placed into active voice through the

creation of gerunds (Charmaz, 2003). These gerunds and active codes were written in the

margins of the transcriptions and thoroughly explored by the research team. In

grounded-theory, the codes are supposed to be organized according to themes, or by

groupings of codes that function similarly or in relation to one another in the given data.

Themes are also built by frequently reoccurring statements or behaviors (Luborsky,

1994).

During the intensive coding meetings the themes of interest began to emerge

quickly, in conjunction with the line-by-line coding. The team evaluated the meaning

and context of early created codes so thoroughly that as open coding progressed,

appropriate codes were used repeatedly, feeding directly into larger themes. For

example, codes such as "understanding" and "loving" were used on the first page of the

first coded interview, and throughout that interview and in the remaining four, the team

repeatedly (with appropriate discussion) applied that code and simultaneously considered

it as a reoccurring theme. Other themes that emerged in the analysis include, but are not

limited to, "perspective taking," "feeling the pain of others as ones' own pain," "sympathy," "serving others," "caring," and "trying to understand" (for full list of themes see Table 4).

Interpretive Phase

A reductionist process took place next, labeled axial coding. In this phase more general categories were created by asking the question "what are the bigger functions" (Charmaz, 2003). This phase involved more personal interpretation on the part of the primary researcher and was done separately from the research team. Therefore, it was crucial for data checking to take place. Evidence was provided to the research team from the raw data to support the conceptual categories, proving that the interpretation was "grounded" in the data (Charmaz, 2003; Krahn & Eisert, 2000).

The research team was provided with an organized report of important codes, themes, and related memos located within each interview (with the corresponding page number and specific quotations). These "memos" or side notes had been written for the primary researcher's use during the open coding process, and will be explained in further detail in a subsequent memo-writing section. Overall this attempted to demonstrate to the research team how each theme was connected to the participants' actual words and the context of those words within a given interview. This report fostered discussion within the research team during the interpretive phase and together larger more general categories were created from these original themes and codes. The generated categories were relationship, understanding need, pro-social behavior, seeking advice to gain perspective, putting self in other's shoes, comparing to own past experiences to understand, expression of concern/compassion, time/experiential, being guided to

develop empathy, empathetically sharing life lessons, having community, and helping

each other. As a necessary step of the interpretive phase, the research team discussed in

length if each category label was being imposed upon the data or if it was generated by

shared experiences of the participants.

Theorizing Phase

Lastly, the relationships and meanings of the abstract conceptual categories were

questioned.   In this phase the primary researcher's explanations for how the categories

are related or how they function for the researched population would become the

theoretical propositions. As this step in the process is the farthest removed from the

original data, the theoretical propositions were once again brought back into the context

of the interviews, the interviewees, and the culture to test for relevance and utility. To

begin this process, a set of visual diagrams was created to demonstrate the connection

between the actual interviews and the answer to the larger research questions. It included

how the themes were located in specific codes contained in specific interviews. Next, it

connected those themes to the larger categories. Lastly, it revealed which larger

categories were attached to the three original research questions. The bottom-up process

in the generation of these diagrams was essential. All were rooted in the interviews and

built to answer the questions originally outlined by the researcher. This process entailed

not only going back to the transcribed data, but going back to the interviewers' notes to

look for hidden meanings that may have been lost in transcription (Charmaz, 2003;

Glaser, 1992).

The remaining members of the research team, at this point four members who had

been involved since the onset of the project, were provided with these visual depictions in

order to fully understand the theoretical propositions being made by the primary

researcher. The team again returned to the actual words of the participants to confirm

that the theoretical propositions were grounded in the raw data. It was agreed that the

language being used was appropriate for furthering the understanding of empathy in this

population. Much discussion took place with regard to the context of empathy, a

strengths perspective, and the relational worldview of Native Americans. The consensus

was that the words of the participants had guided the primary researcher and the research

team in answering the research questions in a meaningful way.

Memo-writing

Memo-writing is a tool used in qualitative methods from the beginning stage of

analysis to elaborate on codes and categories, draw comparisons, and preserve the voice

of the participants (Charmaz, 2003). It is a note writing process that can start with

tracking changes in codes throughout a single interview and making conjectures about

possible categories. These side notes were written for the researcher's use and not for an

audience at this point, but by including the actual words of the interviewee there is more

assurance that the analysis will reflect the raw data and lived experience.   As mentioned

previously, the recorded memos for each interview were organized into a comprehensive

report for the research team. This was to allow them to verify and comment on the

primary researcher's approach to the raw data. The bias of the primary researcher was a

continued concern throughout analysis, and the ability to trace the development of ideas,

categories, etcetera was invaluable to the research team.

In accordance with analysis guidelines proposed by Charmaz (2003), memos from

preceding interviews were developed further in conjunction with later memos and

possible links or gaps were identified by the research team. Members of the research team assisted in expanding the memos so that categories were defined thoroughly and underlying processes were explained in full. It was through such a process that the primary researcher was able to keep track of the empirical evidence, and these memos were utilized in each phase of analysis (Charmaz, 2003).

Negative Cases

Another way to ensure that the emerging theories are empirically supported was by keeping track of negative cases throughout the phases of qualitative analysis. A negative case is an exception to the generated theory (Krahn & Eisert, 2000). It is not sufficient to simply provide examples from the data that support the research conclusions. It is also necessary to provide information on the frequency of observed patterns and to note instances that do not fit the mold. These instances that seemed contrary to established themes and categories were first physically marked in each interview with a blue protruding tab. This way the primary researcher could easily identify their location and get an overall visual impression of the frequency of negative cases. In the present analysis, only two interviews had more instances of negative cases than supporting ones.

These examples were also included in the above mentioned memo report, and the research team was able to explore them in depth. As suggested by Luborsky (1994), the circumstances surrounding the negative cases and how they might contradict the teams' overall interpretation of the data were thoroughly analyzed. Such information was included in the process of building categories and theoretical propositions, and these negative cases are addressed in the findings.

Trustworthiness

Trustworthiness is a concept in qualitative studies that is similar to the important evaluative concepts of reliability and validity used in quantitative research (Golafshani, 2003). If a study possesses trustworthiness it will meet all of the following criteria: transferability, credibility, dependability, and confirmability (Krahn & Eisert, 2000). With regard to transferability, this study specifically targeted Native American older adults for the reasons already described. While some of the theoretical propositions may have utility to other Native American tribes, it must be remembered that the 561 federally recognized tribes are a heterogeneous population (House, Stiffman, & Brown, 2006). As mentioned above, both extensive memo-writing (allowing for thick description) and documentation of negative cases help to increase the credibility of the study (Morrow, 2005).

Dependability involves thoroughly outlining the details of a study in order for the process to be replicated by future researchers (Kahn & Eisert, 2000). The research practices of the present study are carefully delineated in this document so that such an aim can be achieved. Lastly, the confirmability of the current study is determined via a research team approach to data analysis and an external data audit. With regard to the data analysis, the research team did consist of those more intimately familiar with the Native American culture. Confirmability is based upon researchers recognizing and admitting their own biases, a task more complicated than it would seem (Morrow, 2005). The research team not only analyzed a select number of the interviews in a series of immersion meetings, but their continued involvement in all stages of analysis has been explained. In this way the research team served as a mirror for the head researcher to view her own interpretive process and possible biases, as well as hear alternative

interpretations of the data (Morrow, 2005). This made for an extremely rich, satisfying, and truly collaborative research environment.

Due to the length of this research process an outside researcher familiar with the larger NAR project, was not available. To compensate for this, a separate internal data audit was conducted by a research team member. The purpose was to examine the process and product of the study, as well as the theoretical propositions that have been achieved (Miller, 1997). This auditor was given access to the extensive memo-writing described earlier, and chronological notes on processes, emerging themes, and categories as suggested by Morrow (2005). The researcher was asked to follow presented logic and decide if she agreed with the drawn conclusions. Through this process the researcher concluded that the findings accurately represent the data.

Findings

Overarching Theoretical Proposition: Communal Empathy

Starting with the lived experiences of Native American older adult participants, this research team identified codes and themes from the raw data during a generative phase and was able to synthesize empathy related categories (see Table 4) in the subsequent interpretative phase. In the theorizing phase the researchers extracted four abstract constructs (Relational Empathy, Perspective Taking, Empathic Concern, and Empathic Wisdom) that best captured the relationship between the categories. Finally, as a second stage within the theorizing phase, the primary researcher returned to the raw data with the abstract constructs to question how they functioned together in the lives of the participants. The overarching theoretical proposition that emerged was that of a multidimensional construct labeled Communal Empathy.

The construct first emerged in answering the final research question, which considered the overall purpose of empathy in the lived experience of the NAR participants. The researchers analyzed if empathy, with all its dimensions, was used as an emotion-focused or communal coping strategy. In addition to this, the final research question probed whether the interviewees found empathy to be a successful means of coping in their lives and if certain well-being indicators were present.

Taken as a whole, the participants in the current study presented empathy not as a strategy within communal coping, but as a necessary component of communal coping. Beyond that, the dimensions of empathy that will be described in following sections (relational empathy, perspective taking, empathic concern, and empathic wisdom) were all part of this one process. This guided the researchers to define empathy in this sample of Native American older adults as Communal Empathy. The term *Communal Empathy* can be defined as a relational and dynamic process of sharing feelings with others and acting compassionately for the good of a community. It is meant to separate the traditional westernized view of empathy that is currently dominating the psychological literature from the construct that emerged from the analysis of the NAR interviews.

For example, having experienced domestic violence, alcoholism, divorce, welfare, and the death of her son, one female participant at age 54 had this to say about her relationship with youth in her community.

> *I'm just grateful, that you know, that I'm exposed to this, because I want to just*
>
> *take them [the young people] in my arms and say, hey we're gonna make it, or*
>
> *let's go somewhere, let's go somewhere, let's go away for a little while…'cause*
>
> *I've been there, I've just been there and it's just, the exact same things I went*

through, so I see these kids, so.

To be able to truly "see" these children, understand them due to her life experiences, was a gift to her. To help them and care for them was not an obligation as much as part of her inner strength. She described it as a cycle, where she would soon see the result of that which she could plant within them. The participant was sharing in the collective feelings of others and taking action to improve the lives of others in her community, which is the very definition of communal empathy. Other than her explaining this as a successful strength, her participation with the youth in her community is in itself a well-being indicator as described by Goodluck (2002). The well-being indicator "helping each other" specifically includes practices of caring for others, which is seen as a strength-related behavior (Goodluck, 2002).

A man, age 53, who had spent time in prison, made it clear to the interviewers that his strength was in his ability to give of himself. Communal empathy was echoed in this man's words much in the same way as the previous example, with his desire to immerse himself in the lives of others to relieve their suffering.

> *But I want to give more of myself and…what I have. It ain't much, it's something…I wish that I could take them all [younger individuals] in my, in my little run of life and say hey…you don't have to worry about nothing, I'll take care of it all.*

In addition to helping others, and belonging to the group, he also discussed how he practiced the spiritual ways of his people and brought this to the youth he encountered. These are all well-being indicators as put forward by Goodluck (2002), his spiritual work being part of the "spiritual belief system and practice" well-being indicator.

Communal Empathy as a necessary component of communal coping is more than simple reciprocity between members of a social network. These participants knew that in their community compassion, understanding, and help was available when needed without having to call upon it. There was an exchange of resources and services, but each individual gave what they had to give when they were able. While that is the very definition of communal coping, this coping strategy could not exist for these participants without empathy, specifically dimensions of empathy (relational empathy, perspective taking, empathic concern, and empathic empathy) to be delineated in subsequent sections. For the following participant, a 54 year old female, being helpful or making a difference was only part of her inner strength. The complete picture was that she was part of a larger system that involved her in this helping. Being a part of that system was her strength.

> *Well I can't explain that, just that somebody will call or something will happen or I'll end up at somebody's place…and that's my inner strength to see somebody maybe finally, whether they do it [cope successfully] or not, it's just the idea that they called me…it [would] be nice if they made it…it's just that they call, you know.*

The label, Communal Empathy, reiterates that empathy is not an individual trait. It is a quality that arises from relationships within the community. For these respondents empathy is not a coping strategy employed by an individual, it belongs to the community; it is community. Empathy is inevitably linked to the survival of the whole in this sample of participants. Communal Empathy as a necessary component of communal coping is reflected in the following quote. This quotation was expressed by a 55 year old male

participant who told the interviewers that he coped with stress by helping others along. They wanted him to further explain this and he gave this reply:

> *Well, I guess you know it's a reliance…It's almost like community you know.*
> *Knowing that you can call on someone…if you really need help, but you don't,*
> *and my neighbor down there you know, we don't ever bother each other, but we*
> *know if things ever came down and we really needed help that we could call on*
> *each other. And he knows that of me and I know that of him so…pretty much our*
> *whole community.*

Yet, he also added that he understood there were still differences between people even in this community. Some of his neighbors were "good" and some "bad," but overall his sense of community was still a coping mechanism. It is important to distinguish that his explanation of community was not helping your neighbor out of obligation or responsibility. It was about recognizing true need and responding out of compassion, without deliberation.

A clear example of the interdependent nature of communal coping and communal empathy is a rich quotation that will be utilized again in the findings. A female participant highlights empathic concern in her explanation of inner strength, but she also clarifies that empathic concern cannot be separated from survival. Her inner strength was:

> *Being a busy person, being involved, helping others, doing things for people,*
> *caring. The most important thing is caring. Caring about people. If somebody*
> *needs help, help them. To the best of your ability…Well, you have to, how do you*
> *survive?*

The question of "how do you survive" is a similar theme to that which emerged in the preliminary pilot analysis (as discussed on page 18). Native American researchers on the preliminary pilot analysis team kept questioning what other option to empathy there was. Empathy did not appear to them as a choice, or as a skill that one would choose not to exercise. They asked, "What else would you do?" Echoing those early discussions, the same 79 year old female who provided the above quotation, had this to say:

> It doesn't make any difference what nationality you are, love is the most
> important thing, giving and caring, and do unto others as you would like them to
> do unto you, and then I think you will survive in life, earthly life. Does that make
> sense? I don't know what else I can say there, because I think if you care about
> other people and love 'em and do to help everybody, there isn't anything left…I
> think the important thing is to love each other, take care of each other, help each
> other, and I don't know what else.

Communal Empathy consists of relational empathy, perspective taking, empathic concern, and empathic wisdom (see Figure 1). Davis (1980) constructed a multidimensional approach to empathy, and while the current analysis also supports a multidimensional construct, it reveals the dimensions underlying empathy may not be the same for all people. The constructs that emerged from the lived experiences of participants in the Native American Resilience study show that empathy in this sample of individuals is relational, dynamic, and group-oriented. Keeping with the relational worldview of Native Americans, Figure 1 depicts how all constructs interact continuously with each other. This is very different from the individualistic approach to empathy seen most often in the research literature. In the current analysis, it would have

been meaningless to place the shared experiences of these Native American older adults into the existing empathy framework.

The abstract constructs are not separate. Indeed, the constructs overlap and are interwoven with the larger theoretical proposition of Communal Empathy. This means it is not useful to study them independently, removing them from their context. Along these lines, Communal Empathy does not stand alone (see Figure 1). This study theorizes that Communal Empathy is a multidimensional construct and necessary part of the resilience process for these Native American older adults. To further understand these theories, the data supporting the abstract constructs of Relational Empathy, Perspective Taking, Empathic Concern, and Empathic Wisdom must be explored.

Relational Empathy

Using the first research question as a guide, the primary researcher and the research team explored the context in which empathy was utilized or demonstrated by the participants. Of specific interest was who was utilizing empathy, who was being empathized with, when empathy was being demonstrated, and what aspects of the situation were evoking empathy (see Table 1). Through the process of secondary qualitative data analysis, an overarching abstract construct emerged that addressed these questions. This abstract construct was labeled "relational empathy" and captures the lived contextual experience of empathy from the perspective of the NAR participants.

Relational Empathy was defined as actively balancing the interrelated emotional, mental, and physical needs of others in sustaining relationships. It consists of three categories, relationship, understanding need, and pro-social behavior, derived from specific codes within the interviews. Relational Empathy represents a relational

worldview as described by Long and Nelson (1999) and Cross (1995). The context of empathy cannot be separated from the construct, because empathy is not described by the participants as an individual trait or ability. Empathy does not take place solely at the level of the individual, nor does it exist in the abstract. Rather, it emerges from the active relationship between people.

The first category of Relational Empathy is relationships, and it addresses the issue of who was utilizing empathy and who was being empathized with. For the participants the answer to this question was family, friends, and community members. In the analysis, this crucial element of relationship was supported by codes such as: "having family support," "having friends," and "having community support." One 51 year old female participant had been a victim of domestic violence and told the interviewers that she had emotionally "checked out" as a coping mechanism. This had proved a successful coping strategy only because:

> As I check out I guess my extended family checked in and helped me through…I had a lot of people around me who loved me, who circled me with their love, with their support.

Her relationship with family and friends had produced empathy in this situation and it enabled her to successfully cope with the stressor. She had been on good terms with her supportive network, as was a 64 year old male who described his family as his source of strength. For this participant the family was not empathizing with him; it was his caring and desire to help his family that generated his strength.

> Like I said the strength I get now is to see my, my kids…and having my family. So, anything I can do to help them I want to do it.

There were other examples where participants had strained relationships with their families. A 55 year old female revealed that even when she felt personally unnourished by her siblings, she would still love them and be there for them. The family relationship gave rise to something more than her individual emotions would have allowed.

> *I just keep telling myself that…they're my blood. You know and I will always love*
>
> *them and my door will always be open for them whenever, no matter what.*

Family members in this sample were empathizing with one another, despite how strong or challenging those relationships may be.

At times participants were aiding others within their community and empathizing with those whom they did not know, but who shared a social history or experience. Relationship extended beyond immediate or extended family. For instance, A 53 year old male participant had spent some time in prison, and during this experience he made the effort to learn more about his culture. Knowledge of his culture allowed him to feel reconnected to others in his community and produced empathy. He explained:

> *There are a lot of Native Americans in, in prison. And they all need help. And*
>
> *they're seeking it from anybody who can give it. And, if, if you have any common*
>
> *knowledge about how life is…that they can use, give it to them.*

Despite the problems within a family or the problems within the community that could cause stress for the participants in this study, when the context involved a relationship with children, an example of empathy was never far behind. One example of a participant empathizing with a child was a 51 year old woman who explained she had raised several children and step-children on her own, and how their problems continued

to be her problems. While this was a stressor for her and had worn her down she still took on the responsibility of raising one of her grandchildren.

> *Children are our greatest gift and she (the granddaughter) has, she has no one else and she is still my greatest gift and she's still the most important thing and so we have to do this. And if I can't do it I would expect the other siblings (her children) to you know, help. And they will I know they will…it's not a doubt.*

The "we" in "we have to do this" was an extension to include the rest of the child's family. The participant was making a point that the relationship to children in this community evokes empathy in all, not necessarily by choice but perhaps by necessity. In several interviews participants demonstrated empathy with children even when the children were not related by blood. One participant talked at length about her stressors due to money, but still would take in children, more than twenty-nine in total over the years, from those parents in the community who were struggling with drug or alcohol abuse. She sheltered the children, fed them, clothed them, and made sure they got to school.

Another participant recalled the stress of being raised for a time by her abusive and alcoholic father. At 62 years of age she was asked during the interview how she coped with this stressor as a child. At first she could not explain and she struggled with remembering how others in the community had supported her. Then she remembered one man's actions toward her during a drunken episode of her father's, when she had been hiding at a friends' house and her father was yelling for her in the streets.

> *I remember one wonderful man down there, he came to the house I was in, and he didn't really want to take me home, but he thought my father was throwing such a*

fit, and I remember him picking me up and carrying me home and he was so nice.

This participant admitted that while she had not thought she was surrounded by a lot of

support there was probably more than she had realized as a child. Indeed, these examples

or role models for empathy became part of her life story.

Relationship begins to explain the context in which empathy is demonstrated by

describing who is utilizing empathy and who is being empathized with, but the aspects of

the situation or individuals that evoke empathy are equally important. This leads to a

second category of Relational Empathy, understanding need. This element developed in

the analysis from codes including: "understanding," "comforting others," "explaining

other's troubles," "recognizing need," and "taking pity." It includes a desire to connect

with others and an ability to recognize when mental, emotional, or physical assistance is

necessary. It is this second category of understanding need that allows those within

relationships to empathize or be empathized with. To clarify, it is not need alone that

evokes empathy, because need could easily go unrecognized or be dismissed. These

participants demonstrated an understanding of need in relationship to one another. It is

also an opportunity for them to express generosity, a valued attribute.

At times an individual could be in need of hearing and sharing in your life story.

An example of this was a 53 year old male participant who had been raised in an

institution and returned to an institutionalized life as an adult when he was sent to prison.

Despite all the ups and downs, when asked what he would change looking back through

the window of time, he told the interviewers this:

The way a person lives his life, is the way it was meant to be. Because…you're

going to run into people in your lives, that have lived a life like you or similar to

it, that are younger than you, that you might be able to help…he's seeking help

through you…What you lived in your life, what you did in your life, is gonna

benefit somebody else, so I wouldn't want to change what I did.

This man had encountered this type of need before and having recognized it, was able to give of himself to others. Another example of helping others with an emotional need is in the following quote from a 54 year old female participant:

My challenge is to give people hope who don't have no hope. To let them know

no matter how old you are, you can change, to make a difference, to just put a

little old smile on somebody's face. To take the kids even for fifteen minutes out

of the environment they're in.

She was explaining that she dealt with her stressors by providing hope to others, and in turn this became her hope, as it was in accordance with her faith and allowed her to emotionally process her own difficulties. Understanding the environment that these children were in, recognizing and knowing their emotional need through personal life experience, evoked empathy in this participant.

With the economic challenges that surrounded these participants, it was often physical needs that preceded an example of empathy. Understanding physical needs was an aspect of the situation that evoked empathy. One 55 year old female participant would gather food off of her own table or from family and friends' tables in the neighborhood and provide physical nourishment to families in need.

I gather clothes for…whoever needs it…and because I was an unwed mother, I

really support single parents. I'll bend over backwards; we've taken food from

our table to help others.

There were numerous examples of poverty or addiction creating physical needs, which different family members would tend to. Understanding these various types of physical needs were continually a catalyst, or better put, an opportunity for empathy. Brothers, children, cousins, and neighbors were clothed, fed, and given a roof over their heads. A 53 year old woman explained to interviewers that while she cannot assist relatives for extended periods of time, before sending them on their way she will physically:

feed them and give them clean clothes and a bath and give them a little bit of pocket money.

Physical needs were not always due to poverty, as many times they were due to illness and injury. Understanding the physical need due to illness and injury was an aspect of the situation that evoked empathy. The code of caretaking came up in the analysis repeatedly, and it does fit into the understanding of needs category in *Relational Empathy*. Participants and their loved ones suffered from numerous maladies: cancer, asthma, addiction, stroke, and heart conditions, to name a few. Individuals were injured in car accidents, domestic violence, and on the job. In most of these instances there was someone who recognized the physical needs and cared enough to tend to them. One woman, 53 years old, explained that when her mother was ill she cared for her and kept her from having to go to a nursing home, even when money was tight. She had told her mother that as a daughter it was her turn to do the caretaking.

So I did everything for her that I could…That's the way we should be.

Even on a smaller scale, an older male participant described how due to his age, physical tasks were getting more demanding and how this was a stressor for him.

There's not much else I can do, I can't even mow the lawn hardly you know?

That's really a tough job.

Yet, he follows this with an explanation of how others see his physical need and come to

his assistance. These "others" were members of his community who noticed and

understood his need, which evoked empathy in the situation.

I did the front [lawn] a little bit and the kids [saw] me, boy here they

come…"Hey, give me the mower." So they did the work.

The same 53 year old female participant mentioned earlier, who assisted her

relatives in need, also revealed that physical and emotional needs often can be one in the

same. She began discussing the relationship category of *Relational Empathy,* describing

how her family is a strength for her, a way to cope with stress. They understand when

she is in need, care for her, and are moved to help her. Yet she makes a distinction that

they are not just a voice on the other end of the phone. Their empathy extends beyond

that and they sustain her physically.

'Cause some things you just have to have to have a hug for. It's like you can be

sympathetic on the phone, but if you've had a great loss or maybe an economic

devastation, you need your sister to come over and hug you and give you a word

of advice or maybe a word of…love or consolation.

Her relations in this example clearly understand that emotional and physical needs

are often intertwined and that high level of understanding is part of the situation that

evokes empathy. That makes the above example an excellent demonstration of the

category understanding need, under the larger abstract construct of Relational Empathy.

Once need is understood it is clear that the participants then engaged in the

activity of empathy. The "activity of empathy" is pro-social behavior, an integral

component in the lived experience of these Native American older adults. This is the

third category of Relational Empathy. Pro-social behaviors are voluntary actions meant

to benefit another individual, such as helping and sharing (Eisenberg & Fabes, 1998). In

a Westernized linear model, pro-social behavior is a possible, but not necessary, outcome

of empathy. Such a distinction could not be made in the analysis of these data. The pro-

social behavior category of *Relational Empathy* is supported by codes that include:

"helping others," "comforting others," "serving others," "caretaking," "sharing," and

"having support." One particular example of this is demonstrated by a 79 year old

female participant who shared with researchers that one of her main sources of strength

was giving and caring, and that the two were intertwined. When asked to clarify if being

a busy person had helped her to cope with the stressors in her earlier life, she replied:

> *Being a busy person, being always involved, helping others, doing things for*
>
> *people, caring. The most important thing is caring. Caring about people. If*
>
> *somebody needs help, help them. To the best of your ability.*

A separate example was a 53 years old woman who expressed her understanding

and empathy for younger family members' financial struggles. She went beyond just

understanding their need and demonstrated pro-social behavior in the following quote.

> *And then my nephew came over and he needed money and I said I'll give you fifty*
>
> *dollars…Young people live from pay check to pay check.*

Being motivated by empathy she took action to help her nephew. While not every

participant had so much to give, another woman, 59 years old, revealed the empathy she

experienced with her sister. In their relationship the participant did not relate all her

personal stressors to her sister, because she did not want to over burden her. Still,

through her own experiences she understood that her sister's childhood had also been challenging. This level of empathy had prompted the woman, who had very little, to assist the sister with small gifts when possible. She said:

I know she had it rough growing up, too. I sent her what I could, when I could.

The pro-social behavior category of Relational Empathy was of course not only about giving money or material goods to others. The action taken to assist a relation out of genuine concern was central, and this did come across in the words of the participants. A 70 year old male participant listed family as one of his sources of strength. The interviewers pushed him to further explain how family was important to him and he replied:

Just to know that they are there to talk to…Keep those lines of communication open to let them know that you care about what is going on…family is uplifting for you and caring is uplifting…A friend of mine down the road here, his wife just died last summer, so I've been kind of helping his stress situation, because I went through the same thing.

He begins by outlining the importance of relationship, but his explanation evolves to include the active component of caring. Caring about family and friends, and being able to help them as a result of understanding their need, was this participant's source of strength. This pro-social category or active nature of *Relational Empathy* is apparent in many, if not most, of the participant examples presented throughout the findings.

Perspective Taking and Empathic Concern

In the second research question the primary researcher and the research team investigated the extent to which the dimensions of empathy, Perspective Taking and

Empathic Concern, were present in the current study. In the present analysis, it was first important for the team to determine which of the demonstrations of perspective taking were a component of empathy. It is only those instances that lead to empathy that become part of the empathic experience itself (Davis, 1980). When considering this, there were several relevant examples of perspective taking shared by the participants. In fact, in six of the interviews the code perspective taking itself appeared at least once, and in four additional interviews the code "understanding" surfaced. The examples in the interviews coded "understanding" were revisited and they closely overlap with the "perspective taking" codes. Both codes and numerous examples feed into the categories that supported perspective taking in this analysis: "seeking advice to gain perspective," "putting self in other's shoes," and "comparing to own past experiences to understand."

One 53 year old woman in particular provided four separate instances of perspective taking while discussing her stressors and coping strategies.   The first situation involved difficulties with her husband early on in marriage. He suffered from Post-Traumatic Stress Disorder after serving in the Vietnam War, and she recognized her struggle to put herself in his shoes. She therefore sought out the advice of an uncle and her mother to help gain perspective.

> *He [her uncle] was telling me, you know, that there are a lot of things that he's not telling you, that he probably will never tell you, that he can't tell you.*

In another instance she was explaining how having a large family provided her with resources, but then she switched gears and explained:

> *And I feel sorry for young women on welfare alone. Because they don't have anybody. And that's why they can't hold it together, so I am not critical.*

She appreciates what she has to help her cope while putting herself into the shoes of others without such resources. She shared with the interviewers that she could understand this thanks to her mother, who had been a social worker. It was this perspective taking that led her to assist others, although she stressed she always kept the needs of her own children first.

A different participant, who was also a 53 year old woman, was able to help the youth in her community by being available to simply listen. She knew this was important to them by remembering her own experiences and needs growing up.

> *I keep telling all these young people, you want to talk you can come over and see me…and confide in me…and it's good to have somebody to talk to. 'Cause like when I was growing up I didn't have anybody to talk to.*

It was often past experience that allowed the interviewees to be able to place themselves into the emotional state of others and identify current need. At 79 years of age, the oldest participant in the NAR study shared how she understands the needs of the younger generations.

> *We [those in her generation who were removed from their families and sent to boarding schools] didn't have that nurturing and caring and family ties. And I feel right now if children do not have the unity of family, they do not have that loving care from some place, then that is why they are on the streets. That's why they are faking. That is why they are looking, they don't know.*

Female participants were not the only ones to demonstrate perspective taking, although those examples were more numerous. A 55 year male participant was reflecting on his strengths and recognizing how others who had not had his opportunities might

struggle.

> *I was fortunate there [at technical school], because I got to learn all the trades*
>
> *and I know there's a lot of men that don't have those skills. They have no clue on*
>
> *how to fix things so they have to rely on somebody else, so that's got to be huge*
>
> *stressors in their life.*

While this specific statement may appear on the surface to be an example of perspective taking that is not related to empathy, in other parts of the interview the participant noted how this type of understanding led to his helping others.

Empathic Concern, an individual's tendency to experience compassion and concern for others (Davis, 1996), was also an abstract construct supported by the secondary qualitative analysis of the interviews. Ten separate interviews contained instances of Empathic Concern, with the category expression of concern and compassion being feed by codes including; "being loved," "loving," "appreciating," "caring," "sympathizing," "empathizing," and "admiring." Whatever the exact code that was given, the expression of concern and compassion united these multiple examples. Earlier in the findings, with regard to relational empathy, a quotation from one participant revealed how caring for others was central to life. This 79 year old woman also imparted to interviewers her pride in her children's ability to love all people equally.

> *[All] of em' [her children] are indifferent about nationalities, they love*
>
> *everybody. And I am that way, I love everybody.*

A 70 year old male participant discussed the need to make big changes in his life, like quitting smoking, and how these major changes were stressful. Still, he recognized how these changes benefited him in the long run. He told interviewers that as a result of

making big life changes he developed more empathic concern:

> *Your attitudes eventually change in your relationship with people. Ah, my*
>
> *attitudes[became] more loving toward my family, friends.*

This man was a telephone counselor for his church, and he actually quit smoking cigarettes in order to better counsel others who struggled with the same addiction. While this was difficult for him, his concern for others was his source of strength. That level of concern for others, the selflessness, was a defining component of empathic concern.

There were numerous examples of participants selflessly and lovingly putting the needs of others before their own. This is the definition of compassion, a deep awareness of the suffering of others, and it is a crucial part of Empathic Concern. In one such example, the interviewee provided more insight as to why people might put the needs of others before their own. This example was given by a 62 year old woman who while looking back on the fighting between her and her husband pointed out that although fighting put stress on the marriage, she kept the fighting focused on topics that were "safe." She attempted to put the emotional needs of her husband before her own needs even in a fight.

> *We never, ever fought about money. We couldn't fight about money, because I*
>
> *couldn't tell him [her husband] that he was a terrible provider and that I was just*
>
> *sick and tired of not ever being able to do anything… I couldn't tell him that,*
>
> *'cause that would hurt his feelings.*

All examples of Empathic Concern were not in the past for these participants. It was demonstrated throughout different time periods in their life (the examples provided above came from young adulthood and middle adulthood). Indeed, one woman made it

clear that it was a skill she continued to improve upon in older adulthood, something that she could always do better. She talked of her sister as a true source of strength, but mentioned the desire to be a better source of strength for her sister.

> *I have to learn to be quiet and listen too. I talk a lot and um, I'm aware of my surroundings, but sometimes I need to be a little more empathetic and maybe listen to what she [her sister] has to say.*

The Empathic Concern came across not only in her words, but also in her voice. Even at 53 years of age, this woman was looking to the future to continue to develop her empathic abilities. This developmental aspect of empathy, whether in the ability to take someone else's perspective or to be more compassionate, came through in several interviews. As the original interview questions (see Table 3) required participants to look back over their lifespan, perhaps the developmental themes are not completely surprising. Yet, the research team had not specifically looked for a developmental component of empathy. This was a different nuance that emerged from the lived experience of these participants, and it was labeled "empathic wisdom."

Empathic Wisdom

Empathic Wisdom was defined through analysis as a developmental and relational process of understanding the psychological states of others that can be nurtured throughout the lifespan. It captures the participants' reflective nature with regard to empathy and how empathy is not a static trait. The participants did not explain empathy as a skill that one either has or does not have. In the interviews they revealed it to be a relational quality that can be enhanced; an activity that can improve with time. Empathic wisdom as an abstract construct comprised codes such as: "accepting," "learning to

love," "understanding," "being more loving," "not blaming," "being taught kindness," "giving," "sharing gifts," and "serving others."   When analyzing these specific codes, three categories of Empathic Wisdom took shape. Empathic Wisdom involves a time or experiential component, being guided to develop empathy, and empathically sharing life lessons.

The first category of this new dimension, Empathic Wisdom, is the time or experiential element. Simply put, this developmental aspect is how empathy is learned with experience and the perspective only time can provide. Interestingly, this developmental aspect emerged in the context of a negative case analysis. Against hundreds of examples of "empathy" there was a total of twenty-four instances identified that had codes such as: "not understanding," "not caring," "judging," "blaming," "resenting," "not sympathizing." In reviewing these negative cases, it became apparent that seven of them began as negative cases, but were connected to an empathic code shortly thereafter. The participants were looking back at their lives and admitting to times when they were not demonstrating empathy, but quickly went on to share how it has developed since then.   Once again, the oldest participant at 79 years of age shared with the interviewers how her feelings toward her father changed from no sympathy to understanding.

> *My mother and father divorced numerous times and I used to feel sorry for Mom.*
> *I never felt sorry for my dad 'cause he was, it seemed like he was drinking and*
> *always looking for a better looking, younger one…I didn't have that [sympathy]*
> *at all for him. Not until I got older that I thought it was too bad to be so good*
> *looking and to be the way he was, because he didn't have any pride about himself.*

She went on to explain that being attractive can have its challenges and that now, looking back, she can see her father's actions as his way to cope. Similarly, a 72 year old woman looked back at her past actions and negative-coping strategies, i.e., drinking, despite the effects it had on her children. While she was not sensitive to this at the time, she now can understand the impact it had on her daughter and discussed this with compassion.

Yes going and drinking and stuff like that [to cope] then afterwards…after, you look at your kids. I have one daughter today is 52 years…that one daughter of mine she had to grow up early when she was young, because see she would babysit the kids…if I would go out and drink and party she would babysit, she had to grow up early and learn how to cook.

Another participant, a 61 year old male, had relationship difficulties earlier in his life. His lack of empathy and understanding at first contributed to the woman he loved leaving him. During the time apart he explained how she had changed, but also what he had learned from the experience.

Yeah, and I'll tell you, that's one of the biggest things [ways of coping], just letting people find themselves, find their own space; that and letting them come back, kind of on their terms…So, that meant me listening…to her needs and wants.

A second category of Empathic Wisdom is being guided by others in order to develop empathy. A few participants shared examples of parents helping them to be more understanding and caring. While the interviews were filled with examples of friends and family modeling empathy to the participants, the following story of a 53 year

old female represents a time when she actively sought guidance. In her childhood she had to deal with alcoholism in her family and explained how she came to hate the people she associated with her father's drinking. In discussing her overall coping strategies for this stressor she told the interviewers:

> *I kinda had to deal with those feelings of hating somebody…and I did tell my mom, you know, asked her about hate and she told me well, pray for that person. So I did and you know I never did hate them anymore.*

Even as a child, the feelings of hate had bothered her enough to address them head on. With her mother's advice she did not pray for herself, but prayed for the well-being of those she hated, and was able to change that emotional reaction. Guidance was not only sought or given when it came to serious stressors, it was also sought for every-day life hassles. In the following example, from a different 53 year old female, a mother encouraged empathy in every-day situations:

> *My mother really criticized us [the participant and her cousins] once, because we were talking about a cousin, and she said, "You know what is coming out of your mouth is really mean…and don't talk behind people's back, you ought to be the type of person that you can say something to a person to their face, and if you can't then don't say it at all, and be kind about it."*

This story arose from the discussion of this woman's source of strength, and began with her describing how she is currently less "judgmental" and "critical" then when she was young (again showing the earlier mentioned time component). It was made clear that she saw this change to have a positive influence in her life.

While this developmental aspect of communal empathy could easily be seen in

the seven negative cases described, there were two participants whose interviews were filled predominantly with examples of behavior contrary to empathy. The codes (i.e. "not understanding," "not caring," "judging," "blaming," "resenting," and "not sympathizing") and contexts of these instances were thoroughly re-evaluated by the research team. During this analysis, with cultural input from team members, these two negative cases came to be viewed as still part of the developmental process. It was theorized that these individuals were still in the process of developing empathy.

Lastly, Empathic Wisdom has the category of empathically sharing life lessons. This is a very striking category as some participants shared that their main source of strength was connected to their ability and desire to pass their wisdom on to the younger generations. This is an integral component of empathic wisdom as the motivating factors to pass on their wisdom involve all other dimensions of empathy that have been delineated up until this point. In sharing life lessons participants are motivated by relational empathy, wanting to actively share their wisdom to strengthen growth-fostering relationships. They are motivated by empathic concern, sharing their wisdom out of love and concern for the well-being of others. Lastly, they are able to share their wisdom due to their ability to empathically perspective take.

One man shared that his most important source of strength was his faith, but it was more than faith in the Great Spirit. His faith included a feeling that despite the darkness all will be alright. It was this belief that gave him a desire to assure and comfort others, like Jehovah Witnesses who came to his door, who feel that the world's problems are coming to a pitch:

> I say it's happened to every generation, they have all experienced it and they

are…all thinking the same thing, you know, so I try to give them some comfort in

that way too and…because I went through that too back in the, back in those

times.

"Those times" for this participant were during the Vietnam War era. Indeed, he admits a

large stressor for him during that time was feeling that things were coming to an end.

Having survived that, he demonstrates his compassion by wanting to pass along comfort

to others with the same fear.

Another male participant, 53 years old, exhibited empathic wisdom when asked

by interviewers what he would change about his life looking back. Although he had

many challenges and served time in prison due to his actions, the man did not believe that

things in the past should be viewed in this way. He explained:

The way a person lives his life, is the way it was meant to be. Because…you're

[going to] run into people in your [life], that has lived a life like you or similar to

it, that are younger than you, that you might be able to help…He's[the youth]

looking at you as friend, and he's seeking help through you…What you lived in

your life, what you did in your life, is [going to] benefit somebody else, so I

wouldn't want to change what I did.

His statement (also utilized as an example of the category understanding need under the

abstract construct relational empathy) tied into the overall theme of his interview, which

was his desire to give of himself to others, a theme that will be elaborated on more fully

in the following section. This desire to pass on wisdom and to be of service to others was

not stemming from a desire to give purpose to his own life and mistakes. There was a

genuine sense of understanding the needs of others and compassion in his message. He

conveys this further in the following quotation, which also demonstrates how empathy has developed in him over time.

> *If there's somebody that [has] gone through life the way I have and doesn't know…who to go to, and they point them out to me, come talk to me, I want to give that child what I got. Whereas before I didn't give a damn who the hell you were, you ain't coming, you know, I ain't sharing none of my life with you, you know.   So I've learned to give a lot…I think it's a lot, to be able to give and bend.*

A 55 year old woman who had struggled in her life as a result of being in an abusive boarding school, being pregnant at seventeen, and being in a controlling relationship, coped by taking things one day at a time. In this ongoing process she went on to explain how her culture was also a source of strength for her. She said:

> *In this world I really truly believe that we are meant to be here to help each other. And if I have a gift of wisdom, or if I have a gift of good, it doesn't matter what, it's not just mine, it's ours. I still believe in that tradition of us being a community, even though I stay all to myself…what's mine is, you know, we're all responsible.*

This is an example of Empathic Wisdom because the woman recognized how her life experiences had provided her with a type of wisdom. This was not wisdom for self contemplation, but rather a gift (whether in the form of her personal life story or advice) to be given to those in need. She could not have begun to understand that need without her life's stressors providing her with knowledge over time. While she mentions giving the gift of wisdom as part of helping others, there is much more to this quote than an example of Empathic Wisdom. This is the way that her culture helps her to deal with

stress. Her wisdom, her understanding, her compassion, does not belong to her. It is more than a desire to share with others; it is community. This sentiment comes full circle feeding directly into Communal Empathy, the overarching theoretical proposition the findings began with. It is therefore appropriate to transition to a fuller and more contextualized understanding of all the theoretical propositions.

Discussion

The broad purpose of this study was to understand empathy as part of the dynamic resilience process of Native American older adults. To achieve this goal the specific research questions were derived from the existing literature, previous research (Kirby, 2008a; Wallace & Swaney, 2009), and preliminary pilot research (Kirby, 2008b). As advanced phases in analysis took place, it became clear that the individual research questions, despite best efforts, were generated from a Westernized linear perspective. While attempting to explore empathy within the relational worldview of Native Americans, the questions were constructed to build one upon the next. Taken separately, the questions underestimated the interconnectedness of relevant emerging constructs. This created an overlap in theoretical propositions. For example, to explain the context of empathy in this sample (Research Question # 1) was to reveal a new dimension of empathy (Research Question # 2) and discuss its utility (Research Question # 3) all at once.

Communal Empathy: Perspective Taking and Empathic Concern

For the sake of clarity, it is therefore more useful to discuss the broader theoretical proposition that emerged from the analysis, and then to address the interrelated constructs that provide support. This new theoretical proposition, labeled

Communal Empathy, best captured the lived experience of Native American older adults living on a reservation in the Northwest region of the United States. Communal Empathy was defined as a relational and dynamic process of feeling with others and acting compassionately for the good of a community. It is a multidimensional construct comprising four necessary and interacting constructs: Perspective Taking, Empathic Concern, Relational Empathy, and Empathic Wisdom. The operational definition of Communal Empathy celebrates the strength of a Native American culture and highlights an integral part of this community's resilience process.

As presented in the introduction, there is a surprising lack of research regarding empathy as a strength or protective factor for Native Americans. The few researchers that mention empathy in relationship to resilience have used children or adolescents in their research or have not studied the issue empirically (Benard, 1991; Hippe, 2004). There are no other qualitative studies that explore the lived experience of empathy in relation to resilience. Yet, a re-evaluation of more current literature did reveal a noteworthy case study of Native Americans, the Ojibwe, with regard to interpersonal neurobiology (IPNB) (Hollingsworth, 2008). Interpersonal neurobiology centers around how the human brain develops in the ever-present context of interpersonal relationship (Hollingsworth, 2008). The interdisciplinary research within this field provides a backdrop to discuss what Hollingsworth (2008) labels a "spirituality of compassion" (p. 840). She defines this as "a way of relating to the sacred that cultivates empathic connectedness with others in their suffering and promotes action to ease their distress" (Hollingsworth, 2008, p. 840).

The concept of "spirituality of compassion" is supported by four conditions that

encourage empathy: Interpersonal Attunement, Intrapersonal Attunement, Relational Safety, and Shared Narratives. A spirituality of compassion supported by these contextual elements is the most similar concept to the construct of Communal Empathy that could be found in the literature. Both concepts attempt to simultaneously answer the questions of how, when, where, who, and why with regard to empathy. Yet, Hollingsworth (2008) saw a spirituality of compassion reflected specifically in the Ojibwe's spiritual practice of a talking circle. Her research was grounded in this singular dimension of life, spirituality, and one specific ritual. With the focus of the Native American Resilience interviews being stressors, coping strategies, and inner strength throughout the lifespan, Communal Empathy was reflected in the resilience process of Native American older adults and involved multiple dimensions of life.

The first constructs that we can consider as part of Communal Empathy from the current secondary qualitative analysis are the familiar elements of Perspective Taking and Empathic Concern. They are familiar as they have been components of traditional empathy, when viewed as a multidimensional construct (Davis, 1980).   Davis (1980) describes Perspective Taking as the ability to notice the condition of others and mentally place one's self in that individual's experiential/emotional position. He delineates how perspective taking is a necessary first step toward experiencing empathy, and therefore it is one of the building blocks of the larger concept (Davis, 1980). Empathic Concern, as described by Davis (1996) is an individual's tendency to experience compassion and concern for others. It is another crucial dimension of the overall empathy construct. As discussed by Davis (1980), Perspective Taking involves cognitive functions and Empathic Concern involves affective functioning.

Research presented in the introduction supported the idea that affective empathy does not decline with age as cognitive empathy does (Bailey, Henry, & Von Hippel, 2008; Phillips, MacLean, & Allen, 2002). The current analysis revealed an equal number of codes, six, emerging under both dimensions, however perhaps due to the nature of the interview questions, more examples of Perspective Taking were noted. Regardless of overall quantity, both dimensions play an important role in the larger Communal Empathy construct throughout the lifespan.

The current qualitative analysis reveals that Davis's conception of Perspective Taking and Empathic Concern are useful in understanding the lived experience of Native American older adults because they are "other oriented" in nature. Focus on "the other" ties into the cultural context for the participants in the current study. In contrast, the remaining dimensions of Davis's empathy construct, Personal Distress and Fantasy, did not emerge in these data as he had defined them. For example, while "feeling the pain of others" or describing the stressors of others as one's own stress was a catalyst for the current research and earlier research (Kirby, 2008a), this is not equivalent to Davis's understanding of Personal Distress. Davis (1983) defines Personal Distress as a self-oriented reaction of anxiety and unpleasant feelings when noticing a distressed individual. The qualitative analyses of these raw data do not support empathy as a mechanism to reduce one's own discomfort and instead supports the opposite: empathy as a mechanism to reduce the discomfort of others.

The current study is not alone in recognizing the importance of empathy as a multidimensional construct while at the same time only finding utility for two out of Davis's four original dimensions. When studying empathy in romantic couples, Peloquin

and Lafontaine (2010) dropped both Fantasy and Personal Distress from their conceptualization of empathy due to the self-orientated nature of those dimensions. These researchers were interested in what they labeled *dyadic empathy*, a contextualized conception of empathy in which "partner's actively try to understand and share each others' feelings…to maintain close bonds and enhance intimate connections" (Peloquin & Lafontaine, 2010, p. 146). As opposed to previous research described in the literature review, this more current study (Peloquin & Lafontain, 2010) addresses the issue of context and moves toward defining empathy in a relational manner. However, it is limited to romantic relationships in a predominately White sample of younger adults from one community. Obviously the context of empathy changes when using a sample of older Native American adults and exploring more general relationships. This leads to discussion of Relational Empathy, the third construct within Communal Empathy.

Communal Empathy: Relational Empathy and Empathic Wisdom

Being that Communal Empathy is a multidimensional construct consisting of four dimensions, Perspective Taking and Empathic Concern only begin to address how these participants were demonstrating their ability to compassionately understand the psychological states of others. A different nuance, or new construct, labeled Relational Empathy furthers the discussion of "how" as well as addressing "who" was involved in demonstrations of empathy. Relational Empathy can be operationally defined as actively balancing the interrelated emotional, mental, and physical needs of others in sustaining relationships. Perspective Taking and Empathic Concern may be other-oriented, but by definition they still appear to be generated by the individual. The secondary qualitative analysis shows that in this Native American cultural context it is relationships themselves

that generate these dimensions. The context in which empathy is utilized or demonstrated by Native American older adults comprises their relationships within the community. Similarly to how Hartling (2008) describes resilience as a relational activity, empathy is a relational activity crucial for forming and maintaining "growth-fostering relationships" (Hartling, 2008, p. 54).

Along the same lines, but expanding the context further, there is also support in the data for an Ecosystem Perspective of empathy. The Ecosystem Perspective is a theoretical view, posited by Bronfenbrenner (1979), which focuses on various forces acting on an individual within various social/environment contexts. Whereas the Ecosystem Perspective may define empathy as "a multidetermined and ever-changing product of interacting forces within a given ecosystemic context" (Waller, 2000, p. 290), it is better not to view empathy as a "product" but as a "dynamic process." This view of empathy as a dynamic process is supported in the data with demonstrations of the Pro-Social Behavior category of the construct Relational Empathy. Overall, the lived experience of these Native American participants reveals that empathy is not only cognitive and emotional but also behavioral. These participants were not only recognizing need and connecting to the emotional experiences of others, they were also moved by compassion or pity to take action when it was called for. The pro-social behavior was not done as self-promotion, distress relief, reciprocity, or duty. The pro-social behavior was more altruistic stemming from genuine concern for others and connected to the *on-going* need of sustaining relationships.

Including compassion and/or pity into the pro-social category of Relational Empathy is difficult, as those terms have varied definitions in the literature.

Hollingsworth (2008) defines compassion as "being empathically connected with others in their suffering and taking action to ease their distress" (Hollingsworth, 2008, p. 839). Yet, in the analysis of this set of raw data a distinction between compassion and empathy is not appropriate. Compassion in the current context means a deep awareness of the suffering of others. In fact, the word compassion may be better understood as "pity" by the Native individuals within this community. As explained in the introduction, O'Nell (1996) equates the interdependent self with the concept of pity (O'Nell, 1996). An individual can both be pitiful, experiencing material poverty and/ or lack of family, thus evoking pity in others, and take pity on others, noticing the condition of others and realizing themselves to be more powerful and capable of helping (O'Nell, 1996). The need to better evaluate the role of pity in Relational Empathy, as defined in the Native American community, will be addressed further.

Relational Empathy does more than reflect the Ecosystem Perspective and explain how empathy exists in the relationship between family members, friends, and others in the community. While explaining the "who" of the empathy process, Relational Empathy also begins to demonstrates the "why," which includes the formation and maintenance of growth-fostering relationships. This was discussed in the introduction as the premise of the Relational-Cultural Theory (Hartling, 2008). As mentioned, Native American communities in general possess a relational worldview (Fleming & Ledogar, 2008) and it is therefore necessary to present empathy in this light. A specific approach that addresses Native American family resilience and strength within a relational framework was created by Cross in 1995.

For Cross (1995), resilience exists as part of four major forces within the Native

American relational framework: the context, the mental, the physical, and the spiritual

(Cross, 1995).   This specific approach was not originally considered when forming the

first research question and sub-questions. Yet, three of his four forces (the context, the

mental, and the physical) when taken as a general framework are mirrored in some of the

components and examples of *Relational Empathy*. The first of the major forces described

by Cross (1995) is The Context, and it stresses the importance of "harmonizing

resources" and "healthy interdependence" (Cross, 1995, p. 151). It includes elements of

culture, community, family and extended family (Long & Nelson, 1998). In supporting

Relational Empathy, the component of relationship was described in the findings.

Relationship expresses how empathy emerged in interactions with family, friends, and

community members. This category and the examples provided support that empathy is

necessary for "healthy interdependence" in the relationships of Native American older

adults.

Another major force of the relational worldview is The Physical. It encompasses

how through family structure, kinship, and larger systems the body is nourished and

sustained. To some extent this was reflected in the findings on Relational Empathy, as

one of the categories under Relational Empathy was understanding need (including the

recognition of and assistance with physical needs). In a Native American community,

like the one utilized in this study, the elderly have greater rates of alcoholism, diabetes,

accidents, and poverty compared to non-native elderly (Ferraro, 2001; Jackson et al,

1990). The examples of physical need were numerous as were the examples of those

physical needs being attended to during the process of empathy.

A third major force described by Cross (1995) in the relational worldview is The

Mental. This force has to do with telling stories, to yourself and others as a way to identify role models and to learn by example. It also takes into account the influence of emotions and the emotional coping strategies that have been employed to deal with hundreds of years of oppression (Cross, 1995, p. 152). It can include examples of memories, judgments, and emotional processes (Long & Nelson, 1999). *Relational Empathy* also addresses how emotional processing and feelings contribute to empathy. The physical needs of others are important and perhaps at times more obvious, but the participants in this study were clearly able to identify and attend to the emotional needs of others in order to create and enhance relationships. The way in which Cross (1995) describes this relational force, The Mental, is certainly related to Relational Empathy, but it also relates to the fourth dimension of Communal Empathy, which is Empathic Wisdom.

Empathic Wisdom is another new construct that arose from the secondary qualitative analysis of the interviews and therefore represents the lived experience of Native American older adults in the respective community. Empathic Wisdom can be defined as a developmental and relational process of understanding the psychological states of others, which can be nurtured throughout the lifespan. As outlined in the findings, this includes the category of empathically sharing life's lessons, capturing the participants desire to pass on their knowledge to younger generations out of a genuine concern for and an understanding of their needs. Often the sharing of life stories was an act of empathy as well as conveying a message of /or example of empathy. Some described this desire to pass on their wisdom as their inner strength, the way in which they could cope and persevere. As described in Cross's (1995) force The Mental, these

stories could also be told to oneself in order to identify role models.

Interestingly, several of the negative cases identified in the analysis were given meaning and context in the dimension of Empathic Wisdom. When the negative cases were reevaluated in the raw data, it became clear that they too were connected to the ongoing process of empathy. Participants shared examples of times in their lives when they were not empathic, but these examples were more often than not followed by a current expression of empathy. Through life experience and in relationship to others, empathy had developed and participants were able to reflect on this throughout the interviews. Even in lives full of extreme suffering, participants reported that they would not change anything looking back through the window of time, because it had made them who they were. Part of who they were included an ability to connect with and better understand the needs and suffering of others due to accumulated life experience. As discussed previously, this developmental (i.e., time/experiential) aspect was an important category of Empathic Wisdom.

Communal Empathy, Communal Coping, and Resilience

The new nuances of empathy, Empathic Wisdom and Relational Empathy, which emerged during the qualitative analysis of the twenty-eight interviews, along with the traditional dimensions of Perspective Taking and Empathic Concern, paint a more accurate picture of the "how, when, and who" of the empathy process in Native American older adults. While these four constructs taken together began to demonstrate "why" empathy was present in this community, the researchers saw each of these constructs as part of one larger coping process. In the research questions and sub-questions it was important to address if empathy was an emotion-focused coping strategy

or communal coping strategy. While there were examples from the interviews that could be seen to fit an emotion-focused coping strategy, this explanation was not sufficient. Those examples of individuals adjusting their emotional reactions to a stressor or challenge were possible because they viewed themselves as part of the community or "group." The participant's self-efficacy and strength were possible due to their close-knit community (Lyons, Mickelson, Sullivan, & Coyne, 1998). As explained in the introduction and revealed in the analysis, the coping was not simply about reciprocity.

Indeed, communal coping was the sheer knowledge that in this group they were able to understand and care for others, just as others would understand and care for them. This is what gave rise to the definition of Communal Empathy. There were of course other elements of being a member of this community that generated strength, but Communal Empathy is a necessary condition in this sample of Native American older adults. The participants were not using empathy as a coping strategy; they were able to communally cope as a result of or through Communal Empathy. This analysis lends support to the theory of Lyons and colleagues (1998) that strong relational ties that exist in a group lead members to maximize other's emotional well-being even at their own expense. The current study labels this phenomena Communal Empathy.

Communal Empathy can be understood as part of the Native American older adult resilience process. Although the current theoretical proposition better explains Communal Empathy as a necessary part of Communal Coping, and not as a separate strategy, the question of whether Communal Empathy leads to positive outcomes can still be addressed. As outlined in the introduction, Goodluck (2002) proposed a Native American cycle of well-being with specific well-being indicators. These indicators

[Helping Each Other (social connections), Group Belonging (extended family), and Spiritual Belief System and Practices (rituals and ceremonies)] served as a guide and were found to be present for individuals who demonstrated empathy. This indicates that when the process of Communal Empathy was involved, resilience was also evident. The exact relationship cannot be fully addressed, as this specific question was not put forth to the participants during the initial interviews. This does open the door to subsequent research, however, which can formulate questions guided by the current findings.

Communal Empathy best fits into the current understanding of cultural resilience or more specifically "reziliency" (Belcourt-Dittloff, 2006). Cultural resilience can be understood as an innate capacity to draw upon cultural strength when coping within a matrix of norms, peer relationships, and family structure (Clauss-Ehlers, 2008, Heavy Runner & Morris, 1997).   It illuminates how the negative effects of discrimination, oppression, poverty, and violence can be overcome using traditional ways of life (Strand & Peacock, 2003). Communal Empathy for this group of participants is part of traditional life. The participants did not present empathy as something that an individual chooses to either partake in or not. The participants demonstrated and explained in their interviews that empathy was part of human existence and necessary for survival. This echoed what the preliminary pilot research team members had noted when conducting the preliminary line-by-line coding process, "what else would someone do?" The current analysis did show that Communal Empathy developed and improved over time, but it was not an optional exercise for the majority of elderly Native American individuals represented in this particular study. Instead, Communal Empathy could be understood as one of many psychosocial factors that allow for resilient reintegration in Native

American communities. This was a theory, discussed in the introduction, put forth and

researched by Belcourt-Dittloff (2006) in her construct of "reziliency".

The Multidimensionality of Communal Empathy

As one of the stated overall goals of this research was to provide insight into how

empathy is part of the dynamic resilience process of Native American older adults it may

be useful to consider how empathy's utility is multidetermined and multidirectional in the

lives of Native American older adults. The multidetermined nature of Communal

Empathy is reflected in its confluence of Perspective Taking, Empathic Concern,

Relational Empathy, and Empathic Wisdom. The analysis that gave rise to these

constructs focused on the interconnectedness and interaction of several domains

(psychological, social, and environmental). It has been discussed how these constructs

are similar to Cross's (1995) interacting forces of relational resilience. In this more

collectivistic culture (Hobfoll, 1998), examples of empathy were found to occur in

multiple interacting contexts throughout the lifespan. Communal Empathy highlights

how these multiple contexts are interconnected as part of the dynamic resilience process

of Native American older adults.

The multidimensional construct of Communal Empathy can also be compared to

Hollingsworth's (2008) four conditions of a spirituality of compassion, as mentioned

previously. The four conditions that allow spirituality to enhance empathic awareness of

the suffering of others for the purpose of easing distress (Hollingsworth, 2008) included

interpersonal attunement, intrapersonal attunement, shared narratives and relational

safety. Interpersonal attunement is explained by Hollingsworth (2008) as not simply

understanding the emotional states of others but over time experiencing a feeling with

others. In this process she states:

> *attuned attachments with other persons may enable us to love more and fear less,*
>
> *rendering us progressively more capable of sharing in the suffering of others and*
>
> *increasing the likelihood that we will take action to alleviate their misery.*
>
> (Hollingsworth, 2008, p. 850).

This condition is comparative to the Communal Empathy constructs of Perspective

Taking, Empathic Concern, and Relational Empathy. The process of "attuning" to others

is what has been described in the current analysis as Perspective Taking, putting oneself

in the shoes of another. The ability to "love more," echoes the construct of Empathic

Concern, with its genuine care and compassion for another. Lastly, the ever increasing

capacity to suffer with others and "take action" to help them, are the categories of

understanding need and pro-social behavior in Relational Empathy.

Additionally, Shared Narratives, telling and hearing life stories, is a condition for

the emergence of empathy for Hollingsworth (2008), because:

> *It asks us to be affected by and share in the state of the hearer or speaker in such*
>
> *a way that we hold on to our own perspective even as we attempt to indwell the*
>
> *experience of the other person* (p. 852).

 This is related to both the constructs Perspective Taking and Empathic Wisdom, and

shows the overlap between the two. When people listen to the life stories of others, those

examples and memories of the stories can influence future empathic behavior by

increasing their ability to perspective take (Eisenberg & Fabes, 1998). Perhaps being

able to perspective take enables one to know when one's own life story will benefit

another. Lastly, Hollingsworth (2008) mentions a condition of relational safety. In this

condition she elaborates that:

> *Interpersonal relationships marked by mutuality, security, and fidelity can help us*
>
> *regulate our fear responses and open us up to empathically caring for those*
>
> *around us (p. 851).*

 The current analysis does not make relational safety a necessary condition for empathy, but a type of empathy itself labeled Relational Empathy. Having not read her theories before postulating the construct of Communal Empathy, it seems to strengthen the findings of both analyses that data from Native cultures produced such similar understanding.

Implications

The theoretical proposition of Communal Empathy as a relational and dynamic process of feeling with others and acting compassionately for the good of a community, and its multidimensional nature, begin to fill obvious holes in the existing literature. The theoretical proposition of Communal Empathy has been shown to be a necessary part of communal coping for the Native American older adults in this study. Knowing that others around you are engaged in this process, Communal Empathy may allow the community to absorb and cope with higher amounts of stress. Additionally, this study lends support to using more traditional dimensions of empathy, such as Perspective Taking and Empathic Concern (Davis, 1980), in research with Native American older adults. Simultaneously, the analysis engendered nuances of empathy important the Native American participants. Communal Empathy's constructs of Relational Empathy and Empathic Wisdom may prove more useful in understanding the lived experience of empathy and the resilience process for Native Americans than traditional Westernized

theories.

The larger theoretical proposition of Communal Empathy does attempt to illustrate one possible connection between empathy and resilience. Communal Empathy is shown to be a necessary part of the resilience process in the current sample. Well-being indicators were present in the multidimensional examples of Communal Empathy, and in some examples the participants reported components of Communal Empathy to be successful coping strategies or related to their inner strength. Further, this study demonstrates empathy as a dynamic process as opposed to an end product, which is the most common view of empathy in past research (Davis, 1996; Scheman & Van Gundy, 2000; Siu & Shek, 2005).

Perhaps more interesting is how the theoretical propositions from the present study add to the most current body of research in both traditional and Native approaches to empathy. Building upon the work of Cross (1995) who discussed the resilience of Native American individuals to be relational, the construct of Relational Empathy combines the relational worldview of Native American individuals with the Ecosystem Perspectives emphasis on context. Similar to Peloquin and Lafontaine's (2010) theory of "dyadic empathy," the theory of Communal Empathy recognizes the relational and social context of empathy. The current analysis reveals that dyads are not the only relationship structures to give rise to empathy. The continual and ever-changing dynamics between members of this specific collectivistic community are possible due to empathy. Together, the approaches in both Peloquin and Lafontaine's (2010) work and the current study demonstrate the trend in empathy research to shift focus from the individual to the active relationships between persons.

Ultimately, the work of Hollingsworth (2008) on a "spirituality of compassion" has been compared as most similar to the current study's theoretical proposition of Communal Empathy. Although the two theories are based in related subject matter and appear consistent with one another, the differences between them make both equally relevant in the existing empathy literature. Hollingsworth (2008) developed her theory of a "spirituality of compassion" to explore the implications of empathy in spiritual practices. She developed her theory and four contributory conditions from research in Interpersonal neurobiology, empathy, and spirituality. Once the theory was developed, she *then* tested its applicability with a case study of the Ojibwe's talking circle, a spiritual practice (Hollingsworth, 2008). In contrast, the current study came to the theory of Communal Empathy through secondary qualitative analysis of interviews conducted with Native American older adults concerning their resilience process and sources of strength. While spirituality was discussed in these interviews, other dimensions of life (e.g., strengths, stressors, coping strategies, relationships) supported the theoretical proposition of Communal Empathy. By borrowing aspects of grounded theory methodology, Communal Empathy came from the words and lived experience of the participants. The strength is that the theoretical proposition can now be used as a lens for future research, and it was developed through those that would be studied. Although the scope and research methodology differ, the analogous conclusions drawn by both studies lend strength to their importance and potential implications. As a result, the relationship between Communal Empathy and a Spirituality of Compassion should be explored in more detail in future research.

Overall, this secondary qualitative analysis probed the resilience process of an

ancient and communal people who have suffered historical trauma, cultural genocide, and oppression (Brave Heart & DeBruyn, 1998). Such hardships and adversities are unfathomable to most and still the human ability to adapt and thrive persists (Belcourt-Dittloff, 2006; Ferraro, 2001; Fleming & Ledogar, 2008; Goodluck, 2002; Heavy Runner & Marshall, 2003; Walters & Simoni, 2002). In this sample of elderly Native Americans there is evidence that when facing adversity these individuals utilize and experience Communal Empathy, a relational and dynamic process involving collectively shared feelings and individually or collectively acting compassionately. Communal empathy is unique and somewhat different than the Western traditional notion of empathy, and beginning to understand its place in this culture celebrates the strength of Native American older adults. These findings come from participants' lived experience and are supported by their actual words, their life stories. In a larger society that struggles with the challenges of individualism, all can benefit from hearing their voices.

Limitations and Future Directions

A limitation of this study is that direct questions regarding the use of empathy were not asked of the participants. If a complete grounded theory methodology were employed, the researcher would have been responsible for returning to the original participants for follow-up questioning during the data collection phase. In grounded theory this part of the process is called theoretical sampling, and assists with enriching one's theoretical categories (Charmaz, 2003). As mentioned earlier, this was not possible because the current research questions were generated after all of the interviews were completed. To address this issue to the extent possible in the current qualitative analysis, all 28 of the original interviews were returned to continuously. This kept ongoing

analysis grounded in the words and lived experience of the participants, and as suggested by Charmaz (2003) allowed for the generation of new leads. While the primary and secondary research questions guided the stages of analysis, the raw data led the research team to ask and explore additional questions.

Additionally, it is important to consider that this study is exploratory in nature. As discussed previously, Glaser (1998) warns of the danger of forcing preconceived ideas onto a participant with leading questions. In future studies it may be helpful to develop interview guides and quantitatively test the theoretical proposition regarding empathy as part of the resilience process. This would be best accomplished through Tribal Participatory Research methodology (Fisher & Ball, 2003), which would include the participants and/or trained staff from within the community in every stage of research. They would be involved in developing research questions, selecting appropriate methods and measuring tools, conducting preliminary interviews within the community, collecting the data, analysis, and evaluating theories (Fisher & Ball, 2003).

Following Tribal Participatory Research guidelines (Fisher & Ball, 2003) will also help to combat the possibility of researcher bias. Despite trying to ground the developing theoretical propositions in the raw data, it must still be acknowledged that bias was a limitation to this study. The specific techniques in qualitative analysis described earlier were meant to help reduce the researcher's bias in interpretation as much as possible. Still, the primary researcher became aware of personal bias during multiple phases of analysis. Most notably, the research questions put forth in the proposal of this study were constructed within the traditional view of empathy. In addition to using secondary data analysis, native researchers and linguists were consulted,

and as suggested by Cochran and colleagues (2007) native ways of knowing were considered. Regardless, the relational approach to Native Research, which focuses on the interconnectedness of multiple forces, continuity, and process (Fleming & Ledogar), was so foreign that the shortcomings of the westernized linear research questions were missed. The questions were addressed singularly, as if they could stand on their own. Each question was building toward a larger question or part of the larger question deconstructed, as opposed to questions linked by continuity and arrived at *holistically*. It was only discovered during the final phases of analysis that the research questions meant to guide obscured the interconnectedness of theoretical propositions.

Future researchers studying native populations will want to carefully scrutinize their research questions to ensure they too are founded in the appropriate worldview. Future researchers must also be careful not to interpret the shared native knowledge from within the framework of western empiricism, as it makes the inclusion of American Indians in the research process a mere token inclusion. Alternative ways of knowing and native science stress continuity, relationship, natural democracy, and different orientations to time and place (Cajete, 2000).

Another limitation of this study is that the qualitative data were collected through self-report, which includes the risk of participants not answering the questions honestly or being unable to accurately recall their behaviors and emotions. While the interviews did try to capture experiences throughout the lifespan, this study was not longitudinal. While support was found for treating empathy as part of a dynamic resilience process, findings must be interpreted with caution. These findings only open the door to truly exploring Communal Empathy as a protective factor. A longitudinal study that looks at

different age groups and involves observation of the participants in some way may paint a more accurate portrayal of how communal empathy operates as a protective factor or directly results in well-being indicators. An interesting hypothesis for future researchers to pursue is that Communal Empathy is a process that allows a community member to bounce back and improve functioning after hardship, and that once this relational process develops it also buffers the individual against future stressors. Furthermore, the question of how Communal Empathy is related to the theory of cultural resilience needs to be addressed. More specific interview questions regarding empathy will need to be developed to investigate such areas.

     To strengthen the findings from the current project, follow-up research could involve the development of appropriate quantitative measures of Communal Empathy, with the constructs Perspective Taking, Empathic Concern, Relational Empathy, and Empathic Wisdom, to use in this population. As mentioned earlier, a study examining the possible relationship between Communal Empathy and Hollingsworth's (2008) theory of a "spirituality of compassion" may be enlightening. Of course validity and reliability issues for all such research need to be addressed. Perhaps in future work it would be more effective to use traditional values and associated words within a given community, such as pity, compassion, and generosity. Specifically, the notion of pity as understood by Native American cultures needs to be investigated with regard to its relationship with Communal Empathy. To trace these concepts throughout the lifespan may provide a more accurate picture of empathy in Native Americans.

     It may also provide insight into the few negative examples that surfaced during analyses. The research team could only speculate as to why the few negative cases

existed. Perhaps individuals were still in the process of developing the dimensions of

Communal Empathy, or perhaps personality and extreme stressors had derailed empathic

development. This study represents a first step toward understanding empathy as a

relational process, and therefore, longitudinal research will be required to capture the

complex pattern of interactions that occur throughout the life-course (Masten, 2001).

Overall, the use of multiple methods, known as triangulation, could help to broaden the

perspective and add complexity (Krahn & Eisert, 2000).

Older Native American adults, as described earlier, are a very heterogeneous

population, thus findings from this study's specific sample may be limited. The

significance of starting this research in such a vulnerable and yet resilient community has

been discussed. It is also implied, however, that similar studies should be conducted in

different populations, and as is always the practice, broad generalizations must be made

with caution. Communal Empathy may only be a contextually appropriate construct for

the current sample, and perhaps the four interrelated dimensions that form the larger

construct are not the same in other Native American communities. Further, the

applicability to other minority groups or even other collectivistic cultures must be tested

by further research, especially considering Realo and Luik' s (2002) study demonstrating

that empathy should not be an assumed attribute of the collectivistic community they

researched.

Additionally, it is crucial to empirically test the practical implications of the

results for empathy interventions and the practice of mental health care professionals.

For example, as there is support for viewing Communal Empathy as part of the resilience

process, perhaps communal empathy could be deliberately fostered in at risk Native

American individuals. Researchers would need to investigate if this is possible and how to enhance the Communal Empathy process from within the relational framework. As Hollingsworth (2008) suggests, perhaps focus on shared narratives is an important condition for empathy to develop in Native American populations. The outcomes of such an intervention, again perhaps the well-being indicators proposed by Goodluck (1998), would also need to be examined.

Lastly, the current research and all future research, whatever the focus, must aim to establish and maintain trust during the documentation and dissemination process. It is not uncommon for researchers to become so immersed in their work that they claim ownership over the theoretical propositions brought to light during the study. During a qualitative study it is truly the participants who have owned and shared this knowledge with the researcher. While researchers must claim their interpretation of the data, they must be careful not to act as if the participants were not capable of sharing their own stories (Fine, 1994). This has been an ongoing problem with research conducted in Native American communities and is one of the many reasons native people are reluctant to participate in new research. In the current project the dissemination of the results is intimately tied to having been allowed access to these Native American participants. The interviews being used in the current study were only allowed to be collected under certain conditions set by a tribal counsel. Sharing of the information gained from the studies with the tribe was one such condition. This is necessary, and will be done, as the knowledge came from the tribal people and must be returned to them for the betterment of the community.

Despite the acknowledged limitations, this study is a solid first step in

understanding the lived experience of empathy in a Native American older adult population. The theoretical construct of Communal Empathy is empowering as it reflects the strength, resilience, and beauty of a community beset with challenge. It is an inspiring example for all communities, regardless of ethnicity. Hopefully future research will be able to strengthen the theoretical proposition that caring for others and taking their perspective may be associated with increased well-being and healthy development in the face of adversity.

References

Bailey, P. E., Henry, J. D., Von Hippel, W. (2008). Empathy and social functioning in
        late adulthood. *Aging & Mental Health*, *12*(4), 499-503.

Baltes, P. B., & Baltes, M. M. (1990). *Successful aging: Perspectives from behavioral
        science*. Cambridge, UK: Cambridge University Press.

Baron-Cohen, S., Joliffe, T., Mortimore, C., & Robertson, M. (1997). A further advanced

test of theory of mind: Evidence from very high functioning adults with autism or

Asperger Syndrome. *Journal of Child Psychology and Psychiatry, 38*, 813-822.

Baron-Cohen, S., & Wheelwright, S. (2004). The empathy quotient: An investigation of

adults with Asperger Syndrome or high functioning autism, and normal sex

differences. *Journal of Autism and Developmental Disorders*, *34*, 163-175.

Belcourt-Dittloff, A. E. (2006). Resiliency and risk in Native American communities: A

culturally informed investigation. (Unpublished Doctoral dissertation, University

of Montana, 2006). Retrieved from http://etd.lib.umt.edu/these/available/etd-

03282007-164121/unrestricted/belcourt06.pdf.

Benard, B. (1991 September). Fostering resiliency in kids: Protective factors in the

family, school, and community. Illinois: Illinois Prevention Forum.

Boyatzis, R. (1998). *Transforming Qualitative Information: Thematic Analysis and Code

Development.* Thousand Oaks, CA: Sage.

Brave Heart, M. Y. H., & DeBruyn, L. M. (1998). The American Indian holocaust:

healing historical unresolved grief. *American Indian and Alaska Native Mental

Health Research*, *8*(2), 60-82.

Bronfenbrenner, U. (1971). *The ecology of human development: Experiments by nature

and design.* Cambridge, MA: Harvard University Press.

Buchwald, P. (2003). The relationship of individual and communal state-trait coping and

interpersonal resources as trust, empathy, and responsibility. *Anxiety, Stress, and

Coping, 16*(3), 307-320.

Cacioppo, J. T., & Petty, R. E. (1981). Social psychological procedures for cognitive

response assessment: The thought-listing technique. In T. Merluzz, C. Glass &

M. Genest (Eds.), *Cognitive Assessment* (pp. 309-342). New York Guilford.

Cajete, G. (2000). *Native science: Natural laws of interdependence*. Sante Fe, NM: Clear

Light Publishing.

Charmaz, K. (2003). Grounded Theory. In J. A. Smith (Ed.) Qualitative psychology: A

practical guide to research methods. London: Sage Publications.

Cieurzo, C., & Keitel, M. A. (1999). Ethics in qualitative research. In M. Kopala & L. A.

Suzuki (Eds.), Using qualitative methods in psychology (pp. 63-75). London:

Sage Publications.

Clauss-Ehlers, C. S. (2008). Sociocultural factors, resilience, and coping: Support for a

culturally sensitive measure of resilience. *Journal of Applied Developmental*

Psychology, *29*, 197-212.

Cliffordson, C. (2002). The hierarchical structure of empathy: Dimensional organization

and relations to social functioning. *Scandinavian Journal of Psychology*, *43*, 49-

59.

Cochran, P., Marshal, C. A., Garcia-Downing, C., Kendall, E., Cook, D., McCubbin, L.,

& Gover, R. (2007). Indigenous ways of knowing: Implications for participatory

research and community. *American Journal of Public Health*, 98, 22-27.

Cross, T.L. (1995). Understanding family resiliency from a relational worldview. In H.I.

McCubbin, E. Thompson, A. I. Thopson, & J.E. Frommer (Eds.), *Resiliency in*

ethnic minority families, vol. I: Native and immigrant American families (p. 143-

157).

Cross, T.L., Earle, K., Echo-Hawk Solie, H., & Manness, K. (2000). *Cultural strengths*

and challenges in implementing a system of care model in American Indian

communities (Vol.1) Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

Davis, C., Leveille, S., Favaro, S., & Logerfo, M. (1998). Benefits to volunteers in a community-based health promotion and chronic illness self-management program for the elderly. *Gerentological Nursing, 24*(10), 16-23.

Davis, M. H. (1980). A multidimensional approach to individual differences in empathy. *Catalog of Selected Documents in Psychology*, *10,* 85.

Davis, M. H. (1983). Measuring individual differences in empathy: Evidence for a multidimensional approach. *Journal of Personality and Social Psychology*, *44*, 113-126.

Davis, M. H. (1996). *Empathy: A social psychological approach*. Boulder, CO: Westview.

Davis, S. M., & Reid, R. (1999). Practicing participatory research in American Indian communities. *American Journal of Clinical Nutrition*, *69*(4), 755-759.

Duran, E., & Duran, B. (1995). *Native American post-colonial psychology*. Albany: State University of New York.

Eisenberg, N., & Fabes, R. A. (1998). Prosocial development. In W. Dameon (Series Ed.) & N. Eisenberg (Vol. Ed.), *Handbook of child psychology: Vol. 3. Social, emotional, and personality development* (5th ed., pp. 701-778). New York: Wiley.

Eisenberg, N., & Miller, P. (1987). The relation of empathy to prosocial and related behaviors. *Psychological Bulletin, 101*, 91-119.

Ferraro, F. R. (2001). Assessment and Evaluation Issues Regarding Native American Elderly Adults. *Journal of Clinical Geropsychology*, *7*(4), 311-318.

Fine, M. (1994). Working the hyphens: Reinventing self and other in qualitative

研究. In N. Denzin & Y. Lincoln (Eds.), *Handbook of Qualitative Research*.

(pp. 70-82). Newbury Park, CA: Sage.

Fisher, P. A., & Ball, T. J. (2003). Tribal Participatory Research: Mechanisms of a

collaborative model. *American Journal of Community Psychology*, 32, 207-216.

Fleming, J., & Ledogar, R. J. (2008). Resilience, an evolving concept: A review of

literature relevant to aboriginal research. *Journal of Aboriginal and Indigenous

Community Health*, *6*(2), 7-23.

Folkman, S., & Lazarus, R. S. (1980). An analysis of coping in a middle-aged community

sample. *Journal of Health and Social Behavior*, *21*, 219-239.

Garmezy, N. (1970). Process and reactive schizophrenia: Some conceptions and issues.

Schizophrenia Bulletin, *2*, 30-74.

Garmezy, N. (1991). Resiliency and vulnerability to adverse developmental outcomes

associated with poverty. *American Behavioral Scientist*, 34, 416-430.

Glaser, B. (1992). *Basics of Grounded Theory Analysis*. Mill Valley, CA: Sociology

Press.

Glaser, B. (1998). *Doing Grounded Theory-Issues and Discussion*. Mill Valley, CA:

Sociology Press.

Golafshani, N. (2003). Understanding reliability and validity in qualitative research. *The

Qualitative Report*, *8*(4), 597-607.

Goodluck, C. (2002). *Native American children and youth well-being indicators: A

strengths perspective*. Casey Family Programs and Flagstaff, AZ: Northern

Arizona University.

Graziano, W. G., & Eisenberg, N. (1997). Agreeableness: A dimensions of personality. In R. Hogan, J. Johnson, & S. Briggs (Eds.). *Handbook of Personality Psychology* (pp. 795-824). San Diego: Academic Press.

Graziano, W. G., Habashi, M. M., Sheese, B. E., & Tobin, R. M. (2007). Agreeableness, empathy, and helping: A person x situation perspective. *Journal of Personality and Social Psychology*, *93*(4), 583-599.

Hahn, R., & Comrey, A. L. (1994). Factor analysis of the NEO-PI and the Comrey Personality Scales. *Psychological Reports*, *75*, 355-365.

Hardy, S. E., Concato, J., & Gill, T. M. (2002). Stressful life events among community-living older persons. *Journal of Gerontology and Internal Medicine*, *17*, 841-847.

Hardy, S. E., Concato, J., & Gill, T. M. (2004). Resilience of community-dwelling older persons. *Journal of the American Geriatrics Society*, *52*(2), 257-262.

Harris, P. B. (2008). Another wrinkle in the debate about successful aging: The undervalued concept of resilience and the lived experience of dementia. *International Journal of Aging and Human Development*, *67,* 43-61.

Hartling, L. M. (2008). Strengthening resilience in a risky world: It's all about relationships. In J. V. Jordan (Ed.), *The Power of Connection: Recent Developments in Relational-Cultural Theory* (pp. 51-70). The Haworth Press.

Heavy Runner, I., & Marshall, K. (2003). Miracle survivors. *Tribal College Journal*, *14(*4), 14-19.

Heavy Runner, I., & Morris, J. A. (1997). Traditional Native culture and resilience. *Center for Applied Research and Educational Improvement, 5*, 1-6.

Higgins, E. T. (1996). The "self-digest": self-knowledge serving self-regulatory

functions. *Journal of Personality and Social Psychology, 71*, 1062-1083.

Hippe, J. (2004). Self-Awareness: a precursor to resiliency. *Reclaiming Children and Youth*, *12*(4), 240-242.

Hobfoll, S.E. (1998). *Stress, culture, and community: The Psychology and Philosophy of Stress.* New York and London: Plenum Press.

Hobfoll, S. E., Jackson, A., Hobfoll, I., Pierce, C. A., & Young, S. (2002). The impact of communal-mastery versus self-mastery on emotional outcomes during stressful conditions: a prospective study of Native American women. *American Journal of Community Psychology*, *30*(6), 853-871.

Holleran, L. K., & Waller, M. A. (2003). Sources of resilience among Chicano/a youth: forging identities in the borderlands. *Child and Adolescent Social Work Journal*, *20*(5), 335-350.

Hollingsworth, A. (2008). Neuroscience and spirituality: Implications of interpersonal neurobiology for a spirituality of compassion. *Zygon*, 43(4), 837-860.

Horejsi, C., Heavy Runner Craig, B., & Pablo, J. (1992). Reaction by Native American parents to child protection agencies: Cultural and community factors. *Child Welfare League of America, 71*(4), 329-342.

House, L. E., Stiffman, A. R., & Brown, E. (2006). Unraveling cultural threads: a qualitative study of culture and ethnic identity among urban Southwestern American Indian youth, parents, and elders. *Journal of Child and Family Studies*, *14*(4), 393-407.

Hunter, A. J. (2001). A cross-cultural comparison of resilience in adolescents. *Journal of Pediatric Nursing, 16*(3), 172-179.

Isquick, M. F. (1981). Training older people in empathy: Effects on empathy, attitudes,

and self-exploration. *International Journal of Aging and Human Development*,

13(1), 1-14.

Kahana, E., Fairchild, T., & Kahana, B. (1982). Adaptation. In D. Mangen & W.

Peterson (Eds.), *Research Instruments in Social Gerontology (*pp. 145-190).

Minneapolis, MN: University Minn. Press.

Kahana, E., & Kahana, B. (1996). Conceptual and empirical advances in understanding

aging well through protective adaptation. In v. Bengtson (Ed.), *Adulthood and*

aging: Research on continuities and discontinuities (pp. 18-41). New York:

Springer.

Kaufman, S. R. (1994). *Qualitative Methods in Aging Research*. Thousand Oaks, CA:

Sage Publications.

Kirby, H. L. (2008a). The Relationship Between Level of Empathy and Stress Contagion.

(Unpublished masters project, 2008).

Kirby, H. L. (2008b). Pilot Analysis for Dissertation on Empathy as Part of the

Resilience Process in Native American Older Adults. Unpublished study.

Klohnen, E. C. (1996). Development of ego-resiliency in adulthood: Reciprocal relations

between personality resources and life experience. *Journal of Personality &*

Social Psychology, *70*(5), 1067-1079.

Konstam, V., Holmes, W., Levine, B. (2003). Empathy, selfism, and coping as elements

of the psychology of forgiveness: a preliminary study. *Counseling and Values,* 47,

172-183.

Krahn, G. L., & Eisert, D. (2000). Qualitative Methods in Clinical Psychology. In Drotar

(Ed.), *Handbook of Research in Pediatric and Clinical Child Psychology* (145-164). New York: Kluwer Academic/ Plenum Publishers.

Lamond, A.J., Depp, C.A., Allison, M., Langer, R., Reichstadt, J., Moore, D. J., Golshan, S., Ganiats, T. G., & Jeste, D.V. (2009). Measurement and predictors of resilience among community-dwelling older women. *Journal of Psychiatric Research*, *43*, 148-154.

Long, C., Downs, A. C., Gillette, B., Kills in Sight, L., & Iron-Cloud Konen, E. (2006). Assessing Cultural Life Skills of American Indian Youth. *Child Youth Care Forum*, *35*, 289-304.

Long, C., & Nelson, K. (1999). Honoring diversity: the reliability, validity, and utility of a scale to measure Native American resilience. *Journal of Human Behavior in the Social Environment*, *2,* 91-107.

Luborsky, M. R. (1994). The identification and analysis of themes and patterns. In J. F. Gubrium & A. Sankar (Eds.), *Qualitative methods in aging research*. London: Sage Publication.

Luthar, S. S. (2006). Resilience in development: A synthesis of research across five decades. In D. Cicchetti & D. J. Cohen (Eds.). *Developmental Psychopathology: Risk, Disorder, and Adaptation* (pp. 740-795). New York: Wiley.

Lyons, R. F., Mickelson, K. D., Sullivan, M. J., & Coyne, J. C. (1998). Coping as a communal process. *Journal of Social and Personal Relationships*, 15(5), 579-605.

May, B.A., & Alligood, M.R. (2000). Basic empathy in older adults: Conceptualization, measurement, and application. *Issues in Mental Health Nursing*, *21*, 375-386.

Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling

psychology. *Journal of Counseling Psychology, 52*(2), 250-260.

Marshall, A., & Batten, S. (2003). Ethical issues in cross-cultural research. In W. M. Roth (Ed.), *Connections '03* (pp. 139-151).

Masten, A. S. (2001). Ordinary magic: resilience processes in development. *American Psychologist, 56(*3), 227-238.

Masten, A. S., & Coatsworth, J.D. (1998). The development of competence in favorable and unfavorable environments. *American Psychologist*, 53(2), 205-221.

Miller, D. L. (1997, March). One strategy for assessing the trustworthiness of qualitative research: Operationalizing the external audit. Paper presented at the Annual meeting of the American Educational Research Associations. Chicago, IL.

Mills, R. C., & Schuford, R. (2003, January). Health realization: An innate resiliency paradigm for school psychology. Hawaii International Conference On Education, Honolulu, Hawaii, USA.

McCullough, M. E. (2000). Forgiveness as a human strength. Theory measurement, and links to well-being. *Journal of Social & Clinical Psychology, 19*, 43-55.

McCullough, M. E. (2001). Forgiveness: who does it and how do they do it? *Current Directions In Psychological Science, 10*(6), 194-197.

McCullough, M. E., Worthington, E. L., & Rachal, K. C. (1997). Interpersonal forgiving in close relationships. *Journal of Personality and Social Psychology*, 73, 321-336.

Norton, I. M., & Manson, S. M. (1996). Research in American Indian and Alaska Native communities: Navigating the cultural universe of values and process. *Journal of Consulting and Clinical Psychology*, 64(5), 856-860.

Nygren, B., Alex, L., Jonsen, E., Gustafson, Y., Norberg, A., & Lundman, B. (2005).

Resilience, sense of coherence, purpose in life and self-transcendence in relation

to perceived physical and mental health among the oldest old. *Aging & Mental

Health*, *9*, 354-362.

O'Nell, T. D. (1994). Telling about Whites, talking about Indians: Opression, resistance,

and contemporary American Indian identity. *Cultural Anthropology, 9*(1), 94-

126.

O'Nell, T. D. (1996). *Disciplined hearts: History, identity, and depression in an

American Indian community*. University of California Press: Berkely.

Ong, A. D., & Bergeman, C. S. (2004b). Resilience and adaptation to stress in later life:

Empirical perspective and conceptual implications. *Ageing International*, *29*,

219-246.

Ong, A. D., Bergeman, C. S., Bisconti, T. L., & Wallace, K. A. (2006). Psychological

resilience, positive emotions, and successful adaptation to stress in later life.

Journal of Personality and Social Psychology, 91(4), 730-749.

Pagani, C. (2001). The cross-cultural significance of empathy as an instrument to prevent

aggression. In J. M. Ramirez & D. S. Richardson (Eds.), *Cross-cultural

Approaches to Aggression and Reconciliation* (pp. 191-201). Huntington, N.Y.:

Nova Science Publishers, Inc.

Peloquin, K., & Lafontaine, M. (2010). Measuring Empathy in Couples: Validity and

Reliability of the Interpersonal Reactivity Index for Couples. *Journal of

personality Assessment*, 92(2), 146-157.

Phillips, L. H., MacLean, R. D. J., & Allen, R. (2002). Age and the understanding of

emotions: Neuropsyhcological and sociocognitive perspective. *Journal of Gerontology*: Psychological Sciences, *57*, 526-530.

Pulos, S., Elison, J., & Lennon, R. (2004). The hierarchical structure of the Interpersonal Reactivity Index. *Social Behavior and Personality, 32,* 355-360.

Realo, A., & Luik, M. (2002). On the relationship between collectivism and empathy in the context of personality traits. *TRAMES, 3*, 218-233.

Roth, S., & Cohen, J. L. (1986). Approach, avoidance, and coping with stress. *American Psychologist*, *41*, 813-819.

Robinson-Zanartu, C. (1996). Serving Native American children and families: Considering cultural variables. *Language, Speech, and Hearing Services in Schools, 27*, 373-384).

Rowe, J. W., & Kahn, R. I. (1997). Successful aging. *The Gerontologist*, *37*, 433-480.

Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthropsychiatry*, *57*, 316-331.

Ryff, C. D., Singer, B. H., Love, G. D., & Essex, M. J. (1998). Resilience in adulthood and later life: Defining features and dynamic processes. In J. Lomranz (Ed.), *Handbook of aging and mental health: An integrative approach* (pp. 69-96). New York: Plenum Press.

Schieman, S., & Van Gundy, K. (2000). The personal and social links between age and self-reported empathy. *Social Psychology Quarterly*, *63*, 152-174.

Siu, A., & Shek, D. (2005). Validation of the interpersonal reactivity index in a Chinese context. *Research on Social Work Practice, 15,* 118-126.

Smith, J. (2003). Stress and aging: Theoretical and empirical challenges for

interdisciplinary research. *Neurobiology of Aging*, *24*, S77-S80.

Smith, L. T. (1999). *Decolonizing Methodologies: Research and Indigenous Peoples*.

London: Zed Books.

Strand, J. A., & Peacock, R. (2003). Cultural Resilience. *Tribal College Resource Guide,*

14(4), 28-33.

Strickland, C. J. (1999). The importance of qualitative research in addressing cultural

relevance: experiences from research with Pacific Northwest Indian women.

*Health Care for Women Internationa*l, *20*, 517-525.

Staudinger, U. M., Mariske, M., & Baltes, P. B. (1995). Resilience and reserve capacity

in later adulthood: potentials and limits of development across the lifespan. In D.

J. Cohen & D. Cicchetti (Eds.), Developmental Psychopathology: Risk, Disorder,

and Adaptation (Vol. 2, pp. 801-847). Oxford, England: Wiley.

Volcek, M.K. (1994). Humor and the mental health of the elderly. In E.S. Buckman

(Ed.), *The Handbook of humor: Clinical application in psychotherapy* (pp. 111-

132). Melbourne, FL: US Publishing Co.

Wagnild, G. (2003). Resilience and successful aging: Comparison among low and high

income older adults. *Journal of Gerontology and Nursing*, 29, 42-49.

Wallace, K., & Swaney, G. (2009). [Native American resilience project]. Unpublished

raw data.

Waller, M. A. (2000). Resilience in ecosystemic context: evolution of the concept.

American Journal of Orthopsychiatry, *71*(3), 290-297.

Walters, K. L., & Simoni, J. M. (2002). Reconceptualizing Native Women's health: an

"Indigenist" stress-coping model. *American Journal of Public Health*, 94(4), 520-

524.

Weaver, H. N. (2005). Native Americans. In H. N. Weaver (Ed.), *Explorations in Cultural Competence* (pp. 83-109). Canada: Brooks/Cole.

Werner, E. E. (1971). *The Children of Kauai: A Longitudinal Study From the Prenatal Period to Age Ten.* Honolulu, HA: University of Hawaii Press.

Werner, E. E. (1990). Protective factors and individual resilience. In S. Meisel & J. Shonkoff (Eds*.), Handbook of Early Intervention* (pp. 97-116). Cambridge: Cambridge University Press.

Werner, E. E., & Smith, R. (1992). *Overcoming the Odds: High Risk Children From Birth to Adulthood.* Ithaca, NY: Cornell University Press.

Worthington, E. L., Jr., Kurusu, T., Collins, W., Berry, J. W., Ripley, J. S., & Baier, S. N. (2000). Forgiving usually takes time: A lesson learned by studying interventions to promote forgiveness. *Journal of Psychology and Theology*, *28*, 3-20.

Worthington, E. L., Jr. & Scherer, M. (2004). Forgiveness is an emotion-focused coping strategy that can reduce health risks and promote health resilience: theory, review, and hypothesis. Psychology and Health, *19*(3), 385-405.

Wu, S., & Keysar, B. (2007). The effect of culture on perspective taking. *Psychological Science*, *18*(7), 600-606.

Table 1

Research Questions with Sub-Questions

1. In what context is empathy utilized or demonstrated?

    a. *Who is utilizing empathy*: individuals, families, community, etc.

    b. *Who is being empathized with*: friends, family, groups, etc.

    c. *When is empathy demonstrated:* at what times in lifespan, immediate

response or delayed response, as an emotion focused coping strategy (acceptance and positive reinterpretation), as a communal coping strategy

    d. *What aspects of the situation evoke empathy:* illness, poverty, love, personality, etc.

2. What dimensions of empathy or different nuances are described in the interviews?

    a. How and when is Perspective Taking described?

    b. How and when is Empathic Concern described?

    c. What new dimensions of empathy are described by the participants?

3. Is empathy used as an emotion-focused or communal coping strategy? If so, what outcomes are described in association with either coping strategy?

    a. Do the interviewees report it to be a successful coping strategy?

    b. What well-being indicators if any are present in the lives of those who utilize empathy?

Table 2

Demographic Description of Participants (N = 28)

Characteristic	n	%
Age		
50-60	17	61
61-70	7	25
71-80	4	14
Marital Status		
Married	9	32

Divorced	6	21
Widowed	5	18
Single	8	29
Highest education level completed		
Middle school	2	7
High school	6	21
Vocational training	2	7
Some college	11	40
College degree	6	21
Graduate, Medical, or Law degree	1	4
Annual household income ($)		
Did not report an income	2	7
Less than 7,500	6	22
7,500 – 14,999	7	25
15,000 – 24,999	4	14
25,000 – 40,000	7	25
More than 40,000	2	7

Table 3

Semi-structured Interview Questions (Wallace & Swaney, 2009)

- What would you say have been the major stressors in your life?

- How have you coped with them? That is, what have you done in order to make it

  through the tough times? Was this a successful coping strategy? Is there

  anything that you would do differently?

- What would you say are the minor, everyday hassles that you deal with?

- How do you cope with these types of hassles?

- What gives you your inner strength? Which of these is most important?

- How have your sources of strength changed over your lifespan? (Interviewer: if applicable) Why do you think this has changed?

- Some people identify certain factors as being important in overcoming stress. From your answers to my questions, it seems that ___ has been very important to you. Is this correct? (Interviewer: identify a factor explicitly mentioned in previous responses)

- How does ____ help you deal with stress? That is, how does ____ work for you? (Interviewer: use the factor mentioned in the previous question. Repeat questions above for each factor identified previously)

Table 4

Table of Codes/Themes, Categories, and Constructs

	Generative Phase	Interpretive Phase	Theorizing Phase: First Stage	Theorizing Phase: Second Stage	Overarching Theoretical Proposition: COMMUNAL EMPATHY
1.	Codes/Themes	Categories	Constructs		*Relational Empathy*
	Having family support etc.	Relationship	*Relational Empathy*		
	Understanding etc.	Understanding need			

	Codes/Themes	Categories	Constructs		
	Helping others etc.	Prosocial behavior			
2.	**Codes/Themes**	**Categories**	**Constructs**		
	Perspective taking etc.	Seeking advice to gain perspective	*Perspective Taking*		*Perspective Taking*
	Perspective taking etc.	Putting self in other's shoes			
	Comparing etc.	Comparing to own past experiences to understand			
3.	**Codes/Themes**	**Categories**	**Constructs**		*Empathic Concern*
	Appreciating etc	Expression of concern	*Empathic Concern*		
4.	**Codes/Themes**	**Categories**	**Constructs**		
	Accepting etc	Time/experiential	*Empathic Wisdom*		*Empathic Wisdom*
	Learning to love	Being guides to develop empathy			
	Giving	Empathically sharing life lessons			
5.	**Codes/Themes**	**Categories**	**Constructs**		
	Having community etc	Having community	*Communal Empathy*		
	Being there for others	Helping each other			
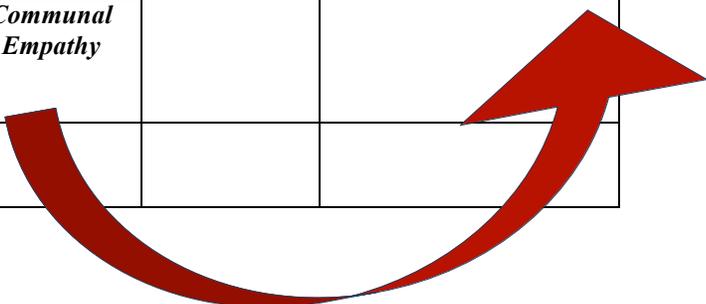
Figure 1. Communal Empathy Model

Perspective Taking

Empathic Wisdom

Communal Empathy

Relational Empathy

Empathic Concern