

**Feeling at Home**

**Is Where the Heart Must Be**

**Home Making for Children and Adults with Broken Hearts**

**John J. McGee**

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This book is for caregivers—those who care for and about children and adults who reside on the very edge of family and community life and, at times, even cling to the ledge of death and despair. It is for mothers and fathers who are trying to find justice for their children. It is for those who not only want to help these distanced individuals, but also change themselves in the process.

*It is for Joseph's caregivers who have difficulty understanding the young man's shattered heart—the nightmarish voices that tell him to grab their bodies, lick their faces, bite their necks while saying, "This is love. Daddy, I love you. Daddy, Daddy, Daddy." This young man sits and looks around furtively as if someone is about to pounce on him. His brown eyes meant to look at others with love are filled with fear, coldness, and self-hatred. He mumbles words to ghosts whom we do not see. He looks around at twisted figures we do not see. He feels a fear that we do not know. He expects his sodomizing father to beckon him at any second. His voice becomes louder. His eyes become more fearful. His hands reach out to clutch a being we cannot see. His rapidly mumbled words of fear transform themselves into his father's nightmarish voice, "Come, love me." Love has become twisted, contorted, and what it is not. It has become a hellish seduction that has carved its ugly image in Joseph's mind. It has arisen from the ashes of despair as a haunting voice that pursues and captures the innocent child. And his caregivers want to rid him of these voices. What are they to do?*

This is book is to help us change ourselves by developing an awareness of the deep and pervasive fear that envelops those whom we strive to serve. It is only this awareness of the other's suffering that will lead us to change ourselves—our understanding of the other, our acceptance of the other in spite of violence, our tolerance of those who seem to want to hurt us and others, and our expression of unconditional love in the face of hatred.

*David looks at his caregiver with a driven hatred as he hits, slaps, and bites the one who chooses to help him. His spit flies from his anger-filled mouth and slides slowly down his caregiver's cheek. He laughs. He screams. He hits, slaps, bites, and spits again and again. What is the caregiver to do? The caregiver looks at David as a good father would look at a broken hearted and confused son. Sure he knows what he is doing, but his heart is broken. The caregiver simply whispers, "David, you are good. You are good. I will not hurt you!"*

This book is for parents, teachers, counselors, social workers, psychologists, psychiatrists, advocates, and all who strive to bring about justice. It is for those who want to consider a psychology based on interdependence and discover ways to express and practice a spirit of companionship instead of control and a spirit of community instead of aloneness.

It is about children and adults who are marginalized—pushed and pulled away from feelings of union and hurting themselves, others, or simply giving up. It is for those who live and work among fellow human beings who happen to have mental retardation, mental illness, or suffer from aging. It is for those who enter into a helping relationship with society's marginalized people—those who suffer from homelessness, political exploitation,

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incarceration, and poverty. It is about teaching others who feel alone, empty, and confused to feel at home, first with us, and then with a broader circle of friends.

This book is not about behavior change in others; it is about our inner change. It is not about programs; it is about nurturing and warmth. It is not a recipe for successful outcomes; it is about our awareness of our own inner being and a deepening of our role in the social change process. It is not about control; it is about teaching others to feel safe with us, loved by us, loving toward us, and engaged with us. It is not about diagnostic categories; it is about the human spirit. It is not about reward or punishment; it is about unconditional love.

It is about those who are marginalized by social forces—those who are or feel controlled, isolated, and segregated. It is being labeled, diagnosed, and subjected to innumerable meetings that dissect, diagnosis, and dehumanize. It is having a behavior change plan written by strangers and implemented by more strangers. It is having a school that is shuffled off to the side of other schools or having no school other than the street. It is having a house that is not a home or having the gutter as a home.

To be a caregiver involves more than caring; it is to enter into a mutual change process with the person, with both becoming more instead of less—the parent embracing the crying child instead of yelling; the teacher befriending a lonely child instead of punishing; the psychiatric nurse sitting with the confused and belligerent patient instead of opening the heavy seclusion room door; the social worker creating circles of friends around the homeless person instead of simply dishing out soup; the relief worker entering into the world of the political refugee and seeing the suffering heart instead of seeing only a number. Indeed, our intent has to be to change our self, deepen our love, increase our warmth, and recognize the wholeness and goodness of the other. We might never “change” the other. Our purpose has to be to change ourselves. Our hope is that our deepening love will also change the other.

Yet, reality is often quite different. We start out caring, but give way to the system and a world of efficiency, diagnostics, and outcomes. Care giving becomes overpowering. We bow to the system’s hidden pressures to stay in our office instead of being with the people. Paper work becomes our false god. Without realizing we become bent on controlling the weak. Obedience to the system takes the place of companionship and burnout replaces the energy of love and justice seeking. Independence holds more sway than interdependence.

*Kathleen has been homeless, but is now in a state institution. At her young age of 17, her homelessness has left her hopeless. She stands at the far end of the asylum’s corridor. A caregiver approaches. It is time to do an activity. She could care less. The caregiver tells her to come. She yells and spits in his face. She feels nothing but fear. His words conjure up force and his hands are like attacking weapons. And, he stands there angry as the spit rolls slowly down his face and her loud screams echo down the hallway. He grabs her. She rips her blouse off and then her pants. Her tremulous hands gouge at her rectum. She feels no choice but to hurt herself and attack her*

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*perceived aggressor. Soon, the ward's loudspeaker is summoning "All male staff." Two strong aides arrive, hold Kathleen's arms, and bring her to the floor where she is to remain held until she is calm for two minutes. Yet, she fights more. Their hands tighten their grasp. Finally, she quiets. One of the caregivers says, "Good girl! Now you go to the recreation area." She stands up with her head bowed and accompanies them. Compliance has been victorious.*

These caregivers opted for control and they had enough physical strength to bring it about. However, we need to ask ourselves, "What kind of relationship do the caregivers end up with—companionship or subservience?" Where does this leave us with Kathleen? Is it possible to enter into her fearful and disconnected world with warmth and love instead of coldness and contingencies?

*Another caregiver has decided to establish a different relationship with Kathleen—one based on feelings of companionship and expressed through unconditional love. Later in the day, he sees Kathleen in the day room. She has been put in a restraint chair with her arms and legs strapped. He walks up to her and touches her hand. His face expresses kindness. His hands signal warmth. His words speak of friendship.*

*Of course, Kathleen has no reason to trust him. She just looks upon him as another faceless caregiver bent on controlling her. She spits in his face, but he pays this no heed; instead, he loosens the straps and continues talking to her. She screams, "Want restraint!" but he unties the straps from her body slowly and kindly. He realizes that his warm and soothing words will initially fall on deaf ears and will not penetrate her hear so thoroughly hardened by years of wasting away; but he also recognizes that he needs to endure her onslaughts and represent safety and security. He says, "Kathleen, I know that you are afraid. I am not going to hurt you. I am not going to ask you to do anything if you don't want. But, together we can go to the activity room. I will stay with you—no demands, no pressure, no grabbing, no yelling."*

*The other caregivers gawk at him and say, "You're going to have to take her by the arms! She's dangerous." He ignores their mockery and touches her hand. She recoils, but he perseveres, "You know what friends do? Shake hands! Hug! Don't worry! I will not force you to do anything. We can just sit here and play this game or just sit." She lets him touch her hands and looks up at him. She then jumps up and runs to a corner. He accompanies her and continues to dialogue with her. She flails her arms at him, but he continues to reach out and speak kindly to her. The minutes wear on. There is more spit, screaming, and attempts at hitting. Then, she comes close to him and mumbles, "Handshake! Friends! Hug!"*

As caregivers we have two options—to control Kathleen through force by using restraint and punishment or to establish a feeling of union with us by unconditionally expressing love to her while weathering the storms of this change process. The former is easy and the typical

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response. The latter is difficult and takes a deepening awareness of our care giving role and the need for human interdependence as our foundation. This psychology of interdependence asks much of caregivers. It goes against the grain of many current practices. It presents a major challenge to parents, professionals, and advocates in that it asks us to change along with the person. It requires an awakening of our values and putting them into practice in the most difficult situations.

*Patrick is a six- year old boy who has his loving parents and teacher pulling their hair out. At home and school he is a terror—throwing everything in sight onto the floor, having tantrums, hitting, scratching, and spitting on their face when nothing else seems to insult them. He has a reputation as the school’s “spitter”. Everyone knows him by that name instead of Patrick. The teacher calls the mother almost every morning to pick him up due to his extreme disruptiveness. The mother goes through the same thing at home. The family is at its wit’s end and is about to send him to a special live-in school for disturbed children. They have been nurturing, affectionate, and warm toward him; yet, he acts as though they are his enemies.*

How can these care givers reach Patrick? They are good and decent people, but the child does not respond to their ordinary affection and, since he is getting worse, even ordinary affection is quickly disappearing. A key element in a spirit of companionship lies in teaching him the meaning of unconditional love and its expression toward those around him. They need to give love abundantly and draw it out of him as well—giving warmth to and drawing it out of the child. It is not simply a matter of loving the other; it involved teaching him its meaning through repeated acts of unconditional love. Indeed, the worse he becomes, the more his caregivers need to express love. While doing this, they also need to draw loving expressions out of the child. Easier said than done! For caregivers this can go against the grain and require an extraordinary degree of patience and tolerance, a profoundly deep reservoir of love for the child, and enough fortitude to go against the cultural habit to control and dominate.

*His mother and father think about this possibility—deepening their infinite amount of love for their child and concentrating on how to teach him to feel loved, making sure that their love unconditional, and also seeking to draw affection from him. They realize that it will be a long and energy-consuming process, but perhaps worth it.*

*That morning the mother sits with her son in the kitchen. He is bawling and screaming.*

*The mother has some silverware and a tray on the table and wants to use this to structure the time. Patrick wants nothing to do with sitting there, doing a task, or being with his mother. She feels horrible about this rejection and his spit on her face rubs salt more deeply into this deep emotional wound; yet, she has decided to teach him that he is safe with her. Her hands and words will not signal violence or force, but love and doing things together.*

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*She tries hard to keep a soft and loving voice, to touch tenderly, and to look at him with sparkling warmth.*

*Patrick's parents and teacher went through this questioning process and persevered with him. He slowly began to accept and even seek out being with them, his brothers and sisters, and schoolmates. In the first days, they had to fight against the urge to control and dominate him. Patrick did everything he could to shove them away physically and emotionally. But as the spit flew from his mouth and landed right on their faces, they continued to give him value and focus on the goodness of being together. As the first week progressed, the mother started to ask for hugs. And, after an hour of screaming, tossing objects, and spitting, he ran toward her, smiled, and embraced her. She felt relieved and knew that they were on the road to a different relationship.*

We often see ourselves as better than those whom we serve and express this in talking down to those who are troubled, acting condescendingly, separating ourselves from their lives, and making sure that we are in control instead of dialoguing. Our task as caregivers is to love each person, to teach the other to feel safe and loved, to create a sense of companionship and community. Helping Patrick is no easy task. Our culture makes it harder because there is an expectation that we must control others by withholding "positive attention" when someone is acting out. Our position is the opposite. We need to be the most loving during the worst moments.

This on-going spirit of gentleness, during good moments and bad, leads to a sense of companionship—a feeling of being at home, trust, and belonging. We become the initial safety net for the child or adult, their refuge, their home. We become what Robert Frost described as that place where a person goes when there is nowhere else to go—a feeling of being at home. This feeling of creates a sense of companionship and leads to:

1. Seeking the other out,
2. A give and take of unconditional love,
3. Being engaged in projects,
4. Feelings of safety and security,

We can see these feelings in simple, everyday acts. Companionship is seen in:

5. Smiles,
6. Warm looks,
7. Affectionate touch,

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8. Words or sounds of friendship, comfort, and sincerity,

9. Moving toward one another,

10. Staying with the other when troubled,

11. Interacting together as friends.

Instead of focusing on getting rid of behavior problems, the gentle caregiver teaches others to feel safe and loved. At the bottom of the heart is only room for hatred or love. By teaching others to feel safe and loved, they eventually become loving and engaged. Our purpose, then, is to teach children and adults what we hope for them to become rather than what we want to rid them of. It is about teaching others a feeling of trust with us, not worrying about getting rid of their behaviors.

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## CHAPTER 1

### Interdependence

#### The Fulfillment of Being With Others

This book is for caregivers—those who care for and about children and adults who reside on the very edge of family and community life. It is for those who not only want to help these distanced individuals, but also change themselves in the process. It is for parents, teachers, direct care workers, counselors, social workers, psychologists, psychiatrists, advocates, and all who strive to bring about justice. It is for those who want to consider a psychology based on interdependence and discover ways to express and practice a spirit of companionship instead of control. It is about children and adults who live in marginalized conditions—pushed and pulled away from feelings of union and hurting themselves, others, or simply giving up. It is for those who live and work among the mentally retarded, the mentally ill, the aged, the homeless, and the poor. To be marginalized is to be controlled, isolated, and segregated. And, to be a caregiver is more than caring; it is to enter into a mutual change process with the person, with both becoming more instead of less—the parent embracing the crying child instead of yelling, the teacher befriending a lonely child instead of punishing, the psychiatric nurse sitting with the confused and belligerent patient instead of opening the heavy seclusion room door, the social worker creating circles of friends around the homeless person instead of simply dishing out soup.

Interdependence is a way of looking at ourselves and those who cling to the slippery edges of family and community life. It views others and us as equals, as a people who long for companionship, as a people in pain, and as a people who hunger for justice and union. It rejects the primacy of diagnostic labels and asks us to accept each person as a whole being.

It is a life-long project that brings about healing and affirmation in us and those whom we serve. It involves purposes different from those that are typically thought of. Instead of focusing on getting rid of aggression or self-injury, it starts us on a road toward feelings of companionship and solidarity—the beginning of the fulfillment of the longing for union. Instead of worrying about compliance or obedience, it calls on us to teach new ways of interacting. Instead of seeing ourselves as those who control, it asks us to struggle to create community. Interdependence leads us to bring about feelings of union, emotional well-being, and the instillation of hope at the center of our lives and of those whom we serve.

Yet, reality is often quite different. Care giving can become overpowering. The strong are sometimes bent on controlling the weak. Obedience and compliance too frequently take the place of companionship. Independence holds more sway than interdependence. None of these priorities come out of any intentional meanness. They are part of our culture. They are how we are schooled to deal with others.

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*Kathleen has been homeless, but is now in a state institution. Her schizophrenia has left her confused, aggressive, and obstinate. Her homelessness has left her hopeless. She stands at the far end of the asylum's corridor. A caregiver approaches. It is time to do an activity. She could care less. The caregiver tells her to come. She yells and slaps him. She feels nothing but fear. His words conjure up force, and to her his hands are like attacking weapons. And, he stands there, angry as the slap stings his face and her loud screams echo down the hallway. He grabs her. She rips her blouse off and then her pants. Her tremulous hands gouge at her rectum. She feels no choice but to hurt herself and attack her aggressor. Soon, the ward's loudspeaker is summoning, "All staff!" Two strong aides arrive, hold Kathleen's arms and bring her to the floor where she is to remain until calm for two minutes. Yet, she fights more. Their hands tighten their grip. Finally, she quiets. She has been subdued. One of the caregivers says, "Good girl! Now you go to the recreation area." She stands up with her head bowed and accompanies them. Compliance has been victorious.*

These caregivers opted for control, and they had enough strength to bring it about. However, we need to ask ourselves, "What kind of feelings do these caregivers represent? And, what must Kathleen see in them?" We have two options—to control Kathleen through force by using restraint and punishment or to establish a feeling of union by unconditionally love her while weathering the storms of change. A spirit of interdependence is:

- The recognition of our own and others' wholeness—mind, body, emotions, and spirit;
- The affirmation of the worth of all people—the marginalized and the opulent;
- The assumption that all long for feelings of relatedness and being-at-home with others;
- The need to accept and empathize with the human condition of marginalized others;
- The critical questioning and rejection of values and practices that seek to control and dominate;
- The recognition of care giving as a means of promoting personal and social change;
- Transforming ourselves and others;
- The centering of all interactions on unconditional love;
- The commitment to struggle for a culture of life and social justice;
- A political act based on solidarity with others.

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Interdependence leads us to view Kathleen in the light of an evolving feeling of companionship and to commit ourselves to actions that help to free us as well as her. It does not look at her as a client who needs to learn to comply or as someone who needs to learn a lesson in obedience, but as a woman who, like everybody else, is in the process of learning to live with others and to find fulfillment in them. This acknowledges her seeming desire to remain apart, but it asks us to affirm and enable a sense of coming together. Rather than getting into an emotional or physical tug-of-war, someone needs to decide to teach her to feel safe and secure, to enable her to feel that it is good to be engaged and participate with others, and that unconditional love is at the center of the human condition. At the worst moments, she needs to receive the most love and enter into a process of learning to live in friendship, a relationship that finds its origins in the unconditional recognition of her worth and wholeness as well as our own. Where does this leave us with Kathleen? Is it possible to enter into her fearful and disconnected world with warmth and love instead of coldness and contingencies? Is an emerging feeling of companionship possible? Can we put aside the label of schizophrenia and see the whole woman?

*Another caregiver has decided to establish a different relationship with Kathleen—one based on feelings of their interdependence and expressed through unconditional love. Later in the day, he sees Kathleen in the day room. She has been put in a restraint chair with her arms and legs strapped. He walks up to her and touches her hand. His face expresses kindness. His hands signal warmth. His words speak of friendship. Of course, Kathleen has no reason to trust him. She spits in his face, but he pays this no heed; instead, he loosens the straps and continues talking to her. She screams, “Want restraints!,” but he drops them to the floor. He realizes that his kind and soothing words will initially fall on deaf ears and will not penetrate her hardened heart; but, he also recognizes that he needs to endure her onslaughts and represent safety and security. He says, “Kathleen, I know that you are afraid. But, together we can go to the activity room. I will stay with you.”*

*The other caregivers gawk at him and say “You’re going to have to take her by the arms! She’s dangerous.” He ignores their mockery and touches her hand. She recoils, but he perseveres, “You know what friends do? Shake hands! Don’t worry though, I will not force you to do anything. I will just stay with you.” She lets him touch her hands for a second and looks up at him. She then jumps up and runs to a corner. He accompanies her and continues to dialogue with her. She flails her arms at him, but he continues to reach out and speak kindly to her. The minutes wear on. There are more attempts at slapping, more screaming, and more running away. The caregiver avoids getting hurt and tries to stay obviously loving and tranquil.*

*At one point, Kathleen sits in a corner and begins to rock like a little baby waiting for her mother. He sits on the floor next to her and reaches his hand out. She does nothing except give a furtive glance at the caregiver’s hand. He tries to express nurturing and warmth, but she seems unresponsive. Yet, he realizes that the longer she tarries with him, the safer she is feeling. He reaches more closely and she lets him touch her hand for a split second.*

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*However, in the next instant, her hand reaches inside her pants. She screams, closes her eyes, and enters some world that only she could describe. The caregiver thinks, "Will she ever move toward me?" He checks his cynicism and seeks deeply for his values. He reaches his hand out again. Kathleen looks at it and then at him. She removes her hand from her crotch and lets him pat her on the back. The caregiver knows that this simple act of reaching out is the mere beginning of an inching toward a new relationship. He realizes that, if their mutuality is to evolve, he will need to persevere with her, and she will gradually move toward him in an ebb and flow.*

### A Psychology of Interdependence

A psychology of human interdependence concerns itself with the whole being—mind, body and spirit, not just observable behavior, but also the inner nature of the human condition. It focuses on the marginalized person as well as the caregiver. It is a process that breaks us from the chains of control through a coming together with those who are marginalized. It brings us and others into a process of solidarity. But, it needs to start with us. We are the ones who have to initiate it. It calls for transformation in our inner lives, the way we see ourselves and others, and the recognition that unfolding interdependence is a vital and central dimension of our life-condition. It has to do with our initial recognition of our values and practices and the need for us to change before we consider others' behaviors. It is based on the belief that all of us long to be companions in this life and that this feeling for being-with-others and a sense of belonging resides in all of us.

Yet, why is it that some individuals hit, kick, scream, spit and hurt themselves? Why is it that others withdraw into isolation or seek meaning in the loneliness of the streets. Why is it that some fall into the depths of despair or mental disorganization? Could it be that this longing does not exist? Regardless of the type of aggression, self-injury, or withdrawal, we assume that a hunger for being-with-others rests in the human spirit, longs to be fulfilled, and, in many instances, needs to be uncovered. We struggle to uncover and fulfill this need in ourselves and others. We are often pushed by the fear of giving ourselves to others and pulled by the hope that such feelings give rise to. Our fear can lead us to lord over others in order to gain a false sense of power. But, the more we question our values, our hope can lead us to feelings of companionship. This pushing and pulling leaves us in a quandary—to reach out toward others or to preside over them. The desire to affirm the other is often buried in us by years of training that have taught us that independence is the central goal of life, and, for those who are on the fringes of community, compliance is the pathway to success. Yet, self-reliance and blind obedience are lonely conditions that lock us and others out of the embrace of human warmth and affection. Those who are committed to care giving often do not recognize this struggle within themselves, let alone in the marginalized people whom they serve. So, the first place to start in a psychology of interdependence is with ourselves, our values, and how we translate these into reality.

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A psychology of interdependence calls for a different perspective than what is typically seen in care giving. Humanistic psychology speaks of the glory of individualism and the striving for personal peak experiences. Interdependence, even though it facilitates and honors self-development, goes beyond the walls of the person and calls for the pursuit of social justice. Behaviorism looks at humans as machine-like entities, responding to the power of reward for deeds well done and punishment for their absence. Interdependence recognizes a basic need for relatedness and assumes that this longing transcends the self and is more important than rote obedience. It puts aside the drive for individualism and the attitude that everyone should lift themselves up by their own bootstraps. It recognizes and clarifies the vulnerabilities within the human condition, and especially embraces those who live marginalized lives due to disabilities, mental illness, poverty, and racism.

#### Origins Of A Psychology of Interdependence

This psychology's origins evolved from our work among marginalized people in the Americas. The slum dwellers of northeastern Brazil taught us much, for in the Third World interdependence is a necessary way of life, where absolute poverty drives people to one another and where the people recognize that a culture of life and a culture of death are posed in an omnipresent battle. This struggle necessarily rejects domination and seeks freedom, not just for self, but for all. In working among the children of prostitutes and thousands of other street children in a city called Juazeiro, it became clear that education and psychology need to reach out, and that this act not only helps to liberate the other person, but frees those who were working with others. Some of these children were handicapped. Some had no parents. All lived on the street, under bridges, in gutters, and in cardboard shanties. Yet, even these little ones strived to help one another—sharing breadcrumbs, filthy water, and tattered blankets. These children fought to survive and found solace in themselves. They knew that their existence depended on their friends.

It was paradoxical to enter the institutions of North America and find another Third World in the midst of bounty—institutions where the mentally retarded, the aged, and the mentally ill were subjected to control and compliance as if these were the be-all and end-all of the human condition. Then and now, it is virtually impossible to enter an institution for those who are old, infirm, mentally ill, or mentally retarded and not smell the wretched odors, not see the empty eyes, and not be touched by the cringing bodies. It is astonishing to walk North America's streets, walled in by riches, and see the countless numbers of homeless people, with their ghostly faces expressing the same hopelessness as those who are institutionalized. It is hard to pass through special schools where the handicapped, the behaviorally disordered, and the failed sit silently awaiting unknown and empty independence. And, it is equally difficult to walk through many programs that are in the community, but not of it—locked doors, rules, isolation, and loneliness.

Through our work among thousands of children and adults in these settings, it became clear that psychology needed to reflect a different spirit and purpose. This was brought home

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when we began to help establish community programs for the mentally retarded in the early 1970s. We soon learned that being in the community did not necessarily mean being of it. The probability of social integration was increased, but not assured. Roofs over heads and food on the table in a neighborhood did not guarantee feelings of being-with-others. At the same time, behavior modification had appeared as the technology for caregivers to use in these settings. Soon, control was the norm and compliance was the purpose. The lives of those marginalized people became centered on reward and punishment. Verbal reward and reprimands took the place of conversation. Time-out rooms were located next to living rooms, physical restraint replaced warm embraces. As the years have gone on, such practices have become more professional zed, systematic, and sophisticated. And, the person has become lost in a maze of individualized plans with their depersonalized enchantment with control and consequences.

In response to these experiences and realities, we developed Gentle Teaching. This was initially an approach that gave us and other caregivers an alternative to punishment practices. It soon taught us that change in the other does not come about without change in ourselves. Our values and beliefs are critical elements, and finding ways to express them has transformed gentle teaching from a supportive approach into a psychology of interdependence. Thousands of people like Kathleen and their caregivers have taught us that we can break away from control and consequences and, to do this, we need to articulate and practice human interdependence.

Our experiences with Gentle Teaching have taught us that change needs to start with us—our warmth, tolerance, and the translation of values into relationships based on companionship. Our interactions need to reflect warm caring and a spirit of oneness in spite of even intense rejection or rebellion. They need to begin to signal feelings of empathy and the understanding that the relationship will evolve into an authentic friendship even though initially it is quite lop-sided. Our interactions need to center themselves on love the person with unconditional respect during the best moments and the most difficult ones. We have to care about the other and express the feeling that we are with and for the person. Spit can be running down our face or slaps stinging on our arms, but we need to unconditionally value the other. We are asked to transmit this feeling through dialogue and sharing our life experiences with the other. Our task is to initiate this process in a spirit of human solidarity. Warmth can be felt in the tone of our voice, the sincerity of our gaze, and the serenity of our movements. Tolerance is conveyed through patience in the face of aggression, respect in the face of rejection, and perseverance in the face of entrenched rebellion. Our values are the impetus within this process, and they need to be constantly questioned and deepened. It is this spirit that we have learned in our gentle teaching experiences—to break away from emotional homelessness, to rupture the cold grip of loneliness, and to center ourselves on unconditional love.

The challenge is not to find non-aversive behavioral techniques, but to formulate and put into practice a psychology of interdependence that goes against the grain of modifying the

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other and asks for mutual change. This presents a major challenge to parents, professionals, and advocates. It requires an awakening of our values and putting them into practice in the most difficult situations.

*Patrick is a 6-year old boy who has his loving parents and teacher almost pulling out their hair. At home and school, he is a terror—throwing everything in sight onto the floor, tantruming, hitting, scratching, and spitting at their face when nothing else seems to insult them. He has become the school’s “spitter.” Everyone knows him by that name. When extremely mad, his last resort is to insult anyone asking him to do anything with a sally of spit. He knows that this is the last straw. The teacher calls the mother almost every morning to pick him up due to his extreme disruptiveness. The mother goes through the same thing at home. The family is at its wit’s end and is about to send him to a special live-in school for disturbed children. They have been nurturing, affectionate, and warm toward him; yet, he acts as though they are his enemies.*

How can these caregivers reach Patrick and help him feel at-home? They need to first look at themselves. More than simply ignoring these behaviors and redirecting him so that they can reward him, his caregivers need to express ongoing warmth and unconditional love. They have to find ways to protect him and others without domineering over him. They need to enable him to feel that it is good to be with them. At the same time, they have to look at the subtle ways they signal fear and demands and dramatically decrease any expressions of coldness and superiority.

*His mother and father think about this possibility—increasing their love, making sure that it is unconditional, and also seeking to draw it from him. They realize that it will be a long and energy-consuming process, but perhaps worth it. That morning, the mother sits with her son in the kitchen. He is bawling and screaming. The mother has some silverware and a tray on the table and wants to use this to structure the time. Patrick wants nothing to do with sitting there, doing a task, or even being with his mother. She feels horrible about this rejection that is like rubbing salt more deeply into her emotional wound; yet, she has decided to teach him that he is safe with her. Her hands and words will not signal violence or force; rather, they will represent love and doing things together.*

Patrick’s parents and teacher went through this questioning process and persevered with him. He slowly began to accept and even seek out being with them, his brothers and sisters, and schoolmates.

*In the first days, they fight against the urge to control and dominate him. Patrick does everything he can to shove them away physically and emotionally. But as the spit flies from his mouth and lands right on his teacher’s face, she continues to give him value and focus on the goodness of being together. As the week progresses, the mother and teacher feel slightly more at ease and start to ask for hugs. And, after an hour of screaming, tossing objects, and spitting, he runs*

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*toward his mother, smiles, and embraces her. She feels relieved and senses that they are on the road to a different relationship. Yet, like Kathleen's caregiver, she and the teacher recognize that this will be a difficult process and that they will need to endure more onslaughts.*

Change in Patrick means change in his caregiver. Gentle teaching has taught us many of the supportive techniques that can help us avoid punishment and highlight ourselves as rewarding people. A psychology of interdependence helps us put companionship at the heart of care giving's purpose so that we enter into a new relationship with others.

### **Companionship: The Purpose of Care Giving**

The instillation of feelings of companionship calls on us to express warmth to those who are cold, affection to those who are emptied of feeling, tolerance of those who try to harm us, and authenticity to those who are constantly subjected to sterile programs and services. As caregivers, our first task is to initiate a process in which we and others learn to accept love and express it. The initial commitment falls on us; otherwise the other is left unable to reach out. It begins in a one-to-one relationship—which at first places us in a most difficult position since our desire to create these feelings are typically thwarted through acts of aggression, self-injury, or withdrawal. Unfortunately, many caregivers believe that since the person is “unresponsive to positive reinforcement” punishment has to ensue. And, the idea of friendship has to be left for a later time. The paradox of interdependence is that we have to pass through these difficult moments of rejection in order to teach companionship's meaning. If it were easy, there would be few behavior problems. Our belief in the dignity of the human condition is what sustains us in good times and hard times. The changes that gradually occur are mutual. Our giving is eventually reciprocated through the laces of affection that are woven in the emerging relationship.

Human interdependence is expressed in the practice of companionship. We are no more, nor any less, than those whom we serve. It is unfortunate persons with behavioral difficulties have not yet learned this core dimension of human existence—the feeling of being-at-home. It is critical that parents, teachers, psychologist and all involved in giving care reflect on this assumption and help others move from a feeling of apartness toward one of union. If this is to unfold, we need to change and express new interactions.

The purpose of care giving is not to rid people of behavioral difficulties, nor to lead them to obey. The most important reason to help others to live, work, and play in the confluence of family and community life is to learn to live together. The first dimension in creating a spirit of companionship is to teach the meaning of being valued and to reciprocate it—not because anyone earns it, but because we are all human. However, unconditional acceptance and love are easier said than done. How should we feel as a child spits in our face, or curses us, or kicks a hole through the wall? Our culture teaches us to value orderliness, compliance, and self-achievement. These often overpower our view of what it

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means to be human, mask that natural longing for interdependence, and strangle our beliefs. Unconditional acceptance means that the parent with the child having the temper tantrum has to see and express love and affection in spite of growing impatience and feelings of rejection since this is what will bring about closeness. The nurse with the gruff or mean patient has to tolerate those traits and help the person feel friendship instead of poking fun or becoming angered. The teacher with the child who is loud or disobedient has to create a new frame of mind and value the student instead of becoming nervous at obstinacy or trouble making. The psychiatric aide who is ordered to push and pull a violent person to a seclusion room needs to question such oppression and find ways to change hellish realities. Each of these interactions is difficult and tests our beliefs.

Empathy is not pity. It is a feeling of being-one-with-the-other. It is trying to understand and sense why a child or adult is acting in a particular way and reflecting on the cumulative impact of each person's life history—years of segregation, submission, and isolation that gnaw away at the spirit. It is a spirit of sharing our common humanity, and the belief that no one exists as a mere individual but that we all exist interdependently. Patrick's anger is ours. His aggression is ours. His withdrawal is ours. Likewise, his emerging smile, gaze, and reaching out are ours. Empathy does not mean overprotection. It comes from our knowledge of the other and ourselves, our reality, our vulnerabilities, and our strengths and weaknesses. It is a caring about the other's anger, frustrations, and rejection instead of whether the other is obeying or producing. We need to represent kindness, serenity, and peace. It involves recognition of the personal and social dimensions of what it means to be handicapped, mentally ill, poor, or abandoned. It remains steadfast during good times and bad, at the depths of fury and the heights of joy. Nobody is only a student, a client, a resident, homeless, poor, or powerless. Empathy drives us to uncover the human condition and reveal its fullness, our fragility in the face of life's vicissitudes, our vulnerability to emotional disruption, and our need for being-with-others. We need to consider that we are but one short step from homelessness ourselves.

How can one human express unconditional love to another—no matter what is transpiring? Dialogue is the concrete expression of unconditional love. It is a conversation in which we uplift the other. Yet, it is not just words. It is our authenticity, bearing, gaze, smile, warmth, and our expression of oneness. It cannot be a role or a charade since phoniness is quickly seen through and results in further rejection and distancing. The marginalized person senses, and eventually responds to its warmth. Dialogue can be quiet. It can be in words or in silence. It is not only what is said, but what is felt. It is the expression of our total communication, that is, our words, our gestures, our movements, and our inner feelings.

However, in the beginning, the individual has little or no reason to understand or feel any commonality with us, let alone, respond in any bonded way. The very state of being shunted off to the edge of community life leaves the person almost emptied of that longing for union. Our dialogue may seem to fall on deaf ears and a hard heart. Yet, our assumption is that there is a yearning within every one in which feelings of companionship

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can eventually surface. It is as if the warmth of the dialogue thaws those hardened hearts until the blood of life itself flows once more.

The establishment of a feeling of companionship involves the emergence of mutually humanizing interactions. By necessity, these begin with the caregiver's initiative and are not mutual. Someone has to start the process. So, the caregiver is the one who approaches, accepts, and gives unconditional love to the other. Yet, over time, these solitary acts begin to be returned. The caregiver's smile changes sullen looks and kind touch changes frigidity and fear. Both begin to move toward and become engaged with one another.

### **Questioning Our Values**

The formation of these feelings rests on our values and actions. Values without actions are devoid of meaning and actions without values are dangerous. We have a marked tendency to bury our basic feelings toward those in need. Care giving has been overtaken by oppressive values. Obedience and independence have become the rallying calls of behavioral programs. Unquestioned attitudes have emerged over time and have blinded us to our own worth and dignity, and have lead us to seek to overpower the weak and the dispossessed, often without even realizing it. This is seen in grotesque restraint and punishment practices, as well as in our day-to-day deeds. Our unquestioned acceptance of the human condition as machine-like leads us to impose these silent beliefs, sometimes vengefully, on those who are voiceless. We hear comments such as, "I was treated that way when I was growing up. Why shouldn't that person be treated likewise?" These burdensome values are seen in daily behavior modification practices. School halls echo with the sterile commands of teachers, "Hands down. Look at me!" Discipline has become the end instead of a side effect of mutual respect. Institutional wards house thousands of voiceless people sitting, rocking, and pacing in the cold shadow of "time-out" rooms. Many sit in chairs with their arms and legs strapped by leather restraints because they are "a danger to self and others." Or, group homes are built to house those from the drooling wards, yet this move scarcely changes anything. Pacing, rocking and sitting reign. Names are unknown. Faces signal fear. In these settings, the warmth of human embrace is substituted with leather straps or obedience-training programs. Many have left institutions only to be dumped onto the street. These homeless ones are invisible and pass their days and nights like modern ghosts.

Yet, other caregivers offer hope and fight for justice—the parent who embraces the child who can hardly breath, the institutional worker who loosens the leather straps from the voiceless one's arms, the teacher who takes the confused child aside and offers words of consolation and encouragement, and countless numbers of others. These caregivers reject a culture of death and opt for a culture of life. The only discernible reply between these two ways of life rests in an unfolding awareness and understanding of values based on justice and solidarity.

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*Elisa lives in an institution. Her life has been enveloped by schizophrenia, which expresses its confusion in ongoing aggression and self-injury. She stands alone in her world devoid of companionship. She is stopped in her tracks in a padded suit, a helmet on her head with a black wire mask covering her iced-over eyes, and electrodes for electric shock attached to her otherwise untouched skin. As the days and years have worn on, her caregivers have become so frustrated that they have accepted the common mandate to gain control over her. The logic of a culture of death is simple—she hits her head, put a helmet on her; she rips the helmet from her head, lock it at the neck; she smashes her face on the terrazzo floor, put a mask over her face; she rips her skin, put her in a padded suit; she perseveres in her destruction, shock her with a modern cattle prod. If nothing works, tie her into a chair.*

Control leads to violence, oppression, and emotional death. It might even “work” in the sense that the observable behavior disappears; but, it only gives birth to hatred and increased distancing. The violent are overpowered through a seemingly bottomless war chest of armaments. But, the result is sad to behold.

*Elisa stands alone and whispers despairing words, “Come, come, come!” Yet, no one comes. Her lips quiver. Her hands tremor. Her eyes long for hope. Yet, fear permeates the residence. Her presence tells caregivers to move back, and their faces tell her that fear is the rule of life. Her words, hands, and gaze are left thwarted. When she becomes belligerent and the shock leaves her trembling, a caregiver sits her in a chair and ties her arms, legs, and chest with leather straps.*

The men and women of the institution are not mean or cruel in their hearts. But, like Elisa, they have been institutionalized and locked in a nether world of violent beliefs. College educated, they have learned the lonely power of reward and punishment. Trained at their place of work, they have been shown the intricacies of restraint and control. At night, in their homes, they likely hug and kiss their children. But, in Elisa’s cottage, they lock her mask and press the cattle prod’s plastic button. Like accountants, they stand with their clipboards and stop watches to gather data on her compliance and noncompliance. They live in a world devastated by unquestioned beliefs. Our values, whether we recognize them or not, can translate into direct and ongoing domination.

This feeling of being-at-home needs to be expressed in our actions. We need to see Elisa and convey to her the affirmation that she is a full human being—mind, body, and spirit. It does not make any difference how she is labeled nor how many behavioral problems she might have. Mental retardation, mental illness, or other disabilities are secondary and have nothing to do with the individual’s personhood. This perspective is quite difficult to put into practice. We are not dealing with “behavior problems,” but attempting to engage ourselves with fellow human beings with a range of unrevealed feelings. This encouragement has to be made evident in our minutest actions.

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Next, we need to view ourselves as equals with Elisa. An almost natural tendency is to look down on those who cannot speak or fend well for themselves since our culture exalts achievement. We often assume the role of changing “their” behavior. However, a spirit of equality leads us to put aside ideas and perspectives based primarily on functional skills, independence, and individualism. We need to see the person with even the severest behavioral difficulties as our own brother or sister since those most in need have the deepest, but unfilled, longing to be valued. We need to understand that the helping process is mutual—changing and transforming ourselves as much as the person served. We might think that we are the givers and the person with special needs is the perpetual receiver. Yet, a critical element is helping the other to both accept and reciprocate unconditional love. The very process of reaching out to others brings wholeness to us.

We need to see our relationship with Elisa in the context of family and community life. The challenge is not to “control behaviors,” as is so often described, but to create community. We need to define our work in this broader reality. If we allow compliance to be the goal for one, then we hold it up as the purpose of all existence. If we permit punishment as valid for some, then we open its floodgate for all. Our posture springs out of another value system—that we are meant to live together and this can only occur if we are creating community wherever we might be. Care giving is a life-long process of coming together. It requires a commitment to the creation of companionship and spreading it throughout the community in families, classrooms, and work places.

### **The Establishment of Companionship**

Bringing about a mutually valued relationship means that we need to help Elisa and other marginalized people feel safe and secure with us. We have to be careful that our presence does not signal fear. When we approach the person with behavioral difficulties, we need to concentrate on nurturing rather than demands. Our hands and our words should not be instruments of terror, but signs of love. Feelings of safety and security converge with the growing recognition that being with and participating side by side with others is inherently good. Participation can lead to skill acquisition and productive work, but it is much more basic. It means the growing acceptance and understanding of the significance of being with others. The acceptance of human presence and engagement with others are the cornerstones of companionship. Buildings become homes; classrooms become the garden for planting the seedlings of community; work places become environments for the expression of personal talent and union.

Learning the meaning of human presence, engagement, and love leads to mutual and reciprocal feelings and interactions that signal respect and sharing. It is the fruit of the evolving fulfillment of our quest for being-at-home in the world. Our presence has to equate with a feeling of interdependence. Instead of yelling at a person or forcing someone to comply, our interactions need to demonstrate that we are with and for the person and that we represent sources of companionship, not power.

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We need to have enough strength to turn our values into meaningful interactions. But, how can we remain steadfast when spit is running down our face and anger is surging at such an insult? How can we tolerate Elisa's screams and kicks when she does not want to accompany us? How can the parent open her heart when her child has a tantrum? What do feelings of companionship mean when someone is pulling out our hair? What about the homeless person who damns us and all that we do? Many caregivers say, "Well, they have to be taught a lesson! How is someone going to learn to obey, unless they suffer the consequences of their misdeeds?" Our purposes are different from obedience or control. It is at the very worst moments of aggression, self-injury, or rejection that our beliefs are the most acutely tested, and when we have to remain firm in striving for companionship through our presence, engagement, and love. If we were to ask what Elisa needs, some would say control, others companionship. The choice is ours.

*Scared, a caregiver unties Elisa's arms and legs from the wooden restraint chair where she spends most of her time. Elisa screams and thrashes since she "needs" the straps' cold embrace after so many years of such treatment, plus she must feel that some form of meaningless demand is going to be imposed on her. The caregiver thinks, "My God, she's going to come after me with both fists flying!" yet, she reminds herself that she needs to convey unconditional love. Elisa is filled with anger, not at the caregiver, but at the absurd reality in which she is warehoused. She rebels against her life-condition and the assumption that any engagement with others will be oppressive. The first to free her is almost assured of attempts at aggression. Her fear meets the caregiver's anxiety; but her nonviolent courage encounters Elisa's anger.*

*All the while, the caregiver is speaking soothing words of friendship. Elisa does not seem to have any feeling for the encouragement and affection. But the caregiver perseveres and invites Elisa to walk with her. She refuses. The caregiver still perseveres. Every move she makes expresses love. She knows that she has to remain nurturing in spite of Elisa's refusal. As these minutes become hours, Elisa begins to feel at ease. Every now and then she approaches the caregiver as if testing whether or not there is meaning in this new reality. She sits and then runs away. She starts doing an activity with the caregiver and then jumps up and screams. But the moments of calming and togetherness increase. Thus, begins the transmission of a culture of life expressed in a slowly growing spirit of companionship.*

If we step back for a moment and think about how companionship develops, it might be easier to see both its meaning and necessity for Elisa. Many lessons can be learned from normal emotional development. At the start, a mother is nurturing and unconditionally gives of herself—her time, energy, and love—to a fellow human who is totally dependent. The baby cries, she listens to those wordless expressions. She knows what to do—console, help, smile, hug. All is given. The baby learns to reach out, to give, to smile, to coo. Mutual change emerges in this unfolding bond. As dependent as the infant is, the mother, nevertheless, changes as much as the baby. She learns to give; the baby learns to receive

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and return love and eventually to spontaneously initiate it. Without this spirit, the mother would have no option but to demand obedience from the baby. The baby would rebel. The mother would overpower the baby with shouts or spankings. The baby would succumb to force. Unfortunately, such actions sometimes occur, and we call it child abuse. The option is for the mother to care for and care about the infant with uncalculated affection. She recognizes that the baby's well-being depends upon her giving, her warmth and affection, and her elicitation from the child of similar feelings of union. It is at this point that other developmental events begin to occur in the relationship. Expectations and responsibility increase. But, the center of the relationship has been built on unconditional love. This nurturing spirit remains the guiding force in the relationship.

Among older children and adults, especially those who cling to the edge of family and community life, the bonding process with significant others is of the highest importance and needs to be consciously sought and supported among parents, siblings, peers, teachers, and other caregivers. As the child grows into adolescence and adulthood, it is expressed in friendship and companionship. A network of relationships evolves and is like a harbor that beckons the individual in distress and shelters the person from the vicissitudes of life.

We can extract some vital lessons from Elisa's reactions as they relate to the formation of feelings of companionship and what we have to pass through and still convey unconditional love. She stands in fear of us, not because of deliberate cruelty, but because she lives in a culture of violence that predictably reflects relationships based on control. She finds no joy in being with any caregiver and joining in any activity, not because what she is asked to do is boring or frustrating, but because she finds no meaning in being-with-others. She knows that our words and gestures only bring neutrality, coldness, or pain. Our presence is like spit. Her lonely soul is filled with fear. Her feeling of repugnancy is conveyed in her distancing interactions. The more she becomes alienated, the more we typically escalate our drive for control. Yet, if companionship is to emerge in her life, we are challenged to turn fear into serenity, violence into love, and feelings of control into affection. We need to be ready to receive frequent rejection and hostility in our initial attempts, and we have to persevere in establishing the feeling that we represent safety and security, that we are good to be with, and that our words, presence, gestures, and other warm contacts equate with what it means to be human. Our first challenge is to reflect the fullness of her human dignity by conveying unconditional giving.

### ***Safety and Security***

A profound meaning rests in our very presence. Our hands and words yield much meaning to marginalized persons. They are like instruments that either symbolize warmth and affection or oppression and control. When we raise our hand to help, this movement might generate fear, not because we consciously intend it, but because the person lives in a culture in which our hand is just one more among many violent ones. Our words of affection are just so many more syllables in a litany of orders and denigrations. These words and movements converge into a perception of what our presence so often means—fear. One of

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the most essential initial challenges confronting us is to teach the person that our presence, in spite of a world of control and domination, represents safety and security. When we speak it is to dialogue. When we reach out, it is to warmly help or give value. As caregivers, we have to remember that our very presence conveys strong messages. Before we utter a word or open our hands, the alienated person begins to feel who we are and what we represent. Imagine that you are a lonely and scared child in school. The teacher approaches. What does it mean to feel in danger?

*Mary is sitting at school and the teacher coldly says, "Do your puzzle now, Mary!" The teacher has not said much of anything to the child all day except ordering her what to do. The child sees the teacher as a stern authority figure—"Do this...Do that!" Mary becomes more frightened of her, not because the teacher is deliberately cruel, but because she sees in her little more than demanding words.*

This might sound ridiculous. Is it possible that a simple thing like telling a child to do something will teach the child to have fear? The answer is "yes" if this happens day after day, year after year in a world where the child is valued only for deeds done. Plus, it is not just spoken words, but also the tone, the superiority, and the coldness. The teacher becomes a commandant instead of a friend. There is deterioration of the human spirit over time. Our interactions are like drops of water falling on a rock. One or two drops do not make much difference. But constant drops, time after time, year after year, take their toll. Our words and acts become symbols of oppression.

Harsh words often turn into grabbing when the person does not do whatever it might be that they are supposed to do. Our hands are like our words. They can be instruments of love or domination. Care giving is filled with euphemisms that mask violence—physical help is often a charade for force, escorting often equates with pushing and pulling another person like a bag of garbage, and compliance often means "Do this, or else!" The person quickly learns to fear us or rebel against us. We begin to represent feelings of danger and insecurity that distance us from the person. The gap widens.

*When Mary does not start to do her task after having been told several times, the teacher gives her a "physical prompt," taking her by the hand and moving her through the motions of compliance. This results in an emotional and physical tug-of-war with both becoming more resistant. Mary sees the caregiver approach and her heart cringes. This fear soon translates into aggression or withdrawal.*

If we want to teach feelings of safety and security, we need to question what we are doing and how we are doing it. The key is to look at ourselves and ask, "What do we represent to the person—love or domination?" If we see the person as our equal and if we define our relationship as one of brotherhood and sisterhood, then the answer becomes more obvious. We commit ourselves to making certain that our presence signifies feelings of safety and

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security. Yet, we need to deal with the irony of representing these feelings while face to face with rejection, disruption, or even violence.

Our interactions have to signal warmth, serenity, and tolerance. From the first instance, we need to make sure that the person interprets our presence as representing nonviolence. Warmth emanates from a strong desire to be one-with-the other. We have to put in check many customary reactions—demands, harshness, and “objectivity.” Care giving is a very personal process that needs to summon forth feelings of friendship. At first, we should not expect acceptance since all of the person’s history says control is the rule. But, in time, the person will begin to see us as representing safety and security.

### **Human Engagement**

Along with safety and security, it is critical to establish a sense of human engagement. As the person draws near, we need to enable the feeling that being with us and mutually participating brings us closer together, opens up ongoing opportunities for sharing, and sets a backdrop for dialogue. Caregivers who are bent on bringing about behavioral control often push to have the marginalized person acquire skills based on a rationale that human value is only found in the ability to be independent. A central question is not what we can do, but who we are. Our assumption is that our life takes on meaning based on our relatedness with others. The development of our particular talents is important, but secondary if human engagement is absent. Self-reliance leaves already alienated people more isolated in a dog-eat-dog world. Our option is to teach the meaning of human engagement—that it is good to be with and participate with us and others. Doubtlessly, each of us should have the opportunity, and whatever help necessary, to develop our skills. But the affirmation of a feeling of relatedness with others is a necessary emotional precursor to skill acquisition. Just as our presence can signal fear or security, so doing things together can equate with equal repulsion, confusion, or rejection. Change occurs slowly. When a child or adult remains with us for a moment, this signals that fear is diminishing and that engagement is taking root. Yet, in a split second, the individual runs away. We try to make being with us interesting, but interest is not held. The central factor in human engagement is an evolving desire to be with us, not interest in a task. It is not some magical process involving finding something interesting to do, but the person’s perception of who we are and what we represent.

To be engaged is to feel that it is good to be with the other, to interact, to share, and to give and receive human love. Being together and being engaged in the flow of ordinary life communicates feelings of

*union. Engagement is not a relationship based on manipulation or control, but the affirmation of the other through mutual participation. For those who are marginalized, it is a critical dimension in the elaboration of companionship since it creates a common ground for being together. Yet, alienated individuals have no reason to be with us. So, a basic care giving role is to bring about engagement. Doing activities with the person and using such a*

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*structure to express unconditional love facilitate this. The teacher decides to convey a spirit of friendship to frightened Mary. Instead of ordering her to do her task, she sits beside her, reaches her hand out, and offers words of love while also putting the puzzle together with her. She does not mind that Mary is not “complying,” but is focused on having the child feel that it is good to be near her and knowing that she will help her. Mary’s fear begins to diminish as she learns that her teacher recognizes her value and understands her human condition. She slowly begins to participate.*

In the beginning, we have to enable the elaboration of participation. Putting aside the drive to demand compliance, we have to be present with the individual and avoid domineering commands. When the person refuses to participate, the focus cannot be on “Do this, or else!” As in teaching safety and security, we need to concentrate our efforts on love, moving toward the person without conveying fright, and being with the other, whether or not the person does a particular activity or not.

As caregivers, we have two basic choices when it comes to enabling human engagement. One is to try to make the person comply by giving rewards for good deeds and punishment for non-compliance. Or, to start to represent a new relationship by love the person and teaching the person to reciprocate this because it is good to be with us. Instead of centering our interactions on “Do this!” we need to recognize that teaching the person to be one-with-us is a crucial dimension of companionship. This requires us to put aside the urge to concentrate our efforts on the acquisition of skills or obedience; rather, one of our initial roles to help the person participate with us, regardless of ability. The question here is not “I know Mary can do this, so she must.” Instead, it is “Even though she could do this, how can I help her accept being with me, and secondarily do that which she has the potential to do?” We try to bring about engagement in activities, but it is more basic to find ways to have the other be with us. So, we might end up doing and completing an activity. The person might be a passive participant for a time. The important thing is to draw the person toward us. Activities are vehicles for signifying that our presence and mutual participation equate with being valued.

The most common practice used in human service systems is to apply a system of reward and punishment to those who do not comply with preordained norms. This might work. If we can find the most powerful reward or punishment, many people will start to do whatever it is that we want. However, others will rebel against this. More importantly, our relationship will be built on power over the person instead of equality. So, for Mary, the teacher might give her a bottle of soda pop every time she does some task or obeys for several hours. Likewise, the teacher might take this “reward” away when the child fails to do the task or activity. An irony is that the caregiver becomes as imprisoned as the child in this world of the carrot and stick. The teacher is controlled by unquestioned and mechanistic practices; the child is dominated by being a mere recipient of contingent reward or punishment. This focus is twisted toward the delivery or withdrawal of privileges instead of unconditional love.

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An ongoing struggle is to drop the urge for control and establish the feeling of being together.

### Unconditional Love

The driving force behind the newly emerging meaning of our presence with others and engagement with them is our unconditional love. To value another is to uplift, to honor, to respect, to listen, and to reflect and share feelings—whether with words or other humanizing expressions. To do this unconditionally is to express it regardless of deeds done. It is common for a person who has been exploited and rejected, or who is simply vulnerable to emotional devastation due to handicapping or marginalizing conditions, to shun our love. Most individuals are accustomed to the experience of only being rewarded for deeds well done. And, since they do few things that meet the criterion for reward within this culture, they not only have little opportunity to “earn” it, but also find little meaning in it because it is most often unauthentic and mechanistic. Or, they have been pushed and pulled so much to perform “good” behaviors; they rebel against our very presence, let alone doing something with us. The unfolding of the feeling of being valued and love others is the central dimension in the establishment of feelings of companionship. It can only be taught through our giving and eliciting it frequently and unconditionally. Like the other aspects of our relationship, we are confronted with its initial meaninglessness—not only in the eyes of the other, but sometimes in our own. It is impossible to give genuine value if we do not feel it ourselves and it is difficult to express it when it falls on seemingly deaf ears. Yet, the act of giving it, and giving it frequently, regardless of what the person might be doing or not doing, is our central task. This process deepens its meaning for us and shares its power with the marginalized person.

*When Mary refuses to participate or throws something to the floor, the teacher does not reprimand her. She approaches her as a friend. She sits down with the child and does the particular task with her—even if she has to do everything. All the while, the teacher dialogues with the child, gives value, and gradually creates a feeling of safety and security. The child's cries lessen; the teacher feels more affectionate.*

Someone might say, “Well, I interact a lot and give positive reinforcement, but she still does not comply, and she still won’t do anything. In fact, whenever I ask her to do something, she starts to throw the material on the floor, scream, or hit herself.” The problem does not lie in positive reinforcement because such reward has to be earned and Mary earns little. We are not behavioral accountants dispensing loans. Love someone does not depend on contingencies. It is given because she is a full human being with a hunger and longing for warmth and affection. Because she is vulnerable to feelings of insecurity and fear, we need to teach her that we are continuous and certain sources of love. She needs to feel that it is good to be with us, that our words, our physical contact, our whole being, and all our interactions begin with, center on, and bring about human love.

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## **Conclusion**

Human interdependence starts with our beliefs. We assume that all people are mind, body, and spirit. This requires an acceptance of and dealing with much more than observable behaviors. We assume that a longing for human love resides in all of us. We need to recognize this in ourselves and uncover it in those who are marginalized. Furthermore, we assume that all change is mutual and that the unfolding of feelings of companionship is the ongoing purpose of care giving. We are not only helping others, but ourselves as well. To bring this new reality to fruition, we need to put three basic elements into practice—the establishment of feelings of safety and security, the goodness of human engagement, and the central role of unconditional love. These are the seedlings of this ongoing, mutual change process.

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## Chapter 2

### Unconditional Love

#### **The Central Task of Care Giving**

When our interactions revolve around unconditional love, then our feelings and actions also reflect a full acceptance of the person, tolerance toward violent or recalcitrant acts, and empathy for the life-condition of the individual. But, this is no easy task. It requires a sharp consciousness that our most subtle, and seemingly irrelevant, interactions have a tremendous impact of the person's ability to accept us. A solitary neutral gaze, a demanding word, or a cold touch can shout out to the already suspicious person that we are nothing more than oppressors, even when our intention is to value. Our interactions need to start with love, including the manner in which we physically and emotionally approach, look at, reach out to, and speak to the person. Every move, step, and expression has to summon up a strong feeling of genuine warmth and exude unconditional love. They need to center on it. Nothing is more important than giving value. Whatever else happens, this focus has to transcend everything else. For those trained in behaviorism, this does not mean "delivering" a litany of contingent praises; rather, it signifies a dialogue that is ongoing, unrelated to what behaviors might be happening, and an expression of our solidarity with the person. The most common way to bring this about is to engage the person in an activity, not for the sake of the activity, but for purposes of having something concrete to do while expressing unconditional love. This structure requires us to put aside the compulsion to teach skills or gain compliance. It is an initial reason to be with the person and to become engaged. Without such a structure, many caregivers flounder after a few moments in the sea of rejection that surrounds them. It is important to avoid conveying messages that relate to an activity needing to be done; instead, the communication is, "It is good to be with you! I will honor you regardless of what you are doing, and I will help you learn to feel safe and valued."

Within this process, we also need to seek love from the person. Besides giving it, we have to seek its reciprocation. If not, we leave the person in a dependent position. Our posture can become overprotection that appears kind, but eventually subjugates and suffocates the other. It might be considered as charitable in the sense that it "helps" the other, but it is unjust since it is not founded on equality. Justice is based on the fulfillment of basic human rights and places us in a mutual change process with the dispossessed with each seeking meaning in companionship. The elicitation of love is a process that needs to be woven into the expression of unconditional love through non-forceful attempts that indicate that it is fulfilling to give and to receive. As we elicit and receive it, we also generate encouragement to persevere in our efforts since the slightest signs of companionship multiply our own feelings of mutuality and instill hope in us as well as in the other. We need to seek this reciprocation slowly, yet perseveringly, since so many marginalized persons fear our touch, words, or gestures. It might just be seeking a smile or a gaze. If the smile does not appear,

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we need to ask again, and include these requests in our dialogue. As we give the person a few moments to consider whether to respond or not, we also continue the participation and the expression of unconditional love. In due course, the person begins to learn to link our presence with being valued and love us.

How can we center all our interactions on love the other, especially when rejection is typical and even expected? We need to make a deliberate option to work among the most marginalized and accept the purpose of this engagement as unfolding our own liberation along with and because of those whom we serve. This decision enables us to confront and tolerate rejection. This commitment leads us to persevere in spite of flurries of aggression, the attempts at self-injury, and the near hopelessness of withdrawal. How can we express it? It is necessary to be with the person, even when the individual is running from or attacking us. We have to accompany the individual, and not expect immediate engagement. Remember, for the other person, everything in the relationship is likely meaningless at the beginning. Our words, touch, and other expressions at best signal fear or, at worst, an attack that communicates the person's anger and mistrust. Our love needs to rise above fear and violence. It prevents it, takes its meaning away, and replaces it with eventual feelings of union.

### **The Role of Technology**

We need to express love without reservation. We have to put aside practices such as, "He needs to learn a lesson!," "Natural consequences are necessary!," "If I value him when he's acting out, I will be reinforcing his inappropriate behavior." Such statements are a reflection of a technology based on a culture that seeks to control and results in machine-like people. Some might say, "Well, I am a behaviorist and my technology is necessary. Otherwise, I can never gain control over these behaviors." Without a doubt, techniques are important tools, but their usefulness rests in our hands and values. They need to be congruent and consistent with our beliefs. The analysis of observable behaviors can provide some knowledge relative to a person's condition, but it is only partial truth. The dual system of reward and punishment surely works to modify some behaviors, but it only partially touches the human condition. The techniques of behavior control—whether aversive or non-aversive—are based on a materialistic value-system that can leave us and others as robots. We need to question the beliefs that support technology and make sure that our actions are consistent with life-giving values. The establishment of the meaning of human presence, engagement, and love requires putting our beliefs into practice. These are complex and dependent upon much more than materials set out on a table, instructions, or daily "sessions." Their teaching necessitates and arises from our values and interactions. The role of technology in this process is important, but secondary. The techniques that we muster are like the sculptor's chisel. In the hands of one person, the tool can be made to create life's images; in the hands of another, it can be an instrument of oppression.

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## Love Versus Reward

Love is quite different from positive reinforcement. It is given, not earned. It is nurturing rather than rewarding. It occurs at good times and bad. It arises from a spirit of human solidarity rather than from a technology used to shape specific behaviors. It is the continuous expression of our relatedness with the other. It is a dialogue of words and other interactions that affirms the sacredness of the human condition and acknowledges the common struggle in which we all find ourselves.

It is quite different from the typical carrot and stick approach in which good behaviors are reinforced and bad ones are punished. Even when the person is aggressive, self-injurious, or withdrawn, it leads us to center all our interactions on uplifting the wholeness of the person. All of our words, gestures, and physical interactions are intended to give value. The person screams, we continue giving value. The person swings at us in anger, we continue. The person spits in our face, we continue. The person throws material on the floor, stomps his feet, or slams the door, we continue. Of course, we also have the responsibility to prevent or diminish the force of such violence. Yet, this needs to be accomplished nonviolently. At the same time, love needs to be associated with being with us—not telling the person to do something, but sitting down and doing tasks or activities. Through this, we link love with engagement.

Life is filled with a feeling of apartness and nonparticipation. We have to find ways to engage the person in interactions with us. In the beginning, this might involve simply having the person present while we do a particular task; or, it might mean that we have to go where the person is. The key is to bring ourselves together with the person. Establishing companionship is a process that naturally involves an ebb and flow. It often requires us to do things for the person and then with them with whatever degree of support necessary. There will be moments when the person rebels. We might have to back off, but still continue love.

A common caregiver reaction is, “Won’t that teach the person that it is good to throw things, to hit, or to disobey?” At first, this seems to make sense. We have been taught in recent years that “It is bad to reinforce maladaptive behaviors. Appropriate behaviors have to be reinforced and inappropriate ones punished or extinguished.” This is one way to look at the human condition and interact with others. However, another way is to see ourselves and our purpose in a different light. In spite of the repugnancy or annoyance of the action that the other person might be involved in, we all long for feelings of being valued and being in union with others. Yet, it is certainly hard to see this when someone is spitting in our face, but we make this assumption. We need to dig into the depths of our beliefs and see wholeness in the other. The core of this is the hunger for human interdependence. This cannot be nourished unless we fill each person’s plate with love. Tapping into this deep wellspring is our challenge.

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The power of what it means to give and receive unconditional love is a learning process. It cannot be given and then withdrawn. Imagine that you are starving and someone gives you food and then takes it away for whatever reason. How would you feel? The homeless person in the shelter needs comradeship, not damnation. The adult in the asylum needs intense and warm regard, not isolation. The child needs our embrace, not abuse. Love starts with our beliefs and is seen in our commitment to the person in the very worst moments.

*Out of the blue, Ted screams, "No!" several times. His size and loudness intimidate everyone. The sound echoes through the community work place. Everybody looks. They see his large body moving. His caregiver becomes nervous, afraid, and embarrassed. Ted goes beyond yelling. He tears his shirt off, pounds his fists on the table, stands up, and hovers over the caregiver with his fists flying. The program plan says to react as "non-reinforcingly as possible" and to do a "take-down" program or a "basket hold." The caregiver stands behind him, wraps his arms around his chest, and brings him to the floor. Another caregiver has to come over and help straddle Ted's body "until he is calm for three minutes." He is sweating, and so are the caregivers. He is scared, and so are the caregivers. He is dominated, and so are the caregivers.*

Yet, we say that in this most difficult moment we need to center our interactions on love. Instead of overpowering Ted, there is another option—to express unconditional love through dialogue. For us to do this takes the best that we can give.

*Later on in the day, another caregiver decides to value Ted as he begins another fury. As he stands, this caregiver stands and makes sure that his slightest movements express calming, nonviolence, and nurturing. As he screams, the caregiver's warm and soothing words of value are heard. As he flails his arms, the caregiver, even with great difficulty, continues to engage him in the particular task. As he catches his breath, the caregiver places his hand in Ted's for a handshake. Ted slaps him away, but the caregiver says, "I know you are scared. I will not hurt you." At the same time, the caregiver is ready to protect himself from blows without doing violence or increasing fear. Any focus on compliance is avoided. The center of all interactions is to give him value and even to elicit it from him. Throughout forty minutes, Ted has had brief moments of calmness—catching his breath, rocking, and looking around. The caregiver has stood and sat with him. He has done a task for him and then with him. All along, he has conversed with him about friendship, doing things together, and feeling safe. Ted increasingly senses the warmth of the tone and starts to scream and thrash less. Instead of hitting the caregiver's hand, he starts to let him touch his and a faint smile emerges.*

If the caregiver had tried to reinforce Ted for compliance, he would have been left to flounder in his confusion. Positive reinforcement is totally different from dialogue. The first is contingent; the other is given with complete acceptance and disregard for what might have been done or not done. Positive reinforcement is generally one-sided; the caregiver delivers

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it as a postal worker delivers a letter to an occupant—impersonal, disconnected, and irrelevant. It lacks qualities of authenticity and warmth. Unconditional love is ongoing, based on dialogue, and non-contingent. While recognizing that it will often hold little or no meaning in the beginning, our task is to teach Ted that our love quenches the thirst for being with others and quells the hunger for the unconditional affirmation of what it means to be human.

Yet, domination exists in the very flesh of our culture. It is in constant conflict with solidarity. It flows in our veins, and we often allow oppression to freeze over our being. But, we have the ability to question our reality and to opt for solidarity. Some make this choice; others do not. A glance around our world reveals homelessness amidst opulence, shelters where food has to be earned, schools where children are lined up as little soldiers in a constant drill, and institutions where the mentally ill, the mentally retarded, and the aged are subjected to the bleakest forms of behavior modification. In these settings, practices such as the use of seclusion, cattle prods, drugs, and restraints are a way of life, but a life that brings about feelings of apartness. The ability to opt for a culture of life lies in our hearts, minds, and actions. It is the marginalized who can transform our values and practices if we open our eyes. This option will bring life where emotional death has reigned.

We are acculturated in domination from our earliest years. We learn that it is better to be the best, to compete and step over those in our path, to pursue self-reliance as if it were a god. Professionals come from schools that produce behavioral change experts entrenched in a materialistic view of the human condition and trained to efficiently and effectively modify behaviors. Rules and regulations are written with behaviorism and behavioral practices as basic assumptions. In-service training concentrates on physical force, in the name of self-defense, to deal with aggression and self-injury. Caregivers practice “individual planning” that removes the human spirit from the care giving process. So, our option requires ongoing questioning and renewal.

Domination is most frequently seen among caregivers bent on teaching compliance or eliminating maladaptive behaviors. These rallying calls are the harbingers of control through force and this is the parent of domination.

*Little 4-year old Maria is giving her mother many problems. She is a pretty little girl and shows much affection, but she also only does what she wants to do, when she wants to do it, and only for as long as she is interested. She is running her mother ragged. Frustration is written in her face. At her wit's end, the mother goes to a local behavior management clinic and asks for help, “I need a way to deal with my daughter's tantrums.” The response is swift. “Every time that Maria cries out, tell her in a firm voice, ‘No!’ Then order her to put her hands down for ten seconds.” So, the mother goes home and carries out this efficiently packaged prescription. Sometimes the child obeys; at other times, she cries incessantly. The mother begins to feel like a monster as she yells the firm “No!” Their relationship is beginning to worsen, and the child is not improving. The mother feels like a boot camp*

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*instructor more than a nurturing mother. Even though she had been frustrated and tired, she had at least felt like a mother prior to the behavioral prescription.*

*She returns to the clinic and reports her problems. The interdisciplinary team meets, considers the child some more, and then says, "It is just a matter of time and consistency. Keep carrying out the program. It will work. You are probably not doing it right." Back home, the mother continues to yell at her child and to order her to put her hands down. After several weeks of getting nowhere, she decides to make a change. She sees that her interactions are as emotionally destructive as the child's. She feels that, even though it might be possible to simply overpower her daughter, it is much better to return to a nurturing relationship.*

*That evening, when Maria is crying and refusing to have her hair brushed, the mother starts to sing a nursery rhyme. Instead of focusing on the crying and pushing away, she decides it is more motherly to express warmth and kindness toward her daughter. So, she sings while starting to brush the child's hair. Maria looks quizzically for a moment and then sits on her mother's lap, smiles, and gazes into her mother's eyes. This begins a return to the mother's original and natural relationship with her daughter. It will be a long and difficult process, but fulfilling for both.*

What the mother had decided to do was to renounce violence and recommence centering her interactions on love. This nurturing is essential in the development of mutually humanizing emotions and feelings of companionship. As caregivers, we can either represent domination or love. We can either teach apartness or union. Domination is most frequently almost unnoticeable acts such as coldness and detachment in our words and deeds. Perhaps domination seems to be too strong a term for that cold gaze or disinterested conversation. Yet, every interaction matters. It is their cumulative effect over days, months, and years. Likewise, love is often silent and is delicately woven in the fabric of our interactions—the way we move, our tone, and our touch. Fortunately, these fragile threads become stronger as we weave them into laces of affection.

## **Conclusion**

Care giving requires conscious decisions that reflect our values. It leads us to teach the meaning of our presence and that of the person, the goodness of human engagement, and the centrality of love. Yet, as we have seen, this is easier said than done. Underneath this rests a life process and a purpose that we are all struggling to make unfold. If we are to value the child or adult with severe difficulties, we need to constantly recognize that we are involved in a mutual life-giving process. If we value the other, we are love ourselves. We transform ourselves as much as we "help" the other. As caregivers, we have to see the human condition as consisting of much more than observable behaviors. This mind-body-spirit assumption places us as co-participants in a process of becoming more fully human. It liberates everyone from the loneliness and self-isolation of individualism. It makes history by freeing us to transform our lives—moving us from apartness to union. Care giving cannot

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be a here-today, gone-tomorrow process. It has to endure with consistency, stability, and personalization. Companionship is not an end, but a life-long process that expands outwardly. We are called on to make a life-commitment. Our central role is to bring about a spirit of unconditional love. This requires a movement away from dominative interactions and a commitment to the development of interactions centered on warmth and authenticity. The underlying challenge is to choose between domination and love. This, then, also helps the marginalized person learn union instead of apartness.

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## Chapter 3

### **Our Interactions: Love versus Domination**

Before worrying about others' actions and interactions, let us question what we do and how we do it. Care giving interactions are complex and bear directly on how others interact with us. We need to reflect on ourselves before examining others. Many traits and practices make it hard for us to focus on being value-givers. If we want to start centering our interactions on love, we need to look at all our interactions and question what they are expressing. Our challenge is to dramatically increase those that symbolize love and decrease those that represent any feeling of overpowering the person. The purpose of this is to establish the beginning of a new relationship based on the desire to be with one another instead of obedience to our commands.

#### **A Culture of Life**

Companionship gives life and enrichment. It sees even the most aggressive person as a whole person and is based on equality. We are no more, nor any less, than the person served, even those with the severest behavioral difficulties. It generates newness and is expressed in an authentic desire to be one with the person. We assume the commitment to start it since the person served does not yet know its meaning and reality. It is marked by genuine warmth, tolerance, and respect. It includes our beliefs and actions, relationships, and dedication to ongoing struggle. It is based on our acceptance of the interdependence of all people—powerful and powerless, fast and slow, productive and nonproductive. Companionship is our central purpose in a culture of life. Unconditional love is our primary process, and dialogue is our fundamental instrument for its expression.

Care giving is historic since it helps us and other change life-direction and enter into a spirit of full personhood and solidarity. It frees us from the machine-like approaches that we are trained to do in cookbook individualized plans and functional analysis and problem solving. It enabled us to become more human through the deepening of our warmth, tolerance, and affection. It brings about feelings of oneness and relatedness. This requires us to uncover and reveal these feelings and share them with the other. A culture of life embraces the longing for companionship as the center of the human condition, but it does not stop there. It nurtures the development of community life and the coming together of all marginalized people—the poor, the exploited, and the institutionalized. We are in the midst of a struggle. As caregivers, we can be a people of life or death, hope or sorrow, and love or domination. If we enter the care giving relationship as value-givers, and remain steadfast, we will help fulfill feelings of companionship in ourselves and in others.

The overall challenge is to be a creator of a culture of life through the struggle to reach out toward those who are marginalized. In practice, this means that parents take the time and

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energy to value their children, teach them to share with others, and center their interactions on a pattern of love. Of course, there will be moments when patience is raw or when other problems and circumstances make it next to impossible to do this. However, the issue is the direction in which the parent is taking the child, and this requires a commitment that transcends intolerance. The same applies to our interactions with all other marginalized people. A culture of life means that we put aside punishment practices in favor of justice. We do away with compulsions to impose compliance in favor of mutual engagement. We lessen the primacy of independence and elevate human interdependence. We begin to see the gnawing away kinds of interactions that drive vulnerable individuals from us and we seek to change any signs of overpowering.

A culture of life cannot be left to mere rhetoric; it has to be made concrete. It is the parent hugging the child instead of spanking. It is the teacher consoling the frightened child instead of yelling. It is the psychiatrist taking the time to listen to the parent or patient, not just handing out a tranquilizer. It is the social worker who does not give up and fights for human rights. It is the street worker who helps to organize the homeless to demand jobs and housing, not just soup and blankets. A culture of life is immediately felt in warm and family-like interactions, shared meals, mutual activities, and love interactions. It is seen in the manner of school children—the strong learning to help the weak and the active learning to reach out to those who are isolated. Care giving is a moral and political act that leads us to imagine the possibility of justice through changing individual and social realities. It moves us to look at the systems in which we oppress people and transform violent practices.

Perhaps a culture of death sounds too strong to describe the life-conditions of marginalized people and the acts that we perform. It might make more sense if we conjure up images of the poor and dispossessed on death rows. Or, the grotesque punishment practices that occasionally make the news such as the use of cattle prods, white sound helmets, and spankings. But, a culture of death is any life-pattern that equates with any form of domination, any expression of superiority, and any focus on the “self.” It is emotionally destructive, but slowly eroding the spirit rather than quickly consuming it. It views people as robot-like, with each having the duty to adapt to preordained rules and expectations. Behavior modification is a perfect technology for a culture of death since it is based on control and our self-assumed authority to change those individuals who do not fit into the world of normalcy. And, it asks for no substantial change from us, only technical competency.

A culture of life recognizes that care giving is a life-project that makes no distinction between our value as humans and that of the most rebellious homeless person, the most recalcitrant and obnoxious child, or the slowest person with mental retardation. It leads us to interact as brothers or sisters and as absolute equals. Yet, it also asks us to assume the commitment to initiate the establishment of a spirit of companionship. It inspires us to struggle against daily oppression and to organize others to assure justice. An option for a culture of life is an integrative, interactional, and liberating process. It is integrative in that it calls for an

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acceptance of the whole person, not just external behaviors. It is interactional in that it recognizes the commonality of basic human needs and the mutuality of the struggle to fulfill them. It is liberating in that it helps each to come together and to become more.

### **Care Giving Postures**

Care giving practices reflect four distinct interactional patterns. Overprotection is a common posture that arises out of a charitable view of marginalized people. It involves a value system that holds that our role is to help the misfortunate, care for them, and keep them subservient. It is often seen as warm and kind. However, in the long run, it smothers the individual. It emanates from an attitude of doing good; but, it does not include any personal change and ignores the surrounding political and economic realities that cause and multiply marginalization. It ignores oppression and exalts one-sided helping. Perhaps, a more common interactional pattern is expressed in those who take an authoritarian posture. It is from this that industrialized nations pound in the belief that self-reliance is the essential good of the human condition. It is perfectly congruent with behavior modification since it is based on external control and the pursuit of compliance through reward and punishment. Authoritarian acts place us in a lofty and unassailable position over others. A related posture is frigidity. This reflects the view that humans are nothing more than machine-like creatures who only respond to external stimuli. It can be seen in caregivers who neither have, nor desire, any relationship with the individual served. Their words and touch are mechanistic. They pride themselves on objectivity, efficiency, and data collection. They do not see full human beings in themselves or in others. They deliver reward and punishment to faceless occupants. This posture, and its twin, authoritarianism, is the ideal expression of orderliness and efficiency; yet, it is devoid of spirit and sterile.

A fourth value system that leads to distinct care giving practices is based on human solidarity in which we recognize frailty and struggle, oppression and injustice, and needs and longings. It conveys a feeling of union through unconditional love, tolerance toward rebellious interactions, and the expression of affection in the face of hatred and anger. It is the force that mobilizes caregivers to change oppressive situations and enables the marginalized to recognize oppression and fight for justice. Solidarity means equality. No parent has any more worth than the child, no teacher is above the student, and no psychiatrist or psychologist is any more than the patient. The only difference is that our initial role is to assume the responsibility for mutual change. The parent has the unique obligation to nurture and guide the child. The teacher has the responsibility to unfold the child's talents. Each profession assumes responsibility for specific dimensions of the human condition. Indeed, through the act of care giving, the marginalized awaken us to injustice and teach us to forget ourselves and reach out toward others.

### **Establishing Companionship**

When we walk through a typical "program" for children, the homeless, those with mental retardation, the mentally ill, the aged, or any other marginalized group, what do we so often see? Loneliness and isolation often reign. Feelings of condescending friendliness are

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reserved for “recreation” programs, special social events, and assembly line learning or working. Silence prevails and heads are bowed in compliance. Yet, in other settings smiles can be seen, affectionate sounds can be heard, and solidarity can be felt. The difference is in the spirit brought and instilled by caregivers.

Mutuality emerges in the care giving relationship based on the perception that we are a life-companion with the other. This is a phenomenon in which mutual love transcends all other questions. However, we have to initiate and carry the weight of this process in the beginning without being overly anxious for any reciprocation. The first hours, days, or weeks are akin to preparing the soil for a harvest. We should not expect to walk in and have trust. No, the first days involve tilling the soil, nurturing it, and awaiting the inevitable harvest.

The first dimension of the establishment of companionship places the entire challenge on us. What the soil needs is unconditional acceptance and love, warm hands reaching out to cold hearts, and protection without smothering. It is a matter of doing away with our domineering attitudes and actions and opting for unconditional love, deep and broad enough to make deserts fertile. And, because it is just and mutual, it means that we also have to draw love and participation out of the person, not just to equalize the relationship, but also because the poor can give more than the rich, the slow can quicken the fast, and those on the periphery have a deeper view than those in the middle.

### **The Elements Of Companionship**

Our research has led us to try to uncover the basic factors that help lead to companionship, that is, the interactions that we engage in that strongly communicate our desire and commitment to value the other person at any time and in any circumstance and, thereby, bring us into a process of becoming a companion. After examining our experiences with hundreds of children and adults with severe behavioral difficulties, we found that unconditional love is the most critical factor that influences the establishment of companionship and the significant lessening of behavioral difficulties. Other important factors are: warmly helping others, seeking love from them, and protecting them whenever they seek to hurt themselves or others. We also found several variables that express domination and work against a culture of life: the contingent use of reward and punishment, demanding assistance, and the use of restraint. These value-centered expressions and the elimination of their domineering counterparts were found to be the most significant variables in the establishment of feelings of companionship. We also discovered that, often unknowingly, most caregivers display subtle, but intense, forms of domination, and that it is necessary to become aware of and change these as we concentrate on the expression of love. The subtlety of both love and domination can be seen in the simplest interactions—the way we look at someone, touch them, speak to them, and how we present ourselves physically, verbally, or gesturally. It is the constellation of these interactions that has to be considered and dealt with before and during our involvement with marginalized people.

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## Expression of Unconditional Love As a Teaching Dimension

The expression of unconditional love refers to any action on the part of the caregiver that recognizes and expresses the dignity, worth, presence, and participation of the person. It conveys genuineness, sincerity, and honesty. It represents solidarity with the person. It is given through words, touches, gestures, or any other form of verbal or nonverbal expression. Indeed, most often what we “say” is expressed in our warmth, authenticity, and caring—the tone of our voice, the softness of our gaze, and the serenity of our movements. They are interactions that prize the other with genuine and warm regard. They are honest, direct, and sincere, not mere role-playing. They are given at any time, not just contingently. In fact, most frequently love is given regardless of any particular behavior. It is given for who the person is, not for what the individual does. It requires a deep commitment on our part to perceive the wholeness of the other—a commitment that propels us to give respect and friendship regardless of what might be transpiring. Its expression emanates from our whole being. It can be seen in our physical, verbal, and gestural interactions.

- **Physical Tenderness:** Refers to any interactions that involve physical contact that indicates honoring and respecting the person, such as patting the shoulder, handshakes, hugs, or any other forms of unconditional and tender contact.
- **Verbal Love:** Refers to any interactions that involve words or vocalizations that express these feelings as heard in authentic and joyful vocal expressions. sometimes these are playful, sometimes serious; but they always uplift the fullness of the person.
- **Gestural Love:** Refers to interactions such as smiles, nods of approval, and any other gesticulations that express the person’s worth as an equal being.

The clear and repeated expression of unconditional love eventually tells the person that we represent safety and security. It conveys the recognition that our interactions express warm and genuine feelings of oneness. These are more than mere reward because positive reinforcement is only given for deeds done according to preordained norms. These interactions are given rather than earned. They are expressed in even the most difficult moments. They are more than just praise. They are an ongoing dialogue with the person that demonstrates, through words, gestures, touch, the acceptance of the wholeness of the other in spite of ongoing rejection. These are the center of what we do.

*Elizabeth has broken with reality. She closes her eyes and sees the dead. She recites the names of her 70 years of losses. Each name rolls from her lips and falls on deaf ears. She bows, bends over, and picks up an imaginary chalice. One caregiver scornfully laughs; but, another decides to value her. This woman approaches Elizabeth and tells her, “You are seeing all those whom you have lost. They are piled high, each one recalling hope lost.”*

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*The caregiver expresses warmth and serenity. She holds Elizabeth's tremulous hands. Who knows what Elizabeth is thinking. But, in a few moments her rapid litany of the dead slows and, in moments of pause, she glances at the caregiver. Her kind love continues—respecting Elizabeth's disconnected flow of thought, gentle breaking in with a dialogue about loss and hope, and eliciting feelings of comfort. She asks her to reach out while accepting her driven language. She makes sure that her words and gestures are sisterly and that her touch is loving. Everything she does expresses love in spite of the disconnected words. She does not assume that Elizabeth's reactions will involve immediate acceptance, nor even that she will understand her giving. But, she does suppose that within Elizabeth a longing for relatedness lurks, and that, in due course, she will feel the warmth of the expression of unconditional love and return from her exile in the land of the dead.*

A marked difference exists in the way we typically respond to a troubled person. Caregivers have been trained to be contingent, only “delivering reward” after someone has done a specific behavior that is regarded as “reward-able.” Yet, Elizabeth was doing nothing to merit reward. Even if given, contingent reward would have been transparently artificial since it would have been perceived as a script in a bad play in which the caregiver was an actress instead of a companion. Reward would have been filled with phoniness. More importantly, its contingent nature would have meant that Elizabeth would have received precious little attention since she was totally disconnected from reality. If caregivers wait to praise the child or adult only for deeds well done, these individuals will be waiting a long time. And, since reward will not work, caregivers have to dig into their toolbox of punishment practices. For these reasons, we distinguish between reward and unconditional love—non-contingent, sincere, authentic, ongoing, and fully empathic. This is Elizabeth's only hope and it needs to be our driving commitment.

The expression of unconditional love can take an infinite number of forms in its verbal, gestural, and physical expressions. In other words, it can be stories about ourselves or others with themes related to friendship, togetherness, home, and the reality in which we live or work. In Elizabeth's instance, it was the caregiver's warm caress of her hands, her kind words, and her smiles and warm gaze. The caregiver needs to have a moral imagination, that is, the ability to see and describe the world so as to evoke understandings and feelings congruent with personal and social justice. Mary had suffered a mountain of losses and their weight had finally overcome her. So, the caregiver spoke of life, hope, and purposefulness. However, our nonverbal expressions are as critical as our verbal ones—the way we look at and touch the person, our tone conveying warmth and affection, and our physical interactions such as pats on the back. All our communication has to reflect the fulfillment of the basic longing for companionship within a context of justice.

### **Teaching Others to Express Love**

Even if caregivers give plenty of reward, they often leave the person in a passive and dependent state since it can be a lopsided process. The marginalized individual is viewed as the receiver and we as the givers. This places us in an unjustly powerful position and

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leaves the dispossessed more powerless. The center of the human condition is not only our love others, but their empowerment to value us. We need to avoid being “nice” and focus on being one with the other. It is reciprocation that draws us into equality. So, we have to teach the goodness of being valued as well as its return. Teaching others to express love refers to any interaction on the part of the caregiver that has as its expressed purpose the evocation of the expression of love on the part of the person toward the caregiver. This is meant to encourage and teach the person to return and initiate the expression of unconditional love toward others. It is as significant as any love that the caregiver conveys. Like the expression of unconditional love, these interactions need to be elicited from the person in a spirit of companionship, avoiding force or a condescending attitude. They initially depend on our seeking them from the person.

- **Physical Reciprocity Eliciting:** Refers to those interactions on the part of the caregiver that physically attempt to draw the return of the expression of unconditional love from the person, such as placing one’s hand in another person’s for a handshake, assisting the person to embrace by placing their arms on one’s shoulders, or assisting the person to signal delight by touching their face for a smile.
- **Verbally Eliciting Expressions of Love:** Refers to any words or sounds on the part of the caregiver that have the purpose of eliciting the same as the above, such as asking for a handshake, a hug, or a smile. These expressions generally take place in a context of camaraderie and doing things together.
- **Gesturally Eliciting Expressions of Love:** Refers to any gestures on the part of the caregiver that have the same purposes as the above as seen in the caregiver extending his or her hand for a handshake or a hug, indicating a smile or looking warmly at the person.

Teaching others to express love is intended to draw love toward ourselves and then toward others. This is a hoped for care giving goal; it is not a necessity since unconditional love demands nothing in return. It indicates to the person that relationships are not paternalistic, nor based on authoritarian attitudes. Rather, they are founded on equality. It involves any caregiver contacts that are designed to help the person learn to return love interactions. By teaching the person to both accept and give human love, we create a relationship common to friends instead of a client-centered one. These involve direct appeals or gestures to the person to smile, to shake hands, and other typical symbols of a bonded relationship. More significantly, they involve the creation of an ongoing dialogue with the person since they lead to the eventual expression of authenticity. In the beginning, this is more of a monologue since the person does not yet have or even know what companionship is. But, with perseverance, a spirit of dialogue begins to take hold.

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Teaching others to express love encompasses all of our interactions that we can muster to draw love out of the person. It is often woven into our expressions of unconditional love and warm helping. If we are physically helping a person, it might include saying to the person, “As we are doing this, we ought to stop for a second and give a handshake just to show that we are friends.” Such a simple statement is much more than mere words. It is the way we say it, the manner in which we approach the person, and the felt warmth of our words and touch. In addition, during the act of helping, we might be simultaneously caressing the person’s hand and increase the love manifold. Reciprocation also includes a precise definition of what it is; that is, we need to learn to seek the slightest signs of movement toward us. For example, a “handshake” might just be the person’s willingness to touch our hand rather than a firm grasp, or a “smile” might be a furtive, but warm, glance.

*When the caregiver reaches out to Elizabeth, her intention is to teach Elizabeth to express warmth toward her in spite of her fixation on death. As the caregiver continues listening and talking, she concentrates on telling a story about friendship and sharing. Her words, touch and facial expression are warm, but she also makes sure that she places her hand in Elizabeth’s for a handshake and touches her face for a smile. Of course, Elizabeth initially wants to rebel against these “intrusions.” But the caregiver’s gentleness subdues the fear. She perseveres in the process, and finally a smile appears on Elizabeth’s face and her hand opens. Words of death slow and the caregiver is enabled to connect more with feelings of life.*

## **HELPING WARMLY**

Giving warm help refers to any care giving interaction done in a patient and tolerant manner to effectuate mutual participation and a shared spirit of engagement without causing any violence. It involves the process of teaching or utilizing concrete skills that enable increased opportunities for engagement and also the expression of friendship in the helping relationship. Warmly helping includes interactions to prevent disruption or to maintain or increase the person’s capacity to participate. These interactions convey a spirit of mutuality, not the imposition of demands as seen in physical or emotional tugs-of-war. The warmth dimension signifies that the caregiver is assuming responsibility for empowering participation and love, regardless of any behavior. Warmth is conveyed in the caregiver’s nurturing tone, softness of touch, and kindness of presence. The person learns that being with and participating with the caregiver is good. Warmth can be seen in empathy, caring, respectfulness, and trust. It reflects solidarity with the person, not overprotection or bossiness. The frequent linking of engagement with unconditional love generates an understanding and feeling that these phenomena are of the same cloth.

- Warm Physical Help:
  - Refers to those interactions that promote participation through any physical interventions, such as working hand-in-hand with the

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person, prompting movements, such as tapping the person's elbow, or any other physical contact that elicits or attempts to elicit participation. It avoids any force or sense of demand.

- Warm Verbal Help:
  - Refers to those interactions whose purpose is to promote the same as the above, except words or vocalizations of any kind replace physical intervention. It is helpful to express any verbal instructions within a context of dialogue and in a spirit of “We are doing this together.”
  
- Warm Gestural Help:
  - Refers to those interactions whose purpose is to promote the same as the above, except gestures replace words or physical contact, as seen in interactions such as pointing to the next step in a task, moving materials closer, and making signs that indicate the correct movement. It needs to be remembered that even gestures have a “tone” and their expression needs to be an invitation rather than a demand.

*A teacher helps Timothy, who refuses to participate, by avoiding any direct focus on compliance. He slides to the floor, she follows. He throws a puzzle piece, she ignores it and continues to do the task with him. He does not want to pick the next piece up, she does it for him. The next time she places it softly in his hand. When she sees that he is going to throw it again, she goes ahead and places it for him. As he lets her work with him, she gives him more physical help, making sure that her touch of his hand is affectionate and non-threatening. She includes their activity in her story, making any instructions a part of it. All the while, she is tolerating and giving no meaning to his screaming, kicking, and spitting. Every move she makes is intended to sincerely give and elicit love while helping him feel engagement is good.*

Warmly helping involves a broad range of interactions. The expression of warmth is the critical dimension in this variable. It includes the expression of words that are not commands, touch that is not forceful, and gestures that are not mechanistic. For a person who has trouble doing tasks, it might mean a parent working hand-over-hand with a child, but taking extreme care to use their hands as instruments of affection. For a caregiver working among the homeless, it might mean inviting the person into the kitchen, not to be a passive recipient of charity, but an active participant in justice-making—organizing the street people, running the shelters and soup kitchens, publishing a newsletter, and speaking for self. For a person living with someone who is mentally disorganized, it might mean the avoidance of words, sitting down and doing the task together, and making sure that the pace

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of the help is congruent with the person's mood. If the person refuses to participate, the caregiver might go ahead and do the task for the person. Remember the main intent of this variable is human engagement, not skill acquisition or compliance. The caregiver has to understand that, whatever the importance of the task, the more important phenomenon is to indicate through deeds that doing things together is crucial.

Helping interactions are perhaps the most frequent care giving ones. But, these are not always warm. Indeed, they are frequently cold and mechanistic—even written out as if the caregiver is playing a role rather than forming a friendship or carrying out programmed commands rather than expressing love. Or, they are condescending, treating the person as garbage or as a mere object. In warm helping interactions, caregivers focus on one of the most critical variables they engage in. Since a person with behavioral difficulties has trouble participating, caregivers spend much time and energy “getting” them to do tasks and activities, protecting them, and preventing harm. Warm help means that in any interaction caregivers convey a feeling of the goodness of doing things together and being together. Caregivers doing activities with the person replace demands; caregivers enabling participation replace compliance; reward is replaced by unconditional love; monologue is replaced by dialogue. Warm helping also means that we have to change our perspective on skill acquisition and productivity, the be-all and end-all of many programs. The initial and ongoing central reason for “helping” is to eliminate feelings and actions related to apartness and move the caregiver and person toward an evolving friendship and the expression of mutual trust.

### Protecting

Protecting refers to those care giving interactions that are used to prevent actual or possible harm to the person, or anyone else whether through acts of self-injury, aggression, or property destruction. The primary factor involves the avoidance of any immobilization, even for a split second. Protection includes actions such as shadowing a person's movements to prevent being hit, blocking hits, or any form of contact that occurs at a particular moment when harm is imminent. These also include actions that prevent disruptiveness. These do not include any form of restraint or forced movements. They do not include those packaged approaches that make caregivers appear as boot camp instructors. They prevent the escalation of violence. They neither immobilize nor humiliate the person. They are brief and must be accompanied by engagement and love. An irony is that during the worst moments, caregivers need to be the most love and help with the greatest degree of warmth.

- Physical Protection:
  - Refers to those momentary interactions that the caregiver uses to physically prevent harm while avoiding any bodily immobilization. Any grabbing sends a clear message that violence and despair can only be responded to with force and disrespect. Protection includes shadowing and blocking, as well as any other form of physical

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contact, as long as they do not immobilize the person and are linked with simultaneous re-engagement and love. Shadowing involves caregivers moving their hands or arms in unison with any attempts at self-injury or aggression, but without immobilizing. Blocking involves caregivers using their hand or arms to stop these attempts by allowing the person to hit them in such a manner. Protection's purpose is to shelter the person or others from harm in a warm, nonviolent manner. It does not lead to overpowering. It increases the concurrent likelihood of participation and love. For example, when a caregiver raises his or her arm to block a hit, this is protection. Another example is the use of momentary environmental arrangements by watching where one sits or stands—enough to prevent harm and yet continue participation.

- Verbal Protection
  - Refers to the same as the above, except words or vocalizations replace physical contact. For example, as a person's hand moves to strike, the caregiver might say, "You know what I need is a handshake!" And, at the same time, the caregiver touches the person's hand and converts it into a handshake.
- Gestural Protection:
  - Refers to the same as above, except gesticulations replace words or touch. For example, the caregiver might lift a hand and signal a playful "Hold it!" and then give more help.

While love and warm help occur, caregivers also have the responsibility to protect. The very nature of behavioral difficulties implies that someone can be hurt by acts of aggression or self-injury. Caregivers need to do everything possible to avoid harm while simultaneously love the other. Yet, it does not mean that people are restrained or punished. This variable signifies that caregivers avoid any form of immobilization. Nonviolence is a basic rule in care giving. Aggression toward self or others should not be combated by aggression, nor anger by anger, nor rebellion by overpowering. Of course, we can mobilize enough physical strength to dominate the weak and powerless. But, if love is to permeate our interactions, control through force is not an option. Yet, occasionally caregivers are confronted with extreme physical danger to themselves or others. A fundamental mandate is that harm should come to no one. We make a distinction between protection and restraint. The former's intention is to assure safety through nonviolence, while the latter seeks to overpower and even teach "a lesson." Protection involves a concentrated focus on the prevention of the escalation of violence, and this requires a clear desire on the part of

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caregivers to want to value the other instead of gaining control. It includes caregivers watching where they sit or stand if they think violence might occur. It also requires ongoing participation even in the midst of fury and, of course, unconditional love. It means using our location to avoid harm or, if necessary, protecting ourselves, the individual, or others by blocking hits with our hands or arms. A protecting caregiver does not grab, nor order the person to stop, nor carry out a martial arts physical intervention. Occasionally, we will take a blow, scratch, or kick. When this happens once, seek to prevent it thereafter. More importantly, caregivers need to increase their love, nurturing, and soothingness at those most difficult times.

*When Timothy kicks his teacher once, she quietly moves her legs out of his reach. When he spits in her face, she does not react to him in anger, but slides slightly out of the spit's range. When he hits her arm, she does not flinch and stop, but rather continues to participate and dialogue with him.*

Some might say, "Well, he is just a small child. What do you do when the person is big and mean, really violent?" Our response is essentially the same: prevent, avoid, and watch your physical position. More importantly, the caregiver has to focus attention more deeply on love.

*Matthew is over six feet tall. He has a mean look. He lives in a group home and spends much of the time in a locked room near the kitchen—an absurd contradiction of being at home. He has sent several staff to the hospital. Everyone fears him. No one wants to be near him or ask him to do anything. His caregivers' goals have been to teach him to comply and to eliminate his aggression. His psychiatrist has diagnosed him as anti-social. His behavioral psychologist has concluded that he has to be isolated and restrained "whenever necessary." His caregivers have been taught to make him do his daily activities whether he wants to or not "because compliance is important." Two caregivers have to work with him and forcefully take his arms and make him go through the motions of compliance. He rebels almost every time and becomes increasingly aggressive. His fists swing and lash out. However, the program plan has considered this "escalating non-compliance" by describing a "take down" procedure in which the caregivers "physically escort" him away from others and bring him to the floor with whatever force might be necessary. He is then held "until calm for three minutes."*

Restraint is common, whether it consists of physically subduing someone, placing individuals in straitjackets or other devices, or drugging them into oblivion. Thousands upon thousands of children and adults lay supine on floors with caregivers straddling their bodies, stand in the corner of seclusion rooms slamming their heads against the wall, or sit in wooden chairs with their arms and legs strapped. What is our option for Matthew? How can we protect him and ourselves while still unconditionally love him and warmly helping him to become engaged with us?

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*Because he becomes frightened easily, another caregiver decides to approach him in a soothing and quiet manner. As the caregiver approaches him, Matthew says, "No!" and swings his arm. The caregiver remains calm and continues to soothingly give him value. There are no demands at this moment, but the caregiver has a task ready to do by herself with Matthew simply being nearby. She initiates a dialogue that expresses her view of him as good and kind, that it is good to be together, and that she wants to be his friend. She says, "I know that you are afraid, but I will not hurt you." She watches that she stands a short distance out of arm's reach in case he tries to swing at her. He tests her momentarily by lifting his arm up, but she continues to do the task while keeping one eye on his movements. For a split second, he grabs her hair, but she places a piece of the task in his hand and helps him participate. She increases her love. His drive to become aggressive slowly subsides.*

This is easier said than done because at any given moment the caregiver is not only protecting herself, but also warmly helping him, unconditionally love him, and eliciting it from him. Each of these factors occurs in varying mixes at different moments. The guiding rule, even during violence, is that all her interactions are value-centered. Protection is important and needs special attention since it can easily cross over the boundary to restraint. It involves the use of our words, gestures, or physical interactions, but never with the intention of restraining or punishing. The most susceptible area arises in our physical interactions. If we find ourselves grabbing someone—even with the best of intentions—then we are restraining. Our physical interactions need to be used solely to block violence, and the next moment we should be quickly considering how to prevent it. Verbal protection might involve playfully speaking with the person as we see signs of disorganization, "Hold on Matthew, don't forget what friendship means!" Then, this verbal interplay needs to be followed with a concrete demonstration such as transforming an intended blow into a handshake. Matthew is no fool. He feels that when a caregiver asks him to do something he is expected to obey. He knows that when two caregivers come near he is going to be pushed and pulled until he complies. Their hands and mouths symbolize forcefulness and overpowering. He rebels. Others simply obey like machines. The caregiver who decided to try to be one-with-him watches his every movement to avoid representing domination, a "You do this, or else!" attitude. Her option was warm helping instead of domineering interactions, and when violence began to surge out of his anguish, she became calmer, more love, and ready to de-escalate it.

### Dominative Dimension

We can be mean without even knowing that we are. The marginalized person sees us as overpowering. Actually not us, but us tossed into the mix of many other memories of former caregivers. We could be Mother Theresa and the person would hit us, curse at us, bite us, and flee from us. We start this section on how marginalized people see us as domineering and even cruel by stating that we are good people trying to good things. But, that is our perspective. The child or adult who has a sorrowful life story does not see me and you; the individual sees an amalgamation of all his or her former caregivers, and we are nothing but

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a simply faceless and anonymous averaging out of these past caregivers. Our kind presence is not seen as kind. It is seen as a hateful demand. Our warm words are not heard as warm. They are shouted commands that bring fear and loathing. Our tender touch is not felt as tender. It feels like a monster's cold tightening grip.

There are other interactions that symbolize apartness and are expressed in domineering interactions. It is ironic that we often "treat" violence with violence, distance ourselves further from those who are already apart, and express coldness to those who need warmth. Death comes to the human spirit in many ways, often through subtle interactions that rust away at our being. Most often, these are done without our even knowing it, not only through punishment but through expressions that signal different-ness, lessened value, and compliance as life's purpose rather than a deep desire to relate to others in a spirit of solidarity. These are as destructive as the more obvious practices that prevail, such as timeout, taking away privileges, spankings, electric shock, seclusion, locking up people, and a host of other control mechanisms. All such interactions need to be eliminated if we want to teach feelings of companionship. The most common ones relate to the giving of demands and any interactions that are contingent and reflect a superior attitude.

#### Assisting Demandingly

Assisting demandingly refers to any care giving interactions whose aim is to "help," but they are done in a cold, mechanistic, or authoritarian manner. They express a hierarchical, non-fraternal relationship toward the person. They indicate a degree of intolerance, impatience, and disregard. They give the feeling that control is the purpose rather than engagement. They are typically forceful in nature and over-focus on the mechanics of compliance instead of a flow of mutual participation. The caregiver feels compelled to make the person respond rather than empowering mutual participation. They symbolize a desire to impose correction and correctness rather than the use of participatory interactions as a means toward human love.

- Physical Domination:
  - Refers to those acts of assistance that use physical interventions that provoke or might provoke an emotional or physical tug-of-war, such as when the caregiver grabs a person's hand to force participation. The demanding nature of such assistance is seen in cries, screams, or any other form of rebellion that might result. Domination is expressed when the caregiver continues a resistance-provoking form of intervention rather than seeking a less demanding option. Our hands are like instruments that can be used to signal fear or kindness. This variable makes them symbols of force.
  
- Verbal Domination:

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- Refers to the same as the above, except that the caregiver uses words or vocalizations, such as “No, don’t do that!” “Pick it up!” in an authoritarian tone. These words or vocalizations give a feeling of inferiority. They could be easily substituted by less intrusive forms of communication, such as gestures or kind words. They include any cold verbal interactions.
  - Gestural Domination:
    - Refers to the same as the above, except that gestures replace words or physical contact, such as firmly pointing at an object, grimaces, or any other nonverbal expressions that lack warmth, focus on demand, or indicate an “I am the boss” attitude.

These interactions are probably the most common reason why we signal fear and even loathing in vulnerable people. They are generally very subtle things that we do, such as grabbing a person, taking their hand and forcing them to do something, verbally ordering people, giving demeaning or condescending instructions, and other interactions indicative of a feeling of apartness. Even when these are done in the name of helping the person, they send clear messages that we are in authority and the focus is on obedience and compliance instead of companionship. They gnaw away at the human spirit and make the person feel that life is nothing more than rote compliance. Instead of a mutually love relationship, they place the caregiver over the person.

*Timothy’s teacher just wants him to put the puzzle together. This seems simple enough to her. But, she is thinking as much about him obeying her wish as doing the puzzle. When he refuses, she says, “Look at me! Do it now!” This makes the child more stubborn. He groans. She takes his hand forcefully and says, “I will help you.” He feels her cold gaze and her forceful hand. They do the puzzle “together.” She says, “Good job!” like a boss would say to a lowly employee. Neither smiles. Her words, gestures, and physical contact merge together to convey a strong message of oppression.*

Domination takes many expressions, and it is critical to be sensitive to each form. Our words are commonly demanding, especially in their tone. “Pick it up!” can have various connotations depending on how we say it—the tolerance involved and our willingness to become mutually engaged. It is impossible to show on paper what domineering interactions are. It can involve orders, but not all orders are demanding in the sense that they do not necessarily remove us from an equal relationship. “Why don’t we pick up the paper?” is less demanding than the first request, and it can even become warm helping if accompanied by other words, gestures, or physical interactions that communicate, “I’ll give you whatever help that you need; in fact, I’ll go ahead and do it for you.” Domination has much to do with our

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intentions. A good question to ask is, "Why am I interested in the other person doing this? To see that the individual obeys? Or to bring us closer together?"

### **Restraint - Reward - Punishment**

Restraint-Reward-Punishment refer to physical, verbal, or environmental actions that result in any immobilization of the person by the caregiver or forced movement based on any form of compliance, treating the person as a being who has to earn reward, or treating the person as a being who can be controlled or modified through reward or punishment. Their purposes are to control the person through a life-based on contingency or control. These three types of interactions arise out of the belief that the powerful must modify the powerless. The caregiver operates under the belief that the human being is simple a mechanism that responds to the carrot and stick, "If you do good, you will be rewarded; if you do bad, you will be punished." Restraint is often the last hope when the other two fail. It essentially says, "Since you do not respond to reward or punishment, we must lock you up, tie you up, or drug you." Reward is viewed as the negation of the human condition when it is the basic procedure used to "modify" the other's behavior. Everything has to be earned and reward is "delivered" in a robot-like manner. Punishment is reward's twin. It is the bleaker side of the family of control. Restraint is seen in any use of any part of the caregiver's body or the surrounding environment that results in stopping a person's movement through grabbing or containing the person. It includes the use of any contingent orders designed to immobilize the person, such as orders to put one's hands down or in one's pockets, the use of time-out rooms, or the use of the environment to jail a person. It is also seen in the use of mechanical devices such as helmets and straitjackets.

- Physical Restraint:
  - refers to any bodily contact on the part of the caregiver that temporarily and, at least partially, incapacitates the person. It is beyond blocking in that it equates with physically stopping a person through holding onto a body part or putting one's weight on the body. It carries this act beyond the moment of potential harm and often escalates into violence. It becomes contingent and mechanistic in that it focuses solely on domination.
- Verbal Restraint:
  - refers to any verbal orders that have compliance as their purpose. It is seen in orders given in a planned or spontaneous way, such as "Hands down!" or verbal demands when a person is disruptive.
- Environmental And Mechanical Restraint:
  - refers to any use of the setting designed to block a person from the group, such as the use of separate rooms, screens, helmets,

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masks, or any other device used to limit a person's movement. It is also characterized by the imposition of objects that can only be removed through the use of power, such as anchoring the person's chair to the floor.

- Reward:
  - refers to patterns of caregiver interactions that predominantly center on a relationship based on control, even if they are positive and non-aversive. These interactions are seen in rigid procedures, wherein the person has to earn reward and the caregiver generally only gives positive attention for things earned. Like punishment, it views person-kind as robot-like.
  
- PUNISHMENT:
  - refers to caregiver interactions that focus on the use of any form of denial, withdrawal of privileges, or aversive therapy. These express a non-nurturing relationship and are cold and mechanistic. It includes practices such as time-out, overcorrection, verbal and physical reprimands, and the entire armamentarium of negative behavioral interventions.

Reward and punishment are characterized by any caregiver interactions that are based on the view that the person is nothing more than a machine, what some term as mere sets of stimuli and responses. It is dehumanizing to base our interactions on the notion that the center of the human condition is reward and punishment, and that this rule is what brings about learning, including behavioral change. Doubtlessly, these often work. But, whether something works or not is not the issue. The central question is what kind of relationship do we want to create. Reward is different from love the person. It is scheduled and earned. It is applied to the person in a prescriptive format. It often involves the giving of material things, such as food or tokens. It distances the caregiver from the person and emanates from an attitude that we are superior and we have the power to modify the behavior of those who are alienated. Punishment is similar to reward. It is for deeds done, scheduled, and applied as in a prescription. It involves verbal, physical, and gestural reprimands delivered in a broad number of ways. Most punishment is also accompanied at some point by various types of contingent reward. The idea is to use the "carrot" as much as possible, but when that does not work, then to have to use the "stick." Either view devalues the person. A life primarily comprised of reward or punishment is a life devoid of meaning.

*Daniel knows this when his caregivers take him into the seclusion room, or pounce on him on the floor, or give their mechanistic "Good job!" when he does something compliant. If he could talk, he would likely tell his caregivers to take their reward and punishment to hell. But*

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*he is unable to speak coherently, so his fists express his emptiness. And, then, hell visits him in the dreary seclusion room.*

*He is supposed to be working in a “rehabilitation program” for homeless adults. He has no language and little desire to do what he is told. He might be mentally retarded, but nobody knows for sure. His shelter is similar to his work place—sterile, devoid of laughter and friendship, and filled with caregiver voices and hands that seem to push and pull him. He keeps hearing the word compliance as if it is a god. when he does some little chore, he hears mechanistic voices say “Good job!” but, when he refuses, he inevitably hears, “Do it or we will have to make you!” Of course, he rebels. The tension escalates and a caregiver takes his arms and “guides” him through the steps. He becomes furious, fights, and swings his arms. Finally, he is face down on the floor. His strong caregiver straddles his prone body and “helps” him complete the task. At the end, he says, “Good job!”*

We have placed reward alongside punishment and restraint as an equally oppressive phenomenon because when interactions are “delivered” for the sake of a contingent consequence they are unilateral ways in which we communicate, “I am giving this to you because I have the power to modify your behaviors, and due to this I am over you.” As a behavior modification practice, reward is an essential and ongoing pattern that puts the caregiver in a superior position. Even if giving it frequently, it encompasses a generally sterile or mechanistic relationship, and it dilutes unconditional interactions from which feelings of companionship arise.

## **Conclusion**

We have a difficult and long road to journey. It requires ongoing questioning of what we are doing and why we are doing it. It asks us to change our direction—turning away from domination and embracing the expression of unconditional love. It beckons us to reflect on our relationship with people who are engrossed in long patterns of rejection and being rejected. It asks us to be empathic with those who are vulnerable, sometimes for mysterious reasons, and with those who live anguished lives and are unable to reach out toward others until others reach out toward them. It asks us to participate in the feelings—the anguish and joy—of persons with these needs and allow them to take part in our lives as well. It asks us to do away with straitjackets, helmets, and masks. It calls on us to put away practices like putting people in time-out rooms and seclusion rooms. It has us opt out of an entire range of practices, from verbal reprimands to rewarding people only for deeds done.

Care giving involves a commitment to give value in spite of rejection; it asks us to be tolerant, respectful, and persevering. It calls on us to teach others, even those who appear to be beyond the realm of human responsiveness, to both accept and reciprocate human love; it also asks us to bring about as much participation as we can, even in those who might seem totally unable or unwilling to become engaged. Most of all, it signifies change in us.

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*David bites, pulls out his hair, refuses to participate, and throws furniture from one end of the room to the other. His caregiver says that he needs to be controlled. Thus, he is in a compliance-training program. He is given verbal instructions: "Tuck your shirt in...Make the bed...Hands down..." If he becomes more violent, he is brought to the floor and held "until calm." Each of these steps represents an almost countless number of domineering caregiver interactions—not just the gross instructions, but also the tone of voice, the grip of the hand, the coldness of the gaze, and the feeling of being able to overpower. If David is to change, his caregiver has to change.*

*The caregiver has to learn to dramatically increase his value-centered interactions. Over time, he begins to see David in a different light and compliments him as a friend. It is time to dry the dishes, but rather than saying, "David, go dry the dishes," he continues talking with David and holds out a dishtowel. If David accepts it, fine. If not, the caregiver continues to dialogue, while doing the dishes himself. He occasionally invites David to help. If he becomes angry, the caregiver continues. If necessary, he scoots the dishes away for a moment so they cannot be tossed. All along, love continues and the caregiver attempts to enable participation.*

Even at the most violent moments, we need to concentrate our efforts on love instead of domination, keeping in check our primitive urge to overpower those who threaten us.

*Anthony is in the midst of a fury—jumping up and down, throwing furniture, trying to bite and kick a caregiver. Two other staff members hear the screaming and enter the room ready to subdue him. Anthony sees them and becomes more violent. What is the option to treating violence with violence?*

*His caregiver tells the other two to back off since their presence symbolizes force and power. He decides to value Anthony as a father would his son. Nobody wants harm to come so he stands out of arm's reach; but he also wants Anthony to feel valued and nurtured. He speaks softly to him, "That's fine. I am not going to hurt you..." Anthony continues to escalate his violence. The caregiver is slapped once, then twice. Yet, he continues to encourage and protect. The rage slowly subsides. The caregiver has spent forty minutes protecting Anthony and himself while also trying to enable the slightest amount of participation and continuing to speak softly to him. Since objects might be tossed, the caregiver uses his hands as the "activity," using them to reach out and ask for a handshake. This occurs during brief moments throughout the frenzy, but sufficient enough to let Anthony realize force will not follow violence.*

This caregiver made a conscious decision to nurture Anthony instead of subduing him. The risk of harm was no greater, and perhaps less, in this nonviolent approach than in physically restraining Anthony. Reward would have been meaningless since the individual was doing little to "earn" it. Punishment would have been a waste of energy since he was so emotionally disconnected at the moment. Restraint would have only told him to fight harder.

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So the alternative was to value, warmly help, and elicit love from him. Whether Daniel, David, or Anthony, our role is to move from domination and practice love.

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## Chapter 4

### **The Person's Interactions: Union versus Apartness**

We have looked at ourselves and examined the many interactions that we need to consider in order to become more value-centered and less domineering. Turning our attention to marginalized persons, we can see similar interactional patterns. Their aggression, self-harm, or withdrawal represent apartness—a surrender to anguish, meaninglessness, and choicelessness. Our dominative interactions compound them. Our central role is not to find ways to get rid of behavior problems, but to enable the learning of accepting and returning unconditional love and engagement. As we do this, feelings of apartness disappear. Behavioral difficulties do not exist as much as interactional ones, and we play a central role in the presence or absence of violence in others through our everyday interactions. There is no form of aggression, self-injury, or withdrawal that is not related to and influenced by our interactions. If the person is slapping or hitting, we have to ask what are we doing? Are our words demanding? Is our gaze cold? Is our tone authoritarian or cold? The homeless person on the street falls deeper into despair with our frozen stares. The woman with schizophrenia who is grabbed by a caregiver loses more of life's meaning. The child spanked by a parent senses more loneliness. Of course, some persons are born in disharmony, our commitment needs to be centered on teaching even these most distancing persons to be part of family and community life. The process, then, needs to start with us and move both ourselves and others toward companionship. Our purpose is to diminish a sense of being apart from others by establishing feelings of union with us and others.

#### **Vulnerability**

Persons with behavioral difficulties are vulnerable. Some have more difficulty reflecting on their actions, understanding them, and acquiring a range of social-emotional skills to deal with them, sometimes due to inborn disabilities, such as mental retardation or some forms of mental illness. Others are at risk to develop feelings of apartness due to social-political circumstances such as those arising out of poverty. Whether caused internally or externally, our responsibility is to help each person enter into a change process with us. In fact, the weakest among us need the most emotional support. Regardless of the cause, vulnerability is exacerbated by the surrounding world's lack of response to basic human needs and its shunting aside those who are disobedient, rebellious, nonproductive, or just different. The perception of different-ness often equates with worthlessness and this leads to segregation and conditions based on control instead of companionship. The end result is that violence to self or others occurs—the violence of punching someone, slamming one's head on the floor, or simply withdrawing from human contact. Marginalization is a life condition in which we push vulnerable people to the outer limits of society. It gives rise to a feeling of isolation

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and meaninglessness, with no connections with others. An emerging sense of union beckons longingly for love and being valued, a condition in which the other feels safe, wants to be with others, and receives and reciprocates love.

The presence of behavioral difficulties does not mean that caregivers have not shown much love, affection, and warmth. Indeed, often a child or adult has very problematic behaviors in spite of these traits. Countless numbers of parents show profound love and yet see their child develop severe behavioral problems. A basic factor that is forgotten is that bonded relationships are mutual and reciprocal. Love given does not necessarily mean love returned. A parent can pour love and affection on a child and still see that child withdraw or become violent. For many vulnerable people, such as those with autism, we have to literally teach the reciprocation of love. The key is both love given and love elicited. The central question is often not what the caregiver has or has not done or what amount of warmth and affection has been given; rather, it revolves around the person's vulnerabilities and our focus. We can show deep affection and care and still not seek its reciprocation. We can overprotect because we do not know what else to do. Or, we can miss seeing the person's difficulty all together until it has mushroomed, sometimes seemingly beyond hope. In addition, many caregivers become so enthralled with teaching the acquisition of skills that they forget about or diminish the importance of emotions. Or, they become enchanted with the notion of compliance and abandon nurturing. Our challenge is to teach the person to come to us by us going to them. We need to melt the ice that freezes over their hearts. Once thawed, they will begin to fulfill the longing for union. This is a most difficult process. Most of the work, discipline, and patience falls on our shoulders.

A psychology of interdependence is based on the belief that all humans long for meaning, companionship, choice, and freedom. For those who are marginalized, this search is more laborious since they have been pushed to the very edges of family and community life. Their hearts try to grasp meaning, but it eludes them. Their minds seek ways out of anguish, but poverty and segregation fall over them like a shroud. And choice becomes a hollow sound in a world of behavior modification. Some say that skill acquisition and compliance are the most fundamentally necessary elements in family and community life; indeed, it is important that each person develop his or her talents to the maximum and that individuals learn to respect others and live within pro-social norms. But these are not the cornerstones of the human condition. They are secondary and can evolve as beneficial side effects of emotional stability. Certainly, they can be achieved through control. But, they can also emerge out of the mutual respect and self-worth that is inherent in a spirit of companionship. As this takes root, mutual respect, sharing, and other socializing interactions spring forth. Our option is to generate and nurture this process and watch these critical elements of the human spirit blossom.

The longing for feelings of companionship resides within all people; yet, in some its emergence is frozen and, no matter how hard the person tries, the thickened ice cannot thaw without warm help. Feelings of division arise out of domination, and this thickens iced-

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over hearts even more. Love is the intense sunshine that showers warmth and melts the wintery feelings of apartness. Union with others can be seen when individuals gradually begin to accept love, return it, become engaged, and share with others. It involves a physical proximity as well as an emotional coming together. It is eloquent in its simplicity: smiles, nods of friendship, joshing, laughing, communicating sorrows and joys, and helping others. We have already touched on the importance of helping the person learn to return love and that this reciprocation equalizes and transforms the relationship. This soon evolves into natural expressions. We no longer have to elicit it; it flows out spontaneously. Sharing is another critical factor—not only interacting with a particular caregiver, but learning to reach out to others. This feeling of mutuality occurs within the context of engagement with others and an expanding sense that being together is good in and of itself.

### **Giving a New Meaning to Reality**

In order to bring new meanings to the human condition, we need to assume the responsibility for our own change as well as an initial commitment to enable feelings of union in the other. This interpretation of behavioral difficulties leads us to see the other in the shadow of anguish. Even if aggression, self-injury, or withdrawal appear to be volitional, we need to understand each person's history and translate this into the here-and-now. The new meanings that we elicit are indicative of companionship—a relationship based on mutuality, marked by warmth and openness, and centered on unconditional love. The challenge is not to modify observable behaviors alone, but to transform the very essence of the human condition and to change the reality of marginalization.

### **Union**

We have seen the principle value-centered interactions that we need to be committed to. Now, let us examine the other side of the interactive nature of care giving. These factors help the person learn to express companionship and create these new meanings. They represent our helping others center their life love. And, this is what brings about union. They necessitate active caregiver involvement. They do not simply evolve; rather, we have to teach each one. To establish feelings of union, we need to concentrate our efforts on teaching the person to reciprocate our love, to initiate it on their own, to become engaged with us, and to share these feelings with others.

### **Reciprocation of Unconditional Love**

The reciprocation of unconditional love refers to any interactions on the part of the person that express or are indicative of the person's return of love toward the caregiver who is eliciting it. This is unconditional; yet, it is important to teach the person not only to receive unconditional love, but to express it to others. These interactions are related to the caregiver's seeking smiles, handshakes, hugs, and any facial, corporal, or verbal interactions related to giving back signs of union. These help to equalize and democratize the relationship so that the other is not a perpetual recipient, but an active participant in a value-centered life condition. Our task is not only to give love, but teach its return.

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- **Physical Reciprocation** refers to the person giving any physical contact representative of love the caregiver, such as handshakes, hugs, patting one's hand or arm, and any similar contacts. It includes even slight, almost imperceptible, interactions such as a brief touch of a finger in an attempt to respond to a handshake.
  - **The Reciprocation of Unconditional** refers to the same as the above, except that words or vocalizations are used. These include words of praise given by the person or sounds that indicate pleasure, happiness, and joy related to the caregiver's presence or participation with the caregiver. They also include dialogue, expressing feelings, and the sharing of hopes and anguish.
  - **Gestural Reciprocation** refers to the same as the above, except gestures replace words or touch. These are seen in actions such as smiles, gazing warmly, and any other bodily movements indicating a sense of being valued or safe.

Giving and expressing love to the other person, also assumes a commitment to elicit it. As we do this, we are teaching the person to return our love. This results in the emergence of a mutual relationship in which the other begins to express signs of bonding. It conveys the feeling that the person is entering into a spirit of dialogue. In the beginning, reciprocation is often minute movements away from previous patterns.

*When the caregiver placed his hand in Anthony's, he is eliciting love from him and the gradual willingness to allow this is the start of reciprocation. The smile that arises when he touches Anthony's face is an integral part of learning to reach out. In spite of the fury, the caregiver gives unconditional love and expresses nurturing. At every chance, the caregiver seeks any slight reciprocation. He touches Anthony's hand and face, asks for a handshakes and a smile, and talks to him about being friends. Anthony begins to feel safe, accepts the touch, and finally gives a handshake. He glances quizzically and shows the faintest smile.*

### **Initiating the Expression of Unconditional Love**

The initiation of the expression of unconditional love refers to the same phenomena as the above, except these interactions are initiated spontaneously. They can appear apart from reciprocation of unconditional love or within it. They often start to occur once the person begins to sense the meaning of the elicited reciprocation and indicate an internalization of the goodness of being with the caregiver. When we ask for a handshake and the person also responds with a warm gaze, the latter would be interpreted as the initiation of a form of value giving. This is no small matter; it signals the start of a different relationship—one based on emerging companionship.

This element indicates that the person is moving beyond mere reciprocation and starting to naturally express warmth, affection, and authentic friendship. These interactions arise on

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their own and do not require the caregiver's seeking them. They mean that feelings of safety and security are emerging, engagement with the caregiver is becoming an important and significant dimension in the person's life; and being valued and giving value is starting to take root at the center of the human condition. They are the clearest sign and symbol of the formation and equalization of the relationship and signal the advent of interdependence. We have to take care to be sensitive to these expressions and be aware of their importance so that we might continue to enable and encourage them.

*As Anthony begins to reciprocate hints of smiles and handshakes, the probability increases that these phenomena will become a natural part of his interaction with those who accept and value him. The hours and days wear on and he becomes more ready and willing to reciprocate love. The caregiver asks for a handshake and Anthony offers his hand, smiles, and embraces the caregiver. Reciprocation is starting to become natural and, indeed, Anthony goes beyond that which is sought. One act multiples into another and another. The unexpected smiles and embraces tell the caregiver that Anthony is, indeed, becoming a companion.*

### **Engagement**

Engagement refers to the person's willingness and desire to be with and participate with the caregiver. It is conveyed in interactions such as moving closer, paying attention longer, working together, playing together, listening intently, and using one's talents. It relates secondarily to the acquisition of skills and fulfilling responsibilities. These begin to emerge as the person feels secure and accepts our unconditional love. Engagement enables the person to express feelings of being with the other. It is like a bridge that links us with marginalized others. This bridging is often done in the face of rebellion or near total withdrawal. So, we need to effectuate it by putting aside any focus on compliance. The fact that a person might know how to do something is irrelevant. The desire to participate with us is the key element. If we react with observations such as, "He knows how to do this so he should!", then we leave the person floundering in the backwaters of isolation. Our task is to enable engagement regardless of the person's abilities or skills. If the person refuses to cook supper, the question here is not culinary skills, but being-with-us. We need to give whatever help might be necessary to bring about participation so we can nurture this feeling.

Engagement on tasks is a vehicle for this. In essence, as we seek to bring about participation, day-to-day activities serve as the structure within which engagement occurs, such as when the mother invites the child to wash dishes with her, when the father helps his child clean his bedroom, when the teacher sits with the student, or when the group home worker goes shopping with the resident. Each of these activities has the potential of bringing the other closer to us. However, if this does not happen, we must go to the person. Engagement is broken into two sub-variables, with or without help. We encourage maximum personal development; yet, especially at the start, it is critical that we lend as much help as necessary, even if we do nearly everything.

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- **With Help** refers to any level of physical, verbal, or gestural assistance that the caregiver lends to the person in order to bring about participation. Regardless of the person's abilities, the caregiver does this by doing activities with or even for the person as long as the individual is at least a passive participant.
  - **Without Help** refers to participation with the caregiver or on one's own with no special supports necessary. This is seen when the person is able to continue participating when the caregiver is not present or does not have to offer any unique help.

By enabling and facilitating participation, we help the person to start to perceive being with others as a central part of the human condition. A feeling of solidarity emerges. The person begins to participate in activities and tasks throughout the flow of the day, not due to any feeling of compliance, but due to the evolution of a spirit of being together with the one enabling it. Its strongest indicator is when we are with the person, doing a task together, and dialoguing. This signifies that companionship is solidifying.

Most hospitals, institutions, work training centers, shelters, and special schools focus on rehabilitation through learning an occupation or acquiring skills. Indeed, it is good to work and develop and express our talents. But, for most marginalized people work or schooling is, at best, secondary. Low pay, no benefits, and long hours of heavy work do little to lift up the human spirit. More importantly, a life without significant others shatters the person's ability to develop individual talents. Sitting in a classroom and becoming literate are important, but need to be considered within the context of the person's emotional needs. Houses, cottages, and special residential units devoid of friendship do little to spark the human spirit. These are made of bricks and mortar; a home is made of love and companionship. It does little good to teach someone to wash clothing or prepare meals, if that person cannot reach out and honor those around.

Our option for a culture of life leads us to seek engagement with the person instead of skill acquisition or obedience as a central element in the development of value-centered relationships. In many settings, individuals are trained to comply, but not to know one another; to obey, but not respect and trust. Engagement starts with us using ourselves as the reason for coming together. Because individuals often initially rebel against this, we need to enable it through our participation with the person and ongoing love.

What about someone with severe disabilities who can hardly move or understand the surrounding world? Is it possible to establish a feeling of engagement and bring about participation in those with the profoundest mental retardation?

*Kathleen was born with profound mental retardation and died when she was two years old. She was unable to suck, chew, or swallow. She was blind and deaf. She would never be able to sit up by herself. She spent her time arched in a frequent state of seizure activity.*

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*Yet, her mother and father assumed that she could learn to participate in life in her own unique way. They embraced her as a full human being and taught their two other children that Kathleen was equal to everyone. They understood that their baby's worth would have to be seen in another dimension, but that she was a full, giving human being. Her parents taught her to move her tiny hand when it was in theirs and to smile and move her tongue as if kissing. This was her embrace and her demonstration of affection—not much, but more than many humans. Her struggle to do these deeds surpassed the expression of affection of most other people and were her labored way of being engaged. This mutuality ended with her death. But, while living, she was able to show oneness with her parents and siblings. How did her parents teach this? They spent hours with the baby, placing their fingers in her hand, love her, caressing her, and encouraging the slightest movement. They kissed her on her cheek and encouraged the tiniest expressions of warmth and love. They touched her lips and helped her move them over their fingers as her kiss. Her sounds also began to speak nonverbal messages of the desire for and affirmation of union. This infant required much, but also gave much. Her mother said, "She is both a burden and a joy. A burden—because of the constant care; a joy—because the slightest sign of her affection, her acknowledgement of our presence, and her movement toward us was a moment of celebration."*

The desire to be with us and reaching out toward us indicate that the person feels safe and secure. The act of participating with us is a sign of companionship. It is a moving toward the other in a spirit of solidarity. Human engagement means that the other is entering into our life space because there is an emerging sense of oneness. Without it, love occurs in a vacuum and is one-sided. We need to be at the person's side, not because we are important, but because we are equal. Learning to be with us is learning to become engaged—both for the other and ourselves. Doubtlessly, we have to enable the evolution of individual talents, but within the context of learning human engagement. This indicates the elaboration of feelings of connection with us as sources of love and its reciprocation.

### **Sharing**

We need to expand this initial relationship to others by bringing our newly forming relationship to a broader number of other individuals. Sharing generates this process. Instead of downward relationships, as seen in a staff to client world, the purpose of sharing is to create a circle of friends that expands outward. Old-fashioned sewing circles are examples of what this process looks like. People come together to make a beautiful quilt, but all the while the group is dialoguing. Or, barn raising—farmers come together to help a neighbor in distress by using construction to express unity. Or, in urban settings, volunteers join hands to rehabilitate deserted buildings for human habitation. Or, the teacher who asks her students to show and tell about their prized possessions. The busy hands, the productivity, and the telling are reasons to come together. Sharing breaks up the tendency to live independent, but parallel, lives. It is the soup kitchen where the homeless work together, the group home where all are learning to live together, and the classroom where the children are helped to reach out to one another.

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Emotional strength and stability increase as the circle of companions broadens. A key factor is to teach the other to share and reach out, first to us, and then to others. Sharing involves any interactions on the part of the person that indicate participation with or expressing value toward persons other than the primary caregiver. These can be self-initiated or elicited. We have the responsibility to expand friendship with the person to others since it does not automatically transfer to others; it needs to be extended. Additionally, we need to avoid an over-dependence on ourselves since this stagnates maximum fulfillment.

Sharing can occur in two ways—through doing tasks together or through love others. In the first, we use common activities as vehicles to bring other around us and the person whom we are helping. This concrete approach is a good way to start the sharing process. The second way is more complex and involves teaching the group to value one another. These two processes are often combined—the first giving a structure, the second deepening the meaning.

- **Task-Centered** refers to the process of using activities to bring persons together who are outside the primary dyad. For example, it is seen when a caregiver has two or three individuals prepare a meal together, and help each other.
- **Person-Centered** refers to the same process, but with a focus on teaching the participants to give honor and respect to one another. For example, it is seen when the caregiver helps a person shake someone else's hand, "John, why don't you shake Anthony's hand and thank him for helping us!" or when the caregiver facilitates a dialogue among the participants.

*Anthony began to learn to become engaged with the caregiver and then share with others. The caregiver made certain to bring other people into the activities. Throughout the day, as household chores were being done, his caregiver worked with him and invited others into the group. Sharing was sometimes expressed through the nature of the task such as washing the dishes together—each doing their part. Activities were used as vehicles for helping Anthony learn to be with others. As he began to feel safe with them, the caregiver focused more on teaching him to reach out to the others, to talk with them, to thank them for their help.*

*Little Kathleen learned to share and move her feeling beyond her parents by reaching out to her brother and sister. Her mother would often have them help in feeding, bathing, and dressing. More importantly, during these times, she made sure that their interactions were similar to hers—love her with caresses, hugs, and kisses; encouraging the baby to make slight movements to show her love; and, teaching other family members these nuances. As*

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*simple as these movements were, they were Kathleen's way of showing love and sharing her fullness.*

Distancing interactions worsen over time unless we reach out and teach others to do the same. They begin to disappear in direct relation to the formation of companionship—first with a significant other, then beyond. Aggression, self-injury, and withdrawal are the opposite of the expression of unconditional love and its reciprocation. They are contradictions of human engagement and sharing. As we teach value-centered interactions, the person begins to learn to reject violence, disruptiveness, and destruction in his or her relationships with those who are just. We need to be keenly aware of the importance of extending these feelings beyond our relationship in order to construct the strongest social network possible. The ability to reach out toward others strengthens emotional fortitude and the ability to face life's vicissitudes. The first steps toward sharing are difficult. The person often passes through the same fear, distancing, and meaninglessness with others as with the first caregiver. Although feeling companionship with the caregiver, there is little reason to inch beyond this. So, we need to invite others to participate and facilitate the expansion of these feelings.

### **Apartness**

A culture of death gives birth to isolation, loneliness, and marginalization. These are expressed in violence—the hatred and fear conveyed through aggression, the suicidal attempts of self-injury, and the despair of withdrawal. Apartness is what behaviorists would term maladaptive behaviors, but it is much deeper than what we observe. It resides in the inner heart and eats away at the anguished spirit. Getting rid of observable behaviors does not solve the mysteries of the heart; it only serves to mask them, often in a frozen state of obedience. Apartness comes from moment to moment, ordinary, gnawing away feelings such as those seen in a focus on obedience. “Hands down! Sit!” might seem like a good thing to demand, but for the marginalized person, such commands are one more fear that multiply and accumulate until their weight crushes any desire to be with others. Our dominative interactions accumulate in a pattern that tells the person that there is no hope for union, and aggression or self-injury is the best way to deal with increasing isolation.

Distancing behaviors are any actions or interactions that might cause or potentially cause physical or emotional harm to self or others. They indicate emotional homelessness in that they serve to remove the person from engagement and participation, whether through withdrawal, self-injury, or aggression. They connote fear of others and loudly proclaim the lack of adequate love and its perceived meaninglessness. These behaviors are signs and symbols of the lack of union and the presence of feelings of oppression. Our task is to take away their meaning through our value-centered interactions. Our giving a new meaning to these gives more power to our love. Again, we can get rid of such behaviors through force or control. But, our option is to create new interactional patterns. These then are replaced by love, its reciprocation, and engagement.

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- **Aggression** refers to acts of violence or attempts at these acts. They include cursing, hitting, biting, kicking, scratching, pulling hair, spitting at others, vomiting on them, throwing objects at them, pinching, ripping clothing, poking others, and any other forms of verbal or physical violation.
  - **Self-Injury** refers to phenomena such as the above except that they are directed at the self. These include: pinching self, hitting any part of the body with any other part of the body, cutting self, pulling one's own hair, scratching self, banging the head, skin tearing, inserting objects in the body, eating dangerous objects, slapping self, chemical dependency, and any other form of self-harm, including attempts at suicide.
  - **Active Withdrawal** refers to actions or interactions on the part of the person that result in physical or emotional movement away from participation and results in disruption. These include running from the caregiver, sliding onto the floor, climbing up on chairs or ledges, stomping feet, pounding hands on tables, seeking out food or liquids instead of participating, and any other forms of physically removing self from engagement with the caregiver.
  - **Passive Withdrawal** refers to actions on the part of the person that result in nonparticipation, without necessarily disrupting or harming others. These include sleeping, feigning sleep, closing one's arms, looking away, body rocking, licking spittle, waving hands, arms, or objects, hair twirling, hand or arm flapping, talking to self, mouthing objects or fingers, covering one's face or body, rituals with fingers, hands, or mouth, rumination, and regurgitation.

These behaviors are emotional ways of distancing self from others or drawing caregivers to self in the faint hope of attention. They are sometimes indicative of self-survival—even in the midst of the paradox of harm itself. Indeed, for many, punishment can be their reward since even negative contact can be seen as better than nothing. They are sometimes suicidal, a giving up of hope, and a signal that “I am nobody”—a world devoid of meaning, friendship, and fulfillment. They involve complex ways of dealing with a reality perceived as emptied of affectionate contact with others. Through these behaviors, the person feels no value in being with others, and, when approached, refuses to accept love or become engaged. Or, they serve as ways to draw others toward self in a call for help.

Commonly, we use phrases, such as “inability to attend,” “failure to comply,” and “incorrect participation” to throw the blame on the marginalized person. Yet, before ridiculing the other, we need to look at our own beliefs and practices. Aggression includes all those interactions that are symbolic of the active movement of the person from us—swearing, demanding, hitting, biting, kicking, scratching, throwing, destroying property, and on down the list. They represent the person's total rejection of us and reflect the fear and absurdity inherent in the person's world. The twin of aggression is self-injury. Some persons turn

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inward and violate their own being. It is more tragic than aggression, since it is an attack upon the self and is the essence of human anguish and feelings of meaninglessness. While some attack others or harm themselves, still others learn to simply withdraw from human contact—sometimes quite actively and at other times passively. Passive withdrawal is just as devastating to the human spirit. However, because it is often not so disruptive to others, it is frequently overlooked as a serious interactional difficulty. In reality, it is as indicative of apartness as any form of aggression or self-injury.

Anthony and Kathleen had their unique ways of expressing apartness. Anthony discovered violence toward others as his way of confronting years of caregiver coldness and demands. His fists struck with force. And, even though often forced to comply, he was never engaged. He had no regard for his caregivers and knew aggression was his a strong option. Little Kathleen was different. She simply could not reach out, so she tended to withdraw. Her mother had to dig deeply to find the seedlings of oneness with her. Her passive withdrawal left her helpless. Each person finds a unique way to deal with a world perceived as absurd or one in which reaching out is impossible without help. Our challenge is to bring meaning and warm help to these realities.

## **Conclusion**

We are called on to fulfill a twofold responsibility: To decrease our domination and increase our love. Through this, we help others move away from feelings of apartness and toward those of union. This mutual change process is complex and our responsibility is great. We are enablers and facilitators in the marginalized person's movement toward companionship. Our central concern should not revolve around the behavior problem, but on the reciprocation of our love, engagement with us, and sharing with others. A psychology of interdependence encompasses interactional change, a process in which our interactions are interwoven within the marginalized person's. Obviously, control and contingency procedures can bring about changes in observable behaviors. But, our purpose is the elaboration of feelings of companionship and bringing about mutual change in what is seen and felt within and between ourselves and marginalized people.

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## CHAPTER 5

### Dialogue: The Expression of Human Love

We have looked into the purposes of care giving and what factors comprise a relationship based on companionship. We have emphasized the need to establish this as our fundamental goal. We have spelled out three initial processes that need to be taught if this purpose is to unfold—the establishment of feelings of safety and security, engagement, and love. We have described the main factors that make up the beginning of this relationship, both in ourselves and in the other, and have emphasized the mutual change that transpires. Questioning our relationship and putting love at the center of our day-to-day interactions essentially leads us to a newer and deeper practice that we call dialogue. Since human relationships and interactions are so intertwined with mutual feelings, dialogue with the marginalized person facilitates and centers the entire process. It is the core that permeates a value-centered relationship.

#### Dialogue

Dialogue is the energizing force of care giving, especially among those who are disconnected from others and distance themselves through acts of aggression, self-injury, and withdrawal. It gives new meaning the relationship by placing ongoing love and sharing at the center of all interactions. It brings our life into the other's. It is the ultimate expression of union. Because the distanced person needs an ongoing source of unconditional love, dialogue is critical since it provides a constant source of warmth, affection, and positive

Dialogue has a multitude of expressions. It starts with the communication of feelings through physical, verbal, and gestural expressions. When we speak, it involves an opening up of ourselves—our happiness, our understanding of sorrow, our interests, and our reality. It includes a weaving in of words about the other's reality and the commonality in the yet to be established relationship. Its intensity is modulated and sensitive to the emotional state of the other. When the other is nervous, it is serene. When the other is angry, it is nurturing. When the other is withdrawn, it is exceptionally warm. It includes telling stories in order to teach new life meanings, including abstract ones, such as the feelings inherent in friendship and being-at-home. It helps the person to imagine and articulate what a just and equal relationship and life-condition might consist of. It expresses sentiments related to safety and security, the goodness of doing things together, and the centrality of love and being valued. It is never contingent; it is always given. It never ceases; it continues during good moments and bad. It can be silent, but it always exudes warmth and mutuality, whether with words or other human expressions.

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Most often, we have been trained to deliver reward rather than entering into the marginalized person's world, let alone allowing someone into ours. The contingent delivery of reward such as "Good job!" is a mechanistic way of interacting that brings little feeling of humanity. It might modify behaviors, due to the lack of any other positive interactions, but it is devoid of warmth and authenticity. It leaves the person as a perpetual recipient and discouraged from actively giving self to others. It tells the person that life is based on what is seen, not what is felt.

Caregivers who dedicate themselves to working among the most severely mentally retarded, the mentally ill, and other oppressed individuals know how difficult dialogue can be. Due to the severity of the marginalization, we often start with only unilateral communication. There is generally little or no meaningful response. Indeed, rejection is often the rule. We have to be willing and ready to deal with this frustration. Dialogue is the transmission of empathy and understanding, the sharing of our experiences, and the revelation of joys and sorrow. This spirit helps move us away from the attitude that we are better or that the person should heed our kindness. We need to show a profound sense of brotherhood and sisterhood. Ironically, it often has to be initiated in the face of non-responsiveness, but this is an element of our own change process that firms up our tolerance, patience, and giving without initially receiving.

### **Creating Dialogue**

It is quite challenging to create a spirit of dialogue with anyone; it is harder still with someone pushed to the edge of life. With little or no meaningful reaction, it might even seem contradictory. However, if mutuality is to emerge, it is our responsibility to lay the foundation for this spirit regardless of reactions, appearances, diagnoses, or treatment mandates. Even though it may appear totally devoid of receptivity at the beginning, we assume that all people have an inherent hunger for feelings of warmth and engagement. Dialogue involves the mobilization of feelings of authenticity and honesty. Since the person has no reason to feel any of these, we need to care enough to generate them. This can only come about if we ourselves feel a longing for companionship and commence to transmit it, even though initially suffering seeming meaninglessness. Dialogue's beginning is akin to planting seeds in a hostile earth. The rocks and weeds have to be cleared. The soil has to be tilled. Only then can the seeds take root.

Unfortunately, we are accustomed to using mechanistic and frigid language, often in the form of demands and step-by-step prescribed communication. This translates into a monologue with the person that is heard time and again: "Pick it up...Hands down...Look at me...Good job...Good hands down...Good looking at me..." Such commentaries are not dialogue and, indeed, serve to further separate the person from meaningful relationships. They proliferate apartness. Dialogue has nothing to do with the expression of commands or verbal reward. It has to do with feelings of union rather than obedience, mutuality rather than mockery, and the elicitation and celebration of warm affection rather than the deepening of feelings of loneliness and isolation.

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It is much more than a feeling of rapport with the person. It necessitates our total awakening from the first moment and the gradual awakening of the other, our imagining what segregation, restraint, and punishment lead a person to become, sharing this with the person, and helping the person define reality. It is an awakening of our consciousness regarding our values toward ourselves and it asks us to help the other imagine what the human condition could be. This raising of consciousness is nothing if it is not accompanied by our commitment to action.

*Ted stands screaming and striking out. He yells, "Want to go home! Want to go home!" The words echo throughout the workplace. He tears his shirt off. The caregiver continues her dialogue. He tips over tables and chairs and moves his strong arms forcefully toward the caregiver. Since she knows Ted and feels sisterly toward him, she realizes that the absence of feeling at "home" is the theme that destroys his being. She talks with him about the meaning of home, even though he continues to thrash about and scream. She speaks softly of homelessness and friendship and of her own longing for being-at-home. She speaks of his pain at not feeling at home. She protects herself from his flailing arms and thrashing feet. She remains nurturing while doing an activity that he had tossed on the floor. Every now and then, she helps him participate. He begins to calm. She continues sharing and doing the task for him, then with him. He sits, rocks, and moves his hands toward her as she reaches out toward him. This simple physical extension is a sign of the beginning of his dialogue. No words, just warm movement.*

The feeling of oneness goes far beyond a caregiver-client relationship. It has to do with the responsibility of entering into the person's world, feeling the anguish and absurdity, sensing the fears and rejection, empathizing with these, and looking for a common ground for sharing. It has to do with the instillation of hope regarding the meaningfulness of life and the spirit of companionship that rests within this. Ted's caregiver senses this and, in spite of his anger, emboldens herself to stay with him and engage him. Throughout these difficult moments, she expresses unconditional love in her words and actions.

When Ted screams, "Go home, go home, go home!," we need to sense his urge to be with those who are warm, the reflection of our own presence as meaningless or frightening, and our hunger to feel at-home. Indeed, those words and acts, screams and shoves, and moans and hits that are often called "behavioral problems" are Ted's only instruments for expression in an otherwise disharmonious world. We need to understand the confusion and absurdity that swirls around and encircles him as well as the potential for solidarity. Dialogue serves to solidify the relationship—slowly, with difficulty, but inevitably.

The creation of a feeling of oneness emerges from our values. It means that we see Ted as one-with-us in spite of the behaviors that are occurring. It leads us to accept him as our brother. The more that we know about his reality, the more we will be able to dialogue. Our interactions should be frank and free—clearly avoiding denigrations, commands, and any focus on obedience and control. We need to be sharp observers of the human condition

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because in the beginning the person will find little or no meaning in the dialogue. We have to read the nonverbal communication as much as listen to the verbal. This meta-communication—the combined expression of the person’s emotional, cognitive, and physical communication—speaks an eloquent and complex language. We need to be open to the person’s tone, look, and movements as well as words and sounds. This interpretation forms the theme for the dialogue. The individual will eventually give subtle expressions of oneness—slight smiles and gazes, changes in tone, increased engagement, and more comfortable physical movements. Finally, we have to understand and share our own personal and social reality because dialogue is mutual. Unless we know and give of ourselves, it can easily revert to one-sided, irrelevant, or condescending commentaries.

Initial distancing interactions, such as Ted’s, are symbolic of parallel lives—ours and his. We have to bring these together. To be parallel is to exist apart. It is a sign of solitude. We and the other can easily fall into a pattern of separate existence—staff over clients, individual plans that do not reflect the whole person, separate meals, separate breaks, the posting of rules, contingent reward, and other acts that we use to differentiate ourselves. It is impossible to create a shared life-condition when we regard ourselves as better. When the marginalized person looks at us, we need to recognize that our human presence does not signify any mutuality and find ways to shatter these differences. We can easily pass through the same feelings upon beholding the person. Indeed, we can be filled with fear—afraid of being hurt, rejected, or humiliated. Part of our responsibility is to transcend these feelings and remain harmonious and congruent with our beliefs by transforming these into a feeling of union in spite of the near total emotional segregation and by breaking away from any feelings of superiority in favor of equality.

### **Themes**

Our dialogue’s themes need to be congruent with our own lives and the person’s. For example, the person who is screaming that he or she does not want to participate might be trying to communicate that being with us signals fear or force. We might talk about what being together means, that we are just as afraid as the person, or that together we can protect one another. These themes require us to use our imagination and to transcend the ordinary and the expected. They are often life-directing and involve helping the person learn rules for living. As the caregiver extends her hand to Ted, she might say, “Now, Ted! This means we are friends!” This helps define the establishment of feelings of companionship within an initial context of despair, hatred, and confusion. As she makes such sharing a consistent part of her interactions, Ted learns what her hands represent and the possibility of friendship. Dialogue surges above the trauma of the moment and translates the emerging relationship into expressions that eventually make sense to the other. As his fists are flying, we might say, “That is alright, I know you are afraid. I am not going to hurt you.” These words need to be part and parcel of all our other interactions at the moment. And, as we say these, we need to expand the dialogue so that the person learns, “When I am nervous, this caregiver is my friend.” This helps develop a morality between the two that eventually flows outward.

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The themes can emerge from the person's reality or our own. Even those interactions that symbolize marginalization bear much fruit in relation to dialogue. While recognizing reality, we can give hope where there is despair. In Ted's case, it was the meaning of home. It varies from moment to moment and person to person.

*John is a young man with schizophrenia. He sits in his classroom and slaps his raw ears. White pus and blood cover his shirt collar. He can hardly talk. His eyes rarely glance toward his teacher. When she asks him to do a task, he hits his ears several times and then wraps his hands and arms inside his shirt. The teacher sits beside him and quietly pushes away his schoolwork. She takes one item so she can try to initiate some participation, but focuses her attention on dialogue. What can she say? What can she do?*

*She works on the project with him, actually doing almost all of it, only lightly touching a piece to his self-restrained hand. But, as she does this, she dialogues: "John, your eyes are so sad. Your heart is as if frozen over." She taps his chest playfully. "We have to thaw you out and watch the warm blood flow up to your face!" She goes on for several minutes. John's hands start to reach out slowly. He looks at her; a faint smile forms. These are the seedlings of dialogue.*

When the person is withdrawn, self-injurious, or aggressive, the hunger for union is omnipresent, but secreted in the depths of the heart. We have to understand that, even though rejecting us, the person still longs for companionship and friendship. John's self-restrained arms and injured ears speak a multitude of feelings about himself, ourselves, and his world. Our hope is that one day soon his arms will reach toward us, his eyes will gaze upon us, and he will call us a friend. We need to grasp that the person's rejection emanates from a social history that defines us more as instruments of oppression in the institutional role of carrying out mechanistic "individualized plans" than companions expressing a helping relationship.

In the example of "going home" or the "frozen heart," the themes are manifold—the possible meaning of home, its reality, the concept of homelessness, and the feeling of friendship. We need to ready ourselves to communicate these thoughts and feelings. This requires placing oneself in the other's reality and then conveying this to the person. Dialogue involves an on-going critical questioning of social reality and involves helping the other feel oneness with us and others. It should not avoid truth, but seek it out and express it.

The language itself should be as concrete and reality-based as possible. Yet, it needs to deal with abstractions such as loneliness, anger, longings, and friendship. These can be expressed clearly through storytelling and allegories that relate to the person's life-condition. Our feelings should convey a coming together. Dialogue is serious and playful, quiet and animated, as well as pensive and reflective. It is a balance of life's processes. And, we are the ones who need to initiate it.

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## Eliciting And Expanding Dialogue

Dialogue's elicitation is critical since without a mutual flow of communication it does not exist. Yet, it does not have to be in words. Its center is the expression of feelings. One way to facilitate its reciprocation is to initiate it within a context of doing an activity together since the task at hand can serve as a vehicle for structuring the interactions. While interacting, we have a structure to keep the engagement going and, while hands are busy, to center the interactions on dialogue and its elicitation.

Dialogue revolves around the expression of a feeling of being with and for the person, moving us from a role of staff to active participant with the person. The task gives us a structure to carry on what will initially be one-sided dialogue. This structure is especially helpful when initiating a dialogue with someone with severe behavioral problems, few skills, or little language. It provides a focus for us, if nothing else. Although the person will often be moving away, attacking, trying to hurt self, or totally withdrawn, both the participation and dialogue should continue in spite of these acts of rejection. Mobilizing the best of our own personality, we need to concentrate on soothing-ness, nurturing, and guiding the person through the dialogue. We should not expect any initial response, except passive participation, but need to persevere since the ongoing giving of value and expression of dialogue leads to the eventual internalization of its meaning. In the beginning, we need to draw it out of the person whether through concrete acts such as "Where's your smile?" or more subtle elicitation such as the person allowing us to place our hand on theirs.

In this process, the person begins to slowly become linked with this spirit of dialogue. Whether cognitively understanding what is transpiring or not, the person starts to sense the warmth and begins to communicate attentiveness, serenity, and mutuality through gazes, smiles, and other forms of reaching out. Each speaks his or her own language—whether through words, sounds, or gestures. This might involve soothing vocalizations in someone who has been accustomed to screaming or crying spells. It might involve thumb sucking in someone who has only been used to slamming their fists into walls. It might involve gently rocking to and fro in a person who has ordinarily only been tied up. It might involve a homeless person's sitting with us and reflecting on a life-view. It might involve a conversation, story telling, listening, playful banter, teasing, or serious sharing about who we are and why we are together as well as what we are doing and why we are doing it.

*Let us recall John, the young man with schizophrenia, sitting before us—his shirt bloodied from self-injury, his head downcast, his eyes closed, his hands clasped together inside his shirt, his interest totally turned inward. He sees no meaning in us, nor in participation with us, nor in our love. How can we dialogue with him? He is supposedly non-responsive and too disturbed to become involved in shared feelings.*

*As he sits rubbing his partially decayed ears against his shoulders, we place our hand on his shoulder to protect and soothe him. Then, with our other hand, we place a piece of a game on top of his hand—knowing it has little or no significance. After all, it is only a piece of*

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*plastic. Persevering and helping him in a warm and love way, we begin to gradually effectuate an ebb and flow of participation and separation from fear. He begins to feel slightly safe and secure. He starts to realize that our words are for love, not for demands or ridicule.*

*As we do this, we initiate our first dialogue. Its content is based on the concept that, "I know that you feel wounded, but it is good to be together. I am not going to hurt you. We can learn to be friends." As time goes on, he begins to participate more and appears more attentive. When asked, "Are we friends?" he nods "No!" But, we continue.*

*In order to solidify the dialogue, we touch his "heart" and say, "Do you know what hearts are for?" and go on saying, "They are for warmth and yours, like mine, is often cold, even frozen. But friendship melts the ice in our hearts." As we say this, we place our finger near his frowning mouth and say, "The melting water flows from our heart to our mouth and this is what makes us smile." This playful, yet serious, process continues. His dialogue is his allowing us to be closer to him, to touch him, and to be warm toward him. Gradually, almost imperceptibly, he begins to gaze, smile, and quietly say, "Friend!" With this beginning, the caregiver expands the dialogue and incorporates his words or deeds into this growing feeling of companionship. It is a process that blossoms. Having nothing to do with chattering, it is a fusion of sharing with respect and warmth through our words, gestures, and physical interactions.*

Those who can speak and understand are more readily seen as capable of entering into a dialogue. Yet, words are not the key. The center rests on emotional expressions. Some might say that a person with severe mental retardation or acute mental illness is unable to communicate, and thus, dialogue is impossible. Or, they might say that John cannot understand abstractions, such as friendship, the meaning of sharing, or the inherent goodness of human engagement. Indeed, John might not be able to categorize these conditions; but he is a sentient being and is touched by the quality of life's experiences—both those that have beaten him down and those that now seek to lift him up. Dialogue is a central part of the human condition. Its expression, breadth, and depth evolve over time. Each person expresses self and dialogues according to different modalities and intensities—moving from almost imperceptible signs to complex communication. The vital aspect for us is to be sensitive to these varying and unfolding forms, be reflective of these feelings with empathy and acceptance, and be open to the communicative nature of the person's interactions. We become more naturally warm when a give and take develops. We begin to sense the person's here-and-now mood and modulate our tone. And, in due course, we bring others into the dialogue as a means of sharing and expanding an evolving circle of friends.

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Dialogue makes the coming together of the caregiver and the marginalized person a concrete expression of the human condition based on justice. Life does not exist without others. In effect, it says, "You and I are one." The relationship slowly evolves and expands outward. We cannot reach out to others if we do not continually question who we are and how we exist in relation to others. This has to occur in relation to our whole reality. We have to ask ourselves and others why we are engaged in work among the marginalized and define it in the light of mutual liberation. We need to see, feel, and practice this relationship in our daily lives. We cannot reach out and signal union to the other if we do not recognize our own interdependence. And, those on the fringe of society will never accept our presence, nor participate with us, nor value themselves or us if we do not enter into a spirit of dialogue with them. It is a life-process and life-commitment.

The evolving purpose of this coming together is to establish a collective of companions in which community can form. It develops into a growing circle of friends. Schools slowly become places of learning solidarity and sharing—where the strong help the weak and the fast accompany the slow. Teachers need to give an example of friendship and teach the children to help each other. Traditional learning is important, but secondary. Indeed, it is enhanced by emotional connectedness, and it expands the more the child or adult feels one with the world. The driving force in the classroom becomes the teaching of human solidarity. This occurs in simple ways—doing projects together, helping the children reach out to one another, taking recess in groups, translating reading, writing, and arithmetic into the surrounding reality. Those who work with the institutionalized begin to focus on developing self-advocacy and establishing programs and services that are run by the people themselves. Incarcerated people are helped to organize and to speak for themselves, while together we help to fight for their rights by supporting the creation of integrated communities. Programs become much more than facilities; they start to reflect companionship, justice, and social change. Group home workers' primary challenge is to create a home, not a building made of bricks, but one constructed with love and affection in which a sense of family is created. Parents struggle to bring their difficult child into the warm embrace of the family, school, and neighborhood. It is through these transformations of purposes that we can bring about deepened community where the marginalized are with us at the center.

Regardless of diagnoses, and in spite of total rejection, we take the initial step in the development of a dialogue. This begins with the full acceptance and affirmation of the mind-body-spirit-emotional totality of the other. Our initiation of dialogue is at the core of the emerging feeling of companionship. It is the blood that runs in the veins of care giving. It links us together and creates a process of widening union.

Our words are actually secondary. Dialogue is not mere conversation, nor can it be solely analyzed as a flow of words in a stimulus-response cycle. It is the feelings we convey, the warmth of our expression, and the sense of a coming together, it is a give and take, but within the context of these feelings. Essentially, we turn toward the other and share the moment-to-moment reality in all things serious and trivial. We recognize that all persons

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have the strength and potential for the expression of union. This depends upon the expression of sentiments, no matter how imperceptible, such as smiles, gazes, the giving and receiving of value, and any other signs of oneness.

*Kevin is a young man with severe depression. He has lost his speech, his self-care skills, and his desire to participate due to the death of his mother and father and his subsequent loss of life meaning and solidarity. He sees himself as alone and floundering. He feels that there is no one who can rescue him. He spends his days seated in a foster home—nearly catatonic and motionless. His caregivers are totally perplexed and fearful that he is on the brink of death. Then, one day his foster mother decides to focus on the creation of friendship. She realizes that she has to recreate a feeling of being-with-others to instill hope where despair now reigns. But what do you say to a nearly catatonic person? She reflects on the fact that Kevin is as her son and thinks about what stories she tells her own children. That evening she brings a book and reads it to him. It is a story about how a parent loves her child and cares for him, and, as the years pass, how the child, now grown, cares for his loving parent. As she tells it, she affectionately holds his clenched hands. Every few moments she affectionately repeats this refrain, “I’ll love you forever; I’ll like you for always. As long as I am living, my friend you will be.” The first few times seem to mean nothing to Kevin. Then he occasionally glances at her. Soon, a faint smile emerges on his face. And then, almost inaudibly, he begins to repeat, “I’ll love you forever; I’ll like you for always. As long as I am living, my friend you will be.” These halting words fall from his faintly smiling face like the sun breaking through dark clouds. This is only the beginning of a new life based on the hope of being one with others, but it is a start.*

Dialogue is based on a clear expression of the self in relation to the other. It is an ongoing expression of feelings. These emanate from the inner person and are seen in movement toward the other. It is not only a turning of the body toward the other, but more basically, a turning of the spirit in an affirmation of the other’s being and a reflecting of the other in ourselves. Kevin’s foster mother was willing to give of herself by sharing an intimate part of her own life.

### **Relationships Based on Dialogue**

These self-surrendering starts from the moment we are conceived. The mother bears the child and gives love and affection. This nurturing is embraced by the family. As dependent as the infant is, giving is made concrete in the mother’s feeding, cuddling, bathing, and singing. These expressions transcend words and are freely given. They are dialogue. They require a surrender of self, but also a self-fulfillment. The baby smiles, coos, and reaches out. These are signs of dialogue and love. The message is life giving. The act of loving the other gives life to the one loving as well as to the beloved. To speak words of love and to show signs and symbols of affection is to be loved as well as to love. Dialogue signifies a coming together. It is the convergence of human beings with one another in a spirit of solidarity. It means a reflection of our equality—not sameness, but oneness; it means giving—not giving up, but giving of oneself.

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Outside of the almost naturally unfolding mother-infant bond, caregivers come face-to-face with persons who have no bonded relationships. For any number of reasons, bonds never fully developed, never expanded beyond the family, or were severed. Or, limited relationships exist, but are not strong enough to go beyond a small circle. And, when that network disappears the person is left helpless and vulnerable. Some might feel that dialogue under these conditions is impossible and an exercise in futility and that control is the only option. However, caring means our recognition and full awareness of the inherent value of the other person. It means caring about, not just caring for, the other. It is a process of surrender based on our recognition that the other person, regardless of needs, is deserving of respect and is seen in his or her human wholeness. Giving care is not the mere act of caring for bodily needs or dealing with disorganized behaviors. We need to recognize that giving is a process that embraces our own potentialities and fulfillment—with the greatest human gift being the act of giving self to the other. Although care giving might involve taking care of bodily needs, it more acutely signifies caring enough to enter into and engender a spirit of interdependence and solidarity with others. This is uniquely different from paternalistic or materialistic acts since it is based on equality and an ever growing coming together. This synthesis is a fundamental assumption in care giving centered on dialogue. In essence, we commit ourselves to nurture bonded relationships and dialogue is the thread that weaves this together.

Respect for the “least among us” can be clearly seen among those who give care to persons with the severest dimensions of mental retardation, AIDS babies, the acutely mentally ill, and other ostracized persons. Caregivers who serve those who cannot speak, walk, or care for themselves affirm the fullness of the other in spite of these tremendous needs. As these caregivers help clean and give nourishment, they simultaneously see themselves in these dependent persons and conclude that all are dependent upon one other. This respect helps to give rise to dialogue. The bed-ridden child or adult who cannot speak communicates through slight gazes and movements. The act of care giving itself can be a dialogue.

Parents and other caregivers who are shocked, frustrated, or insulted by rejection and distancing need to regroup, re-examine their interactions and move toward the expression and elicitation of love and dialogue. This requires much energy and a turning away from the modern day tendency to view desired change as a process of being shaped to comply to external power; interdependence implies something quite different. Teams of professionals often meet to discuss the needs of “patients” or “clients” in order to delineate programs based on reward or punishment to achieve compliance. This might be effective, if compliance is the goal. However, we all need much more than these efficient, externalized behavioral approaches. This type of shallow searching for manageable solutions inevitably misses the point that people need to be totally accepted as they are and in spite of their distancing behaviors. Behavior problems will evaporate like the morning dew if we express unconditional love. Thus, although their behaviors can be objectively termed as acts of aggression or self-injury that need to be controlled through the dual behavioral system of

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reward and punishment, such control proves to be meaningless and sterile. Dialogue is our option. It does not see the individual as a lesser being. It reaches out, not down. It uplifts us as well as the person. While recognizing marginalization and emotional apartness, it embraces companionship as a sign of union rather compliance and force.

Violence leads to violence. Restraint leads to restraint. The logic of control has a bottomless toolbox. However, change is based on more than what is seen and quantifiable; it goes beyond psychological arithmetic and, indeed, calls for the exploration and definition of both inner anguish and joy. It requires us to feel the human condition and to help heal anguish and share in hopefulness. It leads us to see what is unseen, hear what is unspoken, and feel what is often unfelt through empathy. It brings us to the threshold of understanding the signs and symbols of the other person. Although the most disconnected person may not speak, hear, walk, or move, we need to arrive at a point in which we can dialogue with the voiceless person. It is this giving that transforms apartness into union.

### **A Leap of Faith**

The final characteristic in a relationship based on dialogue is the most difficult; yet, once accepted, it is the warmest and most expressive of authenticity. Care giving requires a leap of faith in the recognition and acceptance of the wholeness of the other and the interdependence of the other with us. It asks us to believe that unconditional acceptance and love is central to significant behavioral change. This leap can be most paradoxical. When we are confronted with persons who are hitting, biting, kicking, and scratching, we are asked to see the other's worth and find ways to respect and uplift the other in spite of violent reactions. Violence can bring out the worst in us or the best. As spit rolls down our face, the question of embracing the wholeness of the other is necessarily fragile. As fingernails dig into our skin, a common reaction is to become forceful. Yet, while preventing such acts as much as possible, we still must position ourselves to give value, in spite of whatever is transpiring, and reach into ourselves to continue to value the other. Dialogue is the highest expression of this love and the deepest affirmation of the wholeness of both ourselves and the other.

In essence, we make a choice between monologue and dialogue and between interactions based on contingency and those centered on giving value. Monologue implies an entirely different posture. It establishes compliance and control as the major rationale for our intervention. It embraces reward or punishment as the means to achieve these ends. It sees everyone's fulfillment as independence with each responsible for self-survival and self-regulation. It replaces a feeling of union with an objective state of behavioral management. It centers itself on deeds done rather than the centrality of being-with-the-other. On the other hand, dialogue accepts the other in spite of acts of violence. It gives value to the person regardless of deeds done. It is not interested in reward or punishment, but in respecting and love the person. It is at the very heart of a feeling of companionship. Its words and expression are like the flow of warm blood that gives life. It is an act of justice and solidarity.

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## Testimonials to Dialogue

In recent years, we have encountered thousands of marginalized persons and have learned from them. Initial conditions have been horrendous—people locked up, tied up, homeless, drugged, and beaten. Those whom we see and work among are often voiceless and, even if they can speak, words cannot describe their encompassing and seething hopelessness. Yet, their full humanity calls on us. We ask, “Why is she slamming her head on the floor? Why is he shoved into a padded room? Why are those children living on top of a garbage dump among pigs and flies? Why has this parent given up?” To give care is to deepen and instill hope; but, such realities can leave us blind and cynical. If this occurs, despair soon follows. Fortunately, hope can be seen in those who move deeply into the process of companionship, even in the midst of oppression.

In these testimonials, each person can provide us with insight that change is possible, if we are willing to be open to it and struggle for it. In these real-life examples, the major part of the struggle was to find ways to express dialogue.

### Anne

Some people are erroneously said to be beyond the reach of human reward, love, and dialogue. Some hold that the best that can be expected is to gain control over behaviors. Yet, we assume that love and dialogue are possible, and can become meaningful. Even when the person flails, hits, and kicks, our driving force is to unconditionally value the person through dialogue. This expression takes root in the other the more we give it. As confusion swirls around, we continue. As we behold the oppressed, we deepen our love. As we take the hand’s sting to our face, we go on.

*Anne sat alone. She was tied into a chair in the corridor of a locked ward in a public institution for the mentally ill. She was clearly apart from others. Her caregivers were more guards than companions, more jail keepers than friends. Her face was empty except for a pained expression. Her eyes were cast downward. Her lips were curled in anger and hatred. She occasionally looked at those passing by her; but, this was only to ensure that no one approached her. Fear was mutual. She was ready to scream or try to slam her head into any hard surface to drive others away from her. She lived a life of monologue in a culture of death. She mumbled to herself, “Hate! Hate! Hate!” No one paid attention to her words. She was a non-person. Her head and arms were marked with sores, scratches, and contusions—from her own self-beatings and aggression by others. Each pockmark spoke stories of despair, solitude, and marginalization. She sat embraced by the leather straps bolted to her wooden chair. She was like the queen of loneliness with embracing arms replaced by straps and a wooden chair for a throne. Her crown was a masked helmet. In her kingdom, there was no joy, only despair; no otherness, only aloneness; no relatedness, only empty existence; no dialogue, only monologue.*

*Her life consisted of being controlled by others, and her subsequent violent reactions were meant to control her controllers. Treatment involved encountering violence with violence.*

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*Of course, caretakers outnumbered her, and they won every battle. They charted her every move. Their monologue was enunciated, not by words, but by acts of submission. Their hands pulled her into the chair and tightened the lifeless straps. Their faces spoke of their dislike of her and her absurd world. Their footsteps echoed their separation from her and signaled that their presence was only available for her management. She sat alone, comforted only by leather and wood. Her fleeting looks and her muted moans spoke of fear. Her forlorn countenance spoke of a history of isolation and rejection, but hinted at a longing for otherness. Occasionally, she would glance at someone as if hoping for something more. But, dialogue could not occur since there were no others in union with her.*

*Many reasons were given for the “need” for restraint. Her head banging was “life-threatening.” Restraint was “the only option.” Indeed, one day her psychologist discovered the latest device, an automated electric shock instrument. This, he proclaimed, once connected to her body, would end the self-injury and the need for life-long restraint. The care-taking monologue evolved like sounds delivered between parallel people with no convergence. Its syntax was represented by control and an electric shock device was the latest symbol of this soliloquy. Its current of pain, if strong enough, would terminate her self-injury.*

*Then, one day, due to public pressure and horror related to the recommended use of an instrument of torture such as the shock device, even in the name of treatment, she was ordered released from her wooden throne and its straps, and was placed in a setting where her caregivers decided to teach her to feel secure, participate, and valued. In their first attempts, she demanded, “My helmet!” She knew that she was driven by fear and that freedom would result in injury. “My helmet!,” she cried over and over again. Her face was angry. Her fists pounded the caregivers.*

*But, this process was to be different. No restraint. No punishment. It was to be based on their expression of solidarity with her, even though she had no sentiments for this, no feeling of union, and was totally apart from the flow of human interdependence. The first step in the creation of a spirit of dialogue with a person accustomed to monologue is to give an outpouring of love while at the same time replacing old meanings. All those interactions that were cold, distancing, and disconnecting had to be emptied of their power.*

*In Anne’s case, this meant she had to be protected, but not restrained. For a few hours, two caregivers had to be with her. They had to become accustomed to her rapidity and learn to make her safe. She had to get inkling that they would not hurt her. Every movement had to signal love. Every action had to be instantaneously looked at from an interactive perspective. Every contact had to answer the question, “Does this help transmit a feeling of love, warmth, and nurturing?” Each caregiver’s expression had to transmit these feelings. Their hands had to represent love rather than oppression and domination. Their words had to signal authenticity and genuineness. These actions had to be given with no expectation of any reciprocation, but always hoping for it. Dialogue had to be entered into with*

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*tolerance, with little expectation of any immediate reply, and with ardor; it had to be communicated with hope, even though initially it was known that their presence meant nothing to her.*

*At first, she responded with anger and violence. She slapped a caregiver in the face, pulled her hair, and retreated from any physical approximations. She kept begging for her helmet since it was her symbol for controlling the jail-like world in which she had lived. Restraint had become the center of her life and no person was going to replace this meaning, as absurd as it might have been. In spite of this, her caregivers persevered. They had to be ready to accept her no matter what. They had to be ready to be attacked and still give value while protecting themselves.*

*As they continued this immersion into giving value, Anne slowly and occasionally began to come closer. Once in a while, she looked at the caregivers, reached out, and eventually even showed the faintest flicker of a smile. Of course, these moments were few in the beginning. Most of the time was spent protecting her from self-injury and attempting to bring about engagement. Nevertheless, the flickering signs of dialogue had started, and she had started to accept these caregivers and then others who had been observing.*

*Anne began to glance playfully on her own at them. As this began to unfold, her attempts at self-injury slowly started to disappear when she was with them. Their presence was taking on a new meaning. The original the expression of unconditional love was converting itself into a warm conversation in the form of songs, story telling, and a spirit of playfulness. The caregivers had to be cautious not to value her only when she was doing whatever she was supposed to be doing. The focus had to be on their emerging relationship. Since modern practices tend to be relegated to the realm of reward for deeds done, it was critical that they rupture this practice by giving value for her human condition rather than her achievements. Love-transforming-itself-into-dialogue had to be given regardless of her replies.*

*Soon, the flickering smile exploded into laughter. Individual caregivers started to be with her on their own. She began to curiously reach out to the first two and then other caregivers. She started to sing with them and invent songs with them. After three days of increasing dialogue, she broke out into a joyous smile on one occasion and said, "I am going to go home someday!"*

*At the start, the caregivers had to protect Anne. However, by the time of her first smile, they were able to use their hands for giving value rather than protection. Their interactions began to take on a more playful and joyful meaning. What had been driven and impulsive was now slowing down into a peaceful rhythm, best symbolized by a calm rocking that she would do when with these caregivers. She also began to embrace them. Since trust, safety, and security were now emerging, she was content to be engaged with one or the other of these caregivers. They were able to be less intense and "on guard" against self-injury.*

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*Friendliness replaced protection. Joking substituted for screaming and moaning. The interactions were taking on the meaning of companionship.*

*As this happened, she also became open to more complex change and the introduction of new persons into her life, including persons whom she had previously been kept away from "due to her severe behaviors." She began to play cards and enjoy other activities. She became interested in giving value to others rather than just receiving it. Her sweet "bye-byes" at the end of each day signaled the beginning of a spirit of sharing and bonded relationships. The burning electricity of the recommended cattle prod had been replaced by human warmth.*

Thus unfolds the process of a relationship based on dialogue between caregivers and a distanced person. This needs to continue throughout Anne's life or it will wither and die, just like in our own lives. Few words were ever spoken by Anne, yet she was quite capable of expressing her inner self and her emerging union with her caregivers. She became able to elicit strong feelings of joy in those around her with her warming movements. She and her caregivers began to signify solidarity and interdependence. The delicate lace that held this fabric together was dialogue.

### **Shawn**

Another example of this process is that of a young man named Shawn. He lived in a group home with four other devalued men. He spent most of his days locked in a seclusion room next to the kitchen. He was big, strong, and aggressive. His psychiatrist had solemnly concluded that his mental retardation and organic brain syndrome were the causes of his hopeless aggression. The center of his life had become the seclusion room. Like Anne Marie, he begged for restraint. His only intelligible words were, "Time out! Time out! Time out!" Almost anytime he was asked, or more typically ordered, to do a task or activity, he demanded to be placed in seclusion. If this demand did not work, he would then dig his fingers into his rectum and show his soiled fingers to his caregivers and repeat, "Time out!" If one did not "escort" him to this place of solitude, he would continue his ritual with each caregiver until someone would finally lock him in the room. He preferred the exile of the time-out room to the domination and frigidity of his caretakers. He also attacked them or fellow residents who got in the way of his seclusion. He would open his mouth in anger and dig his teeth into their hands or arms. His life of monologue was quite controlling and reflected the world in which he lived wherein solitude had become preferable to participation and caregivers had opted to become jailers.

*In his caregivers' first feeble attempt to teach Shawn to live in a culture of life, he reacted violently. They were cynical toward the idea of unconditional love. He sensed their phoniness. They did not dialogue. Their words to him were few and depended on his compliance. They had to begin to change their beliefs and practices. When Shawn saw them, he stood up and went to each with his left hand digging into his rectum, and yelled, almost chanting, "Time out!" He bounced off each of them like a pinball as they stood with*

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*their arms crossed and their heads nodding to “get back to work.” Unfortunately, for them, this was “dialogue.” Finally, in exasperation, he attacked a caregiver. His wide-open mouth moved rapidly into flesh and his hatred was confirmed in this mix of teeth and skin. His caregivers were not prepared to value or to engage him. Before they could begin the process, they had to question themselves, their values, and how to express dialogue. They had to reflect on what their posture was and whether they wanted to convey this spirit or simply subdue him. This took time and debate. They looked at themselves and examined their own actions. Slowly, they resolved to choose companionship. They decided that it was important to connect love with participation since he was not only aggressive but also self-isolating. They began to realize that they had to dramatically increase and intensify their unconditional love and bring about any approximation toward any engagement with them. They finally knew they needed to help him to engage in participatory interactions as a means of creating a new interactional context, even though one caregiver insisted that Shawn was manipulating them for attention saying, “He knows better. He is just tricking you!” However, the others chose to try to persevere and center all their interactions on love.*

*On subsequent occasions when he tried to bite, they continued to give him value and enable participation while simultaneously protecting themselves. They spoke of friendship and how it was important and good to be with him. This required much diligence since they were teaching one another how to give unconditional love. When he started to yell “time-out,” they told him that they would take a break together. All their words began to concentrate on the goodness of being with him. Slowly, instead of hitting, he would stop his arm in mid-air, look in a puzzled manner at the particular caregiver, close his mouth, and engage in the particular activity. This afforded them the opportunity to express love more intensely and increase his participatory interactions. These moments were the seedlings of dialogue. The fact that he reconsidered his actions in midstream meant that he was beginning to reflect on the possibility of union and was beginning to view these caregivers not as jail keepers, but as other human beings with the potential for being trusted.*

*As the next days unfolded, Shawn became more accepting of love and his caregivers became more authentic and genuine. He began to reciprocate it in the form of kissing their hands instead of biting them, patting their head instead of hitting, and shaking their hands instead of digging into his rectum. As this began to transpire, his acts of violence also started to diminish in frequency and intensity, and he became involved in a range of tasks and activities for long periods of time. This young man, who had only expressed the sad vocabulary of isolation, soon started to whisper words of warm and contented feelings to these caregivers. These were accompanied by smiles and moving his caregivers’ hands to his chest and smiling peacefully. This, then, is what dialogue was for Shawn—emerging signs and symbols of friendship, companionship, and sentiments of union. It was the confirmation of his self in relation to his caregivers. And, what about the seclusion room? It was made into a closet and Shawn never chanted “time-out” again.*

## Rosa

Rosa was a 4-year old girl who was born without problems. But, at the age of nine months a metal shelf fell on her head and caused severe brain damage resulting in paralysis on her right side, the loss of speech, and the appearance of self-injurious behaviors in the form of rapidly moving her left hand into her mouth and biting it forcefully. Without restraint, this resulted in her yanking out her fingernails.

In spite of these challenges and the use of restraint, her mother and father nurtured her at home. They gave her warmth and uncalculated affection. She attended a regular kindergarten class and participated in family activities. Yet, the burden was great. Having searched for an answer to the self-injury and having found none, her parents placed her left arm in restraint and continued to integrate her into the family in spite of her self-injurious behaviors. Rosa was quite obviously a loved and loving child. Yet, she continued to engage in this self-harm whenever free from the plastic restraint tube on her arm. Ironically, she was quick to smile and affectionate in her interactions. However, once released from restraint, she inevitably attempted to bite herself. Her tiny hand moved with lightening speed to her mouth. As the months passed, she was becoming less integrated into her family and less likely to live a life of union with others since the self-injury and restraint were gradually replacing her natural warmth and frustrating her parents. The restraint, as necessary as it was, had started to become the center of her parent's relationship with her. The necessary protection was suffocating the child's being since it favored apartness over union. The arm tube had become more important than reaching out. Her mother was saddened by her decreasing participation and an increasing need to subdue her for the sake of avoiding harm.

*Rosa's re-entrance into the fullness of human dialogue with others began with the assurance that no harm would come to her. Her parents were rightfully worried about her safety. She was loosened from her restraint. In the first hours, her mother sat with her and used her own arms and hands to "shadow" the child's attempts at self-harm—hovering one hand above the child's to block any attempted bites. While doing this, she worked hand-over-hand with her on various games and used this as the way to express warm and playful love. She told her stories about her two older brothers. She talked to her about how beautiful she was. Rosa listened intently and made a few sounds of delight. Yet, if her mother were to remove her hand for a split second, Rosa would immediately try to bite herself and yank out her fingernails. It was hard to block these attempts. In the first few hours, the mother grabbed her daughter's hand almost automatically; yet, with practice she learned to protect rather than restrain.*

*She began to elicit more love by expecting more involvement in the stories. She asked her to identify play blocks as family members and she had Rosa kiss each one. She asked her, "Now you kiss mommy!" and helped her hug and kiss. She was very happy to do this. She started to play more, smile, and nod her head. The mother gradually lifted her hand from Rosa's, but was still ready to shadow any dangerous movement, while also continuing the*

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*story and increasing physical, verbal, and gestural love. As the child became more engrossed in the stories, she attempted to bite herself less and gaze lovingly at her mother. This enabled her mother to protect her less and concentrate more on the dialogue. Other caregivers were introduced and all followed the same process.*

*After several days, the caregivers were able to avoid any grasping of her hand. By the fourth day, Rosa began to move her finger to her tongue and indicate the desire for a kiss. The first time she did this, her mother feared that she was going to bite her finger and much to her joy, she soon saw that it was her way of saying, "Kiss me!" Her little finger was now not for biting, but for pointing for a kiss. She became more engaged. What had been cries turned to humming songs. Her humming began to sound more like words.*

*Then one day her mother was playing with her in a make-believe telephone conversation. Picking up the toy phone, she pretended to call Rosa. The child watched and smiled. The mother carried on a conversation, "How are you, Rosa?" The child shook her head playfully. The mother said, "I just called to say I love you!". Rosa smiled and her mother began to tell her about all the people who loved her. At the end of a few moments, the child was laughing. The mother slowly and warmly said, "Rosa, I...love...you..." She repeated the phrase and invited the child to say the same words. Surprisingly, Rosa, with all of her emotional and physical might, made sounds that approximated the phrase, "I...love...you!" She was imitating the same cadence and intonation of her mother's dialogue. Each sound and word fell from her lips like rain drops on the parched earth. Affection gave birth to affection; sounds imitated sounds; and warmth replaced self-harm. The seedlings of dialogue were unearthed in this child's heart by her mother and teachers.*

## **Conclusion**

Through these three testimonials, we have set forth real life examples of the expression of dialogue among those who had been disenfranchised from it. All three individuals had been subjected to restraint or punishment. Yet, all were able to enter into a process in which they began to express unconditional ongoing love. This validated their very humanness, encouraged them and their caregivers, and helped to transform all involved. They and their caregivers knew that they had stepped onto the edge of the life-long road toward a culture of life. They realized that this journey would be marked with fertile land, rather than the desert of containment; it would be filled with hope generating surprises instead of the monotony of restraint and the isolation of helplessness; and, most importantly, it would be a journey done with others. It is this mystery of living life in solidarity that gives meaning to the human condition and it is this grassroots daily engagement that brings about union. The caregivers' time and energy was significant. It was no easy task to spend hours and days tilling the soul of hope. It took the mastery of skills, the creativity of putting their values into action, and ongoing questioning and mutual support.

We have seen that dialogue does not depend upon words alone, although they enhance it; basically, it arises out of a deep undercurrent of feelings on the bed of human commonality.

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Its waters join individuals together. Each has his or her own being, about to be connected by the ebb and flow of a bonded relationship. At the start, the caregiver is bolstered by the breeze of giving and the hope of transformation; the other is bent by the winds of marginalization. The caregiver bears the responsibility for entering into dialogue; the other has no evident reason to accompany the caregiver at the beginning of the journey, other than a hidden hope for interdependence. This is clouded by fear, repugnance, or confusion. It is the caregiver who must give meaning to the potentially emergent relationship through respect, equality, and love in spite of strong initial rejection. Over time, this longing surfaces, dialogue unfolds, and feelings of companionship start to follow. Regardless of the severity of the marginalized condition, whether founded on mental retardation, mental handicap, old age, infirmity, racism, or poverty, it is assumed that dialogue is possible. It is a process, which begins with two distinct beings coming together and becoming one in spirit. The one cares for the well being of the other and vice versa. Both are givers and each becomes more in the process.

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## CHAPTER 6

### The Process of Mutual Change

A psychology of interdependence brings us and marginalized persons into a mutual change process. Care giving involves the recognition of an ongoing struggle in which we reject domination and opt for love. It asks us to define, center, and practice a process of unfolding solidarity. This then leads us to assume the responsibility for establishing new meanings in the human condition and rejecting old ones founded on control and domination. Solidarity arises from a view that both we and the other person hunger for feelings of relatedness and that our commitment to this initiates a mutual change process. However, nothing will solidify until we make the decision to become interdependent and reflect on how we can express this in our daily interactions. Care giving is an option to serve those who are marginalized—children, the mentally retarded, the mentally ill, the poor, the elderly, the disenfranchised, the homeless, and all persons kneeling on the floor of the community's banquet hall searching for the leftovers of our feast. Each of these individuals, once alienated, survives by their aggression, self-injury, or withdrawal. Their life takes on meaning through these behaviors, but a meaning that further pushes them away from others. We have seen how important our beliefs are and how companionship can be established through dialogue. We have examined the elements that undergo change in this process and have described these.

Yet, the question remains “What sequence of events will likely transpire in the establishment of new meanings in the relationship?” We go through a change process with each person. When the other is disharmonious, we need to express harmony. As the person begins to engage with us, we still need to expect the reappearance of rejection. Yet, in time, these moments become less intense and briefer. With our perseverance, a bonded relationship slowly forms. At this moment, we then need to help the person expand this feeling to others. The entire process involves a gradual putting aside old meanings and learning new ones.

Our challenge is to generate a process that changes the meaning of the human condition. Alienation is worsened by our enchantment with self-reliance and obedience to social norms. Our view is that we were born neither to be independent, nor dependent; to be neither masters, nor peons. Although our culture exalts the “self-made” and “survivors,” independence contradicts feelings of solidarity, democracy, and union. It places women and men in a state of solitude in which each lives parallel to the other. It means that each is apart from the other with no connections of any substance. It is essentially a materialistic perspective and one based on domination. It assumes that the primary purpose of life is to develop one's own skills and to use these for the benefit of self. The best for a few leads to something less for the many—often significantly and sorrowfully so. Although there are persons who depend more on others for basic bodily or material needs, this does not imply that they are any less, nor have nothing to share. The humblest person can be the most insightful poet. The most mentally disorganized can possess the deepest spiritual feelings. The most mentally handicapped can bring the profoundest perception of being human. The aged can remind us of who we are and what we are becoming. The most hungry can teach

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us about our bounty and the meaning of justice. On the ridge between dependence and independence stands the strong and weak, the able and unable in a spirit of interdependence. This affirms our being and leads us into a process of becoming one with the other. Interdependence makes care giving an acutely conscious process wherein we do not seek to “normalize” behaviors or control them; rather, it is a one wherein we define our vocation as the unfolding of companionship, first within the dyad, then among others. It also recognizes that human love, although rooted in everyone’s being, is initially meaningless since it has been buried beneath years of oppression. Our role is to bring it to the light of day. As we uncover this, what had been intolerable is tolerated; what had been destructive begins to disappear; what had been distancing becomes uniting; and what had been oppressive becomes centered on justice.

### **A Mutual Process**

Life is an ongoing process that involves constant change and our deeds and interactions are based on what we believe, whether we are conscious of this or not. If we believe that we were born to rule over others, then our care giving will center on this. If we believe that we exist to produce, then we will make our decisions based on that. If we believe that we are all brothers and sisters, then we will strive to create just communities. We have a marked tendency to dominate over the weak, and it is an ongoing struggle to change this, especially when confronted with violence. The moment someone threatens us, we want to retaliate; or, when someone refuses to do what we want, we are driven to modify that noncompliance. We need to transform our own interactions in a deliberate and conscious manner. Just as we have to facilitate a change process in the other, so too we need to undergo the same process ourselves. Change, then, is mutual. But the question still gnaws at us, “How can I establish a spirit of companionship? Or more specifically, “What do I do when John is throwing the dishes on the floor? Or Maria is having a tantrum? Or Ted is ripping off his shirt? Or Shawn is biting me?” The answer always swings back to unconditional love, at the best of times and the worst of times.

The creation of companionship and community never arrives at a final “product.” It deepens and expands, but does not end. It is an unfolding rather than a distinct end in itself. However, there are benchmarks in decreasing aggression, self-injury, and withdrawal, increasing participation, and decreasing fear on our part and on the other’s. It is not a lock-step process; rather, it involves an ebb and flow with good moments gradually overtaking difficult ones. The initial relationship gradually expands and becomes an integral part of our culture: school, work, and home. But, it starts in a dimension of disharmony before it moves toward interdependence.

The caregiver who yells and orders others around, who demands compliance, and who distributes rewards or punishments like a landowner overseeing field hands clearly communicates a disharmony within self, an insecurity, and a need to dominate. The parent who yells and swats the child is crying, “I do not know what to do. What will bring my child to me!” The teacher who focuses on skill acquisition over engagement or who interacts with

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the person only for deeds done clearly communicates this same feeling. The psychologist who uses punishment in the name of therapy symbolizes a dominative value system that, in fact, only reflects an inner drive to overpower the powerless. The volunteer cook in the soup kitchen who forbids the homeless to enter the kitchen is saying, "You are dirty. I am clean. Stay away!"

In the face of such circumstances, the marginalized person meets disharmony eye-to-eye. Already weathering or perhaps overcome by a myriad of internal and external vulnerabilities, the person can be pushed further to the outer fringes of disconnectedness. Our disharmony can only give birth to further apartness.

Caregiver harmony and congruence with other-centered values is vital and necessitates ongoing critical questioning and reflection. Most caregivers are value-centered, but need to uncover and put their beliefs into practice so that they can express giving, nurturing, and love. Our intention needs to drive us to unite ourselves with the person in spite of severe behavioral problems. We need to communicate peace to the person, even in the most disruptive times. Preventing harm, we need to find words, gestures, and other forms of contact that signal ourselves as safe harbors, not the confusion of storms. We need to use our hands, eyes, and words to give value in spite of the other's disharmony. This is not an easy process. Although most would agree with these concepts, it is hard to be consistent with them when being hit, spat upon, kicked, or cursed. Our values can easily fly out the window when confronted with such acts. Obviously, it is quite difficult to maintain, let alone deepen our values, when under attack. However, it is during these moments that the process calls on us to be at our best.

### **Ebb and Flow**

Passing through these worst moments, we move into a dimension in which the other conveys some degree of harmony. It appears and then disappears like the ebb and flow of the sea with harmony driven ever more forcefully by the undercurrent of unconditional love. The person is battling against years of distrust. For an instant, trust shows itself and then fades. These appearances become longer; the distrust becomes weaker. As we see slight change occur, we might think that all is well. Yet, the growth process goes in spurts. Moving closer is followed by some distancing. It is especially important to signal love at difficult moments, but it is necessary that it always be present and seen as a life-pattern. We are initiators of new meanings, which at the start make little or no sense to the other. It is crucial that we base our interactions on serenity and the knowledge that there will be an increasing coming together. Any sign of anger or oppression will quickly tell the person to rebel or withdraw more. Our perseverance results in a gradual calming and mutual harmony; but it is common for the person to swing between trust and distrust, feeling valued and then devalued. Old meanings die hard. They are entrenched. Our continuing role centers on unconditional love, its increasing elicitation, and the facilitation of engagement.

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## **Bonding and Companionship**

In time, the feeling of mutuality grows and deepens. The worst moments become less frequent and less intense. Dialogue is no longer so one-sided and structured; it slowly becomes more natural. We begin to see the person linger with us, become more engaged, and convey a strong possibility of mutuality. Instead of running away, the person comes toward us. Instead of tantruming, the person seeks out doing things with us. Most significantly, our words and touch are not only given, but are returned. Of course, the person is still vulnerable and will have difficult moments. But, the emerging bond of friendship will diminish these times, their intensity, and their impact. We begin to feel at ease and comfortable in our knowledge that feelings of companionship are taking hold.

## **Interdependence**

From the start, we need to include as many caregivers and others as possible in this process. One thread can make a delicate lace, yet, the more threads that are intertwined, the more enduring the fabric of companionship will be. As these feelings emerge in our relationship, we need to ensure that the person also learns to reach out toward others, participate with them, and value them. Essentially, a circle of friends begins to surround the person—making each emotionally stronger and enabling each to tolerate the vicissitudes of life. This circle needs to be woven where the person lives, works, or goes to school. It is seen in small groups living together, knowing one another, and sharing their daily lives. It is seen in work places where men and women come together to express their talents in labor and to form new friendships. It is seen in schools where children are learning to live together. Of course, beyond this circle, many will remain as strangers. Some will continue to be prejudiced, intolerant, and impatient. However, when the circle of friends is strong and stable, the vulnerable person will be able to better confront these situations. The knowledge, experience, and feeling of a network of friends helps to solidify emotional well-being. When change occurs or problems arise, this interdependence helps to re-center the person.

*Luke had a history of severe aggression. He was diagnosed as having autism, could not talk much, and lacked many self-care skills. He would hit people with his fists, pull out their hair, and bite. A big adolescent, he frightened most people. His caregivers' response was to physically subdue him whenever he was "non-compliant" and spray "water mist" in his face as punishment. He would become more violent in this procedure; nevertheless, they continued to do it, because they felt they were in control.*

*Yet, looking at his life-situation and the way people interacted with him, his escalating violence made sense. He was drowning in the midst of an absurd and anguish-filled world. Those around him worsened his disharmony. He lived among other marginalized people in a public institution. Caregivers had no time to be bothered by his inner suffering and left him squatted alone on the floor for long periods of time. He gazed at the other lost people, heard their moans, and watched the controllers carry out their programs. When his turn came to be told what to, and where to do it, he would react slowly and reluctantly and would rebel*

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*against being ordered to do a particular task. He sensed that participation was fruitless since it would only result in cold reward. His caregivers could tell when he was about to become angry since aggression was always preceded by clear physical signs—rocking, hyperventilation, a flushed face, and angry sounds. But, they felt compliance was more important and would push him into violence.*

*The alternative was to engage him in a daily routine filled with love. He needed structure, compromise, and multiple opportunities to receive and learn to reciprocate love. He needed to know that he was safe and secure with his caregivers.*

*However, to do this, the caregivers needed to have an inner harmony. Someone in this almost empty world had to stand up and create new meanings for Luke. When his favorite caregiver reflected on preventing his outbursts, she made sure that she knew what her expectations were to prevent violence as much as possible and to engage and value him. She sat at a table across from him. When he tossed the material on the floor, she ignored it and continued dialoguing. She made certain that she only used her hands to warmly help or value him so he could begin to grasp their meaning as instruments of love. When he started rocking, she told him not to worry and for him to take a momentary break while she completed the activity. On the first day he broke out into a flurry of aggression during a time when she had become careless. He stood up, tossed tables and chairs, jumped up and down, and finally grabbed her hair. She continued to dialogue and reach up to his hand, which was twined in her hair. She asked for a handshake, and he released his grasp and after a few seconds shook her hand. She then quickly increased her love and his participation. He then gradually calmed. Luke became more at ease with her as each hour passed. He still had difficult moments. Yet, each time these were less intense and less prolonged. She could see the currents of change flowing toward companionship. She knew it would be a long and hard process, but was willing to persevere.*

*For the first few hours, she worked with him alone. When two other caregivers started to watch, she invited them to sit and participate. Luke feared them. But, the caregiver showed them what she was doing and asked them to follow her example. She explained what she was doing and why. Slowly, they introduced themselves into the process. They went through some difficult moments since Luke had no reason to feel secure with them or become engaged.*

*Yet, with the first caregiver's help, they continued. Thus began the formation of a circle of friends. A few hours later, they brought two other residents into the group and went through the same process. This became their model for Luke—bringing him together with other caregivers and residents. The first caregiver assumed responsibility to deepen her feelings of oneness with Luke and to help others persevere in the process. She knew that she had to focus on helping others become harmonious and to warmly help Luke. His violence diminished as their violence turned to love. His ability and desire to be with a growing circle of others expanded as they taught him to embrace.*

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## Preventing Disharmony

The formation of interdependence calls for twofold process on our part. First, we need to empty all distancing interactions and indicators of emotional apartness of their meaning. Instead of paying attention or feeding into acts of aggression, self-injury, or withdrawal, we need to give them no significance. This taking old meanings away needs to be done in a kind way and simultaneously linked with giving new meaning. It is not what behaviorists would call “ignoring” or “extinction” because it is accompanied by enabling engagement and unconditional love. If the person refuses to participate, we do the activity and slowly try to engage the individual. Regardless of participation, we continue to give love. In essence, we are giving a different significance to our interactions filled with love, safety and security, and engagement. While preventing as much violence as possible, and almost all of it is preventable, we have to be empathic and patient so that the process can take hold. Any intolerance will inevitably lead to mutual violence. We need to approach, become engaged with, and unconditionally value the person while also weathering any furies without giving them their old meanings. In this process, we have to be sensitive to the most insignificant interactions. It is insufficient to say we are going to “redirect” the person when acting out. This often equates with force, excessive demands, and the deepening of fear. Giving new meaning to and restructuring interactions necessitates mutual change. But, the process has to begin with us—what we signify, and how we express and enable new meanings to our presence and engagement with us. The core of this teaching of new meanings is the driving power of our love.

When mild or major problems arise, we need to try to void them of their old symbolism. We are asked to take away the meaning of everything that historically brought about distancing. Behavior problems communicate feelings such as, “I scream. You back off.” “I hit. You stop pushing.”, “I swear. You send me away.” We need to respect these communications, but also initiate a concurrent process that takes these old meanings away and replaces them with new ones. In essence, we recognize that the person and ourselves are symbolic of old meanings. Our presence can signal fear; our hands and words can signal demand; our movements can equate with an attack. The person interprets our presence according to past experiences. And, we see the individual from their history and ours. We too can be filled with fear, anger, or repugnancy. Our commitment needs to lead us to eliminate these old meanings so that new symbols might begin to emerge. This includes our reactions to aggression, self-injury, or withdrawal. It also involves breaking away from objectives such as compliance. We are no longer saying, “Do this or else!”, but, rather, “We will do this together because that is how I can show friendship.” We are taking away old meaning the person’s disruptive or destructive interactions as well as what we have historically meant. It does not mean disregarding the person; it involves creating interactions that have a totally new meaning. It partially means ignoring the particular behavior; but, it is much more since it requires us to enter into the person’s often hostile and rejecting space as we express love and effectuate engagement. But, we need to honor, respect, and understand what the person is feeling within their expression of violence. At the same time, we need to

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communicate the feeling that a new day is at hand. We acknowledge vulnerability and history while also giving hope. We are like aliens entering a strange land in which the inhabitants have no reason to accept us and every reason to distrust us.

### **Teaching New Meanings**

We assume a commitment to taking away old meanings that are embedded in the disharmonious interactions that equate with apartness, while always protecting self and others; but, at the same time, our primary challenge is to dedicate ourselves to establishing new meanings in the relationship. Our hands are no longer instruments of oppression and our words are no longer sounds of submission. Rather, they become signs and symbols of love and engagement. In many situations, we will be rejected and at times even attacked. This understanding includes a deepening commitment to dialogue, thereby teaching the goodness inherent in engagement and love. This process is our primary and ongoing responsibility. Giving new meanings can be initially confusing to the person and difficult for the caregiver. The key factor is to signal safety and security and center our interactions on love.

When the person is enraged, or simply apart from us, we need to represent harmony, avoiding any domineering interactions and conveying unconditional acceptance. At these moments, if we cannot express serenity, then we need not expect it in the other. The person's emotional well-being is in our hands. If we want to enable any form of engagement, the expression of our warmth will help tell the person that our hands and words are different. If aggression or self-injury are the person's answer to our proximity, we still to symbolize a feeling of nonviolence. And, any feeling of "I will only reward you if you are behaving well!" will invariably conjure up the ghosts of the past. Our being-with-the-other needs to give clear and strong messages that this is a mutual process in which we are both becoming more. We need to make sure that we are perceived as equals with the person instead of signaling a message of authority or independence. We cannot follow lock-step prescriptions or behavioral contracts for authenticity will become lost. Our central role is to express unconditional love through dialogue and extend this spirit toward as many others as possible. At every moment, we need to be weighing the degree and intensity of what we represent to the person. We have to be the enduring ones. The teaching of new meaning demands that that we enter a process of change before expecting any transformation in the other.

### **Conclusion**

Care giving is a life-project that involves more than helping others. It means transforming ourselves, what we represent, and how we express these new meanings to marginalized people. It also involves a growing understanding of the causes of marginalization, the subtle and gross signals that our interactions and our institutions can convey, and the social change that needs to occur. Reflecting on ourselves, we need to make sure that every move we make represents new meanings. This requires us to spend time with the other and be tolerant of disharmony. As we undergo change, we simultaneously help the other to

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accompany us. What had been violence becomes harmony. What had been apartness and alienation becomes companionship and interdependence. At the same time, we need to begin to look at the world around us—family, school, group home, ward, work place, shelter—and discover ways to draw others into the change process.

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## Chapter 7

### SUPPORTIVE TECHNIQUES

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There are several supportive processes that can help us bring about feelings of companionship through love and dialogue. Every person presents unique challenges. Some are more fearful of the caregiver; others dislike or are unable to participate without much help; still others see no worth in being valued. Each of these situations presents different types of questions to caregivers. Caregivers need a range of supportive techniques at different moments as the process unfolds, if they are to create a spirit of sharing and participation. Some people are extremely challenging due to the severity of their distancing and its entrenched nature. John was such a young man. He had been bounced from one institution to another since infancy. In his late adolescence, he had been placed in several foster homes, but he “failed” in them.

He had learned to draw people toward himself by rubbing his ears to his shoulders. This also resulted in caregivers physically restraining him, plus it stopped any participatory interactions. His caregivers had the challenge of teaching him to feel safe and secure while linking their love interactions with mutual participation.

*John sits before his caregiver huddled and fearful. He rubs his ears to his shoulders as if expecting to be hit, grabbed, or yelled at. As he cowers into an almost fetal position, the caregiver sees his eaten-away ears. The top of each is gone from years of rubbing. They are raw and fresh blood stains the collar of his shirt. His eyes are almost closed and his head is bowed.*

*When the caregiver sits beside John, the young man leans against him as a baby would snuggle up to his mother, but he wants nothing more than this protection. When the caregiver tries to engage him in a task, he pushes his hands away and says, “No!” He then wraps the caregiver’s arms around his neck and leans his ears against him. The caregiver gives words of comfort and John seems to feel safe with this minimal indication.*

*The question, however, at this moment is how to bring about participation and link it with the feeling of being valued. Past options had been to physically prompt John to perform a task and he would comply, but in a very mechanistic manner. His program plan stated that his attending was less than thirty seconds. No wonder! He would rebel violently against these forced motions. For him, participation signified domination. Like most human beings, he would resist.*

*So, the caregiver had to find a way to protect John from hurting his ears and transform the desire for overprotection into the more active and mutual feeling of engagement. The caregiver knelt on the floor in front of John in order to avoid being latched on to. But, at the*

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same time, he shadowed John's attempts at rubbing his ear and even occasionally laid his hand on John's shoulder. Concurrently, he had to create a task simple enough to allow him to protect and still bring about some minimal participation. He also had to focus the major part of his attention on letting John feel valued. This necessarily involved a heavy concentration of warmth toward John through words, gestures, and touch.

The caregiver realized that, since John's self-injury and non-participation was so entrenched, it would take intense effort for the first few sessions. But, he also felt confident that John would come around in due time. As the minutes wore on, the caregiver also had to dig into his own heart to deepen his feelings of brotherhood toward John, especially as an inevitable ebb and flow of some participation followed by some rejection unfolded.

What helped the caregiver was to focus on dialogue with John. Instead of the ordinary "Good job!" type of love, bordering on contingent reward, the caregiver began to define John's anguish and his own difficulty in creating a spirit of friendship. This dialogue took the form of story telling. It went like this, "John, it is so easy for our hearts to be frozen. What we have to do is to find a way to warm our blood so we can thaw our frozen hearts." As this story went on, the caregiver pointed to his own and then John's heart and showed him how "the thawing blood" would flow slowly, then surely, from the heart to the face. He continued the story throughout the initial sessions and also kept telling John not to worry about the particular task and that he would give him whatever help was needed. Thus, both perceived the activity as an instrument or a vehicle for bringing themselves together, not as a duty to accomplish for the sake of acquiring skills or complying with an order.

As the hours went on, John began to cling less, try to hurt himself less, and participation more. He started to look momentarily at his caregiver and break into the slightest smile. That night, before he went to bed, he asked his caregiver, "Go to workshop! Friend!"

The next day was slightly better. There was still an ebb and flow. But, the moments of withdrawal and attempted self-injury became less driven and less enduring. John was learning to feel bonded with the caregiver.

A month later, he was distinctly different. His group home caregivers reported that his ears had healed. The fresh blood that had marked his existence for years had turned into scabs. He was going out into the community—to church, to his workshop, and for walks. They reported that he had not been able to leave his home for the previous four months because of his self-injury and screaming. Now, he was out and about in the community.

Two of his "behavioral specialists," who had previously written a physical restraint procedure for John's compartment, were skeptical and went to his residence to make an evaluation of this alternative approach. John's caregivers reported that they were "visibly moved" by the transformation. Not only did they not see him harming himself and cowering, but they saw him run up to them and offer an embrace.

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John's experience involved all three of the basic care giving purposes. He had to learn that love and participation were one and the same. He had to learn to accept and reciprocate love. He had to learn that the caregivers' interactions, especially their physical presence, were not to serve as a corporal straitjacket, but for emotional uplifting and feelings of oneness. Over the days, the mix of these purposes varied, until it evolved into a more smooth balance involving the integration of a mood of friendship throughout the day and among many others.

### **PRACTICAL SUGGESTIONS**

For caregivers, the challenge was how to find the right mix of techniques to bring these purposes into reality. There are a number of supportive processes that caregivers need to be aware of and apply in different situations. The following suggestions are basic guidelines that caregivers can consider as they enter into the change process:

*In order to facilitate participation and prevent interactional difficulties, some forethought is helpful:*

- Reflect on a friendship-based relationship with the person
- Reflect on how you can express this at the most difficult moments
- Find activities that are of long duration, fitting the age of the person, and useful in daily life
- Regard these primarily as a way to structure interactions
- Prepare tables, chairs, seating, etc.
- Arrange participatory activities or materials
- Think about where it would be best to be in relation to the person

*In order to facilitate a flow of participation, these suggestions might be helpful:*

- Simplify the particular task or activity so that the entire intention is on participatory interactions
- As participation flows, then consider more complex events
  - Break the task or activity down to its smallest steps for the sake of participation, not skill acquisition
- If turmoil is about to occur, slow down, simplify activities further, or back off for a moment

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- No matter what happens, keep your focus on love
  - Have at least two or three activities available at any moment, but not piled up
  - Give opportunities for choice, but make sure you enable participation
  - If the person slows down, animate him or her; if he or she becomes overly excited, slow down
  - Avoid grabbing the person, even in a minor way, in order to enable participation
  - Avoid giving verbal instructions to enable participation
  - If participation is non-existent, help the person by increasing your love, making it more sincere and warm, and do the activity with the person—even if you are doing 99% of

*In order to diminish the probability of the escalation of aggression or self-injury, these suggestions might be helpful:*

- Slow down the particular activity, giving more help and more love
- Always keep the focus on giving and eliciting value
- Stay warm, tolerant, forbearing, and affectionate
- If arms are flailing, back off momentarily, but continue to express love
- If a person is about to hit you or self, simply shadow or block the hit with your hand or arm—avoid grabbing or ordering the person to stop
- If the person is moving around, stay a step ahead and keep enabling participation and giving value

*In order to express warm, affectionate, appropriate, and personal love, these suggestions might be helpful:*

- Value the wholeness of the person, not the task or worry
- Avoid giving value only after the person has “accomplished” something
- Give love in the form of a dialogue—even if the person does not speak or sign

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- Remember dialogue is much more than words; it is feelings of warmth, affection, friendship, and equality
  - In order to facilitate dialogue, “read” the person, observing closely subtle interactions that reflect interest, reciprocation, or a spirit of wanting to share
  - Search out and create distinct forms of dialogue—story telling, jokes, reflective conversations, singing, and political discussions—all with deep respect and friendship

*In order to elicit love from the person, these suggestions might be helpful:*

- As you give value, seek to elicit it from the person in the form of handshakes, smiles, hugs, “fives,” “thumbs-up,” etc.
- Use concrete and warm corporal expressions
- Every now and then, just stop and enjoy being with the person
- If a person becomes nervous or antsy, increase the drawing out of feelings of love as a way of giving new meaning to the interaction and calming the person
- Interpret well any single emotional or physical movements that might be indicative of the reciprocation of love.

*In order to extend the person beyond your relationship, these suggestions might be helpful:*

- Invite another person to participate with the two of you
  - Realize that this is a complex emotional process for all involved
  - Beforehand, role play how you can facilitate sharing
  - Use a task as a vehicle to “work together”—one helping the other and all love one another
  - Assume responsibility for the flow
  - If one slow down, help out
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*In order to deepen the person's ability to participate and avoid over-dependency, these suggestions might be helpful:*

- Gradually remove yourself while participation is occurring
- Increase you love—from a distance
- Be sure to return before participation stops
- Keep your eyes open for an “slow down” and give help to keep a smooth flow going
- Share with the person what you are doing or will do

*In order to help the marginalized person participate and value in authentic ways, these other suggestions might be helpful:*

- If the person is overly dependent, focus on appropriate social expressions without offending
- If the person is authoritarian, focus on talking about how good the person is and how good it is to be with the person.

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## Chapter 8

### Coming Home

So little is written about the inner feelings of those who cannot speak for themselves—those silenced by domination, slowed by mental handicap, disturbed by mental illness, and bowed by the ravages of poverty. Yet, hope and resilience often abides as they withstand isolation, seclusion, chemicals, restraint, and punishment. Few people would resist years of oppression and human denial. Few could withstand programs and services endowed with pathology of compliance and fetishism for “appropriate behaviors”.

It is a pity that the young woman in the masked helmet in South Carolina cannot speak. She would look at us with what could be a gaze of affection; her eyes would scan the surrounding movements through her black wire mesh world like a prisoner with her own entombing cell. Looking up through the wire, we would see scars and sorrow—scars marking her retreat from others or, perhaps, others marginalizing her into a domain of solitude where her only joy arises from self-mutilation. It is a pity too that she cannot speak when she is unmasked, the doorway of her loneliness swinging open, the helmet falling to the terrazzo floor, and her eyes gazing for one brief moment at me and others in a thanksgiving. A life of sorrow and abandonment became transformed into a life of freedom and possible union.

It is a pity that the Pig-Boy cannot speak, a child of the Americas found among his family of pigs, eating the town's garbage, protected by the swine and other abandoned children. He could tell us so much about the leftover world, the domain in which excess or non-useful things are tossed in the city's dump. This child, if only he could speak, would tell us about how a three year old survives along with other defenseless ones with the sole comradeship of pigs, having been discarded by community. As he sits with his head cast downward, his little hands now tied to the sides of a wooden chair in the city's asylum, the Pig-Boy could tell us about the left over life of those abandoned, the nights only accompanied by the warm bodies of the pigs, the dialogue of stories being their grunts and snorts, love being the putrid stench of fetid food.

It is a pity too that he cannot now speak when his hands are freed, his body is cared for, and his heart is warmed. He would surely tell us long stories with the touch of his arms around our waiting hearts. Even with just a smile, he awakens, lifts up his child-body, and seeks out whoever is near and willing to give warmth instead of coldness. How powerful is the hunger for union in the face of abandonment.

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It is a pity that Yvette cannot rise up. She speaks but nobody listens. Her soaring hallucinatory words are apparently beyond the grasp of those who cannot hear. What a shame it is that she only finds solace in the tearing of her skin from her delicate face now pocked with the years of self-mutilation brought about by who knows what. Some say she is insane and that the condition of schizophrenia drives her to harm herself. Yet, when approached, she smiles and teases. She only becomes angry when she is left alone in the far corner of the asylum's day room. Perhaps it is of the nature of insanity to dig fingernails into face, yet one wonders why she is so affectionate when with others. It is really a pity that she cannot just leave through the locked doors and barred windows since she would surely find someone to be at home with.

### **The Marginalizers**

And what of the other side of homelessness? Can it be that the incarcerators take joy in this dispirited human condition? Likely not! Most are as marginalized and infringed upon as those whom they watch over. Yet, it is they who carry out the jail-like plans—the locking of the doors, the distribution of the drugs, the shocking by the cattle prods, the escorting to this room or that room. While they do these deeds, others sit in their coffee stained offices devising new plans with better contingencies for the robopaths under their charge.

Fortunately, even in the midst of oppression, men and women of values emerge. They reject that which is demeaning and seek out ways to give life to the dead.

Alison looks at Melanie enshrouded in her helmet hardly able to see her face, let alone her forlorn eyes. But Alison looks, stays, and takes her hand. The serenity in the face of daily struggle and contradiction is only overshadowed by the value that she holds for Melanie and puts into practice. Once having found a way, Alison removed the helmet and now cares for the child as if she were her own. Without a doubt, it is hard since there is so much to do and so little time. Nevertheless, she knows that moments can have precious meaning to anyone. It is these moments that she shares with Melanie.

Now, Maria looks warmly at the Pig-Boy, now christened Panchito. She was working in an asylum for the abandoned and had watched him tied into a chair, his frail arms tied with pink ribbons to prevent him from slamming his head onto the floor. She resolved to treat him with the love and tenderness of a mother. Occasionally, she dared to untie him, hold him, and play with him. Her words initially seemed to make no sense, her grasp initially seemed to bring fear. Day after day, she reached out toward him and suddenly he lifted up his head, touched her face, and embraced her. Love reciprocated love.

And likewise, Gaston began to listen to the expressions of Yvette as he watched her scream her words of despair. Moving carefully, he approached her with words of love. She screamed and tried to hit gouge her face. He placed his hands to protect her scarred face. She scratched him, but also looked. He had decided to try to teach her not to fear him, not to sense domination and mandates, but the giving of affection and value. The days wore

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on. Gaston began to feel more at ease as Yvette began to be less intense in her rejection and even sometimes smiling and beckoning him to her. Both seemed to know that they had entered into a process of mutual change.

Many other caregivers have chosen to engage themselves in this life project of mutual transformation in schools, asylums, homes, and on the street. The teaching of justice and interdependence knows no limits or boundaries if respect and the expression of dialogue are at the center.

Caregivers begin to reflect on and practice a psychology of human interdependence wherein feelings of safety and security replace those of fear and loathing; wherein the feeling of being with the other substitutes for the absurdity of isolation and withdrawal; wherein the expression of dialogue and value overcomes the driven nature of compliance, obedience, and control. Such is the case of Brian as he reaches out to Sarah, the adopted child, only to receive scratches in return. He does not coil in fear or retribution. He stays by her side. He soothes rather than yells; he values rather than castigates. Sarah runs, screams, flails her arms. Brian approaches and reaches out. The child's fingernails gouge deeply into Brian's outstretched hands. Sarah stops and looks. For a split second, she pauses and almost smiles. Brian stays with her. He knows that his commitment is to give value to her and that someday she will answer back. And that day comes with amazing haste for Sarah's soul, like anyone's, longs for feeling at home.

### **The Struggle Within and Without**

A central assumption in a psychology of interdependence is that we all long for union and a feeling of being at home in spite of the crusted layers of ice that sometimes cover our hearts.

The warmth that thaws this is what caregivers bring to their emergent relationship with the marginalized person. It is a difficult and long project that requires mutual change since it is not only the person who is emotionally frozen. This can befall all who walk the face of the earth. So, caregivers have a special responsibility to recognize the depths of the human condition and procure ways to penetrate their own feeling of being at home while also bringing the warmth of friendship to those who await.

This inner and outer struggle is felt with the uneasiness that permeates each and every one.

It is a process in which caregivers have to constantly question their own purposes as they engage themselves with marginalized people. On-going battles between the urge for compliance and the pursuit of friendship symbolize this inner struggle. They are confronted with institutionalized violence whose cold blood circulates through service programs. They have to ask themselves what their role is—to dominate or to value? If they opt for the latter, they then choose to enter into a process of mutual change.

This inner struggle is within us all such as in the case of Erica and her mother. Frustrated by the non-responsiveness of her daughter, the mother began to feel that perhaps punishment could modify her child's behavior in a "spare-the-rod" spirit. She went to the local

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professional group and asked for help. Although a bit saddened by their recommendation to give Erica “loud verbal reprimands” she proceeded to enter into a different relationship. The stubborn child would throw her meal on the floor and the mother learned to follow new orders, mustering up the energy to yell the prescribed, “No!”. If the tossing went on, she repeated this order. If it did not work, she then followed the next prescribed instruction.

Yet, throughout this procedure, she felt troubled. This was part of natural questioning when the quest for union encounters the specter of control and domination. Love meets control and inner-turmoil arises.

This then gives rise to the external struggles inherent in any helping relationship. Erica begins to fight with her mother and resists the domination of the planned reprimands. She sometimes might obey, but obedience is unlike love when it springs from a spirit of control. Motions are made, but the heart freezes over. Coldness replaces warmth both in relation to Erica and her mother. Both become less than they were.

One day the mother has had enough. She begins to reflect on her love for her daughter. She looks at their crumbling relationship and commits herself to a new way. Why not teach the child to share? To feel that love is mutual? To accept the mother’s warmth and learn to give it back? She sits with her child and starts to teach her to share. She dialogues with her about its goodness and this translates into the old feelings of warmth and affection. Erica smiles, rebels, and smiles once more. Love and respect start to take hold.

The journey back home is somewhat hard, but the mother perseveres. She sits with Erica and hands her a toy and asks for it in return. All the while, she talks with the child of the feeling of friendship, love, and sharing. When the child becomes momentarily recalcitrant, she does not grimace, yell, or force any sharing; rather, she continues the giving and receiving process. As time passes, Erica and her mother begin to sense a deepening union. Smiles emerge and words become warmer.

## **Home**

Each of us is on a life journey. Some move along the road with more ease and comfort. Yet, like all journeys, there are detours and barriers. All need some direction and help, some more than others. This life project requires purposefulness defined and questioned and it demands endurance and patience. It is always wiser to move in the company of others for during the dark nights of the spirit it is safer and more secure to be with those whom we love than to be alone. Nobody wants to be pushed or dragged down this road. Nobody would choose to wander aimlessly. But, everyone can become lost whether it be Erica and her mother’s momentary parallel lives or Melanie’s bowed submission to the outside ill winds. Coming together makes the road less dangerous, less lonely, and less detoured. It is what can bring us home.

The feeling of being at home is much more than the arrival; it is the journey itself. It is the companionship of others and their support. It is warmth on cold nights, their strong hands

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united on stormy days, their laughter and tears. It is an on-going coming together. It is not merely the strong helping the weak, nor the fast pulling along the slow. Indeed, it has nothing to do with charity; it has to do with bringing union through justice.

The purpose of care giving is a life project that leads Alison to accompany Melanie in the difficult task of protecting her while also bringing about new interactional patterns wherein the slamming of the head in anguish is replaced by the smile of human warmth. It leads Maria to loosen and eventually untie the pink ribbons from Panchito's arms and teach him and herself to give. It leads Brian to tolerate Sarah's initial lashing out while at the same time transforming hits and scratches into a feeling of reaching out. It leads the mother to see her child as interdependent and in need of learning to both receive and to give.

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